

## STRATEGIC COMMISSIONING BOARD

**Day:** Wednesday  
**Date:** 23 March 2022  
**Time:** 1.00 pm  
**Place:** Zoom

Item No.	AGENDA	Page No
1.	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Board.	
3.	<b>MINUTES</b>	
a)	<b>MINUTES OF THE PREVIOUS MEETING</b> The Minutes of the meeting of the Strategic Commissioning Board held on 9 February 2022 to be signed by the Chair as a correct record.	1 - 4
b)	<b>MINUTES OF EXECUTIVE BOARD</b> To receive the Minutes of the Executive Board held on: 17 February and 2 March 2022.	5 - 18
4.	<b>MONTH 10 INTEGRATED FINANCE REPORT</b> To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	19 - 86
5.	<b>APPROVAL OF REVISED NON-RESIDENTIAL CHARGING POLICY</b> To consider the attached report of the Executive Member (Adult Social Care and Health)/Director of Adult Services.	87 - 130
6.	<b>ADULT SOCIAL CARE FEES 2022-23</b> To consider the attached report of the Executive Member (Adult Social Care and Health) / Clinical Lead (Living Well) / Director of Adult Services.	131 - 156
7.	<b>SEND WRITTEN STATEMENT OF ACTION</b> To consider the attached report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage)/Director of Education.	157 - 204
8.	<b>POVERTY STRATEGY AND APPROACH RESPONSE TO THE COST OF LIVING</b> To consider the attached report of the Executive Leader/CCG Co-Chairs/Director of Transformation.	205 - 222

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Carolyn Eaton, Principal Democratic Services Officer, to whom any apologies for absence should be notified.

<b>Item No.</b>	<b>AGENDA</b>	<b>Page No</b>
<b>9.</b>	<b>ENGAGEMENT UPDATE</b> To consider the attached report of the Executive Leader / CCG Co-Chairs / Director of Transformation.	223 - 236
<b>10.</b>	<b>BETTER CARE FUND 2021-22</b> To consider the attached report of the Executive Member, Adult Social Care and Population Health / Director of Adults Services / Director of Finance.	237 - 252
<b>11.</b>	<b>URGENT ITEMS</b> To consider any items the Chair considers to be urgent.	
<b>12.</b>	<b>DATE OF NEXT MEETING</b> To note that the next meeting of the Strategic Commissioning Board is scheduled to take place on Wednesday 27 April 2022.	

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Carolyn Eaton, Principal Democratic Services Officer, to whom any apologies for absence should be notified.

## STRATEGIC COMMISSIONING BOARD

9 February 2022

Comm: 1.00pm

Term: 1.25 pm

**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 Allison Gwynne – Tameside MBC  
Councillor Joe Kitchen – 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
Steph Butterworth	Director of Adults Services
Alison Stathers-Tracey	Director of Children's Services
Jess Williams	Director of Commissioning
Sarah Threlfall	Director of Transformation
Tim Bowman	Director of Education (Tameside and Stockport)
Caroline Barlow	Assistant Director of Finance
James Mallion	Interim Assistant Director of Population Health
Gregg Stott	Assistant Director, Investment, Development and Housing
Tracey Harrison	Assistant Director, Adult Social Care
Sally Dickin	Head of Service, Early Intervention and Youth Justice

**Apologies for absence:** Councillor Oliver Ryan, Dr Asad Ali and Dr Christine Ahmed

*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.*

### 75. 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.

## **76. DECLARATIONS OF INTEREST**

There were no declarations of interest submitted by Board members.

## **77. MINUTES OF THE PREVIOUS MEETING**

### **RESOLVED**

**That the minutes of the meeting of the Strategic Commissioning Board held on 26 January 2022 be approved as a correct record.**

## **78. MINUTES OF THE EXECUTIVE BOARD**

### **RESOLVED**

**That the Minutes of the meeting of the Executive Board held on 12 January 2022 be noted.**

## **79. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 DECEMBER 2021**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Lead Clinical GP / Director of Finance, which detailed actual expenditure to 31 December 2021 (Month 9) and forecasts to 31 March 2022.

It was reported that, overall, the Council was facing a total forecast overspend of £1.159m 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 49k since Month 8, mainly due a reduction in external placement costs in Children's Social Care. There were some other smaller movements relating to Covid income and expenditure.

The CCG reported position at Month 9 showed a forecast overspend of (£3,931k), with a YTD variance of (£814k). With the exception of the QIPP shortfall, all of this was reimbursable, but in line with national reporting guidance needed to be shown as an overspend until appropriate allocation changes were transacted. Further details were set out in the report and appendix.

Members were advised that, 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 had been shared with the Council and would cover the terms and conditions for the LUF grant funding; the final MOU for Council sign off was anticipated in mid-February 2022.

There would be a grant determination offer letter sent to the Council every 6 months (in line with payment), where the Council would be required to confirm the capital funding spent. Additionally, there would 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 was currently estimated that expenditure of £0.2m would be incurred in 21/22 in relation to land acquisition of the former interchange site and



project management costs (including public realm strategy). It was proposed that the £19.870m be added to the Council's Capital Programme, pending sign-off of the Memorandum of Understanding with DLUHC.

## **RESOLVED**

- (i) That the forecast outturn position and associated risks for the 2021/22 revenue budgets as set out in Appendix 1, be noted; and**
- (ii) That the inclusion of £19.870m of Levelling Up Grant Funding in the Capital Programme be approved, pending sign off of the Memorandum of Understanding with DLUHC (Section 3) and it be noted that on-going performance updates and reporting will be provided to Strategic Planning and Capital Monitoring Panel.**

## **80. APPROVAL OF REVISED NON-RESIDENTIAL CHARGING POLICY**

The Executive Member, Adult Social Care and Health / Director of Adults Services submitted a report seeking 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; and
- General feedback on the revised Non-residential Charging Policy.

It was explained that, following permission to consult on the proposed Non-Residential Charging Policy in general, there were three specific areas that the public consultation explored:

- Level of Minimum Income Guarantee;
- Level of Income that was disregarded; and
- Arrangement and annual fee for setting up care for self-funders.

Details of the feedback received in the consultation exercise was set out in the report.

Proposed changes to current practice were also detailed and discussed.

The report concluded that every effort was made to ensure people that could potentially be impacted by the proposals were made aware of the consultation and opportunity to feed back.

It was estimated that the proposed changes following the consultation exercise, as outlined in the report, would impact on the Council's budget by up to £200k annually. However, it would ensure the proposed Non-Residential Charging Policy recognised that more severely disabled people may have a higher level of spend to meet their enhanced needs, and therefore the additional benefit they received would be disregarded in recognition of this. The added financial pressure may be offset marginally by the introduction of an arrangement and annual fee for self-funders.

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

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

## **RESOLVED**

**It be agreed:**

- (i) That permission be 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; and
  - An annual fee for managing non-residential self-funders' accounts of £95 be implemented from 1 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 be given to implement the proposed Non-Residential Charging Policy from 1 April 2022.

#### **81. URGENT ITEMS**

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

#### **82. DATE OF NEXT MEETING**

##### **RESOLVED**

It be noted that the next meeting of the Strategic Commissioning Board is scheduled to take place on 30 March 2022.

**CHAIR**



- |                            |  |
|----------------------------|--|
| • Hospital Discharge Grant | current limit £6,000 – raise to £7,000 |
| • Stay Put Scheme          | current limit £6,000 – raise to £7,000 |
| • Home Repair Assistance   | current limit £6,000 – raise to £7,000 |
| • Safety Net Assistance    | current limit £6,000 – raise to £7,000 |

The report detailed the reasons for the new grant limits. It was explained that Minor Adaptations were a non-means tested grant with no application forms and the increase would prevent many smaller adaptations from becoming formal applications taking longer to process and affect staff resource. Further, the Grant for Adaptations was introduced with the new Policy and this change in the limit would allow the rate rise to be accommodated along with a rise in costs for any non-contracted items. The change in grant level would prevent disabled people being subject to and failing a means test with the resulting fall back onto council services.

It was highlighted that the increase in other grant limits will allow them to keep pace with the rate rise agreed previously and to increase the limit on those grants where failing the means test could have serious implications for the applicant and on council services. The new grant limits should be able to absorb any future increases, it was not clear at this time what would happen with regard to future material costs and supplies.

#### **AGREED**

**That Executive Cabinet be recommended to approve an increase in the maximum discretionary grant limits on certain forms of assistance within the existing Housing Financial Assistance Policy 2018-2023, as detailed in section 5.4 of this report.**

#### **211 GM ELECTRIC VEHICLE CHARGING INFRASTRUCTURE – HACKNEY AND PRIVATE HIRE TAXI SCHEME**

Consideration was given to a report of the Executive Member for Transport Connectivity / Director of Place. The report outlined the proposal received from Transport for Greater Manchester (TfGM) relating to the installation of electric vehicle charging infrastructure for use by Hackney and Private Hire Taxi vehicles. Approval was also sought for the Council enter into an agreement with TfGM detailing the actions necessary to implement the scheme.

It was reported that Greater Manchester (TfGM) was currently a project, installing a number of electric vehicle charging points (EV points) throughout Greater Manchester; these EV points were solely for use by Hackney and Private Hire Taxis. The project supported both the Greater Manchester Transport Strategy and the Greater Manchester Clean Air Zone, both of which support and encourage the use of electric vehicles, including Hackney and Private Hire Taxis.

The Greater Manchester region had secured £2.4m Office of Zero Emission Vehicles (OZEV) funding to facilitate the rollout of no less than 30 dedicated rapid Taxi charging points in locations that were suitable to both Hackney and Private Hire Taxis. The GM Clean Air Plan (GM CAP) also had funding of £3.5m available for the funding of a further 30 dedicated rapid Taxi EV Points.

The following car parks had been identified as suitable locations for the new EV points:

- Mulberry Street Car Park, Ashton
- Union Street Car Park, Ashton
- Beeley Street Car Park, Hyde

It was proposed that 2 EV points will be installed at each car park with dedicated branding to identify the spaces as available for Taxi use only. The Council would continue to charge a fee for vehicles parking within the designated bay; therefore, there would be no loss of revenue income to the Council as a result of the scheme.

In order for the Council to benefit from the project, it was necessary for the Council to enter into an Agreement, which was similar to the Hosting Agreement currently held with TfGM for rapid EV points currently installed within TMBC car parks. A copy of the proposed agreement was attached at Appendix 1.

Under the terms of the agreement, TfGM will be responsible for the delivery, installation and operation of the charging infrastructure. At the end of the agreement, TfGM must remove the infrastructure and return the site to a good condition.

TfGM have confirmed that they will be responsible for all ongoing electricity costs and maintenance of the infrastructure relating to this project. The installation of the EV points and associated infrastructure would take place between summer and winter 2022.

#### **AGREED**

**That the Executive Member for Transport and Connectivity be recommended to:**

- 1. Enters into an agreement with Transport for Greater Manchester (TfGM) for the delivery, installation, commissioning, operation, maintenance and removal of Electric Vehicle Charging Points for use by Hackney and Private Hire Taxi companies.**
- 2. Approves the installation of Electric Vehicle Infrastructure in the following Car parks:**
  - **Mulberry Street Car Park, Ashton**
  - **Union Street Car Park, Ashton**
  - **Beeley Street Car Park, Hyde**
- 3. Uses its powers under the Road Traffic Regulation Act 1984 to promote amendments to the off street parking places in order.**

#### **212 PROPOSED DISPOSAL OF FORMER MOSSLEY HOLLINS HIGH SCHOOL, HUDDERSFIELD ROAD, MOSSLEY, OL5 9DJ.**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place. The report proposed the disposal of the former Mossley Hollins High School, Huddersfield Road, Mossley, OL59DJ.

The report set out the options for the former Mossley Hollins High School. The report recommended the Executive Member for Finance and Economic Growth accept offer 5 submitted by Cube Homes Limited on behalf of Great Places Housing Association and; to progress the disposal in accordance with the provisionally agreed terms attached at appendix 2.

#### **AGREED**

**That the Executive Member for Finance and Economic Growth be recommended to DETERMINE that in accordance with the agreed Council disposal policy, the Authority;**

- (i) accept offer 5 submitted by Cube Homes Limited on behalf of Great Places Housing Association and;**
- (ii) progress the disposal in accordance with the provisionally agreed terms set out in Appendix 2 of the report.**

#### **213 DEDICATED SCHOOLS GRANT (DSG) FUNDING FORMULA 2022-23**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Growth / Director of Education for Tameside and Stockport / Assistant Director for Finance. The report sought approval regarding the decisions made by Schools' Forum on 19 January 2022. The report contained the arrangements concerning the DSG funding for 2022-23.

Members were advised that the Executive Member for Lifelong Learning, Equalities, Culture and Heritage and Executive Member for Finance and Growth were required to provide approval to the decisions made by Schools' Forum at the meeting of 19 January 2022 in which the following decisions were made:

- Members of the Schools' Forum approved the proposed Dedicated Schools Grant 2022-23 funding formula for mainstream schools.
- Members of the Schools' Forum approved the growth fund for 2022-23.
- Members of the Schools' Forum approved the proposed transfer of 0.5% from the Schools

- Block to the High Needs Block further to the outcome of consultation.
- Members of the Schools' Forum supported schools continued contribution to Tameside Safeguarding Board for 2022-23.
- Members of the Schools' Forum approved the allocation of the Central School Services Block which includes the central retention of the following: School Admissions, Servicing of Schools' Forum and contribution to responsibilities that LAs hold for all schools (the retained duties element of the ESG)
- Members of the Schools' Forum approved the central retention of Early Years Funding.

#### **AGREED**

**That the Executive Member for Lifelong Learning, Qualities, Culture and Heritage and the Executive Member for Finance and Growth be recommended to determine that the funding formula agreed at Schools' Forum 19 January 2022 and as set out in section 1 of the report be approved for implementation.**

#### **214 GREATER MANCHESTER PUBLIC HEALTH NETWORK TRANSFORMATION PROGRAMME**

Consideration was given to a report the Executive Member for Adult Social Care and Population Health / Interim Director of Population Health. The report proposed the delivery of a transformation work programme agreed by all 10 GM Directors of Public Health to further develop the strengthen the impact of the Greater Manchester Association of Directors of Public Health (GM ADPH).

It was stated that considerable work had gone into developing the vision and objectives for GM as an integrated health and care system over the past five years. For successful delivery of system wide transformation such as embedding ambitious ongoing population health system integration, robust and flexible support capability was vital. To ensure GM ADPH deliver on the purpose outlined in section 1, it was necessary to review current work programmes within the GMPHN. Further ensure that GM ADPH had oversight of and bring coherence across all GM integration work streams and interdependencies and be pivotal in identifying and agreeing priorities and pursuing benefits realisation.

The key aim of the transformation of the GMPHN was to enable greater collaboration across Greater Manchester (GM) between public and population health services within the 10 local authorities and the Greater Manchester Health and Social Care Partnership (GMHSCP) through the establishment of a shared system staffing resource, collectively working on the transformation of the population health system across Greater Manchester, and bringing together staff from GM ADPH, GMHSCP, NHS England (NHSE) and Greater Manchester Combined Authority.

The report proposed the procurement of additional capacity to support the GM ADPH deliver the transformation programme (NW Employers). The recruitment of a lead role in the GMPHN to manage the team and programme jointly funded with NHSE - Public Health Strategy and Improvement Lead. In addition to the cessation of current grant arrangements with the University of Manchester to deliver the GM Sexual Health Network, bringing the function 'in-house'.

#### **AGREED**

**That the Executive Member for Adult Social Care and Population Health be recommended that it be DETERMINED that on behalf of all ten Greater Manchester Directors of Public Health:**

- 1. An award of £19,995 is made to NW Employers to support GM ADPH to develop the GMPHN transformation programme**
- 2. A GM Public Health Strategy and Improvement Lead role is recruited jointly funded with NHSE on a two year fixed term to replace the current vacant Head of Service post, to manage the current staff and deliver the transformation programme.**
- 3. The current grant with the University of Manchester to deliver the GM Sexual Health Network is ceased, bringing the function 'in house' as part of the GMPHN team.**

**215 FORWARD PLAN**

The forward plan of items for Board was considered.

**CHAIR**

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## BOARD

2 March 2022

**Present:**

<b>Elected Members</b>	<b>Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne Kitchen, and Wills</b>
<b>Chief Executive</b>	<b>Steven Pleasant</b>
<b>Borough Solicitor</b>	<b>Sandra Stewart</b>
<b>Section 151 Officer</b>	<b>Kathy Roe</b>

**Also in Attendance:** **Caroline Barlow, Stephanie Butterworth, Michelle Clegg, Catherine Moseley, Dr Ashwin Ramachandra, Ian Saxon, Alison Stathers-Tracey, Sarah Threlfall, Emma Varnam, and Debbie Watson.**

### 216 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 217 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 2 February 2021 were approved a correct record.

### 218 CASH BOX CREDIT UNION ANNUAL UPDATE

Consideration was given to a report of the Assistant Director for Digital Services, the report provided background to the current financial performance of the Cash Box Credit Union. The report also provided details of Cash Box "recovery plan", which included the new future operating model, and new initiatives aimed at encouraging more people to use the credit union as well as a scheme to help people in financial crisis get access to ethical affordable credit.

Members were advised that the primary objective of Cash Box is to improve financial inclusion for the people who live or work in Tameside and Glossop, especially young people and vulnerable and low-income groups. It aimed to help them to achieve and maintain financial sustainability by providing secure community-based savings, transactional account facilities and a source of low interest loans.

As at 31 December 2021, Cash Box had 2,183 adult members and 209 junior members. It had 557 active borrowers, with loan balances totaling £737,082. All surpluses were retained by members within the credit union either through contributing to reserves or through distribution of dividends.

It was explained that over the last 10 years Cash Box had granted loans totalling £5.8M. In doing so it had saved borrowers almost £4.6M in interest compared to doorstep and payday lenders. Analysis shows that monies borrowed from a credit union were likely to be spent locally, helping to grow the local economy.

It was stated based on Cash Boxes current balances it had a further lending capacity of around £1,000,000. This meant only around 40% of its lending capacity was being utilised. This money could be funding around 750 average loans and 1330 family loans and was so doing help some of our most financially vulnerable residents. To make this a reality issues such as back office capacity to process applications and managing the risk of lending to high risk borrowers would need to be addressed.

Further work would take place to understand what options there were to underwrite loan to enable

Cash Box to use more of their lending capacity.

**AGREED**

**That the report and performance of the Cash Credit Union be noted.**

**219 COUNCIL FLEET REPLACEMENT STRATEGY**

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director for Operations and Neighbourhoods. This report and the attached 7 Year Fleet Replacement Strategy provided background to the current position. set out the Council's current fleet requirements and the length of their safe and efficient operation before they needed to be replaced.

The report set out how the Council operated a large and varied fleet of vehicles and equipment some 239 made up of 146 vehicles and 93 plant items to enable it to provide core services to the citizens of the Borough. Through the works of the Strategic and Operational Transport Group, the transport fleet had reduced by 33% from 220 vehicles to 146 since 2011. The fleet was made up of vehicles of mixed ages and types, on an agreed programme of annual replacements.

The report, with the attached strategy (**Appendix 1**) provided the case for a longer term strategy which would assist the Council in planning for fleet replacement. The proposed Fleet Replacement Strategy would ensure that the fleet replacement process continues to be compliant, efficient and that the fleet requirements of the Council were met. Fleet Services and Finance had identified that the current fleet replacement process, made on a per report basis, could be made more efficient. This was by separating the up-front financial cost of procurement from the need to confirm and justify the requirement to replace vehicles. The Strategy would allow for more targeted reporting for fleet replacement authorisations and support the Council's medium/longer-term financial planning.

**AGREED**

**That Executive Cabinet be recommended to APPROVE the adoption of the Council's Fleet Replacement Strategy, as detailed in Appendix 1, including:**

- (i) An updated process to approve the Fleet Replacement programme, subject to annual review, that separates the up-front financial cost of procurement from the need to confirm and justify the requirement to replace vehicles.**
- (ii) To delegate authority to the Director of Place and the Director of Finance the procurement of replacement vehicles to the fleet in line with the strategy.**

**220 PERIOD 10 CAPITAL MONITORING REPORT**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed the budget and forecast expenditure for fully approved projects in the 2021/22 financial year.

It was stated that the approved budget for 2021/22 was £45.998m (after re-profiling approved at Period 6 Monitoring) and current forecast for the financial year was £29.695m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases had been approved by Executive Cabinet.

The current forecast was for service areas to have spent £29.695m on capital investment in 2021/22, which was £16.303m less than the current capital budget for the year. This variation was spread across a number of areas, and was made up of £0.133m over spends in two areas and £2.719m underspends on a number of specific schemes (net total £2.586m) less the re-profiling of expenditure in a number of areas (£13.717m).

## **AGREED**

**That Strategic Planning and Capital Monitoring Panel recommend to Executive Cabinet to:**

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

## **221 PLACE CAPITAL PROGRAMME UPDATE REPORT - PROPERTY, DEVELOPMENT AND PLANNING**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place. The report provided an update on the delivery of the 2021/22 Place Capital Programme for Property, Development and Planning

It was reported that that a £1m budget was approved by Executive Cabinet on 29 September 2021 for statutory compliance, £0.5m in 2021-22 and £0.5m in 2022-23. Appendix 7 included expenditure to date of £0.244m with a projection of £0.5m to the 31 March 2022.

Members were advised that there was a final retention payment due to the LEP in regards to the Tameside One construction of £0.083. This was being independently verified via an external assessor for payment in 2021/22 (plus independent assessor fees estimated at £0.007m). The estimated total cost of £0.090m would be funded by the Place Directorate revenue budget.

It was explained that the GMCA consortium bid to the Decarbonisation of the Public Estate Fund was successful, resulting in grant award of £78.3 million. The Council's initial allocation of this grant was £2.284m, with further funding being requested to install additional measures from an underspend across the wider GMCA pot. The total additional measures equal £60,782. Including fees, the net amount for PSDS1 grant will be £2,344,386.

The Director of Place provided an update on the Godley Green Garden Village and the Stalybridge high Street Heritage Action Zone.

In regards to Land Disposals it was stated that a cumulative total of £0.415m had been achieved through completed sales. A summary of further disposal was provided in Appendix 3, which showed the current position with each asset in the Disposal Programme. A second batch of surplus sites was approved by Executive Cabinet on 29 September 2021 following consultation with the Cabinet Member initially, with further consultation completed with Ward Councillors as set out in the Disposal Policy. A third batch of surplus sites had been identified and is due to be considered by Cabinet on 23 March 2022.

## **AGREED**

**That that Strategic Planning and Capital Monitoring Panel recommend to Executive Cabinet to:**

- (i) Note that £0.244m of Corporate Landlord Capital Expenditure financed from the approved Statutory Compliance budget has been spent as detailed in Appendix 7.**
- (ii) Note the final retention payment due to the LEP of £0.083m (plus independent assessor fees estimated at £0.007m) relating to the Tameside One building construction to be funded by the Place Directorate revenue budget.**
- (iii) Recommend to Executive Cabinet the inclusion of additional grant budget of £0.061m to the Decarbonisation of the Public Estate scheme in the Capital Programme, which would revise the current budget to £2.344m.**

## **222 PLACE CAPITAL PROGRAMME UPDATE REPORT - OPERATIONS & NEIGHBOURHOODS**

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Place / Assistant Director for Operations and Neighbourhoods. The report provided information with regards to the 2021/2022 Operations and Neighbourhoods Capital Programme.

The Assistant Director for Operations and Neighbourhoods delivered an update on the progress of the approved schemes in the Operations and Neighbourhoods 2021/22 Capital Programme.

In regards to Flood Prevention and Consequential Repairs, Members were advised that the three remaining inlet structures for improvement works were Broadacre, Mottram Old Road and Stalybridge Country Park. The only remaining works required for all three structures was the installation of the metal debris screens, which were awaiting fabrication. These works would be completed in spring this year. The anticipated outturn costs were within budget.

All works had been completed this financial year and within budget with a £0.065m underspend for the repairs and restoration of Cemetery Boundary Walls.

It was stated that the footway resurfacing programme identified for 21/22 had progressed. A route to market had been agreed with STAR with approval to utilise an existing framework overseen by Stockport and Bury Councils. The carriageway resurfacing works were anticipated to commence on site in March/April. The delay in commencement due to the late approval of funding and access to the procurement framework was unfortunate but works would now take place in hopefully more favourable weather conditions. The programme for Highway and Footway resurfacing works was detailed in Appendix 1.

Progress had continued on the Capital investment in Children's Playgrounds. Tenders had been evaluated and contracts awarded for two lots of work – Lot 1 was for safety surfacing and like for like replacement of play equipment; Lot 2 was for the replacement of five multi-play units. This work was likely to commence in late March and would take place over spring and summer. Officers would work with contractors to prioritise the work – the priority would be based on health and safety risk as well as the visitor numbers to site. Members would be advised of the details of the work prior to commencement.

Work on the scheme for the replacement of cremators and mercury abatement, filtration plant and heat recovery facilities was progressing. It was stated that new cremator number two was working with new cremator number one scheduled to be handed over week commencing 14 February 2022. The new cremator number three (Bariatric Cremator) was scheduled for handover week commencing 18 April 2022. The service was currently running on one old cremator, one new cremator and the temporary cremator. This was to enable service delivery to continue with minimal disruption.

### **AGREED**

**That the Strategic Planning and Capital Monitoring Panel recommended to Executive Cabinet to NOTE the following:**

- (i) The progress with regards to the Flood Prevention and Consequential Repairs.**
- (ii) The progress with regard to the Slope Stability Programme and potential additional works required.**
- (iii) The progress with regards to the replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities.**
- (iv) The progress of capital schemes in section 2.18-2.25.**
- (v) The progress of the Walking and Cycling infrastructure schemes set out in section 3 of the report.**
- (vi) The progress on the external grant funded schemes in section 4.**

## 223 EDUCATION CAPITAL PROGRAMME

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Economic Growth / Director of Education (Tameside and Stockport) / Director of Place. The report provided an update with the Council's Education Capital Programme.

Members were provided an update of the Basic Need Funded Schemes 2020/21. Attached to the report at Appendix 1 was a financial update with the details of current Basic Need funded projects. It was explained that the current focus of the Council's Basic Need programme was to complete the remaining scheme at Aldwyn Primary School and create additional places in secondary and special schools where forecasts had indicated a need.

It was highlighted that 3.12 in the report detailed the Hawthorns Primary Academy New school building. The first step is to produce designs to RIBA Stage 3 and this was approved at June 2021 Executive Cabinet. The first main expenditure was to produce designs to RIBA Stage 3 at a cost of £537,783 and this work has been ordered from the LEP. I

In order to prevent a possible delay to works starting on site there were a number of trees and shrubs on the site that needed removing or pruning as they are on the line of the future access road on the site. These works needed to be carried out before the bird-nesting season starts. The cost was £4,200 and the Panel would be asked to add a further recommendation not in the current report to Board to recommend to Executive Cabinet that this amount be allocated from within the £13m budget already approved so that the works can be carried out. The remaining issues included significant design work and consultation, which was continuing to a very tight timescale.

It was proposed that the report be amended to include a proposal for the LEP to undertake the project and to move onto RIBA Stage 4, which would include a cost of approximately £0.235m with the necessary information required to ensure decision making best value and achieves the necessary delivery expediently. RIBA stage 4 was a technical design stage. This would be within budget and prevent delay to the scheme.

It was reported that the scheme for two classroom extensions and associated spaces at St Johns CE was now completed.

The Board were provided an update of the School Condition Grant Schemes. It was highlighted that On 3 February 2022 the DfE provided an opportunity for responsible bodies to submit proposals for urgent rebuilding schemes as part of the wider DfE School Rebuilding Programme. In order not to miss the opportunity the Council submitted a bid for the rebuilding of Russell Scott before the 3 March 2022 deadline. The Panel would be asked to recommend to Executive Cabinet that this bid submission be supported subject to sufficient funding being granted.

In regards to Condition Schemes for 2022/23 4 in order for schemes to be carried out over summer 2022 progress in designing and tendering schemes needed to be carried out before the grant announcement was made. The likely costs were high level only as design work was on-going and tenders had not yet been obtained. It was requested that Panel recommend to Executive Cabinet that the Assistant Director of Education be authorised to vire amounts between schemes within the total amount of SCA funding received. The following paragraphs list, in priority order the schemes that would need to be funded from 2022/23 SCA and the remaining unallocated SCA from previous years.

### **AGREED**

**That the report be amended to include a proposal to move onto RIBA Stage 4 and that the Strategic Planning and Capital Monitoring Panel recommend to Executive Cabinet to APPROVE:**

- (i) The proposed changes to add £30,000 of Basic Need funding to the programme as detailed in paragraph 2.2.**
- (ii) The proposed changes to add £33,000 of School Condition funding to the programme**

as detailed in paragraph 2.6.

- (iii) The proposed estimate of the School Condition Grant for 2022/23 is added to the programme as detailed in paragraph 4.29. The final amount of grant will be updated on receipt of the final confirmation of the grant.
- (iv) The addition of £95,000 school contributions to the capital programme in 2022/23 as detailed in paragraph 4.50, subject to the confirmation of School Condition Grant as per recommendation 3.
- (v) The addition of £35,000 developer contribution to the capital programme in 2022/23 to fund works at Whitebridge College as detailed in paragraph 4.48.
- (vi) The 2022/23 School Condition grant is allocated to the projects detailed in the table at paragraph 4.51.
- (vii) That the Director of Education be authorised to vire amounts between schemes within the total amount of School Condition Grant received.
- (viii) A grant agreement for a £663,023 with St Anselm's Catholic Multi Academy Trust to enable All Saints Catholic College to accommodate additional school places from September 2021. The capital scheme focusses on remodelling and refurbishing five science labs and the associated prep room along with remodelling of the existing changing rooms and gym as set out in paragraph 3.9.
- (ix) It was proposed that the report be amended to include a proposal for the LEP to undertake the project and to move Hawthorns Primary Academy onto RIBA Stage 4, which would include a cost of approximately £0.235m with the necessary information required to ensure decision making best value and achieves the necessary delivery expediently. RIBA stage 4 was a technical design stage. This would be within budget and prevent delay to the scheme.

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

Consideration was given to a report of the Deputy Executive Leader (Children and Families) / Director for Children's Services. The report provided an update on the Children's Social Care Property Capital Scheme and set out details of major approved property capital schemes in the Directorate.

It was reported that the purchase of a respite property was underway. All land searches had now been completed and contact made with vendors solicitors who sought clarity over a small area of land to the side of the property. Once the vendor's solicitors had provided an update, a further report would be prepared outlining the options on how to proceed. Updated costs had been provided for the refurbishment and fit out costs.

In regards to the Assessment Unit (St Lawrence Road) Works on the unit had been completed and handed over to Children's Services, the Ofsted registration process was underway, however, registration could not be completed until a named Residential Manager and residential staff team had been completed. Recruitment was underway with live adverts out both for permanent and agency staff. It had to be noted that similar to the situation in the adult residential sector, there were significant pressures in recruiting suitable qualified and experienced children's residential staff.

Works on the Solo Unit (66 Chester Avenue) unit were now complete and had been handed over to Children's Services. The Ofsted registration process was in progress and a young person with high complex needs had been placed in the unit as part of a discharge plan from hospital.

Originally supported by a combination of permanent and agency residential staff, due to the young person requiring specialist bespoke intervention and to stabilise the placement, the service had commissioned a specialist mental health team to work with the young person. It was agreed with this staff team it would operate under the home management and support the registration process. The provider would support the training of staff through access to their CPD pathway to deliver a consistent and coherent model of care. Work would take place with the provider to blend in Tameside staff as part of a managed handover of the care to a Tameside staff team that would cover the medium to longer term result in the withdrawal of the specialist care team

## **AGREED**

**That Strategic Planning and Capital Monitoring Panel recommend to Executive Cabinet to note the report.**

### **225 ADULTS CAPITAL PLAN**

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Director of Adult Services. The report provided an update of the developments in relation to the Adults Capital Programme for schemes previously approved and still underway and the usage of the wider disabled facilities grant (DFG) including the housing adaptations budget. In addition, this report sought to request an extension of the Moving with Dignity project at a cost of £385k over two years to fund a small team specialising in Occupational Therapy and Manual Handling.

The report detailed that the Moving with Dignity programme was continuing to work closely with NHS colleagues both in acute services and intermediate care services, in order to promote and embed this practice. Work was also ongoing to ensure the wider education of the benefits of single handed care thorough risk assessed moving with dignity across all sectors.

It was explained that a review of the Moving with Dignity programme had determined that demand for this service and targeted support continues. Permission was therefore sought for additional DFG funding to be released to invest in the extension of this programme for a further 2 years. In the longer term, this would be aligned with the adult social care reform work locally, and encompassed in the wider Occupational Therapy service review.

The extension of the project will allow for a small team, planned to consist of:

- 1 x Senior Occupational Therapist
- 1 x Occupational Therapist
- 1 x Manual Handling Assessor
- 1 x Occupational Therapist Assistant

It was stated that work was ongoing to identify a further potential location with Adult Services and Asset Management working together to search for a suitable property for the Disability Assessment Centre. Until this was achieved, it was difficult to make a determination of the timescales or final cost of the project.

During the year, Government announced it was to make funding available to provide Changing Places Toilets (CPT) for disabled people. A CPT was more than just a disabled toilet; it provided a shower, changing table, specialist wash dry toilet, track hoist, etc. A total of £30m was available for local authorities to make expressions of interest (EOI) for grant assistance. The Council submitted its EOI for £100k with a £25k co-funding element from the Council. There had been no announcement relating to this project from government.

Delivery of adaptations continued and the rate of delivery had increased as restrictions had eased. The number of approvals and completions at end of January was up on the previous year and should continue to the end of the financial year. Access to properties had improved and the availability of some materials had also improved. Delays in delivery of imported supplies due to Covid-19 in some countries and Brexit are easing but there are still specific issues

## **AGREED**

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

- (i) note the progress updates,**
- (ii) extend the Moving with Dignity programme for a further two years at a cost allocation of £385k from DFG funding.**

## **226 APPROVAL OF REVISED NON-RESIDENTIAL CHARGING POLICY 2022**

Consideration was given to a report of the Executive Member for Health and Social Care and Population Health / Director of Adult Services.

This report sought approval of the updated revised Non-Residential Charging Policy 2022, which had been produced expediently following approval by Board Members at the last meeting of the Strategic Commissioning Board on the 9 February 2022 to update the previous policy dated 25 March 2015 to take effect from the 1 April 2022 to include:

- The Minimum Income Guarantee level would remain at the level the Council currently uses
- The level of income disregarded be 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 be implemented, with an annual review of the level, which would apply only to non-residential packages of care created from this date, rather than existing packages.

### **AGREED**

**That Strategic Commissioning Board AND Cabinet be recommended to agree the attached Policy at Appendix 1 in line with their decision of the 9 February 2022.**

## **227 FORWARD PLAN**

The forward plan of items for Board was considered.

**CHAIR**



<b>Report To:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 March 2022
<b>Executive Member / Reporting Officer:</b>	Cllr Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
<b>Subject:</b>	<b>STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT</b> <b>CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 JANUARY 2022</b>
<b>Report Summary:</b>	<p>This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 31 January 2022 (Month 10) and forecasts to 31 March 2022.</p> <p><b>APPENDIX 1</b> summarises the integrated financial position. Overall the Strategic Commission is reporting a total forecast overspend of £4.077m for the year ending 31 March 2022. This includes a £3.376m reported deficit on CCG budgets which is expected to be offset with allocation adjustments before year end, resulting in a break even position for the CCG. There is a net forecast deficit of £0.701m on Council budgets but this includes £4.146m of ongoing demand pressures in Children’s Social Care, offset by non-recurrent additional funding streams for 2021/22 only. Further detail on budget variances, savings and pressures is included in <b>APPENDIX 2</b>.</p> <p><b>APPENDIX 3</b> summarises the latest position on the collection of Council Tax and Business Rates in 2021/22.</p> <p><b>APPENDIX 4</b> provides an update on the Dedicated Schools Grant (DSG).</p> <p><b>APPENDIX 5</b> lists the irrecoverable debts identified for write off during the period October to December 2021.</p>
<b>Recommendations:</b>	<p>That Executive Cabinet be recommended to:</p> <ul style="list-style-type: none"><li>(i) Note the forecast outturn position and associated risks for 2021/22 as set out in <b>Appendix 1</b>.</li><li>(ii) Note the detailed analysis of budget forecasts and variances set out in <b>Appendix 2</b>.</li><li>(iii) Note the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in <b>Appendix 3</b>.</li><li>(iv) Note the forecast position in respect of Dedicated Schools Grant as set out in <b>Appendix 4</b>.</li><li>(v) <b>Approve</b> the write-off of irrecoverable debts for the period 1 October to 31 December 2021 as set out in <b>Appendix 5</b>.</li><li>(vi) <b>Approve</b> the proposals for the CCG increasing its contribution to the Section 75 pooled fund (and the Council reducing its contribution by the same value) in</li></ul>

accordance with the Integrated Commissioning Fund risk share agreement as set out in section 7.

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

**Financial Implications:** This report provides the 2021/22 consolidated financial position statement at 31 January 2022 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.

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

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

With the outbreak of COVID-19 in 2020, 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.

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:** The Local Government Act 1972 (Sec 151) states that "every local authority shall make arrangements for the proper administration of their financial affairs..."

**(Authorised by the Borough Solicitor)**

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 that the CCG will break even whilst there is a forecast net deficit of £0.701m on Council budgets


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.

**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 :

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Glossop Clinical Commissioning Group

 Telephone:0161 342 5626

 e-mail: [tracey.simpson@nhs.net](mailto:tracey.simpson@nhs.net)

## 1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The gross revenue budget value of the ICF for 2021/22 is reported at £1.002 billion.
- 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 The forecast outturn position for the council continues to look more positive for 2021/22, a £458k improvement has been reported since last month, taking year-end projected overspend to £701k. The overall improvement is largely due to non-recurrent, pandemic related funding streams which will not be available next year. The 2022/23 budget is expected to be approved at Full Council on 22 February 2022 – this includes additional funding for both Children’s and Adults Social Care, but cost and demand pressures are expected to continue to increase.
- 2.2 The CCG reported position at Month 10 shows a forecast overspend of £3,376k, all of which is reimbursable. Once appropriate allocations have been received, we are effectively reporting a break even position, which includes full achievement QIPP. Work is in progress on national planning returns for 2022/23 with allocations published at an ICB level.
- 2.3 The Trust is forecasting a breakeven financial position for 2021/22 in line with plan. 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.
- 2.4 Further detail on the financial position and key headlines can be found in **Appendix 1**. **Appendix 2** provides more detailed analysis of all Directorate areas.

## 3. COLLECTION FUND 2021/22

- 3.1 The latest forecast for the Collection Fund in 2021/22, together with collection performance, is summarised in **Appendix 3**.

## 4. DEDICATED SCHOOLS GRANT

- 4.1 In 2020/21 the deficit on Dedicated Schools Grant (DSG) increased from £0.557m to £1.686m mainly due to funding the overspend on the High Needs Block. If the 2021/22 projections materialise, there will be a deficit of £3.713m on the DSG reserve by 31 March 2022. Under DfE regulations we are required to produce a deficit recovery plan which will be submitted to the DfE outlining how we expect to recover this deficit and manage spending

and will require discussions and agreement of the Schools Forum. The position will be closely monitored throughout the year and updates will be reported to Members. Further detail is set out in **Appendix 4**.

## **5. WRITE OFF OF IRRECOVERABLE DEBTS**

- 5.1 Members are asked to approve the write off of irrecoverable debts for the period 1 October to 31 December as set out in **Appendix 5**.

## **6. COUNCIL SAVINGS DELIVERY 2021/22**

- 6.1 Since the update to Cabinet in December, the position on savings delivery has improved overall across the Council. Overall the total forecast savings to be delivered in 2021/22 has increased to £9.137m which exceeds the original target of £8.930m. However, it should be noted that this total includes just over 1m of mitigating savings that are one-off in nature and not expected to be available in 2022/23.

## **7. SECTION 75 POOLED BUDGET ARRANGEMENT 2021/22**

- 7.1 During 2021 / 22 the public sector and especially the NHS has continued to mobilise at pace and scale to address the ongoing impacts of the COVID-19 pandemic. NHS England and Improvement (NHSEI) has, therefore, understandably continued with the 'command and control' financial regime introduced in 2020/21 during the response to the first wave of the pandemic.
- 7.2 This atypical financial regime has resulted in financial plans for 2021/22 being managed at a GM level for which the finalisation and submission of STP level plans were May 2021 (for H1 period April - Sept) and November 2021 (for H2 period Oct – March). This is significantly later than usual which, in turn, has hindered the CCG and its partners with being able to progress its strategic intentions for the Tameside and Glossop populations.
- 7.3 As the organisation has entered the final quarter of 2021/22, the certainty of budgets and plans means that the CCG's financial outturn position can be forecast with a greater degree of confidence. This puts the CCG in the position of being able to provide additional support to the locality's strategic aims by meeting a greater proportion of the health-related costs for some of the transformation programmes being delivered in 2021 / 22 through the Section 75 pooling arrangements it has with Tameside Metropolitan Borough Council.
- 7.4 It is intended that this situation will enable the CCG to increase its funding to the Section 75 (S75) pooled budget whilst the Council reduces its contribution in 2021/22 thereby releasing some non-recurrent savings for the Council which, in turn, will facilitate ongoing financial sustainability across the economy and support the transformation schemes for locality priorities such as in Children's and Learning Disability/Adult Mental Health services which are facing significant demand pressures as reported at length in previous reports.
- 7.5 It is proposed that the Council should reduce its contribution to the S75 pool by £3.5m in 2021/22 whilst the CCG increases its contribution to fund health-related costs in 2021/22 by the same amount.

## **8. RECOMMENDATIONS**

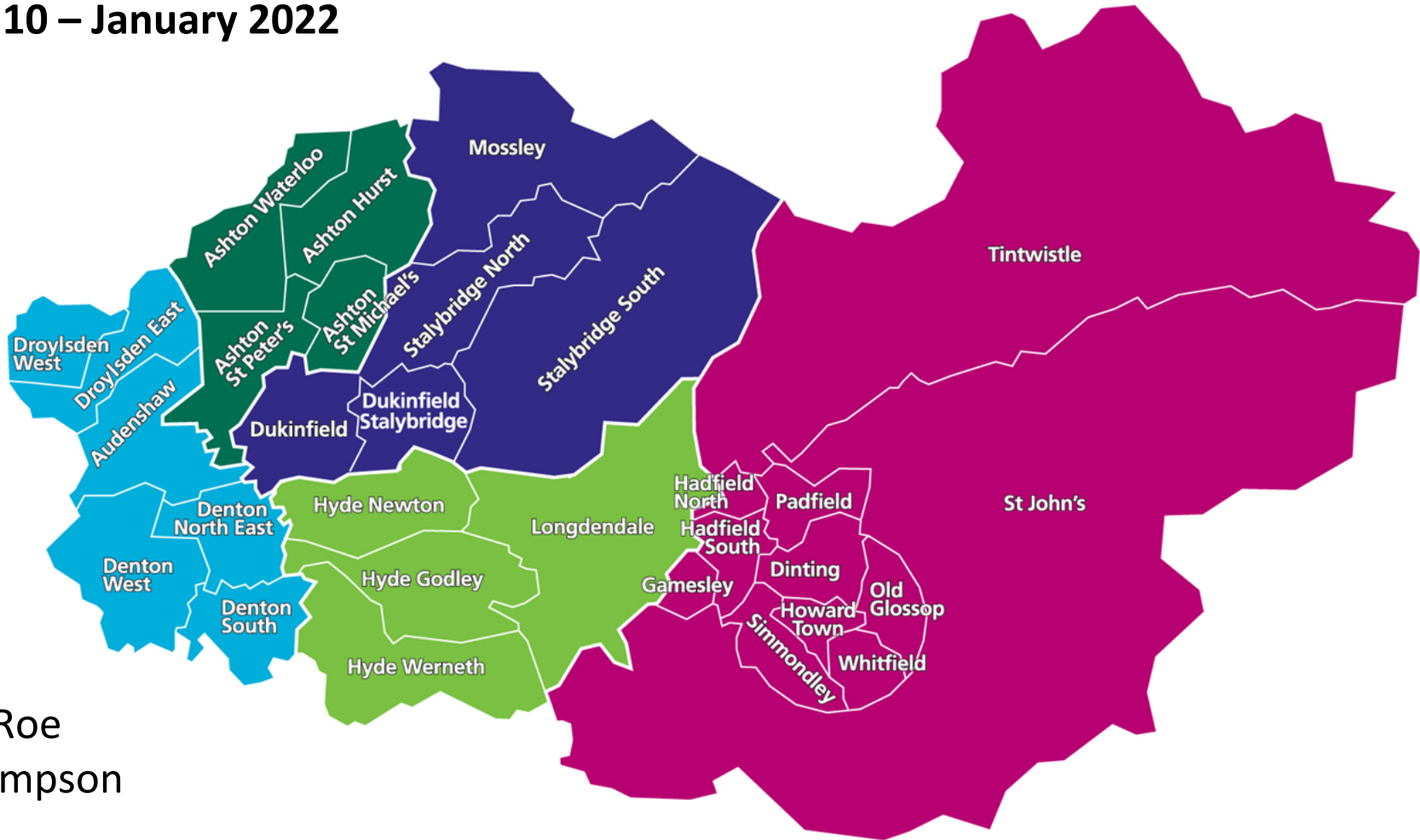
- 8.1 As stated on the front cover of the report.

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# Tameside and Glossop Strategic Commission

Finance Update Report  
Financial Year 2021-22  
Month 10 – January 2022

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Kathy Roe  
Sam Simpson

## Period 10 Finance Report

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



# Finance Update Report – Executive Summary

As we enter the final two months of the financial year, the forecast outturn position for the council continues to look more positive for 2021/22, a £458k improvement has been reported since last month, taking year-end projected overspend to £701k. The overall improvement is largely due to non recurrent, pandemic related funding streams which will not be available next year. The 2022/23 budget is expected to be approved at Full Council on 22 February 2022 – this includes additional funding for both Children’s and Adults Social Care, but cost and demand pressures are expected to continue to increase.

The CCG reported position at Month 10 shows a forecast overspend of £3,376k, all of which is reimbursable. Once appropriate allocations have been received, we are effectively reporting a break even position, which includes full achievement QIPP. Work is in progress on national planning returns for 2022/23 with allocations published at an ICB level.

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

## TMBC Financial Position

**£458k**

Improvement in financial position since M9 as a result of further improvement in the forecast for Children’s Social Care and release of some contingencies.

## Children’s Social Care (£4,146k)

Forecast overspend against full year budget. Though note this represents an improvement on the M9 position

## ICFT Surplus

**£0k**

ICFT forecasting a breakeven financial position for 2021/22 in line with plan

## CCG Position

**£0k**

The reported position at Month 10 shows a forecast overspend of (£3,376k). This is all reimbursable but in line with national reporting guidance must be shown until allocation transactions in M11 & M12

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	369,964	371,349	(1,385)	452,254	455,630	(3,376)	(3,931)	555
TMBC Expenditure	165,285	156,017	9,268	194,494	195,195	(701)	(1,159)	458
Integrated Commissioning Fund	535,250	527,366	7,884	646,748	650,825	(4,077)	(5,090)	1,012

# Integrated Commissioning Fund Budgets

Forecast Position £000's	YTD Position (Net)			Forecast Position (Net)			Net Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	191,291	190,852	439	229,280	228,771	509	491	18
Mental Health	37,479	36,970	509	45,424	45,201	224	159	65
Primary Care	76,798	77,229	(431)	95,109	96,321	(1,212)	(1,386)	174
Continuing Care	12,000	11,369	632	14,769	13,904	865	506	358
Community	31,704	32,733	(1,029)	38,262	39,914	(1,652)	(1,669)	16
Other CCG	16,844	18,430	(1,586)	24,620	26,728	(2,109)	(1,591)	(518)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	(441)	441
CCG Running Costs	3,848	3,766	83	4,790	4,790	0	0	0
Adults	33,553	34,184	(631)	40,264	39,369	895	879	16
Children's Services - Social Care	43,696	48,487	(4,792)	53,314	57,459	(4,146)	(4,533)	388
Education	7,189	3,830	3,358	7,435	7,064	372	311	61
Individual Schools Budgets	4,608	(909)	5,517	0	0	0	0	0
Population Health	12,115	10,653	1,462	14,538	13,641	897	860	37
Place	52,019	55,160	(3,141)	61,581	62,343	(762)	(319)	(443)
Governance	9,741	9,609	132	9,083	9,495	(412)	(524)	112
Finance & IT	7,229	7,203	26	8,326	7,523	803	689	114
Quality and Safeguarding	120	19	101	142	142	0	(0)	0
Capital and Financing	(829)	(1,159)	329	4,775	4,270	505	448	57
Contingency	3,198	(1,837)	5,035	3,841	3,568	273	41	232
Contingency - COVID Costs	0	17,372	(17,372)	0	26,639	(26,639)	(16,288)	(10,351)
Corporate Costs	4,193	4,217	(24)	5,051	4,890	161	78	83
LA COVID-19 Grant Funding	(11,547)	(28,425)	16,879	(13,856)	(38,310)	24,454	15,525	8,929
Other COVID contributions	0	(2,390)	2,390	0	(2,898)	2,898	1,676	1,223
<b>Integrated Commissioning Fund</b>	<b>535,250</b>	<b>527,366</b>	<b>7,884</b>	<b>646,748</b>	<b>650,825</b>	<b>(4,077)</b>	<b>(5,090)</b>	<b>1,012</b>

## Council Budgets (£701k) Overspend

The forecast outturn position across Council budgets shows an overall improvement in the forecast outturn position, however this is net of a number of overspends and the forecast has deteriorated in some areas.

Headlines for each Directorate are summarised below, with further detail on budget forecasts and key variances set out in Appendix 2.

### Adults £895k Underspend

The forecast outturn position for Adults Services is an underspend of £895k. This is due to two main factors:

- The continuation of the Hospital Discharge funding beyond the end of September 2021 means that significant costs will now be covered by this funding.

In addition, the Council is in receipt of Contain Outbreak Management Funding (COMF) for 21/22 which has been allocated to fund COVID related cost pressures.

Both of these factors are additional and one-off/non-recurrent funding streams that will not be available to support cost pressures which are expected to continue into 2022/23.

### Education £372k Underspend

The overall position for the service is showing an underspend of £372k. This is a net position due to a number of factors including:

- under spends on non-grant funded staffing
- Savings on the on AED budget due to budget review and utilisation of Central Schools Services Grant;
- a saving on the Education Psychology Service due to a reduction in the use of associates
- an under spend on the teachers retirement costs of £110k;
- a projected overall under achievement in school-traded income
- a forecast pressure on SEN Transport following updated routes from the Autumn term and covid related costs for the summer term due to social distancing measures being put in place.

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## Children's Social Care (£4,146k) Overspend

The Directorate forecast position is an over spend of (£4,146k), a favourable decrease of £411k since period 9. The over spend is predominately due to the number and cost of external and internal placements. At the end of January the number of cared for children was 675 a decrease of 12 from the previous month. The reduction in forecasts since period 9 is predominately due to an increase in vacant posts and a reduction in interagency adoption fees. Key pressures include:

**Looked After Children (External Placements): (£3,112k) over budget:** At 1st February there were 62 young people aged 18 and over in external placements paid for by Children Services. The number of young people aged 18 and over in external placements is due in large to the lack of more appropriate alternatives. Adoption interagency fees are forecast to underspend by £669k and concurrent fostering placements are forecast to underspend by £100k which are offsetting some of the forecast overspend on residential placements

**Looked After Children (Internal Placements): (£1,516K) over budget:** The forecast overspend is in relation to in-house fostering allowances, adoption allowances, SGO allowances, child arrangement orders, staying-put allowances and Supported Lodging allowances.

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## Place (£762k) Overspend

The forecast outturn position for the Directorate is an overspend of £762k which is a deterioration in the position forecast previously. Key items contributing to the forecast overspend include:

- Planning – mainly attributable to loss of planning application fee income.
- Corporate Landlord – due to loss of income from room hire and rental income losses.
- Estates – reduction in commercial income from shopping centres.
- Highways commercial income target is not expected to be achieved, and winter gritting costs expected to exceed budget.
- Bereavement income is below normal levels due to reduced capacity whilst the replacement cremator project is completed.
- Car parking and markets income remains below budget due in part to the impacts of COVID-19.

# Integrated Commissioning Fund Key Messages

## Governance (£412k) Overspend

The current forecast for the Directorate is (£412k) over budget. This is an improved position from the last full monitoring report; however, there are COVID related pressures across Exchequer Services.

There are pressures of (£1,169k) included within the forecasts that relate to the impact of COVID on Housing Benefit overpayments debt recovery and reduced income from court costs recovery and the additional pressure on the bad debt provision we hold for council tax summons. If the impact of COVID pressures is excluded from the position there is an underlying underspend of £645k due mainly to vacant posts and savings on supplies and services.

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## Population Health £897k Underspend

Overall, Population Health is showing a forecast under spend of £897k against the approved budget as at Period 10. The directorate is in receipt of £572k of Contain Outbreak Control Fund that is covering employee costs of staff members working on the Covid-19 response.

The forecast underspend has increased since the last report in Period 6 by £37k mainly due to staffing costs as vacancies will now not be filled by year-end.

## Contingency £273k Underspend

The forecast outturn position has improved slightly since the prior period due to the release of some contingencies. The Contingency budget includes provision for pay award in 2021/22 which has yet to be settled.

## Capital Financing £505k Underspend

The forecast outturn position has improved slightly since the prior period due to a revised forecast for interest income based on performance over nine months of the year and recent increases in interest rates. The overall underspend continues to be driven by savings on borrowing and MRP.

## Finance & IT £803k Underspend

The current forecast for the Directorate is £803k under budget. This underspend is mainly due to Additional one-off grant funding to support acceleration of Office 365 roll out to support more effective remote working of £579k.

## Corporate Costs £161k Underspend

The overall position of the service is now showing an under spend of £161k. The move in forecast from period 6 is £83k. This is mainly due to a reduction in the payment schedule for the Pensions Increase Act to GMPF £60K plus other minor variations across the service.

# Integrated Commissioning Fund Key Messages

COVID Expenditure and Income	Net Forecast Expenditure	COVID-19 Grant Funding	Other COVID contributions
Covid 19 - Additional Restrictions Grant	£4,166	(£4,166)	£0
Covid 19 - Additional Restrictions Grant (Top up Jan 22)	£285	(£285)	£0
Covid 19 - Adults Services	£289	(£289)	£0
Covid 19 - Adults Services Discharge to Assess	£2,897	£0	(£2,897)
Covid 19 - Adults Services Infection Control and Testing Fund- Phase 4	£894	(£894)	£0
Covid 19 - CDC	£34	£0	£0
Covid 19 - Children's Social Care	£41	£0	£0
Covid 19 - Clinically Extremely Vulnerable	£726	(£726)	£0
Covid 19 - Community Champions	£367	(£367)	£0
Covid 19 - Corporate	£1,010	(£16,174)	£0
Covid 19 - Education	£35	£0	£0
Covid 19 - Emergency Assistance Grant for Food and Essential Supplies	£149	(£149)	£0
Covid 19 - Governance	£386	(£375)	(£1)
Covid 19 - Growth	£29	£0	£0
Covid 19 - Household Support Fund	£800	(£800)	£0
Covid 19 - Household Support Fund - Free School Meals	£1,425	(£1,425)	£0
Covid 19 - IT	£32	£0	£0
Covid 19 - Local Restrictions Support Grant (open)	£278	(£278)	£0
Covid 19 - Operations and Neighbourhoods	£413	£0	£0
Covid 19 - Population Health Asymptomatic Testing Sites	£199	(£199)	£0
Covid 19 - Population Health COMF - Discharge to Assess	£64	£0	£0
Covid 19 - Population Health COMF - Staffing	£128	£0	£0
Covid 19 - Population Health Contain Outbreak Management	£4,573	(£4,765)	£0
Covid 19 - Population Health Test & Trace	£899	(£899)	£0
Covid 19 - Self Isolation Support Payments/Grant - Practical Support Payments	£541	(£541)	£0
Covid 19 - Test and Trace Support Payments	£910	(£910)	£0
Covid 19 - Winter Grant Scheme	£1,134	(£1,133)	£0
DHSC Self-isolation Pathfinder	£146	(£146)	£0
Infection Control and Testing Fund- Round 3 (Oct21-Mar22)	£1,565	(£1,565)	£0
Workforce Recruitment and Retention Fund	£2,225	(£2,225)	£0
<b>Grand Total</b>	<b>£26,639</b>	<b>(£38,310)</b>	<b>(£2,898)</b>

## COVID Expenditure and Funding

The Council continues to capture direct costs relating to the COVID-19 pandemic and is in receipt of significant grant funding and other contributions to support both direct costs and indirect costs (which are reflected in Directorate budgets). The 2021/22 budget included £13,856k of budgeted COVID grant to support ongoing indirect costs in services, and this is reflected within 'Covid-19 – Corporate' funding of £16,174k in the table.

# Integrated Commissioning Fund Key Messages

## CCG Financial Position

The reported position at M10 shows a forecast overspend of (£3,376k), with a YTD variance of (£1,385k). 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 in Month 11 and Month 12.

- **(£1,673k) Hospital Discharge Programme** – In total we have spent £2,636k against the Hospital Discharge Programme in the first 10 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 £3,224k, which is marginally lower than last month. After adjusting for claims which have already been reimbursed, we are reporting a total variance of £1,673k. We anticipate receipt of an allocation to match this variance, resulting in an effective breakeven position after reimbursement has been approved and transacted.
- **(£873k) GP Additional Roles and Responsibilities** - £3.2m of ARR 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 ARR utilisation of 82%.
- **(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 on overspend of £831k at M10.

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## CCG QIPP

In M10 we are able to report full achievement of the CCG QIPP target for 2022/23.

Total savings of £5,164k have been realised. This includes £500k of recurrent prescribing related savings. But all other savings have been non-recurrent.

While these transactional schemes have contributed towards balancing the in year position, it does not contribute towards the underlying financial challenge. Therefore in the longer term we still need to revisit the strategic savings discussed pre-COVID at Star Chamber and through the cross cutting themes review.

# Finance Summary Position – T&G ICFT

	Month 10			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
<b>Total Income</b>	<b>£23,330</b>	<b>£24,006</b>	<b>£676</b>	<b>£229,913</b>	<b>£233,320</b>	<b>£3,407</b>
Employee Expenses	(£16,301)	(£16,408)	(£107)	(£157,762)	(£158,476)	(£714)
Non Pay Expenditure	(£6,195)	(£6,139)	£56	(£64,456)	(£67,507)	(£3,051)
<b>Total Operating Expenditure (excl. COVID-19)</b>	<b>(£22,496)</b>	<b>(£22,547)</b>	<b>(£51)</b>	<b>(£222,218)</b>	<b>(£225,983)</b>	<b>(£3,765)</b>
Income - COVID-19	£30	£29	(£1)	£120	£257	£137
Employee Expenses - COVID-19	(£739)	(£983)	(£244)	(£7,036)	(£7,144)	(£108)
Non Pay Expenditure - COVID-19	(£142)	(£136)	£6	(£1,780)	(£1,386)	£394
<b>Total Operating Expenditure - COVID-19</b>	<b>(£851)</b>	<b>(£1,090)</b>	<b>(£239)</b>	<b>(£8,696)</b>	<b>(£8,273)</b>	<b>£423</b>
<b>Total Operating Expenditure</b>	<b>(£23,347)</b>	<b>(£23,637)</b>	<b>(£290)</b>	<b>(£230,914)</b>	<b>(£234,256)</b>	<b>(£3,342)</b>
<b>Net Surplus/ (Deficit) before exceptional Items</b>	<b>(£17)</b>	<b>£369</b>	<b>£386</b>	<b>(£1,001)</b>	<b>(£936)</b>	<b>£65</b>
Trust Efficiency Programme	£759	£811	£52	£4,936	£4,973	£36
Capital Expenditure	£1,762	£749	(£1,013)	£5,354	£3,853	(£1,501)
Cash and Equivalents		£27,145				



# Finance Summary Position – T&G ICFT

## Trust Financial Summary – Month 10

The Trust is planning to breakeven, in line with national guidance. In month 10 the Trust reported an in month variance against plan of c.£386k favourable and a YTD position of c.£65k favourable.

The in month actual position is a reported surplus of c.£369k. This represents an adverse movement of c.£176k compared to the previous month, predominantly due to the receipt of funding in month 9. Total COVID expenditure incurred in month equated to c.£1.090m against planned spend of c.£851k which is an adverse variance against plan of c.£239k. This is largely due to impact of the Omicron variant on staffing sickness levels and increased instances of isolation as well as increased Critical Care spend. Total YTD spend for COVID is c£8.273m against a plan of c.£8.696m which represents an underspend of £423k..

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. £811k in month 10 and c.£4.973m YTD which are predominantly through productivity improvements and income generation schemes.

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# APPENDIX 2 – Strategic Commission Detailed Analysis

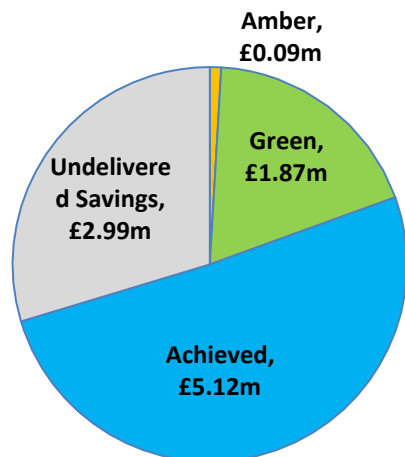
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# Local Authority Savings Progress

Directorate	Opening Target £000s	Undelivered Savings £000s	Red £000s	Amber £000s	Green £000s	Achieved £000s	Total forecast savings £000s
Adults	676	418	0	0	43	226	269
Children's Services	492	10	0	0	0	492	492
Children's - Education	212	70	0	0	113	139	252
Population Health	472	93	0	0	0	472	472
Operations and Neighbourhoods	2,180	750	0	93	91	1,246	1,430
Growth	1,454	1,270	0	0	0	184	184
Governance	355	40	0	0	0	315	315
Finance & IT	65	15	0	0	0	50	50
Capital and Financing	2,874	13	0	0	1,590	1,339	2,929
Contingency	406	306	0	0	0	456	456
Corporate Costs	136	0	0	0	30	196	226
<b>Total</b>	<b>9,322</b>	<b>2,985</b>	<b>0</b>	<b>93</b>	<b>1,867</b>	<b>5,115</b>	<b>7,075</b>
<b>%</b>		<b>32.0%</b>	<b>0.0%</b>	<b>1.0%</b>	<b>20.0%</b>	<b>54.9%</b>	<b>75.9%</b>

## Savings 2021/22



## SAVINGS PROGRESS

The 2021/22 Revenue Budget, approved by Full Council on 23 February 2021, included savings targets in respect of a vacancy factor and savings to be delivered by management. Combined with savings identified in previous years, the total savings reflected in Council budgets is £9,322k. Of that total £8,930k are new savings for 2021/22 and these are subject to separate additional monitoring throughout the year.

Although £2,985k of original planned savings are not now expected to be delivered, services have identified some alternative mitigating savings which are expected to be delivered in place of the original targets.

**Vacancy Factor** - The total vacancy factor for the year is £4,669k. As at the end of period 10, forecast underspends relating to vacant posts were £5,259k, however a number of these are being covered by agency staff which across the council is forecast to be (£4,910k) overspent. This gives a net forecast underspend across the council of £349k on employee costs, this also includes £963k of COVID related additional cost which should not occur in future years.

Adult Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Adults Commissioning Service	58,310	(20,178)	38,131	34,844	37,960	171
Adults Neighbourhood Teams	9,177	(323)	8,854	7,114	7,808	1,046
Integrated Urgent Care Team	2,144	(92)	2,052	1,657	2,001	51
Long Term Support, Reablement & Shared Lives	14,614	(1,192)	13,422	10,593	12,584	838
Mental Health / Community Response Service	5,404	(1,481)	3,923	3,139	4,000	(77)
Senior Management	1,223	(27,343)	(26,119)	(23,164)	(24,985)	(1,134)
<b>TOTAL</b>	<b>90,872</b>	<b>(50,608)</b>	<b>40,264</b>	<b>34,184</b>	<b>39,369</b>	<b>895</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£1,202k** - There are a number of core vacant posts across the directorate. Funding has also been allocated from the Contained Outbreak Management Fund (COMF) which supports the costs for those staff working on outbreak management.
- **£813k** - Hospital Discharge Funding has been received as a contribution towards additional costs in the Community Equipment Store, which provides mobility/disability equipment to service users.
- **£717k** - The work of the Reablement service to support patients discharged from hospital, is now being part-funded through the NHS' Hospital Discharge Programme.
- **£446k** - Support at Home has received Contain Outbreak Management Funding which is supporting the costs of the Support of Home Model. This is offset by reductions in Continuing Healthcare income and client contributions towards care based on current client assessments. There is also a reduction in demand for off-contract homecare placements as clients are being supported within contracted service provisions.
- **£407k** - Day Services costs are expected to be reduced overall, with several contracted services not expected to resume at all during FY21/22. However, the use of Day Services for one-to-one support has increased, at a greater cost to the budget for off-contract provision. Infection Control Funds have been allocated to in-house Day Services, supporting work to manage outbreaks and reduce COVID infections

## BUDGET VARIATIONS

- **£84k** - The Integrated Urgent Care Team (IUCT) is carrying several permanently employed vacancies that will not be recruited to this year. The overspend previously reported against agency costs in IUCT is now covered by COMF and Hospital Discharge Programme funding.
- **£71k** - Minor cost reductions have arisen across all areas in the directorate.

### Pressures:

- **(£1,064k)** - There has been an increase in demand in off contract supported accommodation placements, both in terms of numbers of clients either as new demand or transitioning into adulthood and the average weekly rate of the placement type has seen an increase due to client needs.
- **(£969k)** - Increased in assessed hours required by clients who are supported within the internal supported accommodation properties. When the 21/22 budget was set, it was based on the service supporting 7048 hours per week. This has increased to 8065 assessed per week, which is showed in the increase in staffing related costs. Mount St and Hart St which have been part of the resettlement scheme have seen the largest change in assessed hour requirement.
- **(£204k)** - Housing benefit income has reduced in both Supported Accommodation and Long-term Support due to the assets of some clients rising above the reaching the £16k benefit threshold.
- **(£201k)** - There has been an increase in demand in off contract Mental Health supported accommodation placements, both in terms of numbers of clients either as new demand or transitioning into adulthood and the average weekly rate of the placement type has seen an increase due to client needs.

## SAVINGS

- **(£407k)** - Adult Services intended to deliver £665k in Resettlement savings from the replacement of expensive out-of-borough placement with in-house provision, whilst improving quality of life for service users. In the event, logistical issues left over from lockdown and review of service users' best interest has delayed the programme.

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Out of borough savings	665	407	0	0	43	215	<b>258</b>
Oxford Park	11	11	0	0	0	0	<b>0</b>
Closure of Day Services	0	0	0	0	0	11	<b>11</b>
<b>Total</b>	<b>676</b>	<b>418</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>226</b>	<b>269</b>

Childrens Services- Social Care	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Child Protection & Children In Need	8,197	(503)	7,694	6,757	8,016	(322)
Children's Social Care Safeguarding & Quality Assurance	2,019	(10)	2,009	1,460	1,821	188
Children's Social Care Senior	626	(7,269)	(6,644)	(3,833)	(6,733)	90
Early Help & Youth Offending	1,056	(689)	367	130	337	31
Early Help, Early Years & Neighbourhoods	6,517	(2,362)	4,154	4,002	3,953	201
Looked After Children (External)	28,538	(519)	28,020	24,438	31,132	(3,112)
Looked After Children (Internal)	10,808	(184)	10,625	9,977	12,141	(1,516)
Looked After Children (Support Teams)	7,200	(112)	7,088	5,555	6,792	295
<b>TOTAL</b>	<b>64,961</b>	<b>(11,648)</b>	<b>53,314</b>	<b>48,487</b>	<b>57,459</b>	<b>(4,146)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£669k** - 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.
- **£500k** - Underspend on staffing due to vacancies and recruitment and retention issues.
- **£337k** - Additional grant income including an additional £129K in relation to the Holiday Activities and Food Programme (HAF) and an additional £145K Home Office Funding for additional Unaccompanied Asylum Seeking Children and other minor grants.
- **£349k** - 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.
- **£387k** - One off CCG funding for Children's Social Care pressures as part of the risk share agreement.
- **£12k** - Other minor underspends



## BUDGET VARIATIONS

### Pressures:

- **(£4,313k)** - 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 which accounts for £1.348m of this total. There is also an increased number of Unaccompanied Asylum Seeking Children.
- **(£1,516k)** - 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).
- **(£129k)** - Additional payments to schools, community and voluntary organisations to deliver the Holiday Activities and Food Programme (HAF) as a result of an increase in the grant allocation
- **(£114k)** - Forecast overspend on transport costs for children due to the number of journeys and cost of the journeys.
- **(£318k)** - Forecast overspend on professional services including translation, therapy and mentoring, nursery fees, assessment units and placements for children that are not cared for.
- **(£60k)** - Forecast overspend on financial assistance payments to families.

## SAVINGS

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Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Portage Review	10	10	0	0	0	0	0
Reduction in Signs of Safety Training Budget	0	0	0	0	0	10	10
Review of Contact Centre	70	0	0	0	0	70	70
Alignment of services to neighbourhoods model	64	0	0	0	0	64	64
Alignment of services to neighbourhoods model	32	0	0	0	0	32	32
Duty and Locality Teams	235	0	0	0	0	235	235
Review of staffing	81	0	0	0	0	81	81
<b>Total</b>	<b>492</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>492</b>	<b>492</b>

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
<b>Access Services</b>	18,391	(14,649)	3,742	2,207	3,959	(218)
<b>Assistant Executive Director - Education</b>	436	(112)	324	103	173	151
<b>Education Improvement and Partnerships</b>	1,168	(732)	436	93	304	132
<b>Schools Centrally Managed</b>	1,876	(219)	1,657	1,187	1,546	111
<b>Special Educational Needs and Disabilities</b>	11,353	(10,076)	1,277	240	1,081	196
<b>TOTAL</b>	<b>33,224</b>	<b>(25,788)</b>	<b>7,435</b>	<b>3,830</b>	<b>7,064</b>	<b>372</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£235k** - Staffing expenditure is £307k less than budget due to part and full year staffing vacancies partly offset by severance costs, for non-grant funded area. This is further offset by the £72k vacancy factor included for the service.
- **£149k** - A review of the spending has been undertaken to understand commitments in year, which has resulted in a budget saving. This will be utilised to mitigate pressure on the delivery of savings in 2021/22, and support the shortfall anticipated on traded services income within Education.
- **£75k** - Additional Central Schools Service Support Grant received in 2021/22 has resulted in an in year saving on the council contribution to these Education services. The council has to provide budget for these education functions as the grant from DfE doesn't fully cover this activity. This identified saving is being offered towards the 2022/23 savings.
- **£71k** - A reduction in the use of associates within the Education Psychology (EP) team and a reduction in the contract with Salford has led to a projected saving on professional fees this financial year further to the review of the service. This is in line with growing the service internally to reduce external costs.
- **£57k** - Funding received from the Covid Outbreak Management Fund to support the costs of staff who have been involved in containing the Covid outbreak.
- **£108k** - Other minor variations under £50k.

## BUDGET VARIATIONS

### Pressures:

- **(£206k)** - SEN Transport - pressure has materialised. A further pressure of £206k is currently projected for the service in 2021/22 based on the Autumn 21 term route costs. The demand for SEN Transport has continued to rise due to the increase in the number of pupils eligible and there is an increase in the number of children in out of borough placements. £33k of this pressure relates to additional costs of transporting pupils in the Summer term due to social distancing measures being put in place during the Covid 19 situation.
- **(£139k)** - The Education service is forecast to under achieve on its traded income target by £139k due to a reduced buy in to services, £24k of the £139k is related to Covid and lockdown restrictions. This is a significant improvement from the £230k previously reported due to increased buy in since September 2021. The remaining pressure is being mitigated through the savings identified through budget review and the services involved in trading holding vacancies.
- **(£88k)** - There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation during the Covid 19 lockdown periods.

## SAVINGS

- **£110k** - There is reduced demand on the budget for Teachers retirement pension costs. This will be offered for additional savings in 2022/23.

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Behaviour & Attendance Offer	124	70	0	0	3	51	54
Pensions Increase Act	88	0	0	0	110	88	198
<b>Total</b>	<b>212</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>113</b>	<b>139</b>	<b>252</b>

Service Area	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Population Health	15,941	(1,403)	14,538	10,653	13,641	897
<b>TOTAL</b>	<b>15,941</b>	<b>(1,403)</b>	<b>14,538</b>	<b>10,653</b>	<b>13,641</b>	<b>897</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£572k** - A contribution is allocated from the Contain Outbreak Management Fund (COMF), to support COVID testing and outbreak management work carried out by the service
- **£114k** - Staffing costs are less than budget due to several vacancies within the core Population Health team.
- **£129k** - Additional one off savings have materialised at Period 10, due to changes made to the programmes of work within Population Health that have been necessary to support with the Omicron variant, which have been funded via covid grant.
- **£44k** - Prescribing costs are lower than budget due to service delivery changes and the impact of the pandemic. A review is currently planned for March 2022.
- **£108k** - The Population Health Contract with the ICFT was budgeted to increase by 200k in cost anticipating pay awards and other inflation. However more recent NHS guidance has confirmed that inflation is less than expected due to efficiencies now being required of the providers, and the overall uplift has been agreed at only £92k.
- **£23k** - There are various minor cost reductions across various Population Health programmes.

## SAVINGS

- **(£93k)** - The recommissioning of the Be Well Health Improvement Fund was intended to secure savings from FY21/22, but has not progressed on schedule with delays caused by COVID.

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Schools Health & Wellbeing Reductions	13	0	0	0	0	13	<b>13</b>
Health Improvement Recommissioning	93	93	0	0	0	0	<b>0</b>
Population Health Investment Fund	0	0	0	0	0	93	<b>93</b>
CYP Emotional Health and Wellbeing	16	0	0	0	0	16	<b>16</b>
Sport and Leisure	150	0	0	0	0	150	<b>150</b>
Integrated Drug and Alcohol services	200	0	0	0	0	200	<b>200</b>
<b>Total</b>	<b>472</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>472</b>	<b>472</b>

Quality & Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Safeguarding and Quality Assurance	383	(241)	142	19	142	0
<b>TOTAL</b>	<b>383</b>	<b>(241)</b>	<b>142</b>	<b>19</b>	<b>142</b>	<b>0</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£15k** - Employees - underspend mainly due to a part year vacant post.
- **£9k** - Premises Related Expenditure: Reduced costs for room hire – Training courses have been delivered online due to Covid
- **£6k** - Transport Related Expenditure: Reduced transport related costs as a result of covid - training courses are being delivered online.
- **£43k** - Supplies and Services: Reduction in commissioned services for training courses and a number of training courses are being delivered online.
- **£2k** - Recharge Expenses: Reduction in printing and supplies & services recharges as a result of Covid, as staff are continuing to work from home.

### Pressures:

- **(£10k)** - Income: (£18k) Under achievement of income target from maintained and academy Schools Traded Services. Conversations are required with schools to remind them of the importance of safeguarding; this may lead to further take up in the new academic year. This is partially offset by £8k additional unbudgeted Health Income.
- **(£65k)** - Capital Items & Reserve Movements - Underspend transferred to reserve for future funding and investment in the service.

# Operations and Neighbourhoods

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Operations and Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Community Safety & Homelessness	7,649	(2,744)	4,905	2,757	4,953	(48)
Cultural & Customer Services	3,347	(358)	2,990	2,178	2,757	232
Engineers, Highways & Traffic Management	14,555	(10,844)	3,711	3,428	4,005	(294)
Management & Operations	1,384	(2,738)	(1,353)	(927)	(981)	(372)
Operations & Neighbourhoods Management	30,932	(31)	30,902	31,374	30,679	223
Operations & Greenspace	5,571	(439)	5,132	3,857	4,789	343
Public Protection & Car Parks	4,223	(3,027)	1,196	650	1,041	155
Waste & Fleet Management	10,208	(6,238)	3,970	2,329	4,430	(461)
Markets	969	(1,187)	(218)	(484)	(186)	(32)
<b>TOTAL</b>	<b>78,839</b>	<b>(27,605)</b>	<b>51,234</b>	<b>45,162</b>	<b>51,488</b>	<b>(254)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£343k** - Forecast Underspends in Operations & Greenspace predominantly on Street Cleansing Waste Disposal Costs as a result of the waste now being disposed of through the Waste Levy at a reduced cost per tonne.
- **£405k** - Engineers staffing underspends due to a number of vacant posts, pending service redesign. This partially offsets expected income shortfalls as detailed under the pressures section
- **£70k** - Contribution from the Waste Levy Reserve to partially offset the expected shortfall in savings from proposed 3 weekly bin collections and charging for replacement bins
- **£232k** - Forecast underspend across Cultural & Customer Services, primarily on staffing costs and purchase of Library materials in order to mitigate known overspends elsewhere in the Directorate
- **£234k** - There is currently a net saving forecast across Waste and Transport levies in 2021/22, this is due to a combination of timing issues of when the budget was set and when the final allocations are agreed and latest data from GMCA indicating reduced tonnages resulting in a reduction in the current year forecast

## BUDGET VARIATIONS (continued)

- **£264k** - Reduction in the forecast subsidy required to fund Temporary Accommodation costs not funded by Housing Benefits. This is as a result of lower cost accommodation being secured
- **£1,289k** - Allocation of Covid funding to finance additional and core service costs in Homelessness Services, Licensing & Enforcement and Customer Services.
- **£9k** - Other minor underspends across the Directorate

### Pressures:

- **(£251k)** - Forecast income in the Bereavement Service is below budget. This is due to the replacement cremator project impacting on the number of funerals the Council are able to deliver each week. Capacity has been reduced by 15 funerals per week until the project is completed, which is now estimated to be May 2022
- **(£426k)** - There continues to be a shortfall in Car Parks income due to a combination of COVID and legacy budget issues. A car parking review will aim to address this issue in subsequent financial years.
- **(£156k)** - Business Rates - backdated Business Rate charges have been incurred on 5 car parks following a revaluation of the rateable values.
- **(£450k)** - Engineers income budgets are historic and work is required to align them to the capital programme. At present there is an expected shortfall this financial year, however this is partially offset by underspends on staffing budgets in Engineers pending a planned service redesign. Further work will be carried out in this area in conjunction with project and service managers.
- **(£101k)** - Based on previous years trends it is forecast that Winter Gritting expenditure will exceed the budget. The current assumption is based on an annual costs of c £700k. It should be noted that the Council benchmark well against statutory neighbours for this function. The recurrent budget shortfall needs to be addressed within the 2022/23 Directorate budget.
- **(£350k)** - There is a recurrent budget pressure in the Homelessness Service within the ABEN Project (A Bed for Every Night). The Council incur security costs for a number of properties where service users are supported. These costs have never been funded by the grant allocation received from GMCA.
- **(£200k)** - Community Safety - Increase in forecast of project related costs which may be funded by use of existing reserves. This will be confirmed prior to 31 March 2022.
- **(£415k)** - Additional COVID related expenditure in the Homelessness Service on dispersed properties. These are additional properties that the Council has rented on behalf of service users to comply with social distancing regulations. This cost has been funded through the Covid Outbreak Management Fund shown above.



## SAVINGS

- **(£119k)** - Targeted procurement savings across the Directorate have not yet materialised, work is ongoing with STAR procurement to address this but it is envisaged that there will be a shortfall in this years savings target, this will be mitigated from other budgets within the service as a non recurrent mitigation.
- **(£100k)** - The commercialisation income budget will not be delivered in the current financial year due to a combination of COVID and capacity issues within the Directorate which has delayed the implementation of an associated strategy.
- **(£50k)** - The service redesign in the Homelessness Service has been delayed, due to capacity pressures elsewhere in the Homelessness Service. On 24 November 2021 the Executive Cabinet approved the serving of a 6 month notice period to terminate the existing Housing Options service contract with Jigsaw Homes. The service will be delivered within the Directorate at the end of the notice period supported by an associated service redesign to realise recurrent savings.
- **(£110k)** - The Neighbourhoods service redesign has been delayed due to increased COVID related resourcing demands on the service. This has been mitigated non recurrently by the use of Covid Outbreak Management Funding (COMF) to finance existing service expenditure.
- **(£371k)** - There has been a delay in the implementation of 3 weekly bin collections and charging for replacement bins. Both schemes were implemented on 31st January 2022. It has been agreed that this will be partially offset by a contribution from the Waste Levy Reserve for 2021/22 as shown above.

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Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Review of customer services face to face offer	51	0	0	0	0	51	51
Review of book access points in post office	6	0	0	0	0	6	6
Removal of surplus staffing budgets	157	0	0	0	0	157	157
Design Charges	70	0	0	0	12	58	70
Highways maintenance efficiencies	67	0	0	44	0	23	67
Work with STAR to ensure procurement in Stores is best value and on contract	69	69	0	0	0	0	0
STAR Procurement	50	50	0	0	0	0	0
Waste levy reduction	257	0	0	0	0	257	257
Transport Levy Reduction	0	0	0	0	0	0	0

## SAVINGS (continued)

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Extending commercial offer	100	100	0	0	0	0	0
Bring Statutory Housing Service in house	50	50	0	0	0	0	0
Removal of 1 Cemetery Operative	30	0	0	0	0	30	30
Reduction in costs for Dog Wardens	12	0	0	0	0	12	12
Bring Security Activities in House	10	0	0	0	0	10	10
Transfer processing of street sweepings into the waste levy	200	0	0	0	0	200	200
Reduction of budgets for vehicle costs	100	0	0	0	0	100	100
Grounds Maintenance Staffing	53	0	0	0	0	53	53
Street Cleansing Staffing	20	0	0	0	0	20	20
Cancellation of the Tour of Britain Series, Tour of Britain and associated cycling events	140	0	0	0	0	140	140
Markets Events	50	0	0	0	0	50	50
Public Protection staffing review	110	110	0	0	0	0	0
CCTV Equipment	49	0	0	49	0	0	49
Removal of Staffing budget for Museum of Manchester Regiment (MMR)	70	0	0	0	0	70	70
Removal of excess budget	9	0	0	0	0	9	9
Reduce collection frequency - 3 weekly Blue Bin collections	130	100	0	0	30	0	30
Reduce collection frequency - Black bin collections to 3 weekly	130	100	0	0	30	0	30
Charge for all new bins ordered	190	171	0	0	19	0	19
<b>Total</b>	<b>2,180</b>	<b>750</b>	<b>0</b>	<b>93</b>	<b>91</b>	<b>1,246</b>	<b>1,430</b>

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Growth Management	282	0	282	208	231	51
Development & Investment	1,799	(831)	969	894	1,010	(41)
Economy, Employment & Skills	2,300	(1,411)	889	192	870	19
Major Programmes	500	0	500	(12)	500	0
Infrastructure	200	0	200	115	117	83
Planning	1,643	(1,211)	432	312	517	(85)
BSF, PFI & Programme Delivery	24,126	(24,126)	0	1,863	0	0
Asset Management	611	(336)	275	(119)	188	87
Capital Programme	1,635	(440)	1,196	1,323	1,171	24
Corporate Landlord	8,184	(2,361)	5,822	5,073	6,299	(477)
Environmental Development	566	(28)	538	492	473	65
Estates	1,393	(2,154)	(760)	(208)	(616)	(145)
School Catering	2,136	(2,132)	4	(137)	4	(0)
Vision Tameside	0	0	0	0	90	(90)
<b>TOTAL</b>	<b>45,375</b>	<b>(35,028)</b>	<b>10,347</b>	<b>9,995</b>	<b>10,855</b>	<b>(508)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£54k** – Forecast underspend on utility costs within the Council estate due to closure during covid restrictions
- **£138k** – Delays in recruitment to posts within Employment and Skills
- **£93k** - Delays in recruitment to posts within Building Control
- **£51k** - Non recruitment to Director of Growth post
- **£175k** - Delays in recruitment to posts within Asset Management
- **£81k** - Delays in recruitment to posts within Estates service

## BUDGET VARIATIONS

## Underspends (continued):

- **£51k** - Reduced forecast on professional services budget within the Estates Service
- **£142k** - Delays in recruitment to posts within Corporate Facilities service
- **£102k** - Excess provision of 20/21 accrual for repairs and maintenance on the Council estate
- **£76k** - British Waterways Levy saving - liability period ended in 2020/21
- **£134k** - Backdated accommodation charge rebate relating to Hattersley Hub
- **£41k** - Pre- Planning Application fee additional income predominantly due to Godley Green Garden Village development
- **£44k** - Backdated rental income on the Council's Industrial estate
- **£110k** - Delays in recruitment to posts within Planning
- **£52k** - PFI Contract manager post financed via the PFI contract affordability reserve
- **£45k** - Other Minor Variations

## Pressures:

- **(£165k)** - Reduced forecast rent income at Droylsden Shopping centre (94k) and Hyde Shopping Centre (71k). This is a result of tenants vacating shopping centre units due to the Covid pandemic. This is an estimated variance pending the receipt of the annual accounts for both centres as the Council receives a share of the related annual profits realised.
- **(£192k)** - Agency employees covering vacant posts within the Planning Service
- **(£80k)** - Forecast reduced income relating to Building Control fees
- **(£132k)** - Forecast reduced hire of rooms income due to closed and reduced use of Council buildings during covid restrictions.
- **(£84k)** - Agency employees covering vacant posts within the Estates Service
- **(£71k)** - 2020/21 GMCA Low Carbon Skills Fund grant debtor that will not be realised
- **(£100k)** - Fees relating to the disposal of assets that are not expected to be financed via future capital receipts
- **(£33k)** - Rateable value revaluations on Corporate Landlord buildings - backdated business rate liabilities
- **(£90k)** - Estimated final retention payment relating to the construction of Tameside One
- **(£87k)** - Estimated building dilapidation and utility cost liabilities relating to a building that will be vacated by the Adult Education Service due to the transfer of service to Tameside College

## SAVINGS

- **(£126k)** - Security and premises costs relating to Two Trees site demolition (£66k) and Loxley House community asset transfer (£60k).
- **(£300k)** - Non realisation of income expected by the lease of a floor in Tameside One.
- **(£52k)** - Decision pending to approve the allocation of external income contributions to existing posts.
- **(£57k)** - Decision pending to approve the increase of land charge fee rates.
- **(£35k)** - Planning restructure saving not delivered - partial contribution from the vacant Strategic Lead Transportation & Infrastructure post.
- **(£200k)** - Savings within the Tameside Additional Services (TAS) Contract (TAS) are not expected to be delivered.

## SAVINGS (continued)

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Reduction in posts, income generation from management fees and restructuring external budgets.	76	0	0	0	0	76	76
Asset Management Accommodation Strategy (operational)/ WorkSmart	177	126	0	0	0	51	51
Relocation of Droydsden Library and Closing out of Hattersley Hub Offices and Community 7 Rooms	20	0	0	0	0	20	20
Lease Out of Tameside One Office Floor	300	300	0	0	0	0	0
Reduce Employment and Skills project budget by £10,000 (40%).	10	0	0	0	0	10	10
Future Income Generation – Contributions to post	52	52	0	0	0	0	0
Savings in Development Management pre-application advice and Planning Performance Agreements	7	0	0	0	0	7	7
Recurrent income Review Land Charges fees aligned to completion of Land Registry digitisation project to ensure that the remaining chargeable services are at an appropriate up to date level	57	57	0	0	0	0	0
Planning and Transportation Restructure	55	35	0	0	0	20	20
Reduction in costs associated with the Tameside Additional Services Contract (TAS)	200	200	0	0	0	0	0
Estates Property Rent Reviews	500	500	0	0	0	0	0
<b>Total</b>	<b>1,454</b>	<b>1,270</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>184</b>

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Democratic Services	737	(119)	618	591	536	81
Executive Support	1,734	(158)	1,576	1,120	1,361	214
Governance Management	187	(90)	97	77	98	(1)
Legal Services	1,537	(34)	1,503	1,268	1,588	(85)
Exchequer	61,429	(60,108)	1,320	3,697	2,258	(938)
Policy, Performance & Communications	1,758	(295)	1,463	1,082	1,349	114
HR Operations & Strategy	1,293	(677)	616	526	685	(69)
Organisational & Workforce Development	711	(103)	608	330	437	171
Payments, Systems and Registrars	2,085	(803)	1,282	918	1,184	99
<b>TOTAL</b>	<b>71,470</b>	<b>(62,387)</b>	<b>9,083</b>	<b>9,609</b>	<b>9,495</b>	<b>(412)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- **£575k** - Employee related expenses including training are less than budget due to a combination of vacant posts held, posts being recruited to and costs forecast, maternity leave, staff who are not in the Pension fund or may have opted out and the vacancy factor.
- **£57k** - There is a current forecast of £57k one off income for staff related time spent on Covid-19 related activities from the Contain Outbreak Management Fund.
- **£92k** - Budget of £92k to increase the bad debt provision for Housing Benefit is currently not being forecast to be utilised as the current provision is considered adequate.
- **£55k** - Policy Projects is £55k under budget, £50k of this is in relation to planned projects for 21/22 that have not taken place due to COVID 19 and will be looked to be carried out in the 22/23 financial year
- **£345k** - Other minor variations of less than £50k across all services across the directorate. This includes underspends on Corporate Systems and Consultancy, Additional Income due to secondments, other additional Fee Income, underspends on Printing and Stationery.

## Underspend (Continued):

- **£43k** - The Quality, Innovation, Productivity and Prevention programme (QIPP) from the CCG for quarter 1 has resulted in additional income of £43k to TMBC; no further QIPP monies are forecast to be transferred for the remainder of the financial year

## Pressures:

- **(£455k)** - The net value of costs recovered in respect of council tax and business rates debt collections costs are forecast to be significantly less than budget due to delays and restrictions on the recovery processes due to the Covid-19 pandemic (£455k).
- **(£207k)** - There is an additional pressure due to the need to increase the level of the bad debt provision we currently hold for Council Tax Summons costs. The increase is needed due to a re-assessment of the level of the provision required for unpaid debts as a result of the COVID 19 Pandemic. The forecast is to increase the bad debt provision by (£293k) this resulting in a pressure of (£207k) in excess of budget
- **(£421k)** - The forecast impact of a reduction in Housing Benefit overpayment identified and collected in year together with reduced collection of prior year overpayment debt recovery. Reduced debt collection is attributable to the economic impact of Covid 19 and restrictions on recovery processes in 21/22. It is hoped that recovery performance will increase over the financial year and restrictions are removed. This is resulting in income recovery of (£421k) less than budget
- **(£95k)** - Forecasts in relation to Housing Benefit Expenditure and subsidy are based on the 2021-22 housing benefit data from the Capita System, this is currently forecasting a (£95k) net cost in excess of budget. This will be closely monitored throughout the last few months of the financial year.
- **(£100k)** - The service have worked with Capacity Grid in carrying out reviews in relation to Single person Discount (SPD), Empty Homes and Business Rates at a cost to date in 21/22 of £100k. The potential income generation resulting from these reviews is currently being worked on by the Exchequer Service, estimated income generation from the SPD Review is circa £456k
- **(£140k)** - Additional cost of (£140k) in relation to the 20/21 Housing Benefit and Discretionary Housing Benefit payments year end adjustments due to the Final Subsidy claim.
- **(£108k)** - Income is (£108k) less than budget due to a reduction in the number of schools purchasing HR, Payroll and Recruitment and Teacher Trade Union service.
- **(£13k)** - The Priority Account Service (Oxygen) has a net income target of £50k. Current forecast for the programmes expenditure and income along with the £50k income target results is a forecast shortfall of (£13k). This will be reliant on the number of our larger suppliers signing up to the scheme and will be monitored throughout the year



## SAVINGS

- **(£10k)** - Saving not expected to be achieved in relation to the discontinuation of Life in Tameside and Glossop Website, this has been offset by other savings and underspends across the service.
- **(£10k)** - Generation of income through promotion of design function externally has not yet been implemented, this has been offset by other savings and underspends across the service.
- **(£20k)** - Review of staff structure – this will be completed in 2022/23 once arrangements for the ICS are clearer. Saving is being offset by vacancies and other underspends across the service.

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Electoral registration	25	0	0	0	0	25	25
Review of staff structure - reducing staff hours	41	0	0	0	0	41	41
Review of staff structure	68	0	0	0	0	68	68
Review of workforce development budget - for one year and further review thereafter	20	0	0	0	0	20	20
Staff restructure	81	0	0	0	0	81	81
Review of staff structure	20	20	0	0	0	0	0
Review software licences	5	0	0	0	0	5	5
Discontinuation of Life in Tameside and Glossop Website	10	10	0	0	0	0	0
Review of external advertising	5	0	0	0	0	5	5
Generation of income through promotion of design function externally	10	0	0	0	0	0	0
Not replacing trainee solicitor post	70	0	0	0	0	70	70
<b>Total</b>	<b>355</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>315</b>	<b>315</b>

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Financial Management	3,487	(1,051)	2,436	1,502	2,399	37
Risk Management & Audit Services	1,936	(250)	1,685	1,585	1,667	18
Digital Tameside	4,730	(525)	4,205	4,116	3,456	748
<b>TOTAL</b>	<b>10,153</b>	<b>(1,827)</b>	<b>8,326</b>	<b>7,203</b>	<b>7,523</b>	<b>803</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

**£168k** - Employee related expenses across the directorate are in forecast to be under budget by £168k. This is a combination of vacant posts held, posts being recruited to and costs forecast from later in the year, maternity leave, staff who are not in the Pension fund or may have opted out resulting in £440k under budget however the directorate have a vacancy factor of (£245k). IR35 costs incurred for the Interim Assistant Director of Finance Position were (£39k), which are offset by underspends on the employee related expenses. Training expenses are forecast to be £12k under budget.

- **£4k** - There are other minor variations across the Financial Management, Risk Management and Audit Services of £4k under budget
- **£579k** - Additional one-off grant funding to support acceleration of Office 365 roll out to support more effective remote working.
- **£82k** - The move to Office 365 has meant that planned licence purchases are no longer required.
- **£110k** - Other Minor variations across the Directorate, including delayed implementation of some IT projects due to reprioritisation.

### Pressures:

- **(£130k)** - Income is (£130k) less than budget in relation to the Schools trading with I.T. however this is offset by an underspend on the staffing related expenses by £98k. This is due to a change in the way this service is now delivered..

## SAVINGS

### Savings Performance:

- **(£10k)** - The saving for STAR Procurement is forecast not to be achieved due to the fee not being reduced in 21/22.

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Asset Valuation Services	55	5	0	0	0	50	50
STAR procurement	10	10	0	0	0	0	0
<b>Total</b>	<b>65</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>

Corporate	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Chief Executive	259	0	259	209	250	9
Corporate and Democratic Core	3,628	(222)	3,406	2,920	3,285	121
Democratic Processes	1,465	(79)	1,386	1,089	1,356	31
Investment and Financing	8,964	(4,189)	4,775	(1,159)	4,270	505
Contingency	(642)	(9,373)	(10,015)	(15,199)	(11,001)	986
<b>TOTAL</b>	<b>13,675</b>	<b>(13,863)</b>	<b>(189)</b>	<b>(12,140)</b>	<b>(1,841)</b>	<b>1,652</b>

## BUDGET VARIATIONS

The variance is a net position and reflects a number of underspends and pressures including:

### Underspends:

- **£52k** - MRP charges lower than initial budget due to reduced capital spend in 2020/21
- **£355k** - Projected interest charges reduced on the assumption that no further borrowing is required in year.
- **£14k** - Projected Manchester Airport land rental income increased on basis of 2020/21 outturn.
- **£61k** - Additional unallocated income relating to previous years which cannot be allocated to services.
- **£15k** - Interest income projection revised due to increase in rates following Bank of England base rate rises
- **£81k** - There are other minor variations across the Corporate Democratic Core service of under £50k.
- **£652k** - Release of unallocated contingency budget to support increased costs across the Council.
- **£1,013k** - Received council tax support grant to support income shortfalls. This wasn't budgeted for.
- **£292k** - Received sales, fees & charges income compensation grant to compensate income losses in the period April - June 2021 due to COVID. This wasn't budgeted for.

## Pressures:

- **(£10k)** - The Tameside MBC Coroners costs are £10k in excess of budget , however there is £15k expenditure that is directly attributable to Covid 19. This is a combined service Hosted by Stockport MBC in partnership with Trafford MBC and Tameside MBC, and these are the costs allocated to Tameside MBC.
- **(£594k)** - Increased staffing and other associated costs across the Council directly attributable to COVID.

## SAVINGS

### Savings Performance:

- **£68k** – Pension advanced payment - Additional savings from the prepayment of pension contributions to GMPF based on savings to date in year.
- **(£261k)** - Workforce cross cutting themes - these savings will materialise in Directorate budgets. Work is on going to reduce agency costs which will be reflected in lower employee costs across service areas.
- **(£15k)** - Salary Sacrifice Schemes - Level of savings unknown at this stage, total saving of £45k most likely won't fully materialise as a significant proportion was a saving associated with employees using The Council's car loan scheme which is unlikely to see high demand due to employees working from home.
- **£356k** - Council Tax Single Person Discount review - total savings forecast to be achieved is £456k which is an overachievement of £356k against the original £100k savings target. Over achievement due to the Single Person Discount review identifying more council tax claimants that needed correcting than originally anticipated. This saving will materialise as increased council tax income.
- **£90k** – Contingencies and Mayoral support - A further additional saving of £90k is forecast on the Pension Increase Act payment we make to the Greater Manchester Pension Fund, this is in addition to the £50k saving for 21/22

## SAVINGS

### Savings Performance:

Scheme	Savings Target 21/22 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
MRP overpayment	1,299	0	0	0	0	1,299	<b>1,299</b>
Manchester Airport Investments	1,062	0	0	0	1,062	0	<b>1,062</b>
Pension Advanced Payment	460	0	0	0	528	0	<b>528</b>
Venture fund	13	13	0	0	0	0	<b>0</b>
Capital Financing	40	0	0	0	0	40	<b>40</b>
CPD Review	100	0	0	0	0	456	<b>456</b>
Workforce Cross Cutting theme (Excluding VF increase)	261	261	0	0	0	0	<b>0</b>
Salary Sacrifice Schemes	45	45	0	0	0	0	<b>0</b>
Contingencies and Mayoral Support	136	0	0	0	30	196	<b>226</b>
<b>Total</b>	<b>3,416</b>	<b>319</b>	<b>0</b>	<b>0</b>	<b>1,620</b>	<b>1,991</b>	<b>3,611</b>

# Reserve Transfers

## **Reserve Transfers**

The table below details the reserve transfers that need approval;

# Acute

£000's	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Forecast	Movement From M9
	£000's	£000's	£000's	£000's	Outturn	Variance	
					£000's	£000's	
Acute Commissioning	181,411	181,396	14	217,354	217,319	35	11
Ambulance Services	8,238	8,238	(0)	9,880	9,880	(0)	0
Clinical Assessment & Treatment Centres	1,078	563	515	1,367	818	550	28
Collaborative Commissioning	139	143	(4)	166	166	(0)	(0)
High Cost Drugs	232	219	13	276	264	12	(15)
NCAS/OATS	136	228	(92)	169	250	(81)	0
Winter Resilience	59	65	(7)	67	74	(7)	(7)
<b>Total - Acute</b>	<b>191,291</b>	<b>190,852</b>	<b>439</b>	<b>229,280</b>	<b>228,771</b>	<b>509</b>	<b>18</b>

**Acute Commissioning** - The £11k movement in forecast relates to neuro rehab, where the winter pressure has not materialised.

Otherwise, there has been no movement in the forecast position for the Acute Commissioning cost centre. This is because NHS contracts are still being paid on the basis of nationally calculated command and control blocks, while any variance for Independent Sector providers is covered by the Elective Recovery Fund (ERF).

Against nominal Independent Sector budgets (set on the basis of spend in H2 20/21), the CCG received additional allocation of £807k in the first half of the year from ERF. In the second half of the year, budgets were set on activity in H1 21/22. We are projecting additional funding of £130k as providers work to drive down waiting lists which built throughout the pandemic.

It should be noted that in addition to the activity built into the forecast above, NHSE have put in place national contracts with a number of independent sector providers from 10th January – 31st March. This is to ensure that patients can continue to receive the planned care they need and provides additional potential surge capacity to the NHS. This will not cause a financial pressure to the CCG as any over performances will be fully funded by NHSE.

**Clinical Assessment & Treatment Centres** - The forecast against this area has decreased by £28k from the previous month. This is purely down to lower than anticipated activity volumes. At a contract meeting with the provider earlier in the year, they advised that activity levels were set to return to pre-COVID levels. Although activity levels are increasing, it isn't at the rate we'd anticipated. It is likely that the forecast in this area will reduce further before the end of the financial year.

**High Cost Drugs** - The forecast in this area has increased by £15k from M09. There are two reasons for this; increased expenditure on homecare drugs (£8k) and higher than average EUR approvals (£6k). These two reasons fully explain the movement in forecast outturn.

**NCAS/OATS** - After the busy summer period with higher than expected expenditure with the devolved administrations, activity levels seem to have settled, meaning there has been no need to adjust the forecast. Generally speaking, invoices have been received from the devolved administrations up to M08 (November). Depending on activity over the Christmas period, the forecast in this area isn't expected to shift significantly in the coming months.



# Mental Health

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Child & Adolescent Mental Health	625	560	65	798	1,034	(236)	(204)
Improving Access To Psychological Therapies	452	447	6	543	537	6	1
Learning Disabilities	639	482	157	953	759	195	9
Mental Capacity Act	137	126	11	166	145	21	8
Mental Health Contracts	25,904	25,843	61	31,179	31,149	30	(78)
Mental Health Services - Adults	1,014	1,060	(45)	1,242	1,402	(160)	39
MH - Collaborative Commissioning	966	966	(0)	969	969	(0)	0
MH - Non Contracted Activity	14	14	0	16	16	0	0
Mental Health Services - Other	149	657	(508)	252	791	(540)	0
MH - Specialist Services	878	878	(0)	1,053	1,053	0	0
Mental Health Transformation	6	(89)	94	219	121	97	0
Mental Health - Individualised Commissioning	6,105	5,530	575	7,328	6,628	700	263
Mental Health Neighbourhood	500	406	94	599	487	112	27
MENTAL HEALTH SERVICES - WINTER RESILIENCE	0	0	(0)	0	0	(0)	0
DEMENTIA	90	90	(0)	109	109	(0)	0
<b>Total - Mental Health</b>	<b>37,479</b>	<b>36,970</b>	<b>509</b>	<b>45,424</b>	<b>45,201</b>	<b>224</b>	<b>65</b>

The forecast within Mental Health to Month 10 has moved favourably by £65k from Month 9. The overall movement is driven by a further decrease in the number of MH individualised package of care costs. This has been offset by an increase in costs to support the local authority within CYP relating to the early attachment service. Also contained within the net position is an adverse movement of £39k relating to a year end settlement agreement between the CCG and Pennine Care FT for the 21/22 contract and a £55k reduction in the expected number of Male PICU placement utilisation.

Notable movements of both budget and expenditure factored into the Month 10 position include the transfer of Community Learning Disability Service from the ICFT to PCFT from 1<sup>st</sup> December £410k), £210k Living Life Well GM allocation to fund the Innovation Unit and Big Life and £45k Eating Disorders GM allocation.

The CCG remains on track to exceed the Mental Health Investment Standard and is currently forecasting an over achievement of £1.4m. The previously noted RECAT exercise has now been completed and is reflected within the MHIS position. The key movement being the reduction of MH related HRG's which reduced both plan and actual expenditure by 707k, therefore had a neutral impact on achievement of the target.

Planning for 22-23 has commenced and takes account of the latest information in relation to the ICS financial framework. GM discussions are ongoing and an initial 'place' draft plan is due mid-February. However, there remains a significant number of anomalies that will continue to be discussed over the coming months. For example, levelling up of place investment to ensure LTP achievement.

The Winter Pressure provision for individualised commissioning placements has been released from the forecasts as there is nothing to indicate a spike over Winter. Also, there have been no male PICUs since August in Private placements as they are being funded from another areas within Mental Health. These placements are usually the most expensive packages and often happen over Winter months but there have been no packages this year to fund from Individualised Commissioning.

# Primary Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Prescribing	37,011	36,838	173	44,641	44,618	23	11
Delegated Co-commissioning	30,745	31,516	(771)	39,400	40,858	(1,457)	80
Local Enhanced Services	3,327	3,267	60	4,224	4,096	128	35
Out of Hours	2,016	2,010	6	2,420	2,414	6	0
Primary Care IT	1,199	1,166	33	1,469	1,441	27	54
Central Drugs	1,161	1,199	(37)	1,403	1,429	(27)	(35)
Medicines Management - Clinical	450	371	79	539	453	86	83
Oxygen	324	344	(20)	395	430	(35)	(111)
Commissioning Schemes	257	235	23	310	289	22	65
Primary Care Investments	291	279	12	291	288	3	(20)
GP FORWARD VIEW	18	5	13	18	5	13	13
<b>Total - Primary Care</b>	<b>76,798</b>	<b>77,229</b>	<b>(431)</b>	<b>95,109</b>	<b>96,321</b>	<b>(1,212)</b>	<b>174</b>

**Prescribing** – Primarily driven by increased prices for drugs, prescribing spend in 2021/22 is 2% higher than in the same period last year. However this was anticipated in budget setting, meaning spend is broadly in line with expenditure. The Medicines Management Team have been heavily involved in the vaccination programmes but have still contributed £500k to QIPP through a focussed effort on reducing spend at those GP Practices with the highest spend. A number of new rebate schemes have also helped to contribute to the saving.

**Delegated** – The M10 overspend of £1,457k is made up of: a GP Additional Roles and Responsibilities (ARRS) pressure of £873k and a Winter Access Fund (WAF) pressure of £831k. Offset by underspend in GP Contracts, Direct Enhanced Services and other GP Services. the CCG will receive an additional allocation to fund the ARRs and WAF pressures, meaning that the true Delegated Forecast position is a £246k underspend. T&G are projecting ARRs utilisation of 82% in 2021/22.

**Local Enhanced Services** – The £128k underspend at M10 relates to prior year benefits for LCS schemes (£30k), further in year underperformance on activity based LCS schemes (£43k), underperformance on the Minor Ailments Pharmacy activity (£42k) and an underspend on Meeting room expenses (£13k). Due to the COVID-19 Pandemic, many of the activity based services that would usually happen in a face to face environment has been low.

**Central Drugs** – are calculated nationally to apportion unidentified prescribing costs which cannot be directly attributed to practices. There has been an overspend YTD of £37k.

**Home Oxygen** – has seen an increase in spend of £20k which is primarily due to an increase in electricity costs. This will continue to cause additional pressure during the year and is forecast to overspend by £35k.

# Continuing Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Adult Joint Funded Continuing Care Personal Health Budgets	5	1	4	5	1	4	0
CHC Adult Fully Funded	6,429	5,969	460	8,082	7,297	785	320
CHC Adult Joint Funded	535	451	84	647	560	88	68
CHC Adult Personal Health Budgets	2,612	2,601	11	3,110	3,049	61	(3)
CHC Assessment & Support	810	686	124	972	881	91	13
Children's CHC Personal Health Budgets	32	30	2	38	36	2	1
Children's Continuing Care	106	110	(5)	132	127	5	25
Funded Nursing Care	1,471	1,519	(48)	1,783	1,954	(171)	(65)
<b>Total - Continuing Care</b>	<b>12,000</b>	<b>11,369</b>	<b>632</b>	<b>14,769</b>	<b>13,904</b>	<b>865</b>	<b>358</b>

There continues to be an underspend in Continuing Health Care. This has increased due to releasing the Winter Pressures provision that was anticipated. This Winter has seen no spike in the number of cases presenting for CHC. Also, any spike that may materialise now, will not impact on the budgets significantly as the first 4 weeks would be funded by HDP.

The underspend is mainly driven by Hospital Discharge Funding which funds the first 4 weeks of an individual's care. This has reduced Fast Track spend considerably. This is partly offset with a slight increase in Funded Nursing Care placements.

# Community

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Community Services	29,020	29,002	19	35,352	35,368	(16)	3
Hospital Discharge Programme	1,551	2,636	(1,084)	1,551	3,224	(1,672)	8
Hospices	575	574	0	689	689	0	0
Wheelchair Service	429	429	0	515	515	0	0
Palliative Care	129	92	36	154	118	36	5
<b>Total - Community</b>	<b>31,704</b>	<b>32,733</b>	<b>(1,029)</b>	<b>38,262</b>	<b>39,914</b>	<b>(1,652)</b>	<b>16</b>

The majority of the community services budget relates to services provided by the ICFT, which is within the scope of the block contract. Payments are fixed and will not change throughout the year.

Funding of £1,610k was received to fund a targeted lung cancer screening programme which selects participants from a local population at high risk of lung cancer. Any of this funding not spent in 2021/22 will be returned to GM. The increase in screening has resulted in an expected overspend of £225k at Manchester FT as the screenings have identified cases earlier than would normally be expected.

For Hospital Discharge Plan, the CCG continue to claim for pre-assessment placement costs of up to 4 weeks. HDP continues until the end of the financial year. The CCG and TMBC are ensuring that all related costs to HDP are claimed for and are maximising the funding available.

The total in year claim for HDP is expected to be in the region of £3.2m. The CCG has received funding up to the end of H1 which equates to £1.55m. Q3 funding is expected to be allocated in M11 and Q4 estimated funding in M12.

# Other

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Better Care Fund	11,798	11,798	(0)	14,152	14,152	(0)	0
Commissioning Reserve	(1,665)	0	(1,665)	2,153	4,271	(2,118)	(599)
Property Services	2,975	2,895	80	3,661	3,604	57	0
NHS 111	1,365	1,341	24	1,591	1,567	24	0
Patient Transport	1,016	989	27	1,211	1,186	25	0
Programme Projects	431	511	(80)	564	708	(144)	59
Safeguarding	453	429	23	548	512	36	26
Clinical Leads	244	244	0	293	292	1	1
Transformation Funding	34	34	0	202	202	(0)	(0)
Nursing and Quality Programme	177	164	13	213	197	16	0
Commissioning - Non Acute	17	25	(8)	31	38	(6)	(5)
<b>Total - Other</b>	<b>16,844</b>	<b>18,430</b>	<b>(1,586)</b>	<b>24,620</b>	<b>26,728</b>	<b>(2,109)</b>	<b>(518)</b>

There has been a total spend of £11,798k YTD on the Better Care Fund with forecast spend of £14,152k, an increase of over 5% on 2020.21. This is in line with the minimum spend for BCF which is mandated centrally.

Patient Transport underspent by £27k as the cost of a number of funded local transport schemes were eligible to be claimed under the Hospital Discharge Programme.

There are no longer any placements classed as Funding without Prejudice. These patients have now had their assessments and are funded from elsewhere within CCG budgets. The impact of these patients has reduced due to prior year funding provided for which was no longer being needed as the relevant Councils are not expected to invoice T&G CCG but have invoiced their own CCGs.

# CCG Running Costs

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Finance	1,030	1,024	6	1,192	1,186	6	6
Commissioning	733	717	16	894	873	22	(4)
CEO/Board Office	435	434	1	523	522	1	(1)
ADMINISTRATION & BUSINESS SUPPORT	343	343	0	423	423	(0)	(0)
Corporate Costs & Services	305	305	1	361	361	0	(4)
IM&T	272	270	3	328	324	4	4
Communications & HR	175	175	(0)	210	210	(0)	(1)
General Reserve - Admin	0	0	0	127	166	(39)	(39)
QIPP	54	0	54	128	128	0	(0)
Nursing	103	102	1	123	123	0	0
Estates & Facilities	87	87	0	104	104	0	38
Chair & Non Execs	76	74	1	91	90	2	0
Corporate Governance	62	63	(1)	76	76	(0)	(2)
IM&T Projects	59	57	2	71	69	3	3
Contract Management	56	56	1	68	67	1	0
Human Resources	34	34	0	41	41	0	0
Equality & Diversity	24	24	0	29	29	0	0
<b>Total - CCG Running Costs</b>	<b>3,848</b>	<b>3,766</b>	<b>83</b>	<b>4,790</b>	<b>4,790</b>	<b>(0)</b>	<b>(0)</b>

The CCG received an allocation of £4,790k to fund running costs in 2021/22. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures across the CCG as a whole.

This includes an additional £234k to fund the 6.3% pension uplift with all NHS employers need to pay – all of which is coded to the finance directorate as this is managed centrally by NHSE, rather than being built into individual budgets.

£128k of corporate QIPP savings have been achieved this year, contributing towards the full realisation of the CCG level QIPP targets from Month 10. This is primarily made up vacancies and other slippage in staffing budgets (e.g. business mileage, expenses and printing).

# APPENDIX 3 - Collection Fund

As at Month 10, the forecast outturn position on the Collection Fund is as follows:

Collection Fund for the year ended 31 March 2022	BUDGET			FORECAST OUTTURN			VARIANCE £000
	Council Tax £000	NDR £000	Total £000	Council Tax £000	NDR £000	Total £000	
<b>Income</b>							
Income from Council Tax	(121,993)		(121,993)	(123,394)		(123,394)	(1,401)
Income from NDR		(53,258)	(53,258)		(43,739)	(43,739)	9,519
<b>Total Income</b>	<b>(121,993)</b>	<b>(53,258)</b>	<b>(175,251)</b>	<b>(123,394)</b>	<b>(43,739)</b>	<b>(167,133)</b>	<b>8,118</b>
<b>Expenditure</b>							
<u>Council Tax</u>							
The Council*	99,239		99,239	99,239		99,239	-
Mayoral Police and Crime Commissioner	13,500		13,500	13,500		13,500	-
GM Fire and Rescue Authority	5,625		5,625	5,625		5,625	-
<u>NDR</u>							
The Council		52,725	52,725		52,725	52,725	-
GM Fire and Rescue Authority		533	533		533	533	-
Allowance for cost of collection		286	286		286	286	-
Transitional Protection Payments		768	768		768	768	-
Allowance for non-collection	3,660	1,789	5,449	3,660	583	4,243	(1,206)
Provision for appeals		3,544	3,544		4,545	4,545	1,001
<u>Surplus/deficit allocated/paid out in year:</u>							
The Council	(1,737)	(29,558)	(31,295)	(1,737)	(29,558)	(31,295)	-
Mayoral Police and Crime Commissioner	(64)		(64)	(64)		(64)	-
GM Fire and Rescue Authority	(41)	(290)	(331)	(41)	(290)	(331)	-
<b>Total Expenditure</b>	<b>120,182</b>	<b>29,797</b>	<b>149,978</b>	<b>120,182</b>	<b>29,592</b>	<b>149,773</b>	<b>(205)</b>
<b>(Surplus)/deficit for the year</b>	<b>(1,811)</b>	<b>(23,461)</b>	<b>(25,272)</b>	<b>(3,212)</b>	<b>(14,147)</b>	<b>(17,360)</b>	<b>7,913</b>
Balance brought forward	(1,903)	35,029	33,126	(1,903)	35,029	33,126	
Surplus/deficit for the year	(1,811)	(23,461)	(25,272)	(3,212)	(14,147)	(17,360)	7,913
<b>(Surplus)/deficit carried forward</b>	<b>(3,714)</b>	<b>11,568</b>	<b>7,854</b>	<b>(5,115)</b>	<b>20,882</b>	<b>15,766</b>	<b>7,913</b>

# APPENDIX 3 - Collection Fund

## Collection Fund Forecast to 31 March 2022

### **Business Rates (NDR)**

At 31 March 2021 there was a significant overall deficit on the Collection Fund due to the impacts of the COVID pandemic during 2020/21 and the award of significant business rate reliefs for which the Council is reimbursed with section 31 grants through the general fund. The budget for the Collection Fund in 2021/22 assumed a significant surplus would be delivered as a result of the grant compensation being paid into the Collection Fund to repay the prior year deficit.

As at period 10, there is a forecast in year surplus on the Collection Fund but this is £7.9m less than budgeted due to the extension of enhanced retail relief for business rates which was not known at the time of budget setting. This additional retail relief will again be offset by additional grant income to the general fund which will be paid into the Collection Fund in 2022/23.

### **Council Tax**

At 31 March 2021 there was a small surplus on the Council Tax side of the Collection Fund due to collection rates in the latter half of 2020/21 being much better than previously forecast. As at period 10, the in-year forecast is for a further surplus on the Council Tax Collection Fund of £3.2m. This is due primarily to the total income from Council Tax being greater than budgeted due to improvements in the Council Tax Base. When the budget was set for 2021/22, the Council Tax base was significantly reduced due to delays in housebuilding during 2020 and a significant increase in discounts and exemptions for Council Tax Support Claimants and more properties held vacant awaiting probate. During 2021, the number of new build properties appears to be recovering and exemptions and discounts have reduced back to more 'normal' levels, which results in more Council Tax income being collectable.

### **Collection Rates**

The current collection performance against target for both Council Tax and NDR is summarised on the following page.

Council Tax collection rates dipped significantly in the first half of 2020/21 due to the impacts of COVID-19 but then recovered in the final quarter of 2020/21 and remain broadly on target for the first ten months of 2021/22.

NDR collection rates remained below target during 2020/21 due to the impacts of the COVID-19 pandemic and whilst there were some encouraging signs in the latter quarter of 2020/21, collection for the first ten months of this year is below target. This is attributed to the economic impacts of COVID-19 on businesses.



# APPENDIX 3 - Collection Fund

## Council Tax Collection



Council Tax collection at the end of January 2022 was 89.9% against a target of 90%.

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NDR collection at the end of January 2022 was 85.5% against a target of 89.5%.

## NDR Collection



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# Dedicated Schools Grant 2021/22

The dedicated schools grant is allocated through a nationally determined formula to local authorities in 4 blocks the forecast position for 2021/22 is outlined below;

- Central Services Schools Block - provided to provide funding to Local Authorities to support carrying out statutory duties on behalf of schools.
- Schools Block - This is intended to fund mainstream (non-special) Schools
- High Needs Block - This is to fund Special Schools, additional support in mainstream schools for Special Educational Needs (SEND) and other SEND placements / support.
- Early Years Block -This funds the free/extended entitlement & funding of places for 2, 3 and 4 year olds in school nurseries and Private, Voluntary and Independent (PVI) Sector settings.

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<b>DSG Funding Blocks</b>	<b>DSG Settlement 2021-22 at Nov 2021* £000</b>	<b>Block Transfer 2021-22 £000</b>	<b>Revised DSG 2021-22 £000</b>	<b>Forecast Distribution / Spend 2021-22 £000</b>	<b>Forecast Surplus / (Deficit) £000</b>
Schools Block	183,081	(878)	182,203	182,025	178
Central School Services Block	1,114	0	1,114	1,114	0
High Needs Block	28,196	878	29,073	31,375	(2,301)
Early Years Block	16,798	0	16,798	16,707	91
<b>Total</b>	<b>229,188</b>	<b>0</b>	<b>229,188</b>	<b>231,221</b>	<b>(2,033)</b>

The projected outturn position against the 2021/22 DSG settlement is included in the table above. It should be noted that the DSG allocation is adjusted throughout the financial year by the DfE for High Needs allocations to academies and out of borough adjustments and Early Years Funding based on take-up of places. Tameside MBC starts the financial year with a carried forward deficit of £1.686m which will need to be addressed.

## Schools Block

The forecast surplus of £0.178m on the schools block relates to actual business rates charges being lower than estimated (£0.049m) and unallocated growth (£0.129m). As agreed with Schools Forum in January 2021, the unallocated growth should support the deficit on the DSG. The growth allocation is based on pupil numbers at the October 2021 census point and the figures will be updated once this has been finalised. Any surplus on the schools block is proposed to contribute to the DSG reserve deficit.

## High Needs

The in-year projected overspend is £2.3m, the growth in Education Health Care Plans (EHCP's) is the reason for the overspend against the grant allocation given by DfE for 2021/22.

It is worth noting the funding for Tameside is capped and if there was sufficient funding in the national formula Tameside would receive an additional £3.2m in 2021/22 (£8m cap over the 3 period 2020/21 to 202/23). Tameside receives the lowest High Needs funding in Greater Manchester, receives £8m less than Bury MBC, using numbers of EHCP's as a proxy indicator Tameside receive £47k per plan while as Bury receive £72k per plan. Although the funding formula is significantly flawed, we must live within the ring-fenced funding envelope provided.

The SEN Team have reviewed the new plans issued to date this financial year and used this information to update the expected growth in EHCP's to the end of the financial year across the sectors. Initial projections expected 207 new EHCP'S to be issued in year, this was based on pre-covid assumptions and since covid this trend appears to have reversed. After reviewing the current plans issued to date this has been revised to include 407 new plans expected for the full financial year, it is this that is driving the increased costs and deficit.

# Dedicated Schools Grant 2021/22

## Early Years

Early Years Funding Block	Early Years DSG Settlement 2021-22 at November 2021 £000	Forecast Distribution / Spend 2021-22 £000	Forecast Outturn Surplus / (Deficit) £000
3 and 4 Year Olds Universal Entitlement	9,117	8,646	472
3 and 4 Year Olds Extended Entitlement	4,335	3,888	446
2 Year Olds	2,820	2,870	(50)
EY Pupil Premium	136	166	(30)
Disability Access Fund	73	34	39
Central Retention	780	706	75
SEN Inclusion Fund	232	397	(165)
Estimated Grant Clawback	(696)		(696)
<b>Total</b>	<b>16,798</b>	<b>16,707</b>	<b>91</b>

There is an overall expected surplus on the Early Years Block of £91,000. As a result of the pandemic a different approach to funding has been taken by the DfE for 2021/22. The need for change arises as the number of children who were counted at the normal census point are expected to be lower than normal for that time of year as the measurement point was taken during a lockdown period. The change in approach means that rather than having one data collection point in the financial year from which the funding is calculated, there will be termly assessment points and the funding will be adjusted in line with those we are therefore expecting clawback of EYDSG from DfE of approximately £696,000.

The current forecast indicates an underspend of £0.918m for 3 & 4 year olds, an overspend of £50,000 for 2 year olds and an overspend £30,000 on early years pupil premium. There is an overspend on the SEN Inclusion Fund of £165,000. This area will need to be monitored closely, updates will be reported to Members and Schools Forum at year end.

## Central Services Schools Block

The central service schools block is estimated to be fully spent.

## DEDICATED SCHOOLS GRANT RESERVE POSITION

Prior year's dedicated schools grant is set aside in an earmarked reserve details of which are outlined in the table below for both the final year end position in 2020/21 and the projection for 2021/22.

	2020-21 Surplus / (Deficit) £000	2021-22 Forecast Surplus / (Deficit) £000
<b>DSG Reserve Brought Forward</b>	<b>(557)</b>	<b>(1,686)</b>
Schools Block Subtotal	296	178
In year surplus on Central Schools Services Block	6	0
In year deficit on High Needs Block	(1,822)	(2,301)
In year surplus on Early Years	702	91
Variation to Early Years Block 2019-20 Adjustment	(18)	0
Estimated Early Years 2020-21 Adjustment & final adjustment as confirmed in November 2021	(293)	5
<b>DSG Reserve after Commitments</b>	<b>(1,686)</b>	<b>(3,713)</b>

In 2020/21 the deficit has increased from £0.557m to £1.686m there has been a reduction in the reserve, in the main this due to funding the overspend on the High Needs Block. There have been contributions to the reserve in year too, the most significant of these relating to surplus funds in the Early Years Block, the underspend on schools block relates to business rates and unallocated growth.

If the 2021/22 projections materialise, there would be a deficit of £3.713m on the DSG. Under DfE regulations we are required to produce a deficit recovery plan which will be submitted to the DfE outlining how we expect to recover this deficit and manage spending and will require discussions and agreement of the Schools Forum. The position will be closely monitored throughout the year and updates will be reported to Members.

# APPENDIX 5

## IRRECOVERABLE DEBTS OVER £3000

1 October 2021 to 31 December 2021

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
17136492	Council Tax	2017 – 2018 £848.68 2018 - 2019 £301.52 2019 – 2020 £775.52 2020 – 2021 £1074.68	£3000.40	Individual Voluntary Arrangement approved 30/04/2021
16978198	Council Tax	2017 – 2018 £868.02 2018 – 2019 £909.09 2019 – 2020 £958.27 2020 – 2021 £999.59	£3734.97	Individual Voluntary Arrangement approved 31/03/2021
17115296	Council Tax	2017 – 2018 £268.44 2018 – 2019 £657.41 2019 – 2020 £1335.03 2020 – 2021 1304.12	£3565.00	Individual Voluntary Arrangement approved 31/03/2021
16583902	Council Tax	2014 – 2015 £242.29 2015 – 2016 £1357.30 2016 – 2017 £1406.46 2017 – 2018 £303.01 2019 – 2020 £1636.71 2020 – 2021 £1463.02	£6408.79	Individual Voluntary Arrangement approved 17/03/2021
15373992	Council Tax	2016 – 2017 £939.93 2017 – 2018 £218.67 2018 – 2019 £1187.46 2019 – 2020 £1170.65	£3516.71	Individual Voluntary Arrangement approved 12/02/2021
16779387	Council Tax	2016 – 2017 £346.22 2017 – 2018 £998.68 2018 – 2019 £1049.53 2019 – 2020 £914.38 2020 – 2021 £800.00	£4108.81	Individual Voluntary Arrangement approved 05/05/2021
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£24,334.68</b>	
16866357	Council Tax	2015 – 2016 £290.97 2016 – 2017 £319.05 2017 – 2018 £808.34 2018 – 2019 £325.66 2019 – 2020 £894.12 2020 – 2021 £1074.68 2021 – 2022 £1275.60	£4988.42	Bankruptcy Order made 09/07/2021
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Bankruptcy</b>	<b>£4988.42</b>	
<b>COUNCIL TAX IRRECOVERABLE BY LAW TOTAL</b>			<b>£29,323.10</b>	
65570605	Business Rates	Formal Menswear Hire Manchester Ltd Booth Street Chambers 32 Booth Street Ashton under Lyne OL6 7LQ <b>Company Dissolved 12/11/2019</b>	2017 - 2018 £1194.34 2018 – 2019 £7443.50 2019 – 2020 £4732.13	£13,369.97

65582202	Business Rates	Leon Transports Ltd Unit 3A 2-5 Grey Street Denton M34 3RU <b>Company Dissolved 03/11/2020</b>	2018 – 2019 £1380.62 2019 – 2020 £5280.60	£6661.22
65524831	Business Rates	Norwood Partition Solutions Ltd Unit 13 Hyde Point Dunkirk Lane Hyde SK14 4NI <b>Company Dissolved 16/02/2018</b>	2015 – 2016 £4429.27	£4429.27
65586860	Business Rates	Swandown Ltd 43 Warrington Street Ashton under Lyne OL6 7JG <b>Company Dissolved 23/10/2019</b>	2019 - 2020 £6714.24	£6714.24
65598184	Business Rates	Amaan Group Ltd 83 Stamford Street East Ashton under Lyne OL6 6QQ <b>Company Dissolved 10/03/2020</b>	2018 - 2019 £2995.73 2019 - 2020 £1528.00	£4523.73
65623851	Business Rates	Edward Meeks Shubars Ltd Poplars Car Park Ashton under Lyne OL6 6EX <b>Company Dissolved 20/08/2019</b>	2017 – 2018 £4194.00 2018 – 2019 £2520.99	£6714.99
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company Dissolved</b>	<b>£42,413.42</b>	
65586273	Business Rates	Alphamet Aluminium Ltd Unit 5 Alphamet Trading Estate Boodle Street Ashton-under-Lyne OL6 8NF <b>Company in Liquidation 30/06/2021</b>	2017 – 2018 £6541.20 2018 – 2019 £9360.00 2019 – 2020 £6703.50	£22,604.70
65610732	Business Rates	Alphamet Aluminium Ltd Unit 5 Alphamet Trading Estate Boodle Street Ashton-under-Lyne OL6 8NF <b>Company in Liquidation 30/06/2021</b>	2020 – 2021 £4368.50	£4368.50
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company in Liquidation</b>	<b>£26,973.20</b>	
65596614	Business Rates	BM Retail Ltd T/A Bonmarche 31 Rutherford Way Hyde SK14 2QY <b>Company in Administration 30/11/2020</b>	2019 – 2020 £4109.36	£4109.36
65250109	Business Rates	NWC Realisations Ltd Royal Garage Waggon Road Mossley OL5 9HL	2020 – 2021 £3334.63	£3334.63



		<b>Company in Administration 03/09/2020</b>		
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company in Administration</b>	<b>£7443.99</b>	
65501722	Business Rates	Brook Homes (Hyde) Ltd Percy House Brook Street Hyde SK14 2NJ <b>Company in Receivership 03/01/2013</b>	2014 – 2015 £3642.63 2015 – 2016 £4800.00 2016 – 2017 £4963.50 2017 – 2018 £4660.00 2018 – 2019 £4800.00 2019 – 2020 £4314.57	£27,180.70
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company in Receivership</b>	<b>£27,180.70</b>	
65607699	Business Rates	Explore Learning Ltd 2 Lord Sheldon Way Ashton under Lyne OL6 7UB <b>Company Voluntary Arrangement approved 03/09/2020</b>	2017 – 2018 £5475.50 2018 – 2019 £5640.00 2019 – 2020 £5769.25	£16,884.75
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company Voluntary Arrangement</b>	<b>£16,884.75</b>	
65568190 Anonymised as an individual	Business Rates	2019-2020 - £3914.25	£3914.25	Individual Voluntary Arrangement approved 15/02/2019
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£3914.25</b>	
<b>BUSINESS RATES IRRECOVERABLE BY LAW TOTAL</b>			<b>£124,810.31</b>	

### DISCRETION TO WRITE OFF OVER £3000

65512517	Business Rates	The Perfume Gallery Ltd 20 Mercian Mall Ashton under Lyne OL6 7JH <b>Unrecoverable Debt – Recovery Exhausted</b>	2014 – 2015 £3897.18 2015 – 2016 £9721.93	£13,619.11
65427213	Rates Anonymised as an individual	2011 – 2012 £1867.49 2012 – 2013 £8647.65	£10,515.14	Unrecoverable Debt – Recovery Exhausted
65453328	Business Rates Anonymised as an individual	2016-2017 - £3327.77 2017-2018 - £2974.84	£6302.61	Unrecoverable Debt – Recovery Exhausted
65513046	Business Rates Anonymised as an individual	2015-2016 - £3449.74 2016-2017 - £6897.00 2017-2018 - £711.44	£11,058.18	Unrecoverable Debt – Recovery Exhausted

65497168	Business Rates Anonymised as an individual	2014-2015 - £7222.98	£7222.98	Unrecoverable Debt – Recovery Exhausted
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Unrecoverable Debt – Recovery Exhausted</b>	<b>£48,718.02</b>	
65517086	Business Rates Anonymised as an individual	2015-2016 - £2,293.64 2016-2017 - £8,525.00 2017-2018 - £10,844.00 2018-2019 - £4,522.76	£26,185.40	Absconded
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Absconded</b>	<b>£26,184.40</b>	
<b>BUSINESS RATES DISCRETIONARY WRITE OFF TOTAL</b>			<b>£74,902.42</b>	
4005059	Sundry Debts Residential Care charges	2016-2017 - £3451.27	£3451.27	Deceased, no Estate
40195059	Sundry Debts Residential Care charges	2016-2017 - £3024.00	£3024.00	Deceased, no Estate
4018717	Sundry Debts Residential Care charges	2016-2017 - £4705.38 2017-2018 - £6781.71 2018-2019 - £611.59 2019-2020 - £422.80	£12,521.48	Deceased, no Estate
4018486	Sundry Debts Homecare charges	2017-2018 - £5142.22	£5142.22	Deceased, no Estate
4016150	Sundry Debts Homecare charges	2015-2016 - £2555.60 2016-2017 - £4894.97 2017-2018 - £505.38	£7955.95	Deceased, no Estate
175003	Sundry Debts Homecare and Direct Payment charges	2017-2018 - £1636.48 2018-2019 - £9069.66 2019-2020 - £1380.48	£12,086.62	Deceased, no Estate
4003521	Sundry Debts Homecare, Community Response Service and Residential Care charges	2018-2019 - £62.51 2019-2020 - £236.91 2020-2021 - £25,010.89	£25,310.31	Deceased, no Estate
<b>SUNDRY DEBTS</b>		<b>SUB TOTAL – Deceased, no Estate</b>	<b>£69,491.85</b>	
4017996	Sundry Debts Residential Care charges	2016-2017 - £22,941.23	£22,941.23	Unrecoverable Debt – Recovery Exhausted

4007137	Sundry Debts Direct Payment charges	2015-2016 - £9120.78	£9120.78	Unrecoverable Debt – Recovery Exhausted
<b>SUNDRY DEBTS</b>		<b>SUB TOTAL – Unrecoverable Debt – Recovery Exhausted</b>	<b>£32,062.01</b>	
<b>SUNDRY DEBTS RATES DISCRETIONARY WRITE OFF TOTAL</b>			<b>£101,553.86</b>	

<b>SUMMARY OF UNRECOVERABLE DEBT OVER £3000</b>		
IRRECOVERABLE by law	Council Tax	£29,323.10
	Business Rates	£124,810.31
	Overpaid Housing Benefit	NIL
	Sundry	NIL
	<b>TOTAL</b>	<b>£154,133.41</b>

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	NIL
	Business Rates	£74,902.42
	Overpaid Housing Benefit	NIL
	Sundry	£101,553.86
	<b>TOTAL</b>	<b>£176,456.28</b>

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# Agenda Item 5

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 23 March 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 2022**

**Report Summary:** This report seeks approval of the updated revised Non-Residential Charging Policy 2022, which has been produced expediently following approval by Board Members at the last meeting of the Strategic Commissioning Board on the 9 February 2022 to update the previous policy dated 25 March 2015 to take effect from the 1 April 2022 to include:

- 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, with an annual review of the level which will apply only to non-residential packages of care created from this date, rather than existing packages.

The policy has been redrafted with a view to making it simpler to understand.

**Recommendations:** That Strategic Commissioning Board AND Cabinet agree the attached Policy at **Appendix 1** in line with their decision of the 9 February 2022.

**Corporate Plan:** Healthy, Safe and Supportive Tameside

**Policy Implications:** Updated Policy.

**Financial Implications:** This Policy has taken into account financial input and reflects the advice set out in the previous report.

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

**Legal Implications:** This Policy has taken into account legal input and reflects the advice set out in the previous report.


**(Authorised by the Borough Solicitor)**

**Risk Management:** As set out in the previous report.

**Background Information:**

Appendix 1	<b>NON-RESIDENTIAL CHARGING POLICY 2022</b>
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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](mailto:reyhana.khan@tameside.gov.uk)



**CHARGING FOR NON-RESIDENTIAL SERVICES  
POLICY**

**TAMESIDE METROPOLITAN BOROUGH COUNCIL**

**April 2022**

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## 1. INTRODUCTION AND LEGAL FRAMEWORK

- 1.1 This Policy provides a single legal framework for charging for care and support services in settings other than care homes. The Care Act 2014 provides a single legal framework for charging for care and support. This is set out in Sections 14 and 17 of the Care Act 2014.
- 1.2 This Charging Policy for non-residential care is based on the Care Act 2014 and the regulations under it, including the [Care and Support \(Charging and Assessment of Resources\) Regulations 2014](#).

## 2. SERVICES COVERED BY THIS POLICY

- 2.1 The way in which a person is charged differs depending on whether the person receives care in a care home setting, their own home or another setting. This Policy will set out how charges apply in settings other than care homes, also known as “non-residential” settings and provides clear information on what information may be needed to inform a financial assessment based on the setting a person lives in.
- 2.2 Examples of non-residential settings:
- A person’s own home
  - Extra care housing
  - Supported living accommodation
  - Shared Lives arrangements
- 2.3 The Council has a duty to arrange care and support for those with eligible needs, and a power to meet both eligible and non-eligible needs. In all cases, the Care Act 2014 gives a local authority the discretion to choose whether or not to charge under section 14 of the Care Act following a person’s needs assessment. When arranging care and support to meet needs Tameside Metropolitan Borough Council (the Council) can charge, except where required to provide care and support free of charge.
- 2.4 The Legal Framework for charging is set out within the Care Act 2014 within [Section 14](#), [Section 17](#) and [Chapters 8 and 9 and Annexes B and C of the statutory guidance](#).
- 2.5 A person’s ability to make an informed choice is a key element of the care and support system. This extends to where the care and support planning process has determined that a person needs to live in a specific type of accommodation to meet their care and support needs.
- 2.6 Where the Council arranges care and support to meet a person’s needs, it will charge the person, except where the Council is required to arrange care and support free of charge.
- 2.7 This Policy intends to make charging fair, and the process around charging easy to understand for everyone.
- 2.8 [The Care and Support Statutory Guidance](#) has been considered in advance of preparing this Policy which the Council is required to act under the guidance in the exercise of its functions in accordance with Section 78(1) Care Act 2014. This Policy is made having due regard to the Statutory Guidance issued by the Secretary of State. The Council will apply the guidance contained in the Care and Support Statutory Guidance 2014.
- 2.9 The overarching principle is that where a person is required to pay for care and support they should only pay what they can afford. Some people will be entitled to financial support on a means-tested basis and some people will be entitled to receive free care and support. There are some services where a flat rate is charged. This Policy will provide information on this.

## 2.10 Equality Act 2010

In addition to this Policy, the Council will endeavour to ensure there is sufficient information and advice available in a suitable format for the person's needs, in line with the Equality Act 2010 (in particular for those with a sensory impairment, with learning disabilities or for whom English is not their first language), to ensure that they or their representative are able to understand any contributions they are asked to make. The Council will also make the person or their representative aware of the availability of independent financial information and advice, when required.

2.11 This Policy is based on the following principles:

- Charges are affordable
- be comprehensive and equitable
- be clear and transparent
- promote wellbeing, social inclusion, support personalisation,
- independence, choice and control;
- support carers
- be person-focused
- apply the charging rules equally
- encourage employment, education or training
- be sustainable for the local authority

The appropriate assessment of needs has been carried out and the Council has chosen to charge.

2.12 The Council's Charging Policy will ensure that people are not charged more than it is reasonably practicable for them to pay. The Policy is comprehensive, to reduce variation in the way people are assessed and charged and is clear and transparent, so people know what they will be charged. It also promotes wellbeing, social inclusion, and supports the vision of personalisation, independence, choice and control along with the above principles provided for in the Statutory Guidance.

2.13 The overarching principle is that people should only pay what they can afford to pay, and this will be based on a mean-test financial assessment unless the person has more than the upper capital limit (which is currently set at £23,250). Some people will be entitled to free care and this Policy will set out where this is the case under the Charging heading.

2.14 The financial assessment will be based on the person's income and capital only and their share of any joint income and capital. The Council do not assess couples or civil partners jointly. However, regard will be given to any partner or spouse living in the same household to ensure they have enough money to live on.

## CHARGING

### 3. CHARGING FOR CARE AND SUPPORT IN NON-RESIDENTIAL SETTINGS

3.1 This section should be read in conjunction with the [Care and Support \(Charging and Assessment of Resources\) Regulations 2014](#) and [Annex B \(Treatment of capital\)](#) and [Annex C \(Treatment of income\)](#) of this Policy.

3.2 These charging arrangements cover other settings for meeting care and support needs outside of a care home. For example, care and support received in a person's own home,

and in other accommodation settings such as in extra care housing, supported living accommodation or shared lives accommodation. When a person is living in Shared Lives and living in the Shared Lives carer's home, the person's accommodation and care will be provided by the same person. The person's rent and care charges will be treated separately: the Council will charge for care only under this framework, and the person will be supported to enter into a licence agreement for their accommodation with the carer so that their right to live in the property and responsibilities as a licensee are defined. The person will be supported to apply for Housing Benefit or any other relevant benefit to assist with payment for their accommodation, and the Shared Lives service can help to arrange direct payment of rent to the Shared Lives carer to reduce administrative burdens. However, even if the person does not qualify for Housing Benefit, the person will have the ultimate responsibility of paying for their own accommodation if they are not in residential care.

- 3.3 A person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging policy will ensure they have enough money to meet these costs. After charging, a person will be left with the Minimum Income Guarantee (MIG) as prescribed in the [Care and Support \(Charging and Assessment of Resources\) Regulations 2014 \(at section 8.42\)](#)
- 3.4 In addition, where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the Charging Policy will endeavour to ensure that the person will keep enough money to cover the cost of meeting these disability related costs. (see [disability related expenditure section 45](#) for more detailed information).
- 3.5 After charging, a person will be left with the minimum income guarantee (MIG) (see [minimum income guarantee section 35](#) for more detailed information) as set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and updated by the Department for Health and Social Care.
- 3.6 The financial assessment of the person's capital will exclude the value of their property which they occupy as their main or only home. Beyond this, the rules on what capital must be disregarded are the same for all types of care and support. Where a Deferred Payment Agreement or Voluntary Legal Charge (see [deferred payment agreement section 46](#) for more information) applies, the Council will consider if this allows enough income to maintain the property concerned.
- 3.7 Where the Council is meeting needs by arranging care, we are responsible for contracting with the care provider. The Council is also responsible for paying the full amount, including where a 'top up' fee is being paid, e.g. Supported Living. The Council will invoice the person for their contribution towards the cost of the care as worked out in the financial assessment.
- 3.8 The only exception to 3.7 above is where a person chooses to buy some additional care and support which does not form part of the care package to meet the person's eligible needs. In such cases the person will need to make these arrangements themselves and the Council will not be responsible for meeting these costs, nor will the costs be allowed as a Disability Related Expense. Please see [section 45 below for disability related expenditure](#). This does not apply in relation to Direct Payments.
- 3.9 The Council is committed to helping people to remain in their own homes, promoting individual wellbeing and independence, and therefore have set a maximum charge and disregards elements of additional sources of income.

#### **4. WHAT THE COUNCIL WILL NOT CHARGE FOR**

- 4.1 The Council will not charge for the following services as they must be arranged free of charge:

- i. Intermediate care, including reablement, which will be provided free of charge for **up to** six weeks;
- ii. Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less;
- iii. Care and support provided to people with Creutzfeldt-Jacob Disease (CJD);
- iv. After-care services/support provided under section 117 of the Mental Health Act 1983;
- v. Any service or part of service which the NHS is under a duty to provide. This includes Continuing Health Care and the NHS contribution to Funded Nursing Care;
- vi. More broadly, any services which the Council is under a duty to provide through other legislation may not be charged for under the Care Act 2014;
- vii. Assessment of needs and care planning may also not be charged for, since these processes do not constitute “meeting needs”.
- viii. Any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.

## 5. FINANCIAL ASSESSMENT

- 5.1 The purpose of a financial assessment is to calculate what, if any, charge a person will pay towards their care and support services. The Council will carry out a financial assessment to determine what the person can afford to pay.
- 5.2 Social care is means tested and the Council will not charge more than the cost that it incurs in meeting the assessed needs of a person with eligible needs.
- 5.3 Income and capital will either be disregarded (ignored), partly disregarded, or included in the calculation.

## 6. CAPITAL LIMITS AND THE BASIS FOR CHARGING

- 6.1 The financial limit, known as the ‘upper capital limit’, sets out at what point a person is entitled to access local authority support to meet their eligible needs. Full detail is set out in [Annex B](#) and the Care and Support (Charging and Assessment of Resources) Regulations 2014.

The upper capital limit is currently set at £23,250.

The lower capital limit is currently set at £14,250.

- 6.2 A person with assets above £23,250 will be deemed to be able to afford the full cost of their care and would need to make private arrangements unless they are unable to do so.
- 6.3 The Council will not generally arrange care but will provide an individual with advice and information and signpost accordingly. A person with more in £23,250 can ask the Council to arrange their care and support for them.
- 6.4 Those with capital between £14,250 and £23,250 will be deemed as able to contribute, known as “savings income”, from their capital.
- 6.5 Any capital below £14,250 will be disregarded. This means that a person will not need to contribute to the cost of their care and support **from their capital** (i.e. their contribution will be based on **their income only**).
- 6.6 Where a person’s capital is below the upper capital limit, a person can seek means-tested support from the Council. This means that the Council will undertake a financial assessment of the person’s assets and will make a charge based on what the person can afford to pay.

- 6.7 Where a person has above £23,250 in capital, they are not entitled to receive any financial assistance from the Council and will be expected to pay the full cost of their care and support until their capital falls below the upper capital limit.
- 6.8 If the person has more than the upper capital limit, the Council will not generally arrange care but will provide them with advice and information and signpost them accordingly.
- 6.9 The Council may support to meet those needs and arrange the care and in circumstances where the Council assists the person, or there is no other person who can assist a person (for example where an individual is assessed as lacking capacity to make decisions regarding their care and support arrangements) then the Care Act 2014 allows for a charge to be made to cover the cost of making such arrangements.

## **7. WHAT IS CONSIDERED?**

- 7.1 In the financial assessment, the person's capital is considered unless it is subject to one of the disregards (see [section\(s\) 25-30 below](#)). The main examples of capital are property and savings. Where the person receiving care and support has capital below the capital limit (£23,250) but more than the lower capital limit (£14,250), they will be charged £1.00 per week for every £250.00 between the two amounts.
- 7.2 For example – if a person has £2000 above the lower capital limit (i.e. £16,250) they are charged an income of £8.00 per week towards the cost of their care.
- 7.3 In assessing what a person can afford to pay, the Council will consider the person's income except for earnings from current employment (please refer to [section 36-44 below for information relating to income](#)).

## **8. CALCULATING THE CHARGE**

- 8.1 The financial assessment will be completed in accordance with the Department of Health and Social Care's [Care and Support Statutory Guidance](#).
- 8.2 The assessment calculates a weekly charge, which is the maximum amount that a person will be asked to pay for any combination of assessed charge services.
- 8.3 The following services are assessed charge services:
- Home Care and Personal Support (including night sitting service)
  - Day Care
  - Shared Lives
  - Supported Living/Accommodation
- 8.4 Charges for these services are reviewed annually, but the Council reserves the right to review service charges at other times as and when it is considered appropriate to do so.
- 8.5 The weekly assessed charge, based on 100% of the personal budget/direct payment, is then compared with the maximum charge for the services received set by the Council, and the person will be charged whichever is the lower of the two figures.
- 8.6 At the time a financial assessment takes place, the person's capacity in respect of financial affairs will be considered. (see [section 10 Mental Capacity](#).)



- 8.7 Every person who receives a financial assessment will be given a written record of the assessment, which will explain how the assessment has been carried out, what the charge will be, how often it will be made and when it will be reviewed. The review generally takes place on an annual basis but this may vary according to individual circumstances (for example, additional information relating to [disability related expenditure](#), or a change in income/capital is highlighted to the Council).
- 8.8 The financial assessment of the person's capital will exclude the value of the property that they occupy as their main or only home e.g. the place they are living. The only exception to this is where the person is moving to Supported Living, in such cases the property they occupied as their main or only home will be included in the financial assessment. Any other capital will be treated as outlined under the Capital Section at Section 16-34 below.

## **9. CHARGES THAT DO NOT FALL UNDER A FINANCIAL ASSESSMENT**

- 9.1 The Council charges a standard flat rate for meals and drinks provided in day centres with no charge for those who do not wish to avail themselves of the refreshments. These charges are applied without a means test, as these charges substitute for ordinary living costs.

## **10. MENTAL CAPACITY**

- 10.1 Where a person has been assessed as lacking the capacity to take part in the financial assessment at the time it is due to take place, the Council will need to consult with anyone who holds:
- Enduring Power of Attorney (EPA);
  - Lasting Power of Attorney (LPA) for Property and Affairs;
  - Lasting Power of Attorney (LPA) for Health and Welfare;
  - Property and Affairs Deputyship under the Court of Protection; or
  - Any other person dealing with that person's affairs (e.g. someone who has been given appointee-ship by the Department for Work and Pensions (DWP) for the purpose of benefits payments).
- 10.2 If the Council is made aware that a Lasting Power of Attorney for Property and Affairs, or a Court of Protection Deputy for Property and Affairs is in place, the Council will request sight of the registered Lasting Power of Attorney documentation or relevant court order appointing a Deputy. The Council will also complete an OPG100 search.
- 10.3 The Council will work with an Enduring Power of Attorney, a Lasting Power of Attorney or a Deputy and request evidence of their legal representation. Where an application is in progress the representative will be required to keep the Council informed of the development of the application.
- 10.4 Where a person has been assessed as lacking the capacity to make decisions in relation to their property or financial affairs, the Council will consult with and engage with family members; however, family members may not have the legal right to access the person's bank accounts and the relevant authority will need to be sought. The Council will signpost and support family members in obtaining the necessary information and advice in these circumstances.
- 10.5 In these circumstances the Council, where appropriate, will suggest that a family member(s) may wish to seek legal advice in relation to becoming a Property and Affairs deputy in order to make financial decisions on behalf of a person who lacks capacity for such decisions. Family members can apply for this to the Court of Protection or the Council can apply if there is no family involved in the care of the person.

- 10.6 Applying to the Court of Protection and the processing of any court application can take some time. However, it is vitally important that such lawful authority is sought on behalf of a person who lacks capacity to give consent to a financial assessment taking place.
- 10.7 A person who is unable to make decisions because of impaired decision making capabilities (i.e. they have been assessed as lacking the capacity to make decisions in respect of their finances or consent to a financial assessment) will not be forced to sign documents that they are unable to understand. In these cases, the Council will work with the individual who has lawful authority to manage the financial responsibilities on behalf of the person receiving care and will be liable to pay the person's fees on their behalf once they have access to their funds.

## **11. CHARGING FOR SUPPORT TO CARERS**

- 11.1 Where a carer has eligible support needs of their own, the Council has a duty, or in some cases a power, to arrange support to meet their needs. When the Council is meeting this need by providing a service directly to a carer, it has the power to charge the carer.
- 11.2 The Council values carers within its local community as partners in care and recognise the significant contribution they make. Carers help to maintain the health and wellbeing of the person they care for, support this person's independence and enable them to stay in their own homes for longer.
- 11.3 The Council do not charge carers for support.

## **12. SELF- FUNDERS REQUESTING LOCAL AUTHORITY SUPPORT TO MEET ELIGIBLE NEEDS**

- 12.1 The Council will meet a person's eligible needs outside of a care home setting if they have financial assets which result in the person paying full cost for their care and support. Where a person has been financially assessed to pay full cost for their care and support, the Council will continue to take on the responsibility for meeting those needs. This means that the Council may for example provide or arrange their care and support.
- 12.2 When a person has been financially assessed to pay full cost for their care and support services; they will not be entitled to financial support from the Council. These people may be referred to as 'self-funders'.
- 12.3 In this instance, a person may choose to arrange their own care and support, or ask the council to arrange their care for them.
- 12.4 Where a person wishes to arrange their own care and support, the Council will help people in meeting their own needs, by providing information and advice on different options.
- 12.5 However, a person may wish to ask the Council to arrange their care and support and the Care Act gives the power to charge an administration fee for arranging care for self-funders.
- 12.6 There is an annual fee of £95 charged to the management of a self-funders package of care where the person wishes for the council to arrange their care.
- 12.7 This annual charge reflects the time and resource taken to support an individual to establish the care they require and will only cover the cost of the administration of arranging the care.



12.8 The Council will not charge people for a financial assessment, a needs assessment or the preparation of a care and support plan.

### **13. 'LIGHT-TOUCH' FINANCIAL ASSESSMENTS**

13.1 In some circumstances, the Council may choose to treat a person as if a financial assessment has been carried out. This type of assessment is defined as a "light touch financial assessment". The Council must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford, any charges due.

13.2 The main circumstances in which the Council will consider carrying out a light-touch financial assessment are:

- (a) If a person does not wish, or refuses, to disclose their financial information.
- (b) Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes nonetheless to access the Council's support in meeting their needs. In these situations, the Council may accept other evidence in lieu of carrying out the financial assessment and consider the person to have significant financial resources that would result in the person paying full cost for their care and support.
- (c) Where the Council charges a small or nominal amount for a particular service which a person is clearly able to meet and would clearly have the relevant minimum income left, and carrying out a financial assessment would be disproportionate.
- (d) When an individual is in receipt of benefits, which demonstrate that they would not be able to contribute towards their care and support costs.
- (e) When an individual is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs. This might include income from Jobseeker's Allowance.

13.3 The Council may be satisfied that a person is able to afford any charges based on evidence that the person has either a property in which they do not live that is clearly worth more than the upper capital limit, where they are the sole owner, or own a share of the property, savings that are worth more than the upper capital limit, or have enough income left following the charge being paid.

13.4 Where a person or their representative declares on the Financial Assessment Form that they do not wish to disclose details of their finances, the person will be charged at the maximum rate.

13.5 Where a person or their representative does not complete the Financial Assessment Form or the relevant declaration, then the person will be charged at the maximum rate for services received.

13.6 If the person or their representative decide to complete the financial assessment form at a later date, then any assessed charge will apply from the Monday following the date that the financial assessment form is received by the Council.

13.7 Where a person has refused a financial assessment or the Council has been unable to carry out a full financial assessment because of a person's refusal to cooperate, the Council will assume the person has the financial resources in excess of the upper capital limit and the person will be charged the full cost of their care and support, until such a time a financial assessment can be conducted or completed.

13.8 In some circumstances the Council may use its discretion to backdate an assessed charge to the date that charges started, dependant on the merits of each individual case.

- 13.9 In some circumstances, the Council will complete a financial assessment using information obtained from the Department for Work and Pensions (DWP) where that information indicates the service user has savings below the upper limit.
- 13.10 Where the Council is going to meet the person's care and support needs, and it proposes to undertake a light-touch financial assessment, the Council proposes to take steps to assure itself that the person concerned is willing, and will continue to be willing, to pay all charges due.
- 13.11 The Council has responsibility for ensuring that people are not charged more than it is reasonable for them to pay. The Council will always be mindful and ensure that people are not charged more than it is reasonable for them to pay. Where a person does not agree to the charges that they have been assessed as being able to afford to pay under this route, a full financial assessment may be needed.
- 13.12 When deciding whether or not to undertake a light-touch financial assessment, the Council will consider both the level of the charge it proposes to make, as well as the evidence or other certification the person is able to provide.
- 13.13 The Council will also inform the person when a light-touch assessment has taken place and make clear that the person has the right to request a full financial assessment should they so wish, as well as making sure they have access to sufficient information and advice, including the option of independent financial information and advice.

#### **14. OUTCOME OF A FINANCIAL ASSESSMENT**

- 14.1 Once complete, the Council will provide a written record of that assessment to the person. This will explain how the assessment has been carried out, what the charge will be and how often it will be made, and if there is any fluctuation in charges.
- 14.2 The Council will provide this information in a manner that the person can easily understand, in line with the Council's duties on providing information and advice when requested.
- 14.3 In carrying out the assessment, the Council will have regard to how both capital and income should be treated as set out in [Annexes B](#) and [C](#) of the Care and Support Statutory Guidance and details around this will be provided in the documentation provided to the person or their representative.
- 14.4 The Council will aim to reassess annually a person's ability to meet the cost of any charges to take account of any changes to their resources. However, a reassessment will also take place if there is change in circumstance or at the request of the person or their representative.

#### **15. MANAGEMENT OF CHARGES**

- 15.1 Under the Care Act the Council has the power to charge from the moment it starts to meet a person's care and support needs. The Council will notify the person of the outcome of their financial assessment in writing. This financial assessment will be backdated to the day the care and support started.
- 15.2 When a person is notified of the outcome of their financial assessment; they are informed of their obligation to advise the Council of any changes in their financial circumstances. Failure to inform the Council of additional income received i.e. additional benefits; inheritance that would result in an increase in the charges made to the person will involve a backdated charge to the point of when the additional income was received.

- 15.3 If a person does not disclose financial information at the point of request; it will result in the person being charged full cost. If at a later date the financial information is provided, backdating can be considered where a person can demonstrate that they had good cause for not providing the financial information at an earlier date.

## CAPITAL

### 16. WHAT IS CAPITAL?

- 16.1 Capital refers to financial resources available for use and tends to be from sources that are considered more durable than money in the sense that they can generate a return.
- 16.2 The following list gives examples of capital. This list is intended as a guide and is not exhaustive.
- (a) Buildings
  - (b) Land
  - (c) National Savings Certificates and Ulster Savings Certificates
  - (d) Premium Bonds
  - (e) Stocks and shares
  - (f) Capital held by the Court of Protection or a Deputy appointed by that Court
  - (g) Any savings held in Building Society Accounts and Bank Current Accounts, Deposit Accounts or special investment accounts. This includes savings held in the National Savings Bank; Girobank and Trustee Savings Bank; SAYE schemes; Unit Trusts; Co-operatives share accounts.
  - (h) Cash
  - (i) Trust funds (in certain circumstances).

### 17. WHO OWNS THE CAPITAL?

- 17.1 The Council will need to investigate who owns the capital as outlined in the financial assessment process. The person in whose name the capital asset is held is the legal owner. There may be cases where ownership is shared or disputed.
- 17.2 Beneficial ownership is where someone enjoys the benefits of ownership but they do not own the asset, someone else does. In most cases, a person will be a legal and beneficial owner. The Council will need to take steps to confirm the ownership of assets as part of the financial assessment process and the Council may ask for evidence in writing to prove where ownership lies if it is disputed.

### 18. CASES WHERE IT IS NOT CLEAR WHETHER A PAYMENT IS CAPITAL OR INCOME

- 18.1 It is important that people are not charged twice on the same resources. Therefore, resources will only be treated as [income or capital](#), but not both. If a person has saved money from their income, then those savings will normally be treated as capital. However, they should not be assessed as both income and capital in the same period. Therefore, in the period when they are received as income, the resource will not be counted as capital.
- 18.2 For example, this means that savings will not be considered as both income and capital in the same period. If in the period income is received and the person uses this income and places some monies into savings, then the resource will be counted as income, not as capital to prevent the same amount of resource being assessed twice as part of a financial assessment.

18.3 See also [income treated as capital](#).

## 19. HOW TO CALCULATE THE VALUE OF CAPITAL

- 19.1 The Council will need to work out the value of a capital asset to take account of it as part of the financial assessment. Other than National Savings Certificates, the valuation must be the current market or surrender value of the capital asset, e.g. a property, whichever is higher, minus:
- i. 10% of the value if there will be any actual expenses involved in selling the asset – i.e. expenses from the actual sale of an asset, such as legal fees.
  - ii. Any outstanding debts secured against the asset – such as paying the outstanding mortgage owed.
- 19.2 Please note, the Council will only include the value of the property in a financial assessment for non-residential care where the person is moving into another setting such as Supported Living, or where the person owns another property as well as the home that they live in.
- 19.3 A capital asset may have a current market value, for example stocks or shares, or a surrender value, for example premium bonds. The current market value will be the price a willing buyer would pay to a willing seller. The way the market value is obtained will depend on the type of asset held.
- 19.4 If the person and the Financial Assessment Officer both agree that after deducting any relevant amounts set out above, the total value of the person's capital is more than the upper capital limit of £23,250 or less than the lower capital limit of £14,250, it is not necessary to obtain a precise valuation.
- 19.5 If there are any disputes, a precise valuation should be obtained. However, the Council will consider how close the person is to the upper capital limit when deciding whether to obtain a precise valuation.
- 19.6 Where a precise valuation is required, a professional valuer should be asked to provide a current market valuation. Once the asset is sold, the capital value to be considered is the actual amount realised from the sale, minus any actual expenses of the sale.
- 19.7 Where the value of a property is disputed, the aim should be to resolve this as quickly as possible. The Council will try to obtain an independent valuation of the person's beneficial share to enable us to work out what charges a person should pay and will help the person, or their representative, to consider whether to seek a deferred payment agreement if applicable.
- 19.8 The value of National Savings Certificates (and Ulster Savings Certificates) is assessed in the same way as other capital assets. A valuation for savings certificates can be obtained by contacting the NS&I helpline on 0808 500 7007.
- 19.9 An alternative method to get the value of National Savings Certificates is to use the NS&I online calculator (please see <https://www.nsandi.com/ilsc-calculator>).
- 19.10 To enable an accurate value for the savings certificates the person must provide details of the certificate issue number(s); the purchase price and the date of purchase.

## **20. ASSETS HELD ABROAD**

- 20.1 Where capital is held abroad and all of it can be transferred to the UK, its value in the other country will be obtained and taken into account less any appropriate deductions under paragraph 14. Where capital is held jointly, it will be treated the same as if it were held jointly within the UK. The detail will depend on the conditions for transfer to the UK.
- 20.2 Where the capital cannot be wholly transferred to the UK due to the rules of that country, for example currency restrictions, the Council will require evidence confirming this fact. Examples of acceptable evidence could include documentation from a bank, government official or solicitor in either this country or the country where the capital is held.
- 20.3 Where some restriction is in place, the Council will seek evidence showing what the asset is, what its value is and to understand the nature and terms of the restriction so that should this change, the amount can be taken into account. The Council will also take into account the value that a willing buyer would pay in the UK for those assets, but be aware that it may be less than the market or surrender value in the foreign country.

## **21. CAPITAL NOT IMMEDIATELY REALISABLE**

- 21.1 Capital which is not immediately realisable due to notice periods, for example National Savings Bank investment accounts or Premium Bonds, will be taken into account in the normal way at its face value. This will be the value at the time of the financial assessment. It may need to be confirmed and adjusted when the capital is realised. If the person chooses not to release the capital, the value at the time of assessment will be used and it will be reassessed at intervals in the normal way.
- 21.2 Where a person receiving care and support inherits a sum of money, this will be included in the financial assessment form from the date the person becomes entitled to that money.

## **22. NOTIONAL CAPITAL**

- 22.1 In some circumstances a person may be treated as possessing a capital asset even where they do not actually possess it. This is called notional capital.
- 22.2 Notional capital may be capital which:
- (a) would be available to the person if they applied for it;
  - (b) is paid to a third party in respect of the person;
  - (c) the person has deprived themselves of in order to reduce the amount of charge they have to pay for their care.
- 22.3 A person's capital will therefore be the total of both actual and notional capital.
- 22.4 Where a person has been assessed as having notional capital, the value of this will be reduced over time. The value of notional capital will be reduced weekly by the difference between the weekly rate the person is paying for their care and the weekly rate they would have paid if notional capital did not apply.

*Example of diminishing notional capital:*

Vera is receiving care and support at home. She is assessed as having notional capital of £20,000 plus actual capital of £6,000. This means her assets are above the upper capital limit and she needs to pay the full cost of her care and support at £300 per week.

If she did not have the notional capital, it would not affect her ability to pay. Vera has a weekly income of £291.80 and a MIG of £189.00 per week. Vera would therefore be assessed as being able to pay £102.80 per week.

The notional capital should therefore be reduced by £197.20 per week – the difference between the sum Vera is assessed to pay (£300) and the amount she would have paid without the notional capital (£102.80).

## **23. CAPITAL DISREGARDED**

23.1 The following capital assets will be disregarded:

- (a) Property in specified circumstances (see point 8 of this policy);
  - i. The surrender value of any Life insurance policy and/or Annuity.
- (b) Payments of training bonuses of up to £200;
- (c) Payments in kind from a charity;
- (d) Any personal possessions such as paintings or antiques, unless they were purchased with the intention of reducing capital in order to avoid care and support charges.
- (e) Any capital which is to be treated as income or student loans;
- (f) Any payment that may be derived from:
  - i. The Macfarlane Trust;
  - ii. The Macfarlane (Special Payments) Trust;
  - iii. The Macfarlane (Special Payment) (No 2) Trust;
  - iv. The Caxton Foundation;
  - v. The Fund (payments to non-haemophiliacs infected with HIV);
  - vi. The Eileen Trust;
  - vii. The MFET Trust;
  - viii. The Independent Living Fund (2006);
  - ix. The Skipton Fund;
  - x. The London Bombings Relief Charitable Fund;
  - xi. The London Emergencies Trust;
  - xii. The We Love Manchester Emergency Fund.
  - xiii any payment made under or by a trust, established for the purpose of giving relief and assistance to disabled persons whose disabilities were caused by the fact that during their mother's pregnancy she had taken a preparation containing the drug known as Thalidomide, and which is approved by the Secretary of State (the Thalidomide Trust)
  - xiv the scheme established by the government for former British child migrants in response to the Investigation Report on Child Migration Programmes by the Independent Inquiry into Child Sexual Abuse published on 1 March 2018, made to a former child migrant
- (g) The value of funds held in trust or administered by a court which derive from a payment for personal injury to the person. For example, the vaccine damage and criminal injuries compensation funds;
- (h) The value of a right to receive:
  - i. Income under an annuity;
  - ii. Outstanding instalments under an agreement to repay a capital sum;
  - iii. Payment under a trust where the funds derive from a personal injury;

- iv. Income under a life interest or a life-rent;
  - v. Income (including earnings) payable in a country outside the UK which cannot be transferred to the UK;
  - vi. An occupational pension;
  - vii. Any rent. Please note however that this does not necessarily mean the income is disregarded. Please see [Annex C](#) of the Statutory Guidance for treatment of income.
- (i) Capital derived from an award of damages for personal injury which is administered by a court or which can only be disposed of by a court order or direction;
  - (j) The value of the right to receive any income under an annuity purchased pursuant to any agreement or court order to make payments in consequence of personal injury or from funds derived from a payment in consequence of a personal injury and any surrender value of such an annuity;
  - (k) Periodic payments in consequence of personal injury pursuant to a court order or agreement to the extent that they are not a payment of income and are treated as income (and disregarded in the calculation of income);
  - (l) Any Social Fund payment;
  - (m) Refund of tax on interest on a loan which was obtained to acquire an interest in a home or for repairs or improvements to the home;
  - (n) Any capital resources which the person has no rights to as yet, but which will come into his possession at a later date, for example on reaching a certain age;
  - (o) Payments from the Department of Work and Pensions to compensate for the loss of entitlement to Housing Benefit or Housing Benefit Supplement;
  - (p) The amount of any bank charges or commission paid to convert capital from foreign currency to sterling;
  - (q) Payments to jurors or witnesses for court attendance (but not compensation for loss or earnings or benefit);
  - (r) Community charge rebate/council tax rebate;
  - (s) Money deposited with a Housing Association as a condition of occupying a dwelling;
  - (t) Any Child Support Maintenance Payment;
  - (u) The value of any ex-gratia payments made on or after 1st February 2001 by the Secretary of State in consequence of a person's, or person's spouse or civil partner's imprisonment or internment by the Japanese during the Second World War;
  - (v) Any payment made by a local authority under the Adoption and Children Act 2002 (under section 2(b)(b) or 3 of this act);
  - (w) The value of any ex-gratia payments from the Skipton Fund made by the Secretary of State for Health to people infected with Hepatitis C as a result of NHS treatment with blood or blood products;
  - (x) Payments made under a trust established out of funds provided by the Secretary of State for Health in respect of persons suffering from variant Creutzfeldt-Jakob disease to the victim or their partner (at the time of death of the victim);
  - (y) Any payments under Section 2, 3 or 7 of the Age-Related Payments Act 2004 or Age Related Payments Regulations 2005 (SI No 1983);
  - (z) Any payments made under section 63(6)(b) of the Health Services and Public Health Act 1968 to a person to meet childcare costs where he or she is undertaking instruction connected with the health service by virtue of arrangements made under that section;
  - (ab) Any payment made in accordance with regulations under Section 14F of the Children Act 1989 to a resident who is a prospective special guardian or special guardian, whether income or capital;
  - (ac) Any payments by or on behalf of a person who is suffering or who suffered from Haemophilia as would be disregarded under paragraphs 22 of Schedule 10 of the Income Support (General) Regulations 1987.



*Example of disregarded capital:*

Mr T is a former Far East prisoner of war and receives a £10,000 ex-gratia payment as a result of his imprisonment. He now requires care and support and has a total of £25,000 in capital. When calculating how much capital should be taken into account, the Council will disregard the first £10,000 – the value of the ex-gratia payment.

The normal capital rules are then applied to the remaining £15,000. In this case, the first £14,250 would be completely disregarded in addition to the £10,000. Tariff income would therefore only be applied to the remaining £750.00 giving him a weekly charge of £3.00.

## **24. PENSION FLEXIBILITIES**

24.1 From 6 April 2015, several changes were introduced to non-state pensions, which allow individuals to access their pension savings from age 55. These are generally known as “pension flexibilities.” The flexibilities allow an individual to choose what they want to do with their defined contribution fund or money purchase benefits scheme (often referred to as a pension pot).

24.2 If a person would like to, they can:

- a) Draw out all the pension pot
- b) Purchase an annuity
- c) Opt for a draw down arrangement (where lump sums or regular amounts can be drawn down) without any restriction either in the form of a cap or minimum income amount
- d) Do nothing and leave the pension untouched.

### **24.3 Effects on working age people:**

- While a person’s pension pot is held by the pension provider, it falls to be disregarded as capital and no notional income is assumed from the pot.
- Under pension flexibilities, there will be greater opportunity to withdraw money from a pension pot. This is known as a drawdown.
- Where a person chooses to take ad-hoc withdrawals or take the whole sum; then the money falls to be treated as capital.
- Where a person chooses to draw down amounts on a regular basis, then the money falls to be treated as income and should be considered as such.
- Any amount remaining in the pension pot held by the pension provider following drawdowns should be disregarded as capital, and no notional income should be assumed from the remaining pot.
- A person may choose to use their pension pot to purchase an annuity. As with any annuity, the capital held in the annuity is disregarded, but the income is treated as pension income in the financial assessment.

### **24.4 Effects on Pension Credit qualifying age:**

- While a person’s pension pot is held by the pension provider, notional income should be assumed from it. The amount of notional income to be considered is the maximum amount of income that may be withdrawn from the pension pot.
- Where a person chooses to take ad-hoc withdrawals or take the whole sum; then the money falls to be treated as capital.



- Where a person chooses to draw down amounts on a regular basis and/or purchases an annuity with it, then the money falls to be treated as income and considered as such.
- Where the pension pot is held by the provider and notional income is assumed, **but** the person also draws down income from their pension pot.

24.5 The Council uses the whole notional income amount even if the person decides to take a lesser amount.

24.6 For the purposes of notional income, the person's pot should be re-valued after:

- every drawdown of capital;
- every drawdown of income which exceeds the notional income amount; or
- upon the person's request.

24.7 See section 50 for more information about deprivation.

## **25. PROPERTY AND PROPERTY DISREGARDS**

25.1 The value of the person's main or only home (i.e. where the person lives) will be disregarded where the person is receiving care in their own home.

25.2 Where the person moves into a non-residential setting the value of the former home will be included in the financial assessment.

## **26. DISCRETIONARY DISREGARD**

26.1 There may be occasions where the Council will use its discretion to disregard the property in other circumstances. However, in doing so we will need to balance this discretion with ensuring a person's assets are not maintained at public expense.

### *Example of local authority discretion to apply a property disregard*

Hilda is 63 and lives in a rented flat. Her brother, Stephen, has recently died and his wife, Charlotte, has moved in to a care home. Hilda suddenly loses her job and finds she unable to afford to live in her rented flat. As a result, Hilda moves into Stephen and Charlotte's house and this becomes her only home. In the circumstances, the local authority exercises its discretion to disregard the property.

## **27. 26-WEEK DISREGARD**

27.1 In line with the [Care and Support Statutory Guidance](#), the following capital assets will be disregarded for at least 26 weeks in a financial assessment.

27.2 However, there may be occasions where the Council choose to apply the disregard for longer where it considers this appropriate, for example, where a person is taking legal steps to occupy premises as their home, but the legal processes take more than 26 weeks to complete.

- (a) Assets of any business owned or part-owned by the person in which they were self-employed worker and has stopped work due to some disease or disablement but intends to take up work again when they are fit to do so. This will apply from the date the person first receives care and support.
- (b) Money acquired specifically for repairs to or replacement of the person's home or personal possessions provided it is used for that purpose. This should apply from the date the funds were received.
- (c) Premises which the person intends to occupy as their home where they have started legal proceedings to obtain possession. This should be from the date legal advice was first sought or proceedings first commenced.
- (d) Premises which the person intends to occupy as their home where essential repairs or alterations are required. This should apply from the date the person acts to affect the repairs.
- (e) Capital received from the sale of a former home where the capital is to be used by the person to buy another home to live in themselves. This should apply from the date of completion of the sale.
- (f) Money deposited with a Housing Association which is to be used by the person to purchase another home. This should apply from the date on which the money was deposited.
- (g) Grant made under a Housing Act which is to be used by the person to purchase a home or pay for repairs to make the home habitable. This should apply from the date the grant is received.

## 28. 52-WEEK DISREGARD

28.1 line with the [Care and Support Statutory Guidance](#), the following payments of capital will be disregarded for a maximum of 52 weeks from the date they are received:

- (a) The balance of any arrears of or any compensation due to non-payment of:
  - i. Mobility supplement
  - ii. Attendance Allowance
  - iii. Constant Attendance Allowance
  - iv. Disability Living Allowance / Personal Independence Payment
  - v. Exceptionally Severe Disablement Allowance
  - vi. Severe Disablement Occupational Allowance
  - vii. Armed forces service pension based on need for attendance
  - viii. Pension under the Personal Injuries (Civilians) Scheme 1983, based on the need for attendance
  - ix. Income Support/Pension Credit
  - x. Working Tax Credit
  - xi. Child Tax Credit
  - xii. Housing Benefit
  - xiii. Universal Credit or Employment and Support Allowance\*
  - xiv. Special payments to pre-1973 war widows.

As the above payments will be paid for specific periods, they will be treated as income over the period for which they are payable. Any money left over after the period for which they are treated as income has elapsed will be treated as capital.

\* Employment and Support Allowance arrears paid to a person due to an official error by the Department for Work and Pensions will be disregarded with no end date, unless the person comes off benefits completely and then returns to benefits.

- (b) Payments or refunds for:

- i NHS glasses, dental treatment or patient's travelling expenses;
- ii Cash equivalent of free milk and vitamins;
- iii Expenses in connection with prison visits.
- iv Personal Injury Payments

*Example of a disregard for 52 weeks*

During his financial assessment it is identified that Colin is eligible for Pension Credit but is not currently claiming the support. He is therefore assessed as being able to pay £75 per week towards the cost of his care. Colin tells the local authority that he will apply for Pension Credit. It is explained to him that the level of what he can afford to contribute will be reassessed once he started receiving the additional support. If the payments are backdated, his contributions to the cost of his care will also be backdated and he may therefore need to make an additional payment to meet any arrears. Colin therefore chooses to pay £90 per week. After six weeks, arrears of Pension Credit at £35 per week (£210) are received. What Colin can afford to contribute is reassessed and he is now asked to pay £110 per week. As Colin has been paying £15 a week more than required, he only owes £120 rather than the full £210 of Pension Credit arrears. The remaining £90 of arrears payments should therefore be treated as capital and disregarded

## **29. 2-YEAR DISREGARD**

29.1 In line with the Care and Support Statutory guidance, the Council will disregard payments made under a trust established out of funds by the Secretary of State for Health in respect of CJD to a member of the victim's family for 2 years from the date of death of the victim (or from the date of payment from the trust if later); or a dependent child or young person until they turn 18.

## **30. OTHER DISREGARDS**

30.1 In some cases a person's assets may be tied up in a business that they own or part-own.

30.2 Where a person is taking steps to realise their share of the assets, these will be disregarded during the process. However, the person will be required to show that it is their clear intention to realise the asset as soon as practicable. In order to show their intent, the Council will request the following information:

- (a) A description of the nature of the business asset;
- (b) The person's estimate of the length of time necessary to realise the asset or their share of it;
- (c) A statement of what, if any, steps have been taken to realise the asset, what these were and what is intended in the near future; and
- (d) Any other relevant evidence, for example the person's health, receivership, liquidation, estate agent's confirmation of placing any property on the market.

30.3 Where the person has provided this information to show that steps are being taken to realise the value of the asset, the Council will disregard the value for a period that it considers to be reasonable. In deciding what is reasonable, we will consider the length of time of any legal processes that may be needed.

30.4 Where the person has no immediate intention of attempting to realise the business asset, its capital value will be included in the financial assessment. Where a business is jointly owned, this will apply only to the person's share.

### **31. TREATMENT OF INVESTMENT BONDS**

31.1 The value of investments bonds will generally be included in the financial assessment as a capital asset. The main exception to this will be where the bond includes one or more element of life insurance policies that contain cashing in rights for total or partial surrender.

31.2 The value of these rights will generally be disregarded.

31.3 The Council recognises that investment bonds can be complex instruments, and it retains the discretion to consider the treatment of these on a case by case basis.

### **32. CAPITAL TREATED AS INCOME**

32.1 The following capital payments will be treated as income:

(a) Any payment under an annuity, however, any tax free lump sum not used to purchase an annuity is still treated as capital (unless it is already included as generating notional income in the assessment);

(b) Capital paid by instalment where the total of:

- i. The instalments outstanding at the time the person first becomes liable to pay for their care, or in the case of a person in temporary care whom we had previously decided not to charge, the first day on which we decide to charge; and
- ii. The amount of other capital held by the person is over £16,000. If it is £16,000 or less, each instalment should be treated as capital.

### **33. INCOME TREATED AS CAPITAL**

33.1 As per the Care and Support Statutory Guidance, the following types of income will be treated as capital:

(a) Any refund of income tax charged on profits of business or earnings of an employed earner; any holiday pay payable by an employer more than 4 weeks after the termination or interruption of employment.

(b) Income derived from a capital asset, for example, building society interest or dividends from shares. This should be treated as capital from the date it is normally due to be paid to the person. This does not apply to income from certain disregarded capital.

(c) Any advance of earnings or loan made to an employed earner by the employer if the person is still in work. This is as the payment does not form part of the employee's regular income and would have to be repaid.

(d) Any bounty payment paid at intervals of at least one year from employment as:

- i. A part time fireman;
- ii. An auxiliary coastguard;
- iii. A part time lifeboat man;
- iv. A member of the territorial or reserve forces.

(e) charitable and voluntary payments which are neither made regularly nor due to be made regularly, apart from certain exemptions such as payments from AIDS

trusts. Payments will include those made by a third party to the person to support the clearing of charges for accommodation.

- (f) Any payments of arrears of contributions by a local authority to a custodian towards the cost of accommodation and maintenance of a child.

#### **34. CAPITAL AVAILABLE ON APPLICATION**

34.1 In some instances a person may need to apply for access to capital assets but has not yet done so. In such circumstances this capital will be treated as already belonging to the person except in the following instances:

- (a) Capital held in a discretionary trust;
- (b) Capital held in a trust derived from a payment in consequence of a personal injury;
- (c) Capital derived from an award of damages for personal injury which is administered by a court;
- (d) Any loan which could be raised against a capital asset which is disregarded, for example the home.

34.2 The Council will distinguish between:

- (a) Capital already owned by the person but which in order to access they must make an application for. For example:

- i. Money held by the person's solicitor;
- ii. Premium Bonds;
- iii. National Savings Certificates;
- iv. Money held by the Registrar of a County Court which will be released on application; and

- (b) Capital not owned by the person that will become theirs on application, for example an unclaimed Premium Bond win. This will be treated as notional capital.

- (c) Premium Bond win. This will be treated as notional capital.

34.3 Where the Council are including capital available on application as notional capital, the Council will only do so from the date at which it could be acquired by the person.

#### **35. MINIMUM INCOME GUARANTEE**

35.1 The purpose of the Minimum Income Guarantee is to promote independence and social inclusion and ensure that a person has sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This will be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.

35.2 The Council will ensure that a person's income is not reduced below a specified level after charges have been deducted. This level will be set at the minimum income guarantee level set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and reviewed annually by the Department of Health and Social Care. In addition, we also include the following as part of the MIG over and above the statutory minimum provided for in Regulations.

- Disability premium added to MIG for all working age assessments
- Higher amounts allowed for Enhanced Disability and Carers

- 35.3 If you are paying rent and Council Tax, these costs will be allowed on top of the MIG, after any Housing Benefit or Council Tax support.
- 35.4 If you have less than £23,250 in savings and investments, and your weekly income is less than the Minimum Income Guarantee (MIG) for your age group, you will not have to pay towards the cost of your care service.
- 35.5 Where a person is responsible for, and a member of the same household as, a dependent child the Council will consider the needs of the child in determining how much income a person should be left with after charges. Any child benefit or child tax credit received is disregarded and a personal allowance for each child is allowed. The amount to be allowed will be set annually by the Department of Health and Social Care.
- 35.6 Where the person receiving care is a carer themselves (i.e. cares for another person) and receives a Carer's Allowance or a Carer Premium within other benefits, an additional amount will be added to the MIG to allow the person to be left with more income.

## INCOME

### 36. HOW INCOME IS TREATED

- 36.1 There are differences in how income is treated in a care home compared to non-residential settings. When charging a person in all other settings, the Council has more discretion to enable us to take account of local practices and innovations.
- 36.2 The Care and Support Statutory Guidance sets out the common issues then those particular to each setting. The Council has considered the guidance in preparation of this policy. This aspect of the Charging Policy should be read in conjunction with [Annex B](#) on the Treatment of Capital. The detail of the sources of income that the Council must disregard are set out in the [regulations](#).
- 36.3 Only the income of the cared-for person will be considered in the financial assessment.
- 36.4 Where the person receives means-tested income as one of a couple, the starting presumption is that the cared-for person has an equal share of the income.
- 36.5 However, the Council will consider the implications for the cared-for person's partner.
- 36.6 Income is net of any tax or National Insurance contributions.
- 36.7 Income will always be considered unless it is disregarded under the Regulations.
- 37.8 Income that is disregarded will either be partially disregarded or fully disregarded.

### 37. EARNINGS

- 37.1 In all cases, employed and self-employed earnings are fully disregarded in the financial assessment.
- 37.2 Earnings in relation to an employed earner are any remuneration or profit from Employment:
- (a) any bonus or commission

- (b) any payment in lieu of remuneration except any periodic sum paid to the person on account of the termination of their employment by reason of redundancy
- (c) any payments in lieu of notice or any lump sum payment intended as compensation for the loss of employment but only in so far as it represents loss of income
- (d) any holiday pay except any payable more than four weeks after the termination or interruption of employment
- (e) any payment by way of a retainer
- (f) any payment made by the person's employer in respect of any expenses not wholly, exclusively and necessarily incurred in the performance of the duties of employment, including any payment made by the person's employer in respect of travelling expenses incurred by the person between their home and the place of employment and expenses incurred by the person under arrangements made for the care of a member of the person's family owing to the person's absence from home
- (g) any award of compensation made under section 112(4) or 117(3)(a) of the Employment Rights Act 1996 (remedies and compensation for unfair dismissal)
- (h) any such sum as is referred to in section 112 of the Social Security Contributions and Benefits Act 1992 (certain sums to be earnings for social security purposes)
- (i) any statutory sick pay, statutory maternity pay, statutory paternity pay or statutory adoption pay, or a corresponding payment under any enactment having effect in Northern Ireland
- (j) any remuneration paid by or on behalf of an employer to the person who for the time being is on maternity leave, paternity leave or adoption leave or is absent from work because of illness
- (k) the amount of any payment by way of a non-cash voucher which has been taken into account in the computation of a person's earnings in accordance with Part 5 of Schedule 3 to the Social Security (Contributions) Regulations 2001

37.3 Earnings in relation to an employed earner do not include:

- (a) any payment in kind, with the exception of any non-cash voucher which has been taken into account in the computation of the person's earnings – as referred to above
- (b) any payment made by an employer for expenses wholly, exclusively and necessarily incurred in the performance of the duties of the employment
- (c) any occupational/personal pension

37.4 Earnings in the case of employment as a self-employed earner mean the gross receipts of the employment. This includes any allowance paid under section 2 of the Employment and Training Act 1973 or section 2 of the Enterprise and New Towns (Scotland) Act 1990 to the person for the purpose of assisting the person in carrying on his business.

37.5 Earnings in the case of employment as a self-employed earner do not include:

- (a) any payment to the person by way of a charge for board and lodging accommodation provided by the person
- (b) any sports award

37.6 Earnings also include any payment provided to prisoners to encourage and reward their constructive participation in the regime of the establishment, this may include payment for working, education or participation in other related activities.

## 38. BENEFITS

- 38.1 The Council will take most of the benefits people receive into account. Those the Council will disregard are listed below. However, the Council will ensure that in addition to the minimum guaranteed income or personal expenses allowance (details of which are set out below) people retain enough of their benefits to pay for things to meet those needs not being met by the Council. Any mid-week change of benefit rates will be applied from the following Monday from the date of change and will result in a financial reassessment.
- 38.2 Any income from the following sources will be fully disregarded:
- (a) Direct Payments;
  - (b) Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme;
  - (c) The mobility component of Disability Living Allowance;
  - (d) The mobility component of Personal Independence Payments.
- 38.3 Any income from the following benefits must be taken into account when considering what a person can afford to pay from their income towards the cost of their care and support in a care home:
- (a) Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
  - (b) Bereavement Allowance
  - (c) Carers Allowance
  - (d) Disability Living Allowance (DLA) (Care component)
  - (e) Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
  - (f) Income Support
  - (g) Industrial Injuries Disablement Benefit or equivalent benefits
  - (h) Jobseeker's Allowance
  - (i) Maternity Allowance
  - (j) Pension Credit
  - (k) Personal Independence Payment (PIP) (Daily Living component)
  - (l) State Pension
  - (m) Universal Credit
- 38.4 Working Tax Credits must be taken into account when considering what a person can afford to pay from their income towards the cost of their care in a care home. However, they should be disregarded in the calculation of income for care and support arranged other than in a care home.
- 38.5 Where any Social Security benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, the amount taken into account should be the gross amount of the benefit before reduction.
- 38.6 In the Financial Assessment:
- (a) for those people who receive the higher rate of DLA Care component – to disregard the *difference in income between the higher rate and the middle rate*
  - (b) For those people who receive the enhanced rate of PIP Daily Living component – to disregard the *difference in income between the enhanced rate and the standard rate*.
- 38.7 Please refer to **Table 1** below which details benefits that will be included in the assessment and benefits which will be disregarded in part or in full for people living in a non-residential setting.



**Table 1**

<b>Name of Benefit</b>	<b>Non-residential settings</b>
Attendance Allowance, including Constant Attendance Allowance	Included The Night Care element when the benefit is paid at the higher rate, will be disregarded if the care and support package does not include care during the night. Night services are defined as the period from when the household closes down for the night. Dressing in the morning and undressing before going to bed are daytime activities.
Disability Allowance (Care component)	Included with a disregarded element For people who receive the higher rate of Disability Living Allowance Care component, the difference in income between the higher rate and the middle rate will be disregarded.
Personal Independence Payment (Daily Living component)	Included with a disregarded element For people who receive the enhanced rate of Personal Independence Payment Daily Living component, the difference in income between the enhanced rate and the standard rate will be disregarded.
Bereavement Allowance	Included
Carers Allowance	Disregarded.
Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit	Included
Income Support	Included
Industrial Injuries Disablement Benefit or equivalent benefits	Included
Jobseeker's Allowance	Included
Maternity Allowance	Included
Pension Credit – Guaranteed Credit, including Severe Disability Premium and Carers Premium.	Included
Pension Credit – Savings Credit	Disregard savings credit in full.
State Pension	Included

Universal Credit	<p>Not all of the Universal Credit is included</p> <p>Personal allowance and the health element are the only amounts taken into consideration within the financial assessment</p> <p>Deductions from Universal Credit for debt repayment will be classed as income as debt repayment isn't disregarded</p> <p>Disregard carers premium</p>
Working Tax Credit	Disregarded in full.
Armed forces and war pension payments to war widows and war widowers	First £10 is disregarded

38.8 Where any Social Security benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, the amount taken into account will be the gross amount of the benefit before reduction.

### 39. ANNUITY AND PENSION INCOME

39.1 An annuity is a type of pension product that provides a regular income for several years in return for an investment. Such products are usually purchased at retirement in order to provide a regular income.

39.2 While the capital is disregarded, any income from an annuity will be taken fully into account except where it is:

- (a) Purchased with a loan secured on the person's main or only home; or
- (b) A gallantry award such as the Victoria Cross Annuity or George Cross Annuity.

39.3 For those who have purchased an annuity with a loan secured on their main or only home (as per (a) above), this is known as a 'home income plan'.

39.4 Under these schemes, a person has purchased the annuity against the value of their home – similarly to a Deferred Payment Agreement and this may be disregarded in the financial assessment.

39.5 In order to qualify for the disregard on the income, one of the annuitants must still be occupying the property as their main or only home.

39.6 This may happen where a couple has jointly purchased an annuity and only one of them has moved into a care home.

39.7 If this is not the case, the disregard will not be applied.

39.8 Where the disregard is applied, only the following aspects will be disregarded:

- (a) The net weekly interest on the loan where income tax is deductible from the interest; or
- (b) The gross weekly interest on the loan in any other case.

39.9 Before applying the disregard, the following conditions must be met:

- (a) The loan must have been made as part of a scheme that required that at least 90% of that loan be used to purchase the annuity;
- (b) The annuity ends with the life of the person who obtained the loan, or where there are two or more annuitants (including the person who obtained the loan), with the life of the last surviving annuitant;
- (c) The person who obtained the loan or one of the other annuitants is liable to pay the interest on the loan;
- (d) The person who obtained the loan (or each of the annuitant where there are more than one) must have reached the age of 65 at the time the loan was made;
- (e) The loan was secured on a property in Great Britain and the person who obtained the loan (or one of the other annuitants) owns an estate or interest in that property; and
- (f) The person who obtained the loan or one of the other annuitants occupies the property as their main or only home at the time the interest is paid.

39.10 Where the person is using part of the income to repay the loan, the amount paid as interest will be disregarded. If the payments the person makes on the loan are interest only and the person qualifies for tax relief on the interest they pay, the net interest will be disregarded. Otherwise, it will be the gross interest that is disregarded.

39.11 Reforms to defined contribution pensions came into effect from April 2015. The aim of the reforms is to provide people with much greater flexibility in how they fund later life. This may lead to changes in how people use the money in their pension fund.

39.12 The rules for how to assess pension income for the purposes of charging are:

- (a) if a person has removed the funds and placed them in another product or savings account, they should be treated according to the rules for that product
- (b) if a person is only drawing a minimal income, or choosing not to draw income, then a local authority can apply notional income. This must be the maximum income that could be drawn under an annuity product. If applying maximum notional income, any actual income should be disregarded to avoid double counting
- (c) if a person is drawing down an income that is higher than the maximum available under an annuity product, the actual income that is being drawn down should be taken into account

### **See Pension Flexibilities for more information**

## **40. MORTGAGE PROTECTION INSURANCE POLICIES**

40.1 Any income from an insurance policy is usually included in the financial assessment. In the case of mortgage protection policies, where the income is specifically intended to support the person to acquire or retain an interest in their main or only home or to support them to make repairs or improvements to their main or only home, it will be disregarded.

40.2 However, the income must be being used to meet the repayments on the loan.

40.3 The amount of income from a mortgage protection insurance policy that should be disregarded is the weekly sum of:

- (a) The amount which covers the interest on the loan; plus
- (b) The amount of the repayment which reduced the capital outstanding; plus

- (c) The amount of the premium due on the policy. It should be remembered that Income Support, Employment and Support Allowance and Pension Credit may be adjusted to take account of the income from the policy.

*Example of mortgage protection policy in payment:*

Winifred has an outstanding mortgage and was making repayments of £180 per month to her lender until she suffered a stroke. Winifred has a mortgage protection policy which pays her the sum of £240 per month if she is unable to meet repayments due to ill health.

Winifred applies for Employment & Support Allowance. Winifred would usually be entitled to assistance with her mortgage but the amount she receives from her policy is greater than her mortgage. The mortgage protection policy is taken into account as income by the Department for Work & Pensions.

This reduces the amount of Employment & Support Allowance to which Winifred is entitled.

The financial assessment for her care will therefore only include the lower amount of Employment & Support Allowance paid to Winifred together with the excess income from the mortgage protection policy.

#### **41. OTHER INCOME THAT MUST BE FULLY DISREGARDED**

41.1 Any income from the following sources **must** be fully disregarded:

- (a) Armed Forces Independence Payments and Mobility Supplement
- (b) Child Support Maintenance Payments and Child Benefit, except where the accommodation is arranged under the Care Act in which the adult and child both live
- (c) Child Tax Credit
- (d) Council Tax Reduction Schemes where this involves a payment to the person
- (e) Disability Living Allowance (Mobility Component) and Mobility Supplement
- (f) Christmas bonus
- (g) dependency increases paid with certain benefits
- (h) Discretionary Trust
- (i) Gallantry Awards
- (j) Guardian's Allowance
- (k) Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme
- (l) Payments made to Veterans under the War Pension Scheme with the exception of Constant Attendance Allowance
- (m) Income frozen abroad
- (n) income in kind
- (o) pensioners Christmas payments
- (p) Personal Independence Payment (Mobility Component) and Mobility Supplement
- (q) personal injury trust, including those administered by a Court
- (r) resettlement benefit
- (s) savings credit disregard
- (t) Social Fund payments (including winter fuel payments)
- (u) war widows and widowers special payments

- (v) any payments received as a holder of the Victoria Cross, George Cross or equivalent
- (w) any grants or loans paid for the purposes of education; and
- (x) payments made in relation to training for employment.
- (y) any payment from:
  - (i) Macfarlane Trust
  - (ii) Macfarlane (Special Payments) Trust
  - (iii) Macfarlane (Special Payment) (No 2) Trust
  - (iv) Caxton Foundation
  - (v) The Fund (payments to non-haemophiliacs infected with HIV)
  - (vi) Eileen Trust
  - (vii) MFET Limited
  - (viii) Independent Living Fund (2006)
  - (ix) Skipton Fund
  - (x) London Bombings Relief Charitable Fund
  - (xi) Scottish Infected Blood Support Scheme
  - (xii) an approved blood scheme (this is a scheme approved by the Secretary of State, or trust established with funds provided by the Secretary of State, to provide compensation in respect of a person having been infected from contaminated blood products)
  - (xiii) London Emergencies Trust
  - (xiv) We Love Manchester Emergency Fund

## **42. CHARITABLE AND VOLUNTARY PAYMENTS**

- 42.1 Charitable payments are not necessarily made by a recognised charity but could come from charitable motives. The individual circumstances of the payment will need to be considered before deciding. In general, a charitable or voluntary payment which is not made regularly is treated as capital.
- 42.2 Charitable and voluntary payments that are made regularly will be fully disregarded.

## **43. PARTIALLY DISREGARDED INCOME**

- 43.1 The following income is partially disregarded:
- 43.2 The first £10 per week of the following:
  - War Widows and War Widowers pension
  - Survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme (SGIP)
  - Civilian War Injury pension.
  - Payments to victims of National Socialist persecution (paid under German or Austrian law).
- 43.3 In the financial assessment:
  - Where a person is receiving the higher rate of Disability Living Allowance (care component), the difference in income between the higher rate and the middle rate will be disregarded

- Where a person is receiving the enhanced rate of Personal Independence Payment (PIP) (daily living component), the difference in income between the enhanced rate and the standard rate will be disregarded.

#### 44. NOTIONAL INCOME

- 44.1 In some circumstances a person may be treated as having income that they do not actually have. This is known as notional income. This might include for example income that would be available on application but has not been applied for, income that is due but has not been received or income that the person has deliberately deprived themselves of for the purpose of reducing the amount they are liable to pay for their care. For guidance on [Deprivation of Assets](#) please see section 50.
- 44.2 In all cases the Council must satisfy itself that the income would or should have been available to the person.
- 44.3 Notional income should also be applied where a person has reached retirement age (i.e. when the person reaches the Pension Credit qualifying age) and has a personal pension plan, but has not purchased an annuity or arranged to draw down the equivalent maximum annuity income that would be available from the plan. Estimates of the notional income can be received from the pension provider or from estimates provided by the Government Actuary's Department.

*Example of notional income*

Andrew is 70 and is living in a care home. He has not been receiving his occupational pension to which he would have been entitled to from age 65. After contacting his former employer, they state Andrew will be paid the entire pension due from age 65. The local authority can therefore apply notional income from age 65.

- 44.4 Where notional income is included in a financial assessment, it will be treated the same way as actual income. Therefore, any income that would usually be disregarded will continue to be so.
- 44.5 Notional income will be calculated from the date it could be expected to be acquired if an application had been made. In doing so, the Council will assume the application was made when it first became aware of the possibility and take account of any time limits which may limit the period of arrears.

*Example of notional income in relation to new pension flexibilities*

Ben has a pension fund worth £30,000. He has taken the opportunity to access this flexibly and as a result is only drawing down £5 a week as income at the point he begins to receive care and support. The equivalent maximum annuity income would be £120 per week. For the purposes of the financial assessment, the local authority can assume an income £120 per week.

- 44.6 There are some exemptions and the following sources of income must not be treated as notional income:
- (a) income payable under a discretionary trust
  - (b) income payable under a trust derived from a payment made as a result of a personal injury where the income would be available but has not yet been applied for

- (c) income from capital resulting from an award of damages for personal injury that is administered by a court
- (d) occupational pension which is not being paid because:
  - (i) the trustees or managers of the scheme have suspended or ceased payments due to an insufficiency of resources
  - (ii) the trustees or managers of the scheme have insufficient resources available to them to meet the scheme's liabilities in full
- (e) Working Tax Credit

#### **45. DISABILITY RELATED EXPENDITURE (DRE)**

45.1 Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.

45.2 In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:

- (a) payment for any community alarm system
- (b) costs of any privately arranged care services required, including respite care
- (c) costs of any specialist items needed to meet the person's disability needs, for example:
  - (i) Day or night care which is not being arranged by the local authority
  - (ii) specialist washing powders or laundry
  - (iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)
  - (iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability
  - (v) additional costs of bedding, for example, because of incontinence
  - (vi) any heating costs, or metered costs of water, above the average levels for the area and housing type
  - (vii) occasioned by age, medical condition or disability
  - (viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
  - (ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
  - (x) personal assistance costs, including any household or other necessary costs arising for the person
  - (xi) internet access for example for blind and partially sighted people
  - (xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used
  - (xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might

adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

- 45.3 This list is not exhaustive and any reasonable additional costs directly related to a person's disability will be considered:
- 45.4 The care plan may be a good starting point for considering what is necessary disability-related expenditure.
- 45.5 However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.
- 45.6 The Council allows a standard disregard for disability related expenses per week which is deducted from a person's disposable income following the financial assessment. If a person's disability related expenses are higher than this figure, then the actual amount of the disability related expenses will replace the standard disregard. The standard disregard is reviewed annually

#### *Example of disability related expenditure*

Zach is visually impaired and describes the internet as a portal into the seeing world – in enabling him to access information that sighted people take for granted. For example he explains that if a sighted person wants to access information they can go to a library, pick up a book or buy an appropriate magazine that provides them with the information they need.

The internet is also a portal into shopping. For example without the internet if Zach wanted to shop for clothes, food or a gift he would have to wait until a friend or family member could accompany him on a trip out, he would be held by their schedule and they would then have to explain what goods were on offer, what an item looked like, the colour and would inevitably be based on the opinion and advice of said friend. A sighted person would be able to go into a shop when their schedule suits and consider what purchase to make on their own. The internet provides Zach with the freedom and independence to do these things on his own

## **46. DEFERRED PAYMENTS**

- 46.1 The Council operates a Deferred Payment Scheme. Deferred Payments are designed to prevent people from being forced to sell their home in their lifetime to meet the cost of their care. The Deferred Payment Scheme is also open to those people moving into non-residential settings. For further details relating to the Deferred Payments Scheme, please refer to our Deferred Payments Policy.

## **47. THIRD PARTY PAYMENTS**

- 47.1 Where the care planning process has determined that a person's needs are best met in Supported Living or a Shared Lives Scheme, the Council will provide for the person's preferred choice of accommodation, subject to certain conditions. Determining the appropriate type of accommodation will be made with the person/representative as part of the care and support planning process.



- 47.2 In some cases, a person may actively choose a setting that is more expensive than the amount identified for the provision of the accommodation in the personal budget. Where they have chosen a setting that costs more than this, an arrangement will need to be made as to how the difference will be met. This is known as an additional cost or 'top up' payment and is the difference between the amount specified in the Personal Budget and the actual cost.
- 47.3 In such cases, the Council must arrange for them to be placed there, provided a third party, or in certain circumstances the person in need of care and support, is willing and able to meet the additional cost.
- 47.4 When entering into a contract to provide care in a setting that is more expensive than the amount identified in the personal budget, the Council is responsible for the total cost of that placement.
- 47.5 This means that if there is a break down in the arrangement of a 'top up', for instance if the person making the 'top up' ceases to make the agreed payments, then we are liable for the fees until we have either recovered the additional costs we incur or made alternative arrangements to meet the cared for person's needs.
- 47.6 It is therefore really important that the person paying the top up fully understands the implications of this choice and that they are aware that they will need to meet the additional cost of care for the full duration of the stay and that should this cost not be met, the cared for person may be moved to an alternative setting. The Council should also advise the person paying the top-up that they may want to seek [independent financial advice](#) before entering into a Third Party agreement.
- 47.7 The Council must also ensure that the person paying the 'top up' is willing and able to meet the additional cost for the likely duration of the arrangement, recognising that this may be for some time into the future.
- 47.8 Therefore, the person paying the 'top-up' must enter into a written agreement with the Council, agreeing to meet that cost. The agreement is called a "Third Party Agreement".
- 47.9 The Council has adopted this arrangement because we consider it most suitable for most cases and this is the Department of Health and Social Care recommended best practice.
- 47.10 However, the Council also recognises that in some cases, the individual circumstances of the case will mean that one of two different approaches is more suitable, and we will consider, in our discretion, the following alternatives:
- To treat the 'top up' payment as part of the person's income and therefore recover the costs from the person concerned through the financial assessment.
  - To agree with the third party paying the 'top up' and the provider that payment for the 'top up' element can be made directly to the provider with the Council paying the remainder.
- 47.11 The Third Party Contribution Agreement includes the following information:
- The weekly cost of the accommodation
  - The amount specified for the accommodation in the person's personal budget;
  - The additional amount to be paid;
  - The frequency of the payments;
  - To whom the payments are to be made;
  - A statement on the consequences of ceasing to make payments;
  - A statement on the effect of any increases in charges that a provider may make;

- A statement on the effect of any changes in the financial circumstances of the person paying the 'top up';
- When the agreement will be reviewed.

#### **48. RESIDENTS 'TOP UPS'**

48.1 The person whose needs are to be met by the accommodation may themselves choose to make a 'top up' payment only in the following circumstances:

- Where they have a deferred payment agreement in place; or
- Where they are receiving accommodation provided under S117 for mental health aftercare.

48.2 In such cases we will follow the same principle as outlined above, i.e. we will pay the provider and invoice the person for the top-up.

#### **49. CHOICE OF ACCOMMODATION AND MENTAL HEALTH AFTER-CARE**

49.1 The above also applies to those people who qualify for after-care under section 117A of the Mental Health Act 1983. However, there is an exception in that the cared for person can meet the top-up costs themselves as they will not be contributing towards the cost of their care.

### **DEPRIVATION OF ASSETS**

#### **50. WHAT IS MEANT BY DEPRIVATION OF ASSETS?**

50.1 People with care and support needs can as with any other person spend their income and assets as they see fit. This can include making gifts to friends and family and this is an important aspect of promoting wellbeing and living an independent and fulfilling life. It is however important that people pay their fair contribution towards their care and support costs.

50.2 Deprivation of assets means where a person has intentionally deprived or decreased their overall assets in order to reduce the amount they are charged towards their care. This means that they must have known that they needed care and support and have reduced their assets in order to reduce the contribution they are asked to make towards the cost of that care and support.

50.3 This can be by either depriving themselves of their capital or income. There may be good reasons why someone no longer has an asset but the Council must ensure all cases are explored before concluding whether a deprivation of assets has occurred. A person is considered to have deprived themselves of an asset where they must have known that they needed care and support and therefore reduced their assets in order to reduce the contribution they are asked to make towards the cost of their care where the local authority decides to charge.

50.4 Where this has been done to remove a debt that would otherwise remain, even if that is not immediately due, this must not be considered as deprivation.

## 51. HAS DEPRIVATION OF CAPITAL OCCURRED?

51.1 It is up to the person to prove to the local authority that they no longer have the asset. If they are not able to, the local authority must assess them as if they still had the asset. For capital assets, acceptable evidence of their disposal would be:

- (a) a trust deed
- (b) deed of gift
- (c) receipts for expenditure
- (d) proof that debts have been repaid

51.2 A person can deprive themselves of capital in many ways, but common approaches may be:

- (a) a lump-sum payment to someone else, for example as a gift
- (b) substantial expenditure has been incurred suddenly and is out of character with previous spending
- (c) the title deeds of a property have been transferred to someone else
- (d) assets have been put in to a trust that cannot be revoked
- (e) assets have been converted into another form that would be subject to a disregard under the financial assessment, for example personal possessions
- (f) assets have been reduced by living extravagantly, for example gambling
- (g) assets have been used to purchase an investment bond with life insurance

51.3 However, this will not be deliberate in all cases. The Council will therefore raise questions regarding a deprivation considered where the person ceases to possess assets that would have otherwise been taken into account for the purposes of the financial assessment or has turned the asset into one that is now disregarded.

51.4 There may be many reasons for a person depriving themselves of an asset. TMBC will therefore consider the following before deciding whether deprivation for the purpose of avoiding care and support charges has occurred:

- (a) whether avoiding the care and support charge was a significant motivation in the timing of the disposal of the asset; at the point the capital was disposed of could the person have a reasonable expectation of the need for care and support?
- (b) did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs?

### *Example of where deprivation has not occurred*

Max has moved into a care home and has a 50% interest in a property that continues to be occupied by his civil partner, David. The value of the property is disregarded whilst David lives there, but he decides to move to a smaller property that he can better manage and so sells their shared home to fund this.

At the time the property is sold, Max's 50% share of the proceeds could be taken into account in the financial assessment, but, in order to ensure that David is able to purchase the smaller property, Max makes part of his share of the proceeds from the sale available.

In such circumstance, it would not be reasonable to treat Max as having deprived himself of capital in order to reduce his care home charges.

51.5 It would be unreasonable to decide that a person had disposed of an asset in order to reduce the level of charges for their care and support needs if at the time the disposal took place they were fit and healthy and could not have foreseen the need for care and support.

## **52. HAS DEPRIVATION OF INCOME OCCURRED?**

52.1 It is also possible for a person to deliberately deprive themselves of income. For example, they could give away or sell the right to an income from an occupational pension.

52.2 It is up to the person to prove to the Council in these circumstances that they no longer have the income. Where the Council considers that a person may have deprived themselves of income, they may treat them as possessing notional income.

52.3 The Council will need to determine whether deliberate deprivation of income has occurred. In doing so the Council will consider:

(a) was it the person's income?

(b) what was the purpose of the disposal of the income?

(c) the timing of the disposal of the income (at the point the income was disposed of could the person have a reasonable expectation of the need for care and support?)

52.4 In some circumstances the income may have been converted into capital. The local authority should consider what tariff income may be applied to the capital and whether the subsequent charge is less or more than the person would have paid without the change.

## **53. LOCAL AUTHORITY INVESTIGATIONS**

53.1 In some cases the Council may wish to conduct its own investigations into whether deprivation of assets has occurred rather than relying solely on the declaration of the person.

53.2 There is separate guidance under the [Regulation of Investigatory Powers Act 2000](#) that has recently been updated. That sets out the limits to local authority powers to investigate and local authorities should have regard to it before considering any investigations.

### **53.3 What happens where deprivation of assets has occurred?**

If the Council decides that a person has deliberately deprived themselves of assets in order to avoid or reduce a charge for care and support, they will first need to decide whether to treat that person as still having the asset for the purposes of the financial assessment and charge them accordingly.

53.4 As a first step, the Council will seek to charge the person as if the deprivation had not occurred. This means assuming they still own the asset and treating it as notional capital or notional income.

53.5 If the person in depriving themselves of an actual resource has converted that resource into another of lesser value, the person should be treated as notionally possessing the difference between the value of the new resources and the one which it replaced. For example, if the value of personal possessions acquired is less than the sum spent on them, the difference should be treated as notional resource.

*Example of assets to be considered*

Emma gives her daughter Imogen a painting worth £2,000 the week before she enters care home. The local authority should not consider this as deprivation as the item is a personal possession and would not have been taken into account in her financial assessment.

However, if Emma had purchased the painting immediately prior to entering a care home to give to her daughter with £2,000 previously in a savings account, deprivation should be considered.

*Example of assets to be considered*

Mrs Kapoor has £18,000 in a building society and uses £10,500 to purchase a car. Two weeks later she enters a care home and gives the car to her daughter Julie.

If Mrs Kapoor knew when she purchased the car that she would be moving to a care home, then deprivation should be considered. However, all the circumstances must be taken into account so if Mrs Kapoor was admitted as an emergency and had no reason to think she may need care and support when she purchased the car, this should not be considered as deprivation.

#### **54. RECOVERING CHARGES FROM A THIRD PARTY**

- 54.1 Where the person has transferred the asset to a third party to avoid the charge, the third party is liable to pay TMBC the difference between what it would have charged and did charge the person receiving care. However, the third party is not liable to pay anything which exceeds the benefit they have received from the transfer.
- 54.2 If the person has transferred funds to more than one third party, each of those people is liable to pay TMBC the difference between what it would have charged or did charge the person receiving care in proportion to the amount they received.
- 54.3 As with any other debt, TMBC can use the county court process to recover debts, but this should only be used after other avenues have been exhausted. When pursuing the recovery of charges from a third party, TMBC will recover in accordance with the Debt Recovery

*Example of liability of a third party*

Mrs Tong has £23,250 in her savings account. This is the total of her assets. One week before entering care she gives her daughters Louisa and Jenny and her son Frank £7,750 each. This was with the sole intention of avoiding care and support charges.

Had Mrs Tong not given the money away, the first £14,250 would have been disregarded and she would have been charged a tariff income on her assets between £14,250 and £23,250. Assuming £1 for every £250 of assets, this means Mrs Tong should have paid £36 per week towards the cost of her care.

After 10 weeks of care, Mrs Tong should have contributed £360. This means Louisa, Jenny and Frank are each liable for £120 towards the cost of their mother's care.

Process and act in accordance with [Annex D of the Care and Support Statutory Guidance](#) on debt recovery.

## **55. DEBT COLLECTION**

55.1 Where a person has accrued a debt to the Council, we will use our powers under the Care Act to recover that debt. For further information relating to debt collection, please refer to the Council's [Debt Recovery Policy](#).

## **56. FINANCIAL INFORMATION AND ADVICE**

56.1 Under section 4 of the Care Act local authorities have a duty to establish and maintain an information and advice service relating to care and support for adults and support for carers. Information and advice must be proportionate and accessible. This applies to financial information and advice and means that the person concerned (or their representative) must be able to understand any contributions they are asked to make and how they can pay.

56.2 The Council will therefore provide information to help people to understand care charges, (including how contributions are calculated), and means- tested support available, top-ups, and how care and support choices may affect costs.

56.3 The Council will also make people aware of independent financial advice, including flagging up the existence of regulated financial advice. This is to ensure that people have a better understanding of how their available resources can be used more flexibly to fund a wider range of care options. In these cases, the Council will ensure that people are helped to understand how to access this advice.

56.4 There will be occasions where the Council can provide the advice and similarly where the person must be referred elsewhere.

56.5 Such advice that the Council will provide will be limited to how to understand care charges; ways to pay; money management; making informed financial decisions and facilitating access to independent financial information and advice.

56.6 Where we recommend the person seeks independent financial advice, we will make the person aware which independent services may charge for the information and advice they provide. We will also describe the general benefits of independent information and advice and be explain the reasons why it may be beneficial for a person to take independent financial advice.

## **57. WHAT TO DO IF YOU DISAGREE WITH YOUR FINANCIAL ASSESSMENT**

57.1 Everyone can ask the Council to look again at the amount they have been assessed to contribute toward the cost of their service, including Disability Related Expenses (DRE), if they think something is incorrect.

57.2 You may wish to point out any mistakes that you think the Council have made. You may think we have made a wrong decision because we have missed some information, or we do not know something about your circumstances, including any exceptional expenses because of an illness or disability.

- 57.3 Where you have indicated that you do not agree with the outcome of your financial assessment, or any aspect of the assessment such as the DRE considered, this will be considered an appeal to the financial assessment outcome/decision.
- 57.4 If you wish to appeal your financial assessment, (including Disability Related Expenses (DRE) or any other aspect of your assessment), you need to put the reasons you disagree in writing to the Financial Assessment Team who will consider your request based on the evidence you provide.
- 57.5 You can do this by:
- writing to Exchequer Services, PO Box 304, Ashton-U-Lyne, OL6 0GA
  - or by email at [AdultServicesFinance@tameside.gov.uk](mailto:AdultServicesFinance@tameside.gov.uk)
- 57.6 The Council will then look at your charges again and change any details where we can. Your financial details will be amended, and you will be notified of your revised contribution in writing, including the date from which the amendment is effective.
- 57.7 If our decision is found to be correct, we will write to you and explain why.
- 57.8 We aim to complete this review in 28 working days from receipt of your request.
- 57.9 If you are still not satisfied with the decision, you can make a formal complaint through the [Corporate Complaints](#) process.

## **58. COMPLAINTS**

- 58.1 A person may wish to make a complaint about any aspect of the financial assessment, or how we have chosen to charge. The Council will therefore make it clear what our complaints procedure is and provide information and advice on how to lodge a complaint
- 58.2 All complaints relating to our Charging Policy should be referred through the Corporate Complaints process. Full details on how to do this and how complaint are handled are shown under the [Tameside Borough Council's website](#).
- 58.3 Complaints about the level of charge levied by a local authority are subject to the usual Care and Support complaints procedure as set out in The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

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# Agenda Item 6

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 March 2022
<b>Executive Member:</b>	Councillor Eleanor Wills - Executive Member , Health, Social Care and Population Health
<b>Clinical Lead:</b>	Asad Ali (Living Well)
<b>Reporting Officer:</b>	Stephanie Butterworth – Director of Adult Services
<b>Subject:</b>	<b>ADULT SOCIAL CARE FEES 2022-23</b>
<b>Report Summary:</b>	The purpose of this report is to outline proposals in relation to revised prices to meet the increasing cost of providing adult social care services for 2022-23
<b>Recommendations:</b>	<p>That Strategic Commissioning Board be recommended to:</p> <ul style="list-style-type: none"><li>(i) Approve the proposed new rates for care home placements as detailed in Section 4 of this report in line with the agreed cost of care framework detailed in Appendix 1.</li><li>(ii) Approve the proposed new rates for Support at Home at £19.22 per hour (Appendix 2) and Standard Home Care at £17.73 per hour (Appendix 3)</li><li>(iii) Approve the spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights.</li><li>(iv) Approve the proposed 6.6% uplift on the core contract prices at the four Extra Care Schemes and the proposed revised rate for additional hours commissioned in Extra Care of £16.71 per hour (Appendix 4)</li><li>(v) Approve the proposed uplift by 5.3% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report.</li><li>(vi) Approve the revised Direct Payment rates as detailed in section 4;</li><li>(vii) Approve the 5.3% uplift in the annual contract price for the Dementia Day Service at Wilshaw House.</li><li>(viii) Approve the revised contract price for the Day Service Options Contract Lead Provider, Active Tameside, at the value of £1,395,728 for 2022-23 as detailed in section 4 of this report.</li><li>(ix) Approve the rate increases for Shared Lives Carer payments detailed in Section 4</li><li>(x) Approve the offer to increase younger adults out of borough placements by 5.3 % with flexibility to approve a higher rate where providers evidence a higher rate is required as detailed in Section 4.</li><li>(xi) Approve that all the proposed new rates becoming effective from 1 April 2022</li></ul>

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

<b>Budget Allocation (if Investment Decision)</b>	2022/23 Budgeted Plans
<b>CCG or TMBC Budget Allocation</b>	TMBC
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	S75
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	

### **Additional Comments**

The uplifts are set at the statutory minimum, allow providers to increase wage rates in line with the National Living Wage increase of 6.6% (from £8.91 to £9.50 from April 2022). The main exception is in Support at Home, where wage rates will increase by 4.2% in line with Foundation Living Wage (from £9.50 to £9.90 from April 2022).

No additional allowance has been made for the 1.25% increase in employers National Insurance effective from April 2022. However the current cost of care model for Tameside applies a NI contribution across all staff who may not reach the NI thresholds and Providers will receive an indirect contribution to this cost increase already.

The accommodation and administration elements of Residential and Nursing fees, along with the non-staffing elements of other contracts, have been increased in line with RPI of 3.1%, but recognise real inflation is likely to be much higher than this around fuel, food and insurance for example.

The proposed increases are in line with those proposed in the Council's 22/23 Budget, with the total pressure amounting to £1.6m. This represents a pressure to Adult Services, which is fully funded by corporate allocations. Options are being considered to increase rates of pay towards Foundation Living Wage and may be brought forward during 22/23, but were not part of the 22/23 Budgets.

Beyond the direct cost implications the Council has a duty under the Care Act as well as a financial interest in ensuring the sustainability of the social care economy in its area. If pay rates are set too low, staff may be attracted to other roles and providers may not be able to retain sufficient staff to ensure safe care. Likewise, if overall fee rates are not sufficiently attractive, some providers may opt to withdraw from the market or impose their own rates without negotiation. These are significant risks and should they materialise, it is possible that the Council would not be able to obtain sufficient provision under its Standard Frameworks and would be obliged to place more clients in off-contract packages, potentially resulting in unmet needs for clients at a much higher cost with no or limited value for money.

<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	<p>The council's statutory duties in relation to the provision of care are set out in section 3 of this report.</p> <p>Board Members will note that there are provisions to set fees annually. Doing so is a fine balance between ensuring the sustainability of the market to be able to deliver these services whilst continuing to seek efficiencies given the overall financial pressures for the council.</p> <p>Continued close working with the market and partners remains critical to maintain both the quality and availability of these services.</p> <p>In addition given the considerable insufficiency of budget in this area robust commissioning and contract management remains key.</p>
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	The proposals align with the Living Well and Ageing Well programmes
<b>How do proposals align with Locality Plan?</b>	<p>The service links into the Council's priorities:</p> <ul style="list-style-type: none"> <li>• Help people to live independent lifestyles supported by responsible communities</li> <li>• Improve Health and wellbeing of residents</li> <li>• Protect the most vulnerable</li> </ul>
<b>How do proposals align with the Commissioning Strategy?</b>	The services support individuals to have the opportunity to build independence skills and reduce dependency on the health and social care system.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	This report has not been presented to HCAG.
<b>Public and Patient Implications:</b>	Those accessing the service have been identified as having eligible needs under the Care Act 2014.
<b>Quality Implications:</b>	The services support quality outcomes for people to be able to live in their own home wherever possible.
<b>How do the proposals help to reduce health inequalities?</b>	The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks.
<b>What are the Equality and Diversity implications?</b>	There are no negative equality and diversity implications associated with this report, see the Equality Impact Assessment at <b>Appendix 5</b> .
<b>What are the safeguarding implications?</b>	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
<b>What are the Information Governance implications? Has a privacy impact</b>	Personal data relating to the delivery of the services is held by the Council and Provider and may include information on those accessing the service, officers of the Council and employees of

**assessment been conducted?**

the Provider. The Provider and the Council must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 1998 in relation to their handling of this data and this is underpinned by relevant and appropriate provisions governing the handling of data in contractual terms and conditions

**Risk Management:**

There will be a continued dialogue between commissioners and providers to ensure best value is delivered against the contract resource with a view to working towards service developments that realise savings going forward. These will be delivered through contract performance management and working in partnership with neighbourhood teams

**Access to Information:**

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



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## 1. INTRODUCTION

- 1.1 The focus of this report is the setting of revised prices to meet the increasing cost of providing social care support to vulnerable adults. Work has been progressing in relation to the impact of a number of cost pressures imposed nationally on current providers that significantly challenge the financial viability of what the Council and CCG have been paying to deliver these essential services. From a financial perspective, the key cost pressures faced by providers are in the main related to the increase to the rate of the National Living Wage (NLW) and National Insurance (NI) contributions for implementation from 1 April 2022.
- 1.2 Consideration whilst recognising the expectation that increased NLW and NI rates are met, have been set against the background of the financial pressures faced by the health and social care economy.
- 1.3 The Council and CCG, as has been reported over a number of years continue to face significant financial pressures in the coming years. The budget report, as in previous years, for 2022/23 proposed a balanced budget, subject to the delivery of identified savings on Council Budgets, and an increase in Council Tax. The response to the Covid pandemic has created significant additional pressures and costs along with impacts on the Council's income budgets.
- 1.4 The CCG is currently working on the practicalities of its incorporation into the GM Integrated Care Service (ICS), due to go live in July 2022, with discussions on funding available locally ongoing. The CCG is party to a number of joint contracts with the Council, primarily in relation to support at home/home care and care homes with respect to the nursing element, and agreement has been in place with regards to contract uplifts that any reasonable or unavoidable uplifts should be agreed in line with the proposed increases included in the Council's budget.
- 1.5 Further, in relation to annual uplifts for Out of Borough placements, both the Council and CCG will offer a single inflationary rate. In some cases however, where the provider to justify a higher rate supplies evidence, we will need to agree to this to ensure continuity of care for individuals. Such agreement and thereby avoid unnecessary moves from places where people are settled and receiving the appropriate support to meet their needs.
- 1.6 Much work has been done over the past few years to radically change the way that services are provided, and there has been a focus placed on reducing the costs of services to support management of the overall budget reductions of the last decade
- 1.7 At the same time as managing reductions in financial resources demand for service provision has been rising - the increasing number of older people and younger adults with complex and life limiting conditions and disabilities continue to add further pressure to services provided.
- 1.8 The period of the Covid Pandemic has seen increasing numbers of people requiring care and support – seen most acutely in services supporting people to remain living in their own homes. To illustrate this point, between the week commencing 16 March 2020 and 3 January 2022 there has been an increase of 2,330 hours per week commissioned which represents an increase of almost 28%. Over the period, the number of people supported by this service alone has increased by 89 people.
- 1.9 Although many people are encouraged to seek help from within their own families or communities, increasing numbers still require help and support. The people who are now receiving care and support are those with more complicated and complex care and support needs that often need more expensive packages of care to meet their assessed eligible needs. Success in the treatment and care of adults with severe illnesses and disabling conditions has

also meant that many more people in the borough are living longer; however they are living with one or more health issues that require help and support.

- 1.10 The rise in the demand for care and support has not been matched by an increased ability to attract sufficient numbers of staff to keep pace with the demand for support. The sector has seen a significant number of workers leaving the profession for a number of reasons – primarily rates of pay, attractive pay in other sectors including (the retail and hospitality sectors), and general illness and fatigue brought on by the intensity of working through the pandemic. This is an area that will need to be addressed over the coming years to ensure that we are able to offer roles that are attractive from the point of view of pay and conditions, have positive recognition, and are valued employment options that will support meeting current and the predicted future demands with an aging population for care and support.
- 1.11 This report will set out proposals for costs that will constitute the minimum requirements to meet the specific cost pressures imposed on providers across the health and social care sector.

## **2. BACKGROUND**

### **Care Homes**

- 2.1 The largest single spend in the Adult Services budget is for care home placements. The projected spend for 2021-22 on care home placements is approximately £20 million, which represents a large proportion of the total Adults budget. There has been a clear trend over the last five years to the profile of people being placed in care homes having more complex needs, and staffing levels have not increased to match this increase rendering some vacancies in homes not being available to fill in reality. This position has been compounded as the ability to recruit staff to the various roles in care homes continues to be very difficult despite providers running constant recruitment exercises. Whilst there are a number of factors contributing to this the greatest factor is in relation to the level of pay being offered for the role which our cost of care framework sets at National living Wage levels (currently £8.91 per hour).
- 2.2 The Council and CCG currently fund 712 placements per week across the care homes in Tameside, this compares to 734 places funded pre-pandemic. During the pandemic the number of places funded by the Council and CCG reduced significantly and financial support was provided to ensure that homes could remain operational during the first lockdown – the financial support scheme ended in August 2020). It is clear that we are getting back towards the previous profile of placements, and it is expected as with home care that the number of places funded will continue to increase.
- 2.3 The fee structure and Quality Premium scheme were designed to deliver a fine balance between contributing to saving imperatives while balancing the need to maintain a suitably sized and viable market to meet future demands, as we deal with the demographic pressures in the coming years.
- 2.4 The current five year fee agreement with the care home providers in the borough expires on 31 March 2023. This is a joint agreement with Tameside and Glossop CCG in relation to the nursing element of the agreement.
- 2.5 The joint arrangements with the CCG has resulted in considerable benefits to the sector:
  - Had there been separate contracts the homes would have faced the increased burden of both organisations undertaking contract monitoring exercises. The joint agreement is monitored jointly, thus reducing the burden on providers to provide information and also reduces the time home managers need to spend with monitoring staff providing evidence of contract compliance.

- Separate agreements would have led to separate discussions in relation to the setting of fees, potentially resulting in differential fee levels over the years driven by the financial position of the Council and CCG.
- The Continuing Health Care fee paid by NHS Tameside and Glossop has been fixed against the local nursing rate.

2.6 In defining the fees a cost of care framework was introduced to set annual fees based on a review of care home fees carried out by Ernst and Young during the previous contracting period. In consultation with providers this framework was updated and has been utilised over recent years to set each year's fees.

2.7 In 2018 in an attempt to drive up the quality of care delivered at the homes in Tameside, and thereby improve CQC ratings of homes, a dedicated 'Quality Improvement Team' was created to work with contracts performance staff. The combined efforts of the two disciplines has seen significant improvements in the CQC ratings across Tameside care homes. Currently (as 6 January 2022), 3% of homes are rated "Outstanding", 77% "Good", 20% "Requires Improvement", and no homes "Inadequate".

### **Support at Home/Home Care**

2.8 The focus of the support at home/home care service is to enable people to remain living in their own home, "living well" as independently as possible, and achieving/maintaining their potential in relation to their physical, intellectual, emotional and social capacity.

2.9 To achieve this, the current support at home contracts focus on the provision of good quality outcome focused support appropriate to the needs identified in a strengths based individual support plan and to demonstrate this through assistance with the personal, practical and social/emotional tasks associated with ordinary living.

2.10 The local support at home/home care market is delivered exclusively via the external (independent) sector with the in-house service focus being on the delivery of Reablement support. From March 2006, the delivery of the home care service was reorganised to operate within specified postcode zones across the borough. The borough, and the service, is divided into four zones following consultation with the area teams and care providers – this is consistent with the neighbourhood approach across Tameside.

2.11 The service was last tendered in 2016 and contracts were awarded to six organisations with zoned contracts covering the four neighbourhoods to provide an enhanced "Support at Home" service. This provision is supplemented by additional providers approved to deliver a "Standard Home Care" service who pick up the work the six zoned providers are not able to cover (there are currently 12 providers delivering standard home care packages across the Borough).

2.12 On the week commencing 3 January 2022 a total of 12,898 hours were commissioned for 1,054 service users (covering both social care and CHC packages). When the pandemic lockdown started in March 2020 10,080 hours were being commissioned per week supporting 965 people. This represents an increase of 2,818 hours which equates to a 28% increase supporting an additional 89 people.

2.13 In 2016, as part of the annual fee setting process, a cost of care framework was agreed and this methodology has been in place ever since and is used to establish the rates each year for the "support at home" rate paid to the zoned providers and the "standard" home care rate for all other providers. The rates approved for 2021-22 were £18.45 per hour for the "support at home" service, and £16.65 per hour for the "standard" home care service.

2.14 The introduction of a revised "support at home" enhanced offer across the zoned providers recognised that the traditional Home Care model is seriously outdated in a modern health and

social care system and responded to the need to do something different. Six contracts were awarded across the four Tameside neighbourhoods with a requirement providers work with commissioners to develop a new service model that includes:

- Commissioning on the basis of outcomes allowing the provider to look not only at directly delivering care but opening up a whole range of options for meeting need such as
  - Negotiating with service users' families, friends, neighbours, communities what they can offer in terms of support to people to meet the individuals needs
  - Encouraging the greater use of technology (such as medication dispensers to reduce the number of physical calls required to ensure medication is taken),
  - Encouraging the use of adaptations and equipment;
  - Supporting people to access community activities available in their local neighbourhoods to ensure people can continue their interests whilst replacing where possible the for direct staff visits;
  - The use of telephone calls to replace a physical check call (but have the flexibility to call to the house in the absence of a response).
- A strong ongoing reablement emphasis in service delivery which enables providers to reduce individual packages to ensure that they can deliver support for new referrals as well as respond flexibly to fluctuations in care needs of existing users in their zone.
- Commissioners working with providers to blend health and social care roles where it makes sense to do so and thereby design a 'therapeutic workforce'.
- Assessments that are outcome based and will indicate to providers an allocation of hours as a guide – and included a move away from the practise of detailing calls, tasks and the time that support should be delivered.
- The provider will arrange with the services' users and carers directly to agree support plans to meet the identified need with providers providing evidence to commissioners that outcomes continue to be met as the guide hours are reduced across individual packages.
- A further angle to this was that providers would be actively involved in positively promoting care as a career of choice and offering this as a stepping stone into careers including nursing, social work and all associated caring options.

2.15 In recognition of the enhanced service offer described above, which required additional duties and increased staff skills, an enhanced rate of pay was agreed that ensures staff in the "support at home" service were paid at the Foundation (Real) Living Wage rate which has been reflected in the cost of care framework to establish the hourly rates paid to providers.

### **Extra Care Housing**

2.16 The Council currently have four extra care housing schemes offering support to older people which are:

- Fairfield Court is situated in Droylsden and is owned by Anchor Trust.
- Melbourne Court is situated in Stalybridge and is owned by Contour Housing.
- Hurst Meadow is situated in Ashton-Under-Lyne and is owned by Hanover Housing.
- Beatrix House is situated in Dukinfield and owned by New Charter Housing Trust.

2.17 In addition the Council has a contract in place for extra care provision at Lomas Court which is owned by Mosscafe St Vincents Housing Group. This scheme provides support for adults with a physical disability.

2.18 Extra Care Housing Support was tendered in 2016 as part of the larger support at home contract described above with four of the six zoned providers having the contract for the scheme which is in their locality.



- 2.19 The current approach is to contract for core hours through the day with a sleep-in or waking night dependent on the needs of people in each of schemes ensuring that the service is available to people 24 hours per day. Additional hours are then delivered above the core to meet individual need in each scheme – a cost of care model based on that agreed in the support at home framework is used to determine the hourly rate for such hours – the framework is adjusted to reflect that the support is predominantly delivered in one setting.
- 2.20 In relation to supporting older people there is a need to expand the availability of extra care provision across the borough. The expansion will reduce the need for people to move into residential care thereby ensuring that people can continue to live independently in their own accommodation as identified in the Living Well At Home programme, but will also ensure that we are getting the best value option from both a quality of life perspective and cost basis.
- 2.21 Adult Services is therefore working with Colleagues in the Growth Directorate on ambitious plans to deliver four new Extra Care Sheltered schemes that will deliver approximately 320 new units of self-contained flats over the coming years.

### **Supported Accommodation including LD Respite**

- 2.22 Supported accommodation largely refers to people requiring 24-hour support to meet their complex needs in their own homes. Support is primarily delivered to people living in group homes, or larger blocks of self-contained individual flats, and only to a small extent some people living on their own in their own house. The balance of provision has changed over the years with larger schemes of self-contained flats being developed in place of some group home settings, thereby increasing the number of people enjoying self-contained accommodation rather than having to share their living space whilst providing savings as economies of scale of supporting higher numbers in one location are realised with a reduction in support provision.
- 2.23 Care and support is provided either by the Council's in-house Long Term Support Service or by one of a number of external providers. The Council generally provides services in-house where needs are more complex as the Council can provide this more intensive support at a lower cost than the independent sector. Where needs are less complex, generally the Council's costs are higher than external providers.
- 2.24 External provision has been procured from the independent sector over the past 20 years via open tenders with awards made using a combination of cost and quality considerations.
- 2.25 The contracts have been affected in cost terms with the introduction of the National Living Wage from April 2016 along with increased contributions in relation to pensions and National Insurance.

### **Other Social Care Contracts**

- 2.26 The Council holds a number of social care contracts and agreements in addition to those described above. These arrangements include those with Voluntary Sector providers (specifically Age UK, Action Together, and Mind), advocacy, and a payroll service.

### **Direct Payments**

- 2.27 A Direct Payment is money that individuals can receive to arrange their own care and support services, rather than having the Council arrange them, once their eligible needs are determined. This puts people in charge of their own care or support arrangements, giving more choice, control, independence and flexibility over the care they receive.
- 2.28 Care costs for people wishing to pay for their care from other sources either by acting as a direct employer themselves are calculated as a Personal Assistant (PA) Rate.

2.29 Some people choose to use their Direct Payment to commission care directly from a domiciliary care agency and the amount calculated for this is the fee established for Standard Home Care described earlier in this report.

### **Wilshaw House – Dementia Day Centre**

2.30 Adult Services commissions a specialist day service for people with dementia at Wilshaw House. The overall aim of the service is to enable people to live as independent and fulfilling a life as possible in the community. The service is focused on a number of key objectives: enhancement of physical, mental, social and life skills; the provision of reliable practical emotional or psychological support to increase people's choice and control over their daily lives; enriching the range of experiences in a person's daily life through the opportunities and social contact offered; reducing social isolation and supporting carers in their caring role.

### **Day Service Options**

2.31 In previous years, the Council has operated a framework of Approved Day Service Options with the key aims and objectives to provide day time support/activities for people who are eligible for publically funded care and support including for older people, people with a physical disability and people with learning disabilities. The providers on the list deliver day services in a diverse and innovative way, giving people choice and control over how personal needs and assessed outcomes could be met.

2.32 A daily placement rate was established which was uplifted by the Council's approved inflation rate since this option was introduced. In addition, an hourly rate was established for people as requiring additional support to fully embrace their chosen daytime option such as times when an individual requires support from two members of staff to deliver safe and appropriate care for a period of time.

2.33 As we move increasingly towards strengths-based practice, thinking positively about people who need care and support, we need to further engage with communities to reduce isolation and draw those with care and support needs into local voluntary and mutual aid networks. Such a strengths-based approach is about reducing dependency, it is about protecting and promoting the person's independence, resilience, choice and wellbeing.

2.34 A fundamental review of day services has been undertaken and concluded that we must look to raise aspirations for a fulfilling life for all. Daytime support options should focus on supporting people to do as much as they possibly can for themselves; hence, an employment first approach to promote independence and to support people wherever possible into meaningful employment opportunities enabling them to live well at home.

2.35 Thereafter, for all adults, the vision is about opening up opportunities in education, and volunteering alongside access to a range of community-based activities. For the cohort of younger adults going through transition, implicit in this approach is preparation for adulthood and there is a recognition that access to daytime support is key to helping people remain living as independently as possible at home.

2.36 The emerging day service strategy will focus on four key strands for the daytime offer:

- Employment
- Education
- Community assets
- Commissioned daytime offer

The emphasis will very much be on an "employment first" approach to daytime activity.

2.37 Following the review of day services over the last year, and in line with the emerging day service strategy, we are moving away from a cost per placement spot-purchase arrangement to a block contract with a single route to the existing and future daytime activities. This route

will be via a single lead provider– it will be the responsibility of the lead provider to arrange delivery of the existing range of daytime activities with local providers along with the development of new innovative daytime options as identified by current and potential future service users as different options are requested.

### **Shared Lives**

- 2.38 Shared Lives, is a regulated form of social care, delivered by Shared Lives Carers, that is approved by a Care Quality Commission (CQC) registered scheme. The CQC is the independent regulator of all health and social care services in England and monitors and checks all care services to make sure they meet fundamental standards of quality and safety.
- 2.39 The aim of Shared Lives currently is to offer people aged 18 years and older an alternative and highly flexible form of accommodation and support. Individuals who need support, and choose Shared Lives, are matched with compatible Shared Lives Carers who support and include the person in their family and community life.

### **Out of Borough Placements**

- 2.40 Placements for both older and younger adults are made across the UK either in response to the personal choice of individuals (primarily with older people – often to move closer to family) or due to the specialist nature of the placement required where there is no capacity in borough.
- 2.41 In relation to older people's placements the Choice of Accommodation directive is the overriding consideration and agreement is in place that fees for placements will be paid at the host Local Authority rates.
- 2.42 Work is ongoing to build capacity locally to reduce the need for out of borough placements for younger adults in the medium to long term. The difficulty in relation to fees however is that these are negotiated on an individual basis to meet the assessed needs – and in relation to annual fee uplifts whilst we will offer a set rate there are increasing difficulties in getting providers to agree the offered rate. This can lead us to agreeing higher rates that are agreed on the basis of evidence of increased costs to ensure the continuity for individuals, especially where we have no capacity locally to meet need.

## **3. POLICY CONTEXT**

- 3.1 The national framework governing care and support in England has undergone fundamental reform. The Care Act 2014, in effect as from 1 April 2015, replaced the piecemeal legislation across the previous sixty years. The Care Act 2014 gives effect to, amongst other things, the following provisions:
- Requiring the Council to promote individual wellbeing and apply the wellbeing principle in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person.
  - The Council is responsible for preventing, reducing or delaying care and support needs.
  - Requires that the Council must promote the efficient and effective operation of a market of services for meeting care and support needs. The Act places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.
  - Specifies the requirements of a personal budget prepared for each adult needing care or support itemising the cost of meeting assessed need and individual financial assessment in terms of actual payment.
  - Entitles an adult to express a preference for particular accommodation.
- 3.2 The duty on councils to assess any citizen who requests an assessment of their social care needs remains as a fundamental part of the Care Act as does the introduction of a national minimum eligibility criteria for receiving adult social care services.

- 3.3 Once an assessment is completed the Council must determine whether a person is eligible to receive services provided by or commissioned by the Council. Previous to the Care Act local councils had discretion regarding the level of need they deemed eligible using the Fairer Access to Care Services (FACS) eligibility criteria. In Tameside services provided to those people meeting category 1 and 2 of the FACS criteria, that is those people with critical and substantial needs.
- 3.4 The FACS eligibility criteria was replaced with the introduction of the Care Act's National Minimum Eligibility Criteria which means that all councils must now assess people and provide services to those people who meet the national criteria.
- 3.5 In addition to these provisions, the Council has a responsibility for market shaping as prescribed by the Act. Supplementing the Care Act 2014, there is further legislative provision and statutory guidance which has been issued by the Department of Health. The relevant regulations are Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 (the Choice Regulations") which state that a local authority has to meet the provision of preferred accommodation. The effect of the Act, regulations and guidance, is to require the Council to facilitate and shape their market for adult care and support as a whole.
- 3.6 The statutory guidance issued under the Care Act 2014 states that local authorities must focus on outcomes when pursuing market shaping and commissioning. This is set out in the guidance and include:
- Councils should have regard to guidance on minimum fee levels
  - Councils must not undertake any actions which may threaten the sustainability of the market as a whole
  - Councils should assure themselves and have evidence providers deliver services through staff remunerated so as to retain an effective workforce.
- 3.7 Under the Care Act 2014 and the Choice of Accommodation Regulations, the Council needs to have regard to the Department of Health guidance "*Building Capacity and Partnership in Care*" it refers, more than once, to the need for consultation and cooperation between commissioners and providers of care. It states that fee setting must take into account the legitimate and current future costs faced by providers as well as the factors that affect those costs and the potential for improved performance and more cost effective ways of working. Local authorities should not use their position to drive down fees. Contract prices should not be set mechanistically but should have regard to providers' costs and efficiencies, and planned outcomes for people using services.
- 3.8 Under the National Assistance Act 1948 (NAA 1948) the Council was under a requirement to have regard to the actual costs of providing care so that it could have regard to those costs in setting the fees it pays to care providers (known as the usual costs). The Care Act 2014 and guidance does not require this. The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. However, the usual costs process remains lawful and a useful tool in market shaping and complying with regulations about choice.
- 3.9 Therefore, in seeking to identify a usual cost the Council is under very similar obligations as it was under the previous regime to consider the cost of care and engage with the providers to understand as far as possible their financial models.
- 3.10 The Government White Paper "People at the Heart of Care: Adult Social Care Reform" published in December 2021 sets out an ambitious vision to transform support and care in England. The vision has 3 key objectives;
- People have choice, control and support to live independent lives
  - People can access outstanding quality and tailored care and support
  - People find adult social care fair and accessible

- 3.11 The Vision for adult social care puts people and families at its heart. It is a vision that:
- Offers people choice and control over the care they receive
  - Promotes independence and enables people to live well as part of a community
  - Properly values our exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide
  - Recognises unpaid carers for their contribution and treats them fairly
- 3.12 Proposals are backed by the new Health and Social Care Levy announced in September 2021, of which £5.4 billion is being invested into adult social care over the next 3 years. Beyond the next 3 years, an increasing share of funding raised by the levy will be spent on social care in England.
- 3.13 The £5.4 billion over 3 years solely for Adult Social care reform will be used for the following areas:
- £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs
  - £1.7 billion to improve social care in England, including at least £500 million investment in the workforce. However, it should be noted that this element will not come directly to local authorities.
- 3.14 This reform of Adult Social Care presents both opportunities and challenges for Tameside. It is clear that the White Paper gives additional duties and expectations that do come with additional funding that needs to be directed towards delivering this ambitious vision.
- 3.15 In delivering the payment of a fair cost of care, and properly valuing a skilled, professional and committed social care workforce, it is important that rates of pay are enhanced. The Council has clear ambitions to become an “accredited real wage employer” and should therefore move as soon as practicably possible to ensure all workers are paid as a minimum at the real Living Wage rate (£9.90 per hour from April 2022). The social care sector is struggling to recruit to many social care roles – it is believed that one element for this being so difficult is that paying at the lower National Living wage rate is one element that is prohibitive in recruiting staff.

#### 4. FINANCIAL INFORMATION

##### Care Homes

- 4.1 In setting the rates of care home fees an established cost of care methodology has been developed over the years based initially on an independent review carried out by Ernst and Young in 2012. The methodology was reviewed in 2015 and a revised cost of care framework was agreed with providers which was used to revise fees paid for 2016-17 and has been used each year since this date.
- 4.2 Applying the cost of care framework the following fees have been calculated for 2022-23:

	Residential £	Residential Challenging Behaviours £	Nursing £	Nursing Challenging Behaviours £
<b>Current Rates 2021/22</b>				
Standard Rate	<b>552.00</b>	<b>602.00</b>	<b>773.00</b>	<b>835.00</b>
Shared Room Rate	<b>496.29</b>		<b>681.61</b>	
Enhanced	<b>590.64</b>	<b>644.14</b>	<b>827.11</b>	<b>893.45</b>
<b>Fee Rates - 1 April 2022 to 31 March 2023</b>				

Standard Rate	<b>580.00</b>	<b>633.00</b>	<b>815.00</b>	<b>882.00</b>
Shared Room Rate	<b>521.46</b>		<b>718.64</b>	
Enhanced	<b>620.60</b>	<b>677.31</b>	<b>872.05</b>	<b>943.74</b>
<b>1Percentage change in Rates</b>				
Standard Rate	<b>5.1%</b>	<b>5.1%</b>	<b>5.4%</b>	<b>5.6%</b>
Shared Room Rate	<b>5.1%</b>		<b>5.4%</b>	
Enhanced	<b>5.1%</b>	<b>5.1%</b>	<b>5.4%</b>	<b>5.6%</b>

The detail of the workings for these proposed rates can be seen at **Appendix 1**

- 4.3 The nursing rates include the full value of the 2021-22 NHS Funded Nursing (FNC) at a rate of £187.60. The revised FNC rate for 2022-23 is yet to be announced but any increase in this rate will be passported on to nursing care providers and reflected in amendments to the Nursing Rates highlighted.

#### **Support at Home/Home Care**

- 4.4 In setting the hourly rates for the “Support at Home” and “Standard” home care models cost of care frameworks have been developed that recognise paying staff as a minimum the Foundation (Real) Living Wage for Support at Home, and the National Living Wage for standard home care. The Foundation (Real) Living Wage for 2022-23 from the 1 April 2022 will be £9.90 per hour, and the National Living Wage will be £9.50 per hour.
- 4.5 Taking account of these factors the proposed hourly rate for 2022-23 will see the rate for Support at Home increase from £18.45 to £19.22 per hour (detailed cost of care framework at **Appendix 2**), and standard home care rise from £16.65 to £17.73 per hour (detailed cost of care framework at **Appendix 3**).
- 4.6 With both offers there are additional spot-purchase rates for sleep-ins (£110.63 per night), and waking nights (£147.48 per night). The proposal is to retain both rates for 2022-23.

#### **Extra Care Housing**

- 4.7 It is proposed that the core contract values for 2022-23 are increased by 6.6% working with the impact of the increase in the National Living Wage.
- 4.8 The cost of care methodology for additional hours commissioned within the extra care settings will see an increase from £15.68 to £16.71 per hour – detail at **Appendix 4**.

#### **Supported Accommodation including LD Respite Care**

- 4.9 In line with other proposed contract uplifts, and consistent with the increase to the National Living Wage, the supported accommodation and LD respite contracts will be uplifted by 5.3%.

#### **Direct Payments Personal Assistant Rates**

- 4.10 Once a package of care has been agreed with a service user a personal budget is calculated which takes account of the cost of the care and in particular how the care will be provided. Users can choose to take their personal budget as a Direct Payment, which allows the person to have their personal budget paid into their account and for them to determine how to spend the money to meet their needs in a more flexible way.
- 4.11 Some people choose to use their Direct Payment to commission care directly from a domiciliary care agency and the amount calculated for this is the standard home care fee detailed earlier in this report.
- 4.12 Care costs for people wishing to pay for their care from other sources by either acting as a direct employer themselves or using a brokerage agency such as Pay Partners are calculated as a Personal Assistant (PA) Rate.

4.13 The table below shows the proposed Direct Payment Personal Assistant fees for the forthcoming financial year.

<b>DIRECT PAYMENTS</b>			
<b>Fee/Charge</b>		<b>2021-22</b>	<b>2022-23</b>
<b>Personal Assistant</b>	Per hour	£11.90	£12.27
<b>Care Provider Rate</b>	Per hour	£16.70	£17.22
<b>Direct Payment</b>	Sleep in	£62.07	£63.99
<b>Direct Payment</b>	Night Sit	£105.49	£108.76
<b>Care Provider Rate</b>	Sleep-in	£110.63	£114.06
<b>Care Provider Rate</b>	Waking Night	£147.48	£152.05
<b>Managed Account</b>	Weekly	£30.81	£31.77
<b>Hydrotherapy</b>	Session	£45.04	£46.44
<b>Day Care</b>	Day Rate	£33.68	£34.72
<b>Day Care</b>	Additional Hour	£11.79	£12.16
<b>Respite</b>	Weekly Rate	£466.10	£480.55

#### **Wilshaw House – Dementia Day Centre**

4.14 In line with other proposed contract uplifts, and consistent with the increase to the National Living Wage, the supported accommodation and LD respite contracts will be uplifted by 5.3%.

#### **Day Service Options**

4.15 As outlined in paragraph 2.35, and in line with the emerging day service strategy, we are moving away from a cost per placement spot-purchase arrangement to a block contract with a single route to the existing and future daytime activities from April 1 2022. A single lead provider, Active Tameside, has been identified following tender. Active Tameside will have the responsibility to arrange delivery of the existing range of daytime activities with local providers along with the development of new innovative daytime options as identified by current and potential future service users as different options are requested.

4.16 The contract cost identified on the basis of 2021-22 prices was £1.2 million and the revised cost for 2022-23 with an inflationary lift to reflect the increase in NLW and an element of start-up costs will be £1,395,728.

#### **Shared Lives Scheme**

4.17 The Shared Lives Scheme offers placements to adults in need of long term, respite and day care. The care is offered by trained carers in their own homes in a similar way to fostering schemes for children.

4.18 In line with the proposed annual uplift of 5.3% the fees for 2022-23 are outlined in the following table:

<b>SHARED LIVES</b>			
	<b>Fees</b>	<b>2021-22</b>	<b>2022-23</b>
Day Support – Band 1	Per hour	£7.58	£7.98
Day Support - Band 2	Per hour	£9.09	£9.57
Day Support - Complex Needs	Per hour	£13.65	£14.37
Respite - Band 1	Per night	£48.91	£51.50
Respite - Band 2	Per night	£85.88	£90.43
Respite - Complex Needs	Per night	£118.09	£124.35
Long Term and Interim Support - Band 1	Per week	£322.06	£339.13
Long Term and Interim Support - Band	Per week	£437.40	£460.58
Long Term and Interim Support - Complex Needs	Per week	subject to assessment	subject to assessment

### **Out of Borough Placements**

- 4.19 Placements for both older and younger adults are made across the UK either in response to the personal choice of individuals (primarily with older people – often to move closer to family) or due to the specialist nature of the placement required where there is no capacity in borough.
- 4.20 As stated previously in relation to older people's placements the Choice of Accommodation guidance is the overriding consideration for placements being made out of the borough and agreement is in place that fees for placements will be paid at the host Local Authority rates.
- 4.21 Uplifts in relation to younger adult placements is more difficult as placements are negotiated on an individual basis to meet the assessed needs. Whilst we will offer a set rate there are increasing difficulties in getting providers to agree the offered rate, which leads us in some cases agreeing to higher rates on the basis of evidence of increased costs to ensure the continuity for individuals, especially where we have no capacity locally to meet need.
- 4.22 The plan in relation to younger adult placements out of borough would be to offer an increase of 5.3% with flexibility to approve a higher rate where providers evidence a higher rate is required.

### **Charges for Services**

- 4.23 People in receipt of social care services are expected to pay towards the cost of that care. People with savings and assets (not including their home) in excess of £23,250 will be expected to pay the full cost of their care which will incorporate the rise in fees proposed. Others will be expected to pay a proportion according to their income and assets. A full financial assessment is carried out for all users of social care services to determine their ability to contribute towards their care costs, and this is reviewed on an annual basis to ensure that people continue to have the ability to pay and are not left unable to meet their day to day living costs at home.
- 4.24 It is recognised that the existing Charging Policy was last reviewed and revised in 2015-16 – it is planned that the existing policy is currently under review.

## **5 EQUALITIES**

- 5.1 It is not anticipated that there are any equality and diversity issues with this proposal – see EIA at **Appendix 5**. The increased costs will ensure that all workers will be paid as a minimum the National Living Wage and support the service redesign proposals planned over the coming 12 months, thereby ensuring that individuals whose eligible assessed needs meet the national eligibility criteria will be offered a quality and diverse service from a skilled and valued workforce.
- 5.2 There are fundamental principles inherent in all proposals for delivering health and social care support to vulnerable adults:
- The receipt of health and social care services is based on eligibility. All adults over the age of 18 have the right to request an assessment of their need either as a potential service user or as a carer of someone who needs care and support. Once an assessment has been completed a decision will be made as to which needs someone has that are eligible to be met according to the national eligibility criteria laid out in the Care Act.
  - That wherever possible identified eligible need is met by family, friends, neighbours and the wider community.
  - That whatever eligible needs are left unmet by other parties must be met by either providing services directly to meet the need or by commissioning services from elsewhere. In doing so every effort should be made to use the most cost efficient service available to meet the eligible needs identified including the use of assistive technology and appropriate equipment.



- That people are expected to pay what they can afford to pay for the services that they are in receipt of taking full account of any income, savings and assets that they have.

5.3 Applying the national eligibility criteria robustly will ensure that only those people who have identifiable needs will receive help and support. This will ensure that all people will be treated fairly and equitably according to the needs that they have. People who have needs that are not deemed eligible will be offered other advice and signposted to other organisations who may be able to help.

## **6 RISK MANAGEMENT**

6.1 There are a number of risks associated with this work. These are summarised as:

- Contracts need to as a minimum support providers adhere to the introduction of the National Living Wage, national insurance changes, and pension changes and the emerging problem relating to sleep-in payments.
- Contracts need to support providers in meeting the costs associated with the burden of the increased regulatory and inspection.
- Contracts need to support providers to address the increasing problem of recruiting sufficiently skilled staff, both social care and nursing, which is prevalent not just locally but nationally.
- There is a risk of challenge from providers that in setting the fees for the services outlined that they do not adequately reflect the local cost of delivering these services.

6.2 A further risk is that the uplifts being proposed in this report are not sufficient to stabilise the current markets, and that providers make a decision to exit the local market. The proposed fee increases have been calculated using local market and provider intelligence in an attempt to determine a local fee that is reasonable to both the commissioners and the providers.

6.3 These risks will be mitigated through ongoing review of the service offer and increased funding across contract prices.

## **7. CONCLUSION**

7.1 The health and social care economy has seen unprecedented reductions in funding over the last decade.

7.2 As a result of these reductions all services have been subject to review to establish where efficiencies can be achieved and/or where services can be provided differently. This includes consideration of services where there are statutory and non-statutory duties and responsibilities.

7.3 The demand to meet savings targets have progressed at a time when providers have in the main been facing increased operating costs. The most significant increase in costs have been those experienced specifically in relation to the introduction of the National Living Wage to a sector that has for many years been operating on wage levels at or close to minimum wage levels, but also in relation to increased pension contributions, increased costs related to regulation, inflationary pressure related to utilities and insurance, and over the past twelve months costs related to Covid-19.

7.4 Work has been progressing over the past few years to work with providers to reflect these additional costs in realistic prices that can continue the delivery of what are essential services for the vulnerable adults concerned whilst working within the financial restrictions the Council and CCG have been working within. The methodology adopted has included revising cost of care frameworks that reflect local factors, and in some cases (such as in supported

accommodation) adopted open book accounting methodology to establish the impact on costs of these additional requirements.

## **8 RECOMMENDATIONS**

8.1 As presented at the front of the report.

## APPENDIX 1

	Residential	Residential Challenging Behaviour	Nursing	Nursing Challenging Behaviour
<b>Staffing Costs</b>	£	£	£	£
Qualified nurse staff	-	-	157.50	157.50
Care staff	179.55	217.55	187.60	235.38
Catering/Kitchen staff	25.59	25.59	25.59	25.59
Cleaning/Laundry/Domestic staff	29.34	29.34	29.34	29.34
Management / administration / reception / activity staff	20.95	20.95	20.95	20.95
<b>Direct Staffing Costs</b>	<b>255.43</b>	<b>293.43</b>	<b>420.98</b>	<b>468.76</b>
Staffing Oncosts	68.97	79.23	113.66	126.56
<b>Total Staffing Costs</b>	<b>324.40</b>	<b>372.66</b>	<b>534.64</b>	<b>595.32</b>
<b>Accommodation &amp; Administrative Costs</b>				
Food and Kitchen Supplies	30.92	30.92	30.92	30.92
Domestic and Cleaning Supplies	5.04	5.04	5.04	5.04
Medical Supplies - Incontinence	-	-	3.67	3.67
Medical Supplies	3.00	3.00	3.00	3.00
Utilities & Insurance	31.59	31.59	31.59	31.59
Repairs & Maintenance	23.57	23.57	23.57	23.57
Service Contracts	2.06	2.06	2.06	2.06
Waste / Cleaning Services	3.87	3.87	3.87	3.87
Equipment Rental	4.98	4.98	4.98	4.98
Telephone	1.92	1.92	1.92	1.92
Administration	26.78	26.78	26.78	26.78
Staff Expenses	3.42	3.42	3.42	3.42
Legal & Professional	6.91	6.91	6.91	6.91
<b>Total Accommodation and Administrative Costs</b>	<b>144.06</b>	<b>144.06</b>	<b>147.73</b>	<b>147.73</b>
<b>Total Operating Costs</b>	<b>468.46</b>	<b>516.72</b>	<b>682.37</b>	<b>743.05</b>
<b>Returns</b>				
Return on Land & Buildings	65.16	65.16	65.16	65.16
Profit	46.85	51.67	68.24	74.30
<b>Total Returns</b>	<b>112.01</b>	<b>116.83</b>	<b>133.40</b>	<b>139.46</b>
<b>Charge price per Bed</b>	<b>580.47</b>	<b>633.55</b>	<b>815.77</b>	<b>882.51</b>
<b>Proposed Base Fee*</b>	<b>580.00</b>	<b>633.00</b>	<b>815.00</b>	<b>882.00</b>

## APPENDIX 2

<b>PROPOSED Support at Home Hourly Rate 2022-23</b>			
Hourly Pay Rate	4.21%	£ 9.90	
Weekend Rate	plus 0.00%	£ 9.90	
Travel Time allowance	9 minutes	51	<b>£ 11.39</b>
Bank Holiday Premium	plus 50.00%		<b>£ 0.13</b>
<b>Gross Pay</b>			<b>£ 11.52</b>
ADD:			
National Insurance	9.50%		£ 1.09
Pension	3.00%		£ 0.35
Holidays	10.74%		£ 1.24
Training & Supervision	2.63%		£ 0.30
<b>Direct Pay Costs</b>			<b>£ 14.50</b>
Sub-total before Overheads			£ 14.50
Overheads	27.50%		£ 3.99
Sub-total before Profit			£ 18.48
Profit Margin	4.00%		£ 0.74
<b>Proposed Hourly Rate Payable</b>			<b>£ 19.22</b>

## APPENDIX 3

PROPOSED Standard Homecare Hourly Rate 2022-23			
Hourly Pay Rate		6.62%	£9.50
Weekend Rate	plus	0.00%	£9.50
Travel Time allowance		8.2 minutes	£ 10.80
Bank Holiday Premium	plus	50.00%	£ 0.12
<b>Gross Pay</b>			<b>£ 10.92</b>
<b>ADD</b>			
National Insurance		7.00%	£ 0.76
Pension		3.00%	£ 0.33
Holidays		10.74%	£ 1.17
Training & Supervision		1.73%	£ 0.19
<b>Direct Pay Costs</b>			<b>£ 13.37</b>
Travel Payments		0 miles	£ 0.35
			£ -
<b>Sub-total before Overheads</b>			<b>£ 13.37</b>
Overheads		27.50%	£ 3.68
<b>Sub-total before Profit</b>			<b>£ 17.05</b>
Profit Margin		4.00%	£ 0.68
<b>Chargeable Rate per hour</b>			<b>£ 17.73</b>

## APPENDIX 4

<b>PROPOSED Extra Care 22/23</b>			
Hourly Pay Rate	6.62%	£ 9.50	
Weekend Rate	plus 0.00%	£ 9.50	
Travel Time allowance	3	minutes	£ 9.98
Bank Holiday Premium	plus 50.00%		£ 0.11
<b>Gross Pay</b>			<b>£10.09</b>
<b>ADD</b>			
National Insurance	9.500%		£ 0.96
Pension	3.00%		£ 0.30
Holidays	10.74%		£ 1.08
Training & Supervision	1.73%		£ 0.17
<b>Direct Pay Costs</b>			<b>£12.60</b>
Travel Payments	0	miles	£ 0.35
			£ -
<b>Sub-total before Overheads</b>			<b>£12.60</b>
Overheads	27.50%		£ 3.47
<b>Sub-total before Profit</b>			<b>£16.07</b>
Profit Margin	4.00%		£ 0.64
<b>Chargeable Rate per hour</b>			<b>£16.71</b>

# APPENDIX 5

## Equality Impact Assessment

<b>Subject / Title</b>		<b>ADULT SOCIAL CARE FEES 2022-23</b>	
<b>Team</b>		<b>Department</b>	<b>Directorate</b>
Joint Commissioning and Performance Management		Adults	Adults
<b>Start Date</b>		<b>Completion Date</b>	
4 January 2021		8 February 2022	
<b>Project Lead Officer</b>		Trevor Tench	
<b>Contract / Commissioning Manager</b>		Tim Wilde/Janine Byron	
<b>Director</b>		Stephanie Butterworth	
<b>EIA Group</b> (lead contact first)	<b>Job title</b>	<b>Service</b>	
Trevor Tench	Head of Commissioning	Adult Services – Commissioning and Performance	
Tom Quayle	Finance Manager	Financial Management – Adults and Population Health	
Tim Wilde	Team Manager	Adult Services – Commissioning and Performance	
Janine Byron	Team Manager	Adult Services – Commissioning and Performance	

### **PART 1 – INITIAL SCREENING**

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

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

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

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

1a.	<b>What is the project, proposal or service / contract change?</b>	This proposal deals purely with the annual inflationary uplift fees across adult social care services – this covers the proposal for 2022-23. People in receipt of social care services are expected to pay towards the cost of that care. People with savings and assets (not including their home) in excess of £23,250 will be expected to pay the full cost of their care which will incorporate the rise in fees proposed. Others will be expected to pay a proportion according to their income and assets. A full financial assessment is carried out for all users of social care services and this is reviewed on an annual basis to ensure that people continue to have the ability to pay and are not left unable to meet their day to day living costs at home		
1b.	<b>What are the main aims of the project, proposal or service / contract change?</b>	The proposed fee increases recognises the increased costs providers face in continuing to deliver social care service into the coming financial year. The proposed uplifts largely reflect the increase in the National Living Wage announced by the Government in November.		
<b>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?</b> <b>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.</b>				
Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The services are for adults 18+. Those under 18 will have access to care and support via children's services
Disability	✓			The services are for vulnerable adults who have an eligible need as per the Care Act 2014
Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	



Pregnancy & Maternity			✓	
Marriage & Civil Partnership			✓	
<b>Other protected groups determined locally by Tameside and Glossop Strategic Commission?</b>				
<b>Group (please state)</b>	<b>Direct Impact/Relevance</b>	<b>Indirect Impact/Relevance</b>	<b>Little / No Impact/Relevance</b>	<b>Explanation</b>
Mental Health	✓			Service users may have a mental health need and will need access to other appropriate social care services
Carers	✓			The service supports carers to plan the long term needs of the person they support along with crisis support
Military Veterans			✓	
Breast Feeding			✓	
<b>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?</b> <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
<b>Group (please state)</b>	<b>Direct Impact/Relevance</b>	<b>Indirect Impact/Relevance</b>	<b>Little / No Impact/Relevance</b>	<b>Explanation</b>
N/A				


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.

<b>1d.</b>	<b>Does the project, proposal or service / contract change require a full EIA?</b>	<b>Yes</b>	<b>No</b>
			✓

<b>1e.</b>	<b>What are your reasons for the decision made at 1d?</b>	The increased fees will allow access to appropriate provision, offer choice and control over the support individuals need to improve and better manage their wellbeing, contributing to improved experiences and outcomes. The service is open to anyone who meets the criteria.
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# Agenda Item 7

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 March 2022
<b>Executive Member:</b>	Councillor Leanne Feeley – Executive Member (Lifelong Learning, Equalities, Culture and Heritage)
<b>Reporting Officer:</b>	Tim Bowman, Director of Education
<b>Subject:</b>	<b>SEND WRITTEN STATEMENT OF ACTION</b>
<b>Report Summary:</b>	<p>Between 18 and 22 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Tameside to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.</p> <p>The outcome of the inspection was that a Written Statement of Action (Written Statement of Action) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) (CCG) are jointly responsible for submitting the written statement to Ofsted. The Written Statement of Action must be submitted for approval no later than April 12.</p> <p>The report outlines the actions that have been taken to draft this Written Statement of Action. A draft Written Statement of Action is included as <b>Appendix A</b> to this report. In addition the report outlines what further investments are required to deliver this plan.</p>
<b>Recommendations:</b>	<p>That Strategic Commissioning Board and Cabinet be recommended to :</p> <ul style="list-style-type: none"><li>(i) Agree that the draft Written Statement of Action can be shared with DfE and NHS Improvement Advisors for final comment.</li><li>(ii) Agree that a recommendation is made to Council for an additional investment of £275k outlined in section 4.5 of this report be approved noting that £156k of this will not be required until 2023/24.</li><li>(iii) Agree that a report be presented to the Strategic Commissioning Board seeking permission for an additional investment of £820k to provide adequate therapy provision and address waiting times for services including physiotherapy, occupational health and speech and language.</li><li>(iv) Agree that a further report be provided to Strategic Commissioning Board following the submission of the Written Statement of Action outlining what if any further resource commitment is required to deliver the plan.</li><li>(v) That final sign off of the Written Statement of Action be delegated to the relevant Executive Members, Councillor Feeley and Fairfoull in consultation with the Director of Children's Services and CCG Accountable Officer.</li></ul>
<b>Corporate Plan:</b>	Early identification of high quality support for children and young people with special education needs and / or disabilities is a vital part of our living well and starting well objectives.

<b>Policy Implications:</b>	None identified
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>There is no budget available for the additional resources required outlined in this report, this request if approved will add to the council's medium term financial gap. £275,700 in total, £60,600 of this is 2 year fixed funding.</p> <p>The SEND assessment team funding of £156,000 per annum will be required from 2023/24 as the reserve funding will be fully spent in 2022/23.</p> <p>The dedicated designated Social Worker post is being considered alongside the existing structure, the maximum cost of this is not likely to exceed £59,100.</p> <p>It is estimated the project role will cost £60,600, this post still needs to go through the job evaluation process, so could be less once the evaluation has taken place.</p> <p>It is recommended that the budget is allocated once the details outlined above are finalised.</p> <p>The draft written statement of action appended to this report may, upon detailed review, result in further request for funding. Should this be the case a further report will need to be brought to members with the request outlined for decision making.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>It is important that any inspection reports are considered and an improvement action plan produced expediently where required putting in place clear timescales and accountability for delivery.</p> <p>Remedying these areas are critical for the delivery of the SEND service for the Tameside and for the reputation of the council.</p> <p>In considering this report Members need to be content that the actions will address those weaknesses and that the additional investment represents the best use of that funding to improve the service and the outcomes.</p> <p>The further report</p>
<b>Risk Management:</b>	<p>The drafting of this Written Statement of Action has been overseen by the SEND Improvement Group, this group, reporting to the Health and Wellbeing Board, includes senior officers from both the Council and CCG as well Headteachers and Clinicians. The SEND Improvement Group will continue to meet and will provide oversight of the delivery of this plan. In addition formal oversight will be provided by the Education Attainment and Improvement Board (EAIB) as well as via regular updates to Executive Cabinet. Effective use of data will be essential we will work closely with the Council's Transformation Team to achieve this.</p>
<b>Background Information:</b>	<p>The background papers relating to this report can be inspected by contacting Charlotte Finch.</p> <p> Telephone: 07917130369</p> <p>e-mail: <a href="mailto:charlotte.finch@tameside.gov.uk">charlotte.finch@tameside.gov.uk</a></p>

## **1. INTRODUCTION**

- 1.1 Between 18 and 22 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Tameside to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.
- 1.2 We have now received the findings report (published 11 January 2022) which is published and available publically. A link to the report is available [here](#) and is also available on our [Local Offer webpage](#).
- 1.3 The outcome of the inspection was that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) (CCG) are jointly responsible for submitting the written statement to Ofsted.
- 1.4 We have 70 days to produce a written statement of action (Written Statement of Action), this means a Written Statement of Action must be submitted no later than 12 April 2022.

## **2. WHAT ACTION HAVE WE TAKEN SINCE THE INSPECTION?**

- 2.1 Since the inspection we have taken forward a number of actions:
  - We have shared the content with all interested parties. The report has been added to our Local Offer.
  - Presented to Children and Families Scrutiny Committee on Thursday 13 January.
  - Presented to Executive Cabinet on 09 February.
  - Presented to Strategic Executive Group Wednesday 16 February.
  - Refreshed the membership our SEND Improvement Group (SENDIG) to ensure it is inclusive of all necessary partners. SENDIG is now meeting every 2 weeks and is the key forum which will drive the drafting and implementation of Written Statement of Action.
  - Leads have been identified for each priority action and they are taking responsibility for drafting each section.
  - Charlotte Finch Head of SEND is coordinating the response working closely with CCG and NHS Provider colleagues.
  - Held two parent engagement events organised in partnership with the parent carer forum (OKE).
  - Held a workshop organised via PEN and with the parent carer forum (OKE).
  - Priority leads have organised stakeholder discussions to support their drafting this has included engagement with Headteachers and Clinicians.
  - Increased Designated Medical Officer time by agreeing to appoint a new Designated Clinical Officer under the direction of the CCG Director of Nursing, Quality & Safeguarding in addition to the DMO (action already completed).
  - Further increased capacity in the SEND team (3x posts) to ensure the Head of SEND can lead work on the Written Statement of Action. Recruitment underway.
  - Development of a CCG business case to significantly increase capacity in NHS services for SEND.
  - Agreed that ongoing oversight from Elected Members will be provided by the Education Attainment Improvement Board.
  - We are working with other LAs to learn how they are managing capacity and parental expectations.
  - Advance the integrated arrangements surrounding funding panels supporting the requirements of the SEND Code of Practice.

### 3. THE WRITTEN STATEMENT OF ACTION

- 3.1 Attached at appendix one to this report is the draft Written Statement of Action. We have worked hard to engage with parents and stakeholder in its production.
- 3.2 We have taken advice from DfE SEND and NHS Improvement Advisors to inform its drafting and have sought examples of best practice.
- 3.3 This is a near final draft of our Written Statement of Action. Once agreed by Executive Cabinet we intend to seek final comments from DfE SEND and NHS Improvement Advisors as well as from partners in other LAs who have been responsible for completing a Written Statement of Action.
- 3.4 The Written Statement of Action must be submitted by 12 April 2022 and it is proposed that final sign off to submit this plan is sought from relevant Executive Members (Cllrs Feeley and Fairfoull) in consultation with the Director of Children's Services and CCG Accountable Officer.

### 4. WHAT INVESTMENT IS REQUIRED TO DELIVER THE PLAN

- 4.1 Before inspectors visited Tameside in October of 2021. Tameside already had in place a SEND Strategy, agreed by Executive Cabinet. This Strategy was complemented by a number of improvement plans. Inspectors in their letter noted, *"leaders have set a clear vision for the future. Leaders have developed SEND strategies to prioritise planned improvements and joint commissioning. This is starting to bring services together to work more collaboratively."*
- 4.2 These improvement plans, which were already in place, were supported by notable additional investment. This included:
- £750k in CAMHS.
  - £250k for additional staffing in the SEND assessment team (2 year commitment).
- 4.3 Following the inspection and in order to immediately address capacity issues ,we have agreed to commit an additional £98.2k of permanent budget, to provide further additional staffing in the SEND.
- 4.4 The CCG has worked with T&GICFT for some time to develop a business case to increase capacity within NHS service for SEND. It is anticipated that an additional investment of £820k is required to provide adequate therapy provision and address waiting times for services including physiotherapy, occupational health and speech and language. A separate report providing rationale for this investment and seeking approval will be presented to the Strategic Commissioning Board.
- 4.5 Further to this investment. the Written Statement of Action attached at **Appendix 1** to this report assumes the following additional investments are made:
- Recognising that the team is under resourced (bench marked across GM) that the 2 year investment in staffing in the SEND assessment team (£250k over two years) is made permanent.
  - To deliver serious weakness priority 6 "the lack of contribution from social care professionals to the EHC plan process" that a Designated Social Care Officer post is established. We propose that this is done by review existing posts and job descriptions.
  - That additional project management capacity (two year fixed) is sought to support delivery of this Written Statement of Action. This post would be aligned to the new AD Early Help and Partnerships. We will ensure this is coordinated with any additional health resources.

- 4.6 We are also committing to work with HR colleagues to review recruitment and retention plans for the SEND assessment team and recognise that we cannot afford to allow there to be gaps in staffing whilst recruitment is being undertaken. We will work more closely with HR to ensure this does not happen. Staffing budgets have underspent by c £100k in each of the last 2 years.
- 4.7 Finally we are proposing to conduct a business process review firstly in the SEND assessment team and then subsequently of our whole systems. This would look in detail at the use of Capita systems, business processes and staffing in the team. We propose that this review inform a service redesign. Any subsequent decisions about resources would be brought back to Strategic Commissioning Board.

## **5. CONCLUSION**

- 5.1 We recognise the challenges outlined by inspectors and accept the areas of development that have been outlined. We are committed to responding swiftly and positively to the inspection findings. This Written Statement of Action is an important opportunity to redefine our improvement plans and to ensure that are sufficient to meet the challenges we face.

## **6. RECOMMENDATIONS**

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

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## INTRODUCTION:

The Tameside Local Area SEND inspection took place in October 2021. Inspectors identified a number of areas for development which must be addressed to secure necessary improvements, which will lead to better outcomes for Tameside children and young people with SEND.

The outcome of the inspection is that the Tameside local area has been requested to produce a Written Statement of Action (WSOA). The WSOA will focus on the following 10 areas of significant concern identified during the Local Area SEND inspection:

1. The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care
2. The high level of dissatisfaction among parents and carers with the area's provision
3. The local offer not being well publicised and not providing parents with the information that they need
4. The placement of some children and young people in unsuitable education provision
5. The unreasonable waiting times, which lead to increased needs for children and young people and their families
6. The lack of contribution from social care professionals to the EHC plan process
7. The limited oversight of the quality of SEND provision for children and young people's education
8. The inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area
9. The poor transition arrangements across all stages of education
10. The lack of strategic direction in the support for children and young people to prepare them effectively for adulthood.

Our WSOA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Tameside SEND community. It is our ambition to make this a dynamic process, responsive to the changing needs of the Tameside SEND Community and we acknowledge the need to develop and refine our actions as we drive forward to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSOA annually to reflect the dynamic nature of the work being undertaken.

Tameside Council and Tameside and Glossop CCG are jointly responsible for submitting the WSOA. We will work with our Parent Carer Forum- Our Kid's Eyes (OKE), our schools, colleges, health providers and other stakeholders and together we will own this plan, utilising principles of co-construction and joint working to address all areas requiring improvement.

Joint working will mean that Tameside Council and Tameside and Glossop CCG commit to a shared vision for the Tameside SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Tameside SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Tameside SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Tameside SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

The inspection also identified the following areas of strength; Since 2018, the new leadership team has started to make the changes needed to address historical weaknesses. However, these have been affected by the pandemic. Leaders have also established a clear and accurate view of the area's strengths and weaknesses. They have drawn up suitable plans to resolve endemic issues. It is early days and parents and carers and professionals recognise some improvements, but believe there is still a long way to go. Leaders have also set a clear vision for the future and have developed SEND strategies to prioritise planned improvements and joint commissioning. This is

starting to bring services together to work more collaboratively. However, these strategies have been hampered by the pandemic and so they have not been implemented. Parents are quick to cite the positive difference made by the excellent front-line staff who work with them and their children.

IN Tameside, we are proud of the improvements we have already delivered but recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Tameside and which support Tameside children and young people with SEND to secure good outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.

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## OUR STRATEGIC AIM:

Our SEND strategy was refreshed in 2020. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

“We want to enable Tameside’s children and young people to have better education, health and emotional wellbeing outcomes. We want to ensure that we provide the right service in the right place, at the right time, supporting children & young people to have a good quality of life, live healthily and to achieve their full potential. The delivery of good and outstanding education to every one of our resident children is a key priority for Tameside MBC. This is because together with support in their early years and to parents and through addressing poverty, the future life chances of those who are currently children will in large part be determined by their educational outcomes as a means to reducing inequality. So our focus is not just upon our formal statutory responsibilities, important though those are, but upon providing effective strategic leadership to ensure that all those partners with a role to play are delivering effectively for our children and young people.”

Tameside Special Education Needs and Disabilities Strategy 2020 – 2023

## STATEMENT OF INTENT:

As equal partners we are committed to addressing our areas of improvement and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- Address all 10 of the areas identified by the inspectors as being of significant concern
- Agree a realistic but ambitious timeframe to secure improvement
- Build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

## To achieve this we will:

- Commit to identify and understand the significant challenges that we face across the local area
- Secure the commitment and support of decision makers to overcome these challenges
- Embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- Challenge preconceived expectations where these may place a limitation on what can be achieved
- Embrace and develop new ways of working to support innovative practice
- Continue to work in partnership across all services, promoting transparency and consistency in decision making and delivery of support and amend any areas where partnership working may not be fully secure

- Commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Tameside SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody's business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Tameside local area.

### **OUR PROGRESS:**

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in October 2021.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised shortly after the 'lockdown' period and this has impacted on how quickly we have been able to implement the SEND reforms and is reflected in the findings of the inspection. In addition, our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make good progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

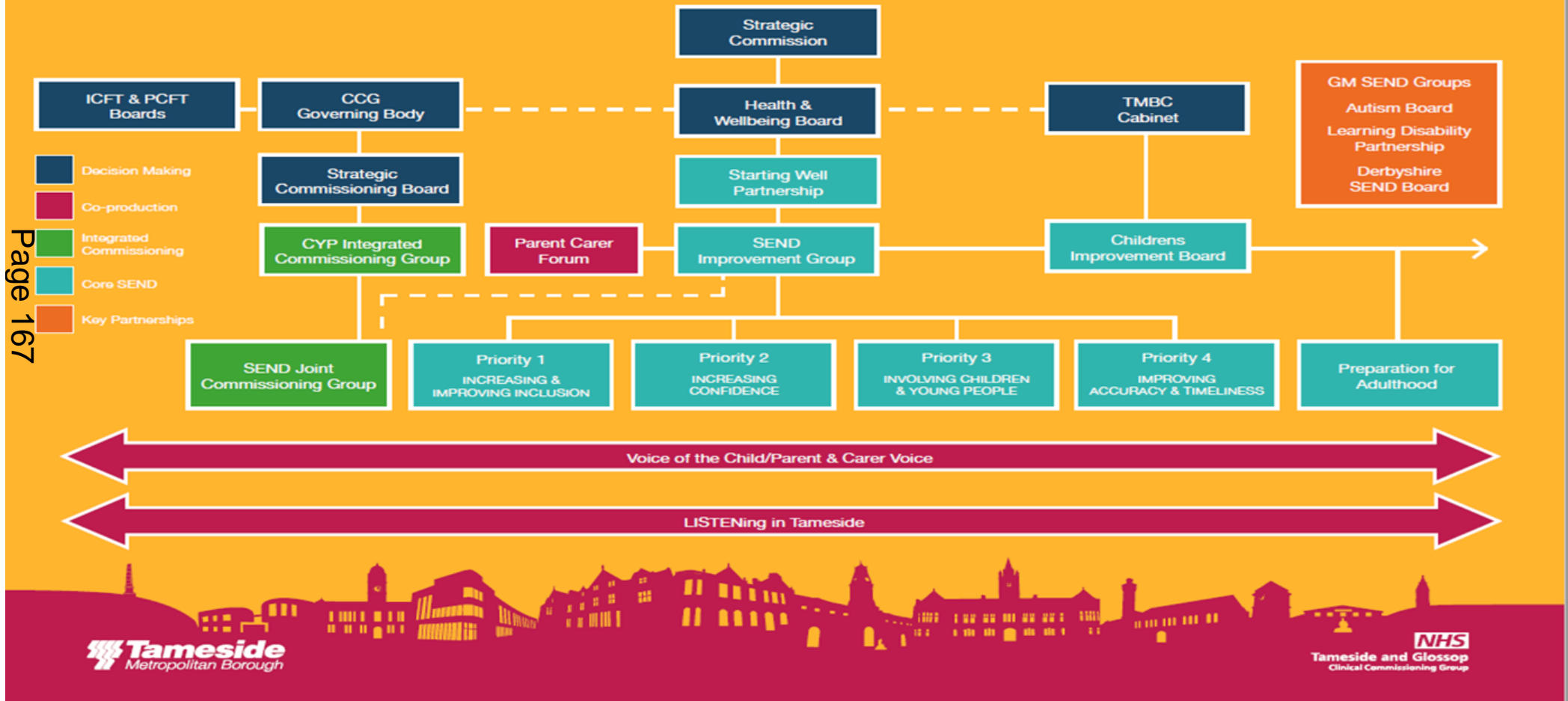
Since the inspection we have reflected on our perceived strengths as well as the areas for improvements. We have reviewed our existing action plans and the overall strategic direction to ensure that our longer-term priorities are the right ones and also to promote shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Tameside SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG. We have also engineered many more opportunities to gather and reflect the voice of the child and family.

Our Kids Eyes (OKE) has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the Local Offer, and both daytime and evening online meetings. Regular communications about the development of the WSOA have been shared with the wider send community via parent engagement network events.

OKE has been fully involved in the development of the WSoA, with representation at a number of meetings. OKE is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision-makers is reported as starting to improve.

**SEND GOVERNANCE:**

# Governance Structure



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## OUR PRIORITIES:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection October 2021.. Where appropriate, delivery partners have also been identified.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/work stream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of May 2022. In addition a work stream will be allocated to each of the priority areas and each work stream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may be have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Tameside Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Tameside Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.



<b>Priority 1</b>	<b>The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care</b>						
<b>Lead</b>	<b>Charlotte Finch, Wendy Young</b>						
<b>Outcomes:</b>							
<p>1.1 Improved timeliness of EHC Plans</p> <p>1.2 Improved Quality of EHC Plans</p> <p>1.3 Improved culture of co-productivity and greater engagement with children and families and agreement among all contributors that SEND is “everybody’s business”</p> <p>1.4 Good quality health advice that accurately reflects children and young people’s needs</p> <p>1.5 Professionals are confident that the established quality assurance processes are appropriately supportive and challenging and will increase the quality of EHC Plans.</p>							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>• An improvement of 40% in the timeliness of EHCPs</li> <li>• Health advice into EHCPs is within statutory timescales</li> <li>• Improvement in the number of positive responses of parent survey- comparing to benchmark survey results</li> </ul> <p>The number of EHCP requests for Health Advice received in the last month</p> <p>The number/percentage of requests for advice that were completed within the 6 week timescale</p> <p>60% of workforce has training in the first year, 80% in the second year and 90% in the third year</p> <p>60% pass rate against QA tool increasing by 10% each year.</p>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>1.1 Improved timeliness of EHC Plans</b>							
1.1.1	Conduct a full service review of SEND assessment - considering all aspects of the service- including staffing structure and process	September 2022	Charlotte Finch	Transformation Team, SEND Assessment Team	10 days  Financial implication of external scrutiny TBD	SEND assessment team redesign fully implemented.  Process maps in place.	
1.1.2	Further develop the SEND Health data set to include training uptake, timeliness, QA	September 2022	Bumni Lawson, Karen	ICFT, PCFT	15 days	The SEND data set will give a timely and accurate picture of	

	progress and ensure data systems and flow are robust from CCG, ICFT and Pennine Care		Kromilicki, Ashleigh Smith, Steven Hand,			<p>the quality and timeliness of health advice, assessment &amp; support.</p> <p>Performance information from the shared system is reviewed regularly by the DMO and the DCO and action is taken by managers in health and care services to improve timeliness of response.</p> <p>Quarterly reports to the SEND Improvement Group, Annual Survey of SEND Population.</p> <p>Annual report presented to the CCG Board.</p>	
1.1.3	EHCP Timeliness Recovery Plan implemented	January 2023	Wendy Young	Health, Social Care, EP Service	30 days	Monthly timeliness monitoring reporting shows improving trend.	
1.1.4	Review the process for responding to statutory requests for advice from all services (health, CSC, schools, EPS) that includes improving EHCP administration processes.	September 2022	Wendy Young, Ashleigh Smith, Karen Kromilicki	PCFT, EPS, SEND Assessment Team, CSC	15 days	<p>Work stream meeting documentation. Standard operating procedures.</p> <p>Recruitment of EHCP administration tracker.</p> <p>Reduction in waiting list to all EHCP advice being returned within 6 weeks within 12 months.</p>	



						Exception to be discussed with SEN colleagues and communication with children and young people and families.	
1.1.5	Establish and embed a new sustainable EHCP health administration tracking team.	September 2022	Ashleigh Smith, Karen Kromilicki	PCFT	Additional IT resources Training	xxx	
<b>1.2 Improved Quality of EHC Plans</b>							
Page 71	1.2.1	EHCP Quality Improvement Schedule Established and Implemented and Quality Audit process in place	January 2023	Wendy Young	Health, Social Care, EPS, School leaders	30 days	Improved feedback from parent/ carer surveys.  Positive engagement from all services, improved practice observed through moderation and peer review.
	1.2.2	Identify and secure an EHCP CPD framework, addressing all aspects of the EHC assessment - delivered to all contributing personnel and partners. Secure agreement and delivery of a rolling training programme to assure consistency and quality and informs induction and CPD	May 2022- repeated 3 monthly	Wendy Young [Claire Jackson, Lynn Barnett, Louise Rule, Daniel Murphy, Jo Robinson]	NASEN	Training time  2 hours sessions available every 3 months	Improved Parent Performance Survey outcome.  Training programme promoted and attended by stakeholders.  Positive training evaluations.
<b>1.3 Improved culture of co-productivity &amp; greater engagement with children and families and agreement among all contributors that SEND is "everybody's business"</b>							
1.3.1	Establish systematic consultation opportunities with parent groups to measure satisfaction levels.	April 2022, repeated monthly for	Charlotte Finch, Elaine Healey	SEND Assessment, Health, Social Care,	2 hours every month from senior managers,	Improved Parent Satisfaction Survey outcome- in particular in the area of pupil and family voice.	

		2 hour session		Educational Psychology	Admin support	Training uptake data.	
<b>1.3.2</b>	Establish a Student Fora schedule enabling young people's voice to influence service delivery and create consultation opportunities with young people to measure satisfaction levels. [Five primaries, five secondaries, two Post-16 settings to establish a SEND].	January 2023	Andrew Foord, Naomi Cartledge	Schools, Social Care, Health	Total two days of time from school time per month. 10 days for conference	Membership of fora established.  Annual schedule agreed including monthly meetings and annual conference.  Leads feedback and influence through standing item at SENDIG.	
<b>1.3.3</b>	Annual SEND student conference established.						
<b>1.4 To provide good quality health advice that accurately reflects the CYPs needs</b>							
<b>1.4.1</b>	Establish a programme of audits across health to address shortfalls to ensure that EHCPs are holistic, timely and accurate and ensure that appropriate input is captured at all stages of the process.	May 2022	Gill Gibson  [Bumni Lawson, Karen Kromilicki]	ICFT, PCFT	5 days	Recommendations and implications from the audits will be shared by the DCO to the Health SEND Group to ensure actions agreed.  Quarterly report to SENDIG and CCG QA group.  Policies and procedures reflect audit findings.	
<b>1.5 Professionals are confident that the established quality assurance processes are appropriately supportive &amp; challenging and will increase the quality of EHC Plans.</b>							
<b>1.5.1</b>	Increase capacity of Designated Medical Officer role.	February 2022	Louise Rule, Gil Gibson	ICFT	£40,000	DCO in post for 3 days/week	
<b>1.5.2</b>	Produce and publish guidance for health providers on the EHC needs assessment process.	July 2022	Bumni Lawson, Karen Kromilicki	ICFT, PCFT	See 1.5.1	Quarterly Quality Assurance report to SEND Executive (from Jan 2022) b. Review health and social care advice	

						template following QA findings (Apr 2022) c. Review the current input from CAMHS at the Health Sub group (Feb 22) and implement improved systems and processes to support CAMHS advice	
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<b>Priority 2</b>		<b>The high level of dissatisfaction among parents and carers with the area's provision</b>					
<b>Lead</b>		<b>Charlotte Finch and Elaine Healey</b>					
<b>Outcomes:</b>							
2.1 Increased parental satisfaction – as evidenced in survey returns							
2.2 Parents and families feel that they are communicated with well							
2.3 Parents and carers feel well prepared and have greater involvement in person centred planning							
2.4 Successful completion and delivery of the area SEND sufficiency Plan.							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>Parents, carers and CYP are kept up-to-date and can see their feedback is reflected in all SEND improvement work.</li> <li>Fewer complaints received regarding educational provision.</li> <li>Fewer in-year transition between mainstream and specialist settings</li> <li>Fewer numbers of exclusions of children and YPs with EHCPs</li> <li>Annual increase of at least 10% pa of parent/carers and CYPF report they feel engaged and listened to about their priorities (via baseline survey)</li> <li>Increase SEND specialist provision across the borough, including the development of satellite bases within mainstream settings, to meet need.</li> </ul>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>2.1 Increased parental satisfaction – as evidenced in survey returns</b>							
2.1.1	Issue and analyse Benchmark Survey of parent and family views of SEND network and systems.	June 2022	Charlotte Finch	OKE	5 days	Survey issued and responses returned. Findings reported to SENDIG.	
2.1.2	Establish a parent and family satisfaction survey schedule	May 2022	Charlotte Finch [Elaine Healey]	OKE	10 days	Schedule and survey agreed. Analysis process established.	
2.1.3	Continue health annual parents and carers surveys and listen to feedback via the Local	December 2022	Louise Rule	OKE	£20,000	Survey complete. Survey action plan and feedback sessions in place.	

	Offer.						
2.1.4	Establish and deliver regular consultation opportunities with parent groups to measure satisfaction levels.	May 2023	Charlotte finch [Elaine Healey]	OKE	12 days	Attendance schedule agreed for parent consultation events by May 2022.	
2.1.5	The Health Visiting Service will work with the Early Years Quality Team (EYQT) and early years education providers to improve the integration of information for two year old developmental reviews.	December 2022	CM	ICFT, EYQT	Time & communication tool resource	Effective integration protocol in place. Parental satisfaction with effectiveness of protocol.	
2.1.6	Review the continence offer across the system, to identify if there are any gaps in service and where we can improve the care for families	December 2022	PR, TR	ICFT - CCNT, Paediatrics, TMBC School Nursing, PCFT Mental Health	Time	Co-produced review with families and providers. Proposals developed in response to the findings of the review.	
<b>2.2 Parents and families feel that they are communicated with well</b>							
2.2.1	Establish monthly meeting between OKE, SEND and Health representatives. Ensure open communication channels and opportunity for information to be communicated to parents and parents views heard	May 2023	Charlotte Finch [Louise Rule Elaine Healey]	SEND, Health, OKE	12 days	Monthly meeting schedule established by May 2022. Report submitted every 3 months to SENDIG.	
2.2.2	OKE Chair to join SENDIG membership and participate monthly.	March 2023	Elaine Healey	SEND, OKE	12 days	Annual SENDIG schedule and membership agreed by March 2023. OKE voice captured in meeting records.	

Page 176	2.2.3	Ensure health quality standards and performance data is monitored for timely responses to parent contact via phone calls, emails, the Local Offer and SENDIASS.	December 2022	Bumni Lawson, Karen Kromilicki	ICFT, PCFT	See 1.6.1	Quarterly reports to SENDIG, ICFT, and Pennine Care.  Annual report to CCG Governing Body.	
	2.2.4	Health to ensure information for families is clear and accessible on the Local Offer. Should contain what to expect from services and likely waiting times. Health to provide family-friendly information products. Team email addresses to be set up for families.	September 2022	Karen Kromilicki, Ashleigh Smith	CCG	See 1.6.1	Parents and carers report, through surveys and Local Offer feedback, that they understand services and feel well informed.	
<b>2.3 Parents and carers feel well prepared and have greater involvement in person centred planning</b>								
	2.3.1	Person-centred planning CPD rolled out across all EHC contributors and SEND Service	Jan 2023	Claire Jackson [Wendy Young]	EP Service	20 days	Parent-satisfaction survey shows a greater sense of involvement and influence with the EHC process	
	2.3.2	Parent consultation settings (ref 2.1.4) to include sessions to invite parental views on optimum models person centred planning	Sept 2022	Claire Jackson [Charlotte Finch Elaine Healey]	OKE, EP, SEND	2 days	Parents views evident in training delivery model.	
<b>2.4 Successful completion and delivery of the area SEND sufficiency Plan.</b>								
	2.4.1	Establish a SEND Sufficiency strategy group, to create a strategic plan	July 2022	Charlotte Finch, Pierre Coiffure	School leaders, EI&P, Access Service	15 days	Membership and schedule agreed by April 2022.	

	and monitor capacity and provision.					Plan agreed via SENDIG and local governance mechanism.	
<b>2.4.2</b>	Deliver Strategic SEND Sufficiency Plan	September 2023	Charlotte Finch, Pierre Coiffure	School leaders, EI&P, Access Service	0.5 FTE of additional Project Manager time	Update reports to SENDIG every other month.  Sufficiency established across the Borough. Details in the SEND Sufficiency Strategy.	

<b>Priority 3</b>	<b>The local offer not being well publicised and not providing parents with the information that they need</b>						
<b>Lead</b>	<b>Adrian Rocks</b>						
<b>Outcomes:</b>							
<p>3.1 Families are aware of and use the local offer and it helps them to find the information they need</p> <p>3.2 The local offer is helping to identify gaps in provision</p> <p>3.3 All services clearly convey their offer via the Local Offer</p> <p>3.4 Young people, families / carers and professionals have access to a clear and accessible information including the Transition Pathway and Protocol that accurately reflects the transition journey.</p> <p>3.5 The Local Offer is fit for purpose for all families, services and providers.</p>							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>Increased number of people using the local offer</li> <li>Number of families reporting positive feedback on the 'meet the local offer' events</li> </ul> <p>Positive feedback received through the local offer inbox demonstrates good communication with parents</p> <p>Awareness of the local offer in the annual parental survey</p> <p>Satisfaction with the local offer in the annual parental survey</p> <p>Stakeholders access resources and information to help them</p> <p>Stakeholders report all content is up to date and a positive user experience</p>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>3.1 Families are aware of and use the local offer and it helps them to find the information they need</b>							
<b>3.1.1 [3.2-3.5]</b>	Establish a multi-agency co-production ownership board for the Local Offer responsible for: <ul style="list-style-type: none"> <li>The implementation plan for Priority 3</li> <li>Ensuring it is up to date</li> </ul>	June 2022	Adrian Rocks	SEND Team, Schools, OKE, CCG, ICFT, PCFT, Comms Team	Time from stakeholders. £10,000 per annum to OKE	The board effectively identifies gaps in the Local Offer as part of the annual report.  Positive feedback received through the Local Offer website.  Parent Carer Forum feedback on the annual report.	



	<ul style="list-style-type: none"> <li>It is useful to families, providers and schools</li> <li>Commissioning the annual review of the Local Offer</li> <li>Identifying gaps</li> </ul>						
3.1.2 [3.3]	Develop a marketing plan for the Local Offer based around the current Local Offer.	June 2022	Kristiane Sulek	Comms Team, OKE, SEND Team, schools	Existing staff time	Annual parental survey and metrics show increased awareness and use of the Local Offer and greater social media engagement.	
3.1.3 [3.3] Page 1 of 9	Deliver an ongoing marketing plan which promotes the current offer, and the relaunch of the offer following improvement work.	July 2023	Kristiane Sulek	Comms Team, OKE, SEND Team, schools	Existing Staff Time Marketing Budget	Annual parental survey and metrics show increased awareness and use of the Local Offer and greater social media engagement.	
3.1.4	Develop attractive family-friendly materials to promote the Local Offer which is sent with standard correspondence relating to EHCPs.	June 2022	Kristiane Sulek	Comms Team, OKE, SEND Team	Existing Staff Time Design and Print costs	Materials produced and distributed.	
3.1.5	Further develop and embed the 'Meet the Local Offer' events.	September 2022	Elaine Healey	OKE, SEND Team	Funded through Contact monies.	Number of families attending event. Feedback from event evaluations. Increased awareness seen in parental survey.	
<b>3.2 The local offer is helping to identify gaps in provision</b>							
3.2.1	Review the current content of the Local Offer with all partners and OKE to ensure it is fit for purpose,	August 2022	Adrian Rocks	Comms Team, OKE, CCG,	Existing staff time	Offer content agreed with stakeholders.	

	well publicised and accessible to parents, young people and professionals so that they understand what is on offer to meet their needs.			ICFT, PCFT, SEND Team, schools, Ownership Board	Additional resource to OKE per 3.1.1	Changes and redesign of Local Offer website with feedback from families and stakeholders.  Annual parental survey and metrics show increased awareness, use of and satisfaction with the Local Offer.	
<b>3.2.2</b> <b>[3.1-3.5]</b>	Develop proposals and business cases to move local offer website to its own domain to allow for better search, tracking and reporting of use and gaps.	September 2022	Allan Pearce	Ownership Board	Market being tested c. £50k plus c. £12-25k per annum	Feedback from co-production with OKE.	
<b>3.2.3</b> <b>[3.1-3.5]</b>	Develop, test and launch new local offer website including co-production of functionality with children and families.	April 2023	Allan Pearce [Elaine Healey, Kristian Sulek]	SEND Team, Schools, Ownership Board	Existing staff time additional resources as captured in 3.1.1 and 3.2.2	Feedback on local offer quality.  Website analytics and metrics.	
<b>3.3 All services clearly convey their offer via the Local Offer</b>							
<b>3.3.1</b>	Identify provision which is currently missing from the local offer  [An output of the review of the existing content 3.2.1]	August 2022	Adrian Rocks	OKE CCG, ICFT, PCFT, SEND, Adults, Team, schools, Ownership Board	Existing staff time  Additional resource to OKE per 3.1.1	Wider range of services captured  Changes and redesign of Local Offer website with feedback from families and stakeholders.  Annual parental survey and metrics show increased awareness, use of and satisfaction with the Local Offer.	
<b>3.3.2</b>	Develop and implement a plan to target provision that is not properly captured or omitted on the local offer site	August 2023	Adrian Rocks	OKE CCG, ICFT, PCFT, SEND,	Existing staff time	Wider range of services captured  Annual parental survey and metrics show increased use of and satisfaction with the Local Offer.	

				Adults, Team, schools, Ownership Board, Comms Team			
<b>3.4 Young people, families / carers and professionals have access to a clear and accessible information including the Transition Pathway and Protocol that accurately reflects the transition journey.</b>							
3.4.1	Promote understanding, insight into and opportunities regarding prep for Adulthood on Local offer.	September 2023	Adrian Rocks [Mark Whitehead]	Comms team, OKE, SEND Team, Schools, post-16 settings	Existing Staff Time	Annual parental survey and metrics show increased awareness, use of and satisfaction with the Local Offer.	
<b>3.5 The Local Offer is fit for purpose for all families, services and providers.</b>							
3.5.1	Ownership Board for the Local Offer steers delivery of the commissions annual review of the local offer. Reviews progress and impact of Priority 3 action plan  Ownership Board identifies and reports where there are gaps in services	October 2022 and recurring	Ownership Board	CLT / CCG/ Adults / OKE	Existing staff time	Annual report into the local offer is produced  Progress against priority 3 is reported  Reports which identify gaps in provision in the local offer  Feedback and satisfaction from families in the annual survey.	

<b>Priority 4</b>		<b>The placement of some children and young people in unsuitable education provision</b>					
<b>Lead</b>		<b>Wendy Young and Pierre Coiffure</b>					
<b>Outcomes:</b>							
4.1 Successful implementation of the area SEND sufficiency Plan							
4.2 Improved parental satisfaction with education provision							
4.3 Increased specialist capacity							
4.4 Improved culture of inclusion across all settings							
4.5 Annual Review management and monitoring process in place - all Capita one IT systems fit for purpose							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>- Reduction in out of borough specialist placements 20%</li> <li>- 30% increase in positive response to parental satisfaction survey</li> <li>- 15% reduction in exclusions of learners with EHCPs</li> <li>- 50% reduction in in-year transition between settings</li> <li>- 50% reduction in complaints relating to school placement</li> </ul>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>4.1 Successful implementation of the area SEND sufficiency Plan</b>							
4.1.1	See 2.4.1 and 2.4.2						
4.1.2 [4.2, 4.3]	Increase SEND specialist provision places across the borough, including the expansion of existing settings, the development of satellite bases within mainstream settings and the addition of further resource bases across Tameside	September 2023	Charlotte Finch {Catherine Moseley]	Schools, EPS, SOSS, Access Service	£12m Ask CM	40 new specialist places created in September 2023 with the Hawthorns new build.  10 new specialist SEMH places created in September 2022 via Thomas Ashton satellite  20 new generic specialist places created in September 2022 via placement increase at Samuel Laycock.	

						40 new secondary resource base places created in September 2022.  10 new primary resource base places created in Sept 2022	
<b>4.4.1</b> <b>[also 4.2]</b>	Implement an inclusion charter across all schools to secure improved practice across all settings (see priority 7- action 7.3.1).						
<b>4.4.2</b> <b>[4.2]</b>	'SEND Children Thrive: Matching Provision to Need' fully embedded across all settings (see priority 8 – actions 8.1.1, 8.1.2, 8.2.1)						
<b>4.5.1</b> <b>[4.2]</b>	Implement Annual Review Recovery Plan. (ref action 1.1, 9.1)	Sept 2023	Wendy Young	SEND Assessment, Transformation team, HR, Capita One, school leaders, health, CSC	Cost to be determined  20 days	Annual Review schedule delivered within statutory timescales.  Improved parental satisfaction evidence in Parent satisfaction surveys.	

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<b>Priority 5</b>		<b>The unreasonable waiting times, which lead to increased needs for children and young people and their families</b>						
<b>Lead</b>		Louise Rule						
<b>Outcomes:</b>								
5.1 There is a clear and accessible neuro-developmental assessment and intervention pathway that is published on the Local Offer								
5.2 Effective, transparent and accessible system-wide support offer in place for children, young people and families								
5.3 Robust system-wide health performance management system in place								
<b>Impact Measures:</b>								
Page 184	<ul style="list-style-type: none"> <li><b>Neuro-Developmental Pathway</b> <ul style="list-style-type: none"> <li>Reduction in average length of wait for an Autism assessment through improved access to the ASD diagnostic pathway across Tameside</li> <li>Reduction in Autism assessment times</li> <li>Increased percentage of the children and young people who are referred for a diagnostic assessment that have the diagnostic assessment started within 3 months of their referral TBC</li> <li>All children and young people following the pathway, who are referred for a specialist neuro-developmental assessment, will access a neuro-developmental assessment within 12 months</li> <li>100% of children and young people referred to the neuro-developmental pathway are seen within 18 weeks by April 2023</li> <li>At least x% of children and young people on accessing the pathway report that they have access to effective and appropriate support both pre and post diagnosis.</li> </ul> </li> <li><b>Therapies Services</b> <ul style="list-style-type: none"> <li>100% of children and young people triaged within two weeks or less of referral to Therapies services</li> <li>92% of children and young people seen within 18 weeks, or fewer, from referral to service in Therapies</li> <li>Over 70% of Tameside families using the service report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting.</li> </ul> </li> <li><b>General</b> <ul style="list-style-type: none"> <li>Reduction in rejected referrals due to improved quality and awareness of referral tools</li> <li>Ongoing increase (at least 15% per annum) in the percentage of parents reporting that they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> </ul> </li> </ul>							
	Outcom e Ref	Actions	Completi on Date	Lead	Delivery Partners	Resource (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating
	<b>THERAPIES</b>							
5.1	Provide additional capacity to carry out a review of waiting lists across Therapies services.	October 2022	AB/AS	CCG, PR	LR - TBC	Waiting times reduced.  Parental surveys show improved satisfaction.		

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resource (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating
5.2	Carry out a commissioning review of the Therapies services to understand current demand and capacity requirements.	October 2022	CCG, PR	AS/AB/BL/K K	AB - TBC	xxxx	
5.3	Review and align the Therapies services with the Thrive/Graduated Response to ensure they are effective.	July 2022	ICFT/AB/AS	AS/AB/BL/K K	Time	Improved waiting times for therapy provision.	
<b>NEURO-DEVELOPMENTAL</b>							
5.4	Implement the mobilisation plan following additional investment in CAMHS and the neuro-developmental pathway.	July 2022	PCFT/SL/SH	CCG/PR	None	Improved waiting times for neuro-developmental assessment and post diagnostic support.  Professionals across the SEND Partnership report that the ASD assessment and diagnosis pathway is clear and consistent across Tameside, and they are confident about roles and responsibilities within the pathway.	
5.5	Commission additional Provider to assess children on neuro-developmental pathway waiting lists.	November 2021	CCG/PR	SL	£140,000	25 additional assessments being carried out each month.  Reduction in waiting times.	

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Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resource (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating
5.6	Establish and embed feedback mechanisms to provide dynamic data on impact of additional investment and continuously review waiting times and referral numbers to ensure in line with projected targets.	July 2022	PCFT/SL/SH	CCG/PR	None	<p>Targets set and monitored through SENDIG, PCFT &amp; CCG Board.</p> <p>Professionals report that, following assessments, children and young people with Autism have a personalised plan that has been developed and implemented in partnership with the child and young person, their family and carers (if appropriate) and the Autism team.</p> <p>Positive feedback collected from pre-and post-diagnostic surveys.</p>	



<b>Priority 6</b>		<b>The lack of contribution from social care professionals to the EHC Plan process</b>					
<b>Lead</b>		<b>Daniel Murphy</b>					
<b>Outcomes:</b>							
6.1 Improvement in the quality of social care contributions to EHC Plans, and in the timeliness of contributions from social care professionals to the EHC plan process							
6.2 Through co-produced training, develop an improved understanding of the EHC Plan process with all social care professionals							
6.3 Shared Practice Standards for contribution from social care professionals to the EHC Plan process implemented across the service							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>Increased contribution from social care professionals within agreed timescales to the EHC Plan process throughout all social care departments and threshold of involvement</li> <li>Compliance monitoring system to be developed to measure the timeliness of social care involvement in EHCP.</li> </ul>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
Page 187	<b>6.1 Improvement in the quality of social care contributions to EHC Plans, and in the timeliness of contributions from social care professionals to the EHC plan process</b>						
	6.1.1	Convene a meeting of Children's Social Care (CSC) leaders to develop and agree a shared understanding of the challenges in this priority area, and to form a task and finish group.	April 2022	Daniel Murphy [Joanne Brown, David Lamb, David Goldsworthy, Wendy Young, Kerry Dalston, Lorraine Hopkins]	Early Help, SEND Service, CSC	3 days	Meeting convened with agreed actions to address this priority area.  Task and finish group established and meeting schedule agreed.

6.1.2	Develop a monitoring and oversight process for timeliness and quality of social care professionals' contribution to EHC Plans (see priority 1- outcomes 1.1, 1.3, 1.4, and actions 1.2.1, 1.3.1)	September 2022	David Goldsworthy	CSC, SEND Assessment Team, Nasen	10 days additional	Team specific weekly compliance data reporting on completion of CSC contribution to EHC Plans within agreed timescales.	
6.1.3	Implement the improved process for social care contribution to EHC Plans in both the Early Help and CSC section of LCS.	September 2022	David Goldsworthy	CSC, SEND Assessment Team	20 days	There will be a single shared LCS process for all children open to CSC.	
<b>6.2 Through co-produced training, develop an improved understanding of the EHC Plan process with all social care professionals</b>							
6.2.1	Develop and deliver regular bespoke training to social care professionals, co-produced with SEND and social care staff and families and children with EHC Plans.	July 2022 repeated three times a year	Kerry Dalston	SEND Service, Early Help	6 days	Regular co-produced training will take place three times a year.  Level of understanding among CSC staff is enhanced leading to greater timeliness compliance and improvement in quality as observed through peer review.	
6.2.2	Every social care team to identify a SEND champion who will attend SEND events and training such as the "Meet the Local Offer" event.	June 2022	Daniel Murphy	All social care team managers	½ day	Each team to have an identified SEND champion.  Social care staff attending events.	
<b>6.3 Shared Practice Standards for contribution from social care professionals to the EHC Plan process implemented across the service</b>							
6.3.1	Develop and implement Practice Standards for the contribution from social care professionals to the EHC Plan process.	September 2022	Daniel Murphy	SEN Assessment Team, CSC, Early Help	20 days	Set of practice standards developed and implemented with flowcharts to give clear instruction for expected social	

						care involvement in EHC process.	
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<b>Priority 7</b>		<b>The limited oversight of the quality of SEND provision for children and young people's education</b>					
<b>Lead</b>		<b>Jane Sowerby Andrew Foord; Bev Oldham; Gus Diamond</b>					
<b>Outcomes:</b>							
7.1 SEND data is used to understand and improve SEND provision							
7.2 Best practice SEND provision is identified and effectively shared to ensure that children are prepared for the next stage of their education or life journey							
7.3 SEND provision in schools and settings is effectively evaluated and LA has clear oversight							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>The majority of stakeholders report that communication is good: they know what the plans are in place, have been involved in creating them, and understand what difference the actions will make</li> <li>SEND data is systematically reported, analysed and monitored across all stakeholder groups</li> <li>Outcomes for children with SEND in line with national outcomes or better for SEND in Early Years and at end of key stages</li> <li>SEND provision in education settings is systematically monitored and support and challenge offered where it is needed</li> </ul> <p>Practice sharing is evident and case studies show that practice in settings is improved as a result</p> <p>Reduced number of complaints in the system; increased compliments; stakeholder voice is improved</p> <p>The majority of schools sign up to the Inclusion Quality Partnership (IQP)</p>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know? [Monitoring, feedback, challenge and support]</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>7.1 SEND data is used to understand and improve SEND provision</b>							
7.1.1	Schools Information Report is used to identify patterns of need, provision, and to provide practice information across schools	September 2022	Dean McDonagh	Schools, SEN Team, EI&P Team	3 days	Matrix of schools established  Annual analysis report and programme based on information collected from the SIR at EAIB	Overview of identified expertise across the Borough
7.1.2	Complete and communicate detailed annual analysis of SEND Census information regarding EHCP and SEN Support numbers, incidence, areas of primary need and use this information to improve	November 2022	Dean McDonagh and Charlotte Finch	Schools	Additional capacity in Education Data team	Baseline data established  Analysis report disseminated annually	

	provision in all education settings to inform training programme					Schools use data to identify areas for improvement and strength  Workforce training programme in place that responds to current and future needs.		
Page 191	7.1.3	Joined up SEND Quality First Teaching CPD programme for classroom/subject practitioners	September 2022	EPS, SOSS, Resource Bases, SSSP	EPS, SSOS, SSSP, Resource Base Schools	Schools charged for training with subsidy to cover development of courses, strategic oversight, and community of practice. Annual cost of £5,000	Schools and settings aware of CPD programme and accessing it as appropriate  Programme mirrors best practice in CPD such as follow-up support, links to effective outreach options, and access to a community of practice  SEND CPD 'passport' established as part of the IQP (see 7.3)	
	<b>7.2 Best practice SEND provision is identified and shared to ensure that children are prepared for the next stage of their education or life journey</b>							
	7.2.1	Identify and utilise existing school groups [Tameside Primary Consortium (TPC) Inclusion Committee and Task and Finish Group; Tameside Association of Secondary Heads (TASH); Special School Heads (SSSP)] to ensure culture and practice change through ownership and accountability.	May 2022	Jane Sowerby	Identified school groups	Meeting time	WSoA co-produced and effectively disseminated with many priorities co-led by school leaders	Already engaged with these key groups
	7.2.2	Establish a model of 'moderation' of SEND practice	March 2023	EPS; Head of SEN	Schools	Central funding to	Themed moderation meetings convened and	

	and policy across all education settings		Assessment Team		create framework (£3,000) and deliver this activity twice a year (£2,000 annually)	facilitated bi-annually looking at EHCP implementation, implementation of graduated approach, parent and child voice, and other themes as identified during data collections	
Page 192	7.2.3	Develop and establish peer SEND/Inclusion reviews of practice	April 2023	Jane Sowerby	Schools	Cost of developing the review process and training (£6,000); administration (£1,000 annually); training costs £2,000 annually)	Schools identified for peer reviews through data or self-referral  Timeline in place to engage all schools in SEND peer review  Progression to an inclusion quality mark or similar is embedded
	<b>7.3 SEND provision in schools and settings is effectively evaluated and LA has clear oversight</b>						
	7.3.1	Co-produce a SEND Charter/Pledge for Tameside which outlines the provision and opportunities that children with SEND and their families can expect 0-25	July 2022	Charlotte Finch, Jane Sowerby, Elaine Healey, Andrew Foord	Schools Inclusion Committee and T&F Group, TASH, TPC	3 days each, 12 un total	Clear minimum expectations agreed and communicated to families  Almost all children with SEND are able to attend their local school
	7.3.2	Incorporate a bi-annual SEND focus in the systematic review of schools in EI&P	May 2022 repeated bi-annually	Jane Sowerby	Education Directorate	½ day	SEND Systematic Review of schools dovetails with the autumn categorisation process mirroring categorisation, schools which may require challenge and support are identified and schools which can offer support are identified

7.3.3	Design and implement a SEND Data Dashboard for performance information accessible to all SEND managers and front line staff on customer satisfaction data	July 2022 updated bi-annually	Charlotte Finch and Dean McDonagh	SEND Service, Complaints and Information Team	5 days	Dashboard supports identification of systemic issues and evidences improvement	
7.3.4	Establish a model for reporting qualitative feedback from complaints and compliments to understand system health	August 2022	Charlotte Finch and Wendy Young	SEND Service, Complaints and Information Team	3 days	Report publishing process agreed and implemented influencing improved performance across SEND	
7.3.5	Explore an outcome-based performance framework that more accurately reflects the needs of CYP and families and a performance management tool to monitor this	November 2022	Dean McDonagh and Wendy Young	SEND Team		Framework proposal shared with stakeholders	
7.3.6	Design and agree a delivery and monitoring plan for a dynamic Inclusion Quality Partnership (IQP) (this will work like a Quality Mark)	December 2022	Jane Sowerby, Charlotte Finch, Pierre Coiffure, Andrew Foord	Education Improvement & Partnerships Service, School Leaders	3 days	Plan completed and shared with schools and settings	
7.3.7	Design and implement a dynamic Inclusion Quality Partnership (IQP) and secure sign up from all educational settings with a co-produced delivery and monitoring plan in place	June 2023	Andrew Foord, Bev Oldham, Gus Diamond, Charlotte Finch, Jane Sowerby	School, college and setting leaders	£20,000	Inclusion Quality Partnership (IQP), which works like a Quality Mark, launched to change culture and practice. It will dynamically as it will link to priorities we are measuring on our SEND improvement journey	

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						IQP starts with a peer review (see 7.2.3) and includes Peer Coaching (see Priority 8) and incorporates the SEND CPD 'passport' (see 7.2.2)	
7.3	Implement more effective brokerage and monitoring of commissioned Independent and Non-Maintained school placements to ensure value for money and delivery aligns with Tameside's performance framework	December 2022	Adrian Rocks and Wendy Young	SEND Team, Brokerage and Monitoring, GM SEND Group, Virtual School & Coilege	£40,000 per annum for placement officer (subject to job evaluation)	<p>Programme of monitoring.</p> <p>Monitoring reports which identify performance of settings.</p> <p>Improved quality placement agreements.</p>	



<b>Priority 8</b>	<b>The inconsistent application of a graduated approach across different settings, leading to weaknesses in meeting needs across the area</b>						
<b>Lead</b>	<b>Erica Douglas-Osborn and Naomi Cartledge</b>						
<b>Outcomes:</b>							
<b>8.1 Thrive Matching provision to Need is fully embedded across Tameside</b>							
<b>8.2 Positive change in attitude, ethos, skills and knowledge across education settings</b>							
<b>8.3 Joint training programmes attended by school, setting and college staff which improve practice across the sector</b>							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>• More education settings report that they use MPTN</li> <li>• Appropriate use of MPTN is evident in requests for statutory assessment</li> <li>• SENDCo surveys demonstrate improved confidence in using MPTN and APDR</li> <li>• Effective use of APDR evident in requests for statutory assessment</li> <li>• Peer coaching support model in place with case studies to demonstrate practice change</li> <li>• SEND CPD 'passport' implemented as part of Inclusion Quality Partnership (IQP)</li> </ul>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>8.1 Thrive Matching provision to Need is fully embedded across Tameside</b>							
<b>8.1.1</b>	Active promotion of the Thrive Matching Provision to Need (MPTN) documents across the networks of schools, early years settings, and post-16 providers. Schools to identify and share good practice models for the different areas of need in order to support clear expectations for what mainstream settings should provide and how the physical environment should look to meet needs.	November 2022	Erica Douglas-Osborn and Claire Jackson	Schools, Educational Psychology Service (EPS), SOSS, EI&P, schools		Use of MPTN will be evidenced in SEND practice and paperwork such as EHCP and SENIF requests.  Practice models shared with schools and as part of the MPTN document.	

8.1.2	Delivery of training around the SEND Children Thrive: MPTN documents alongside the parent created leaflet. Sessions delivered in pairs in order to collect feedback and impact from the initial training. All educational settings to receive a hard copy of the MPTN document.	June 2022 to June 2023 then annual programme	Erica Douglas-Osborn	EPS, SOSS	Print costs for MPNT document 20 Days	Training logs, event registers and evaluations show attendance at training.	
8.1.2	Linked training sessions to include: Emotionally Friendly Schools, ELSA, EBSA. Schools to be supported to work towards Emotionally Friendly Schools accreditation.		Erica Douglas-Osborn	EPS	15 days	Training logs, event registers and evaluations show attendance at training.	
8.2.1	Development of 'SENCO Induction Training' for all new SENCOS including developing 'SEND Children Thrive Action Plans' and workshops for experienced SENCos	October 2022	Erica Douglas-Osborn and Naomi Cartledge	EPS, SOSS, Health, schools	12 days	Assess-plan-do-review (ADPR) practice embedded in schools and settings evidenced in peer reviews and moderation.  SENCos voice that they know where to go for different services/support and feel they are supported by other SENCos in the LA.	
8.2.2	Develop and deliver SEND workshop for all headteachers and included as part of induction programme for all new headteachers annually.	October 2022	Erica Douglas-Osborn	EPS, Education Improvement & Partnerships	10 days	SEND input into headteacher induction programme.  Headteacher attendance at workshop.	

8.2.3	Termly SENCO networks (primary and secondary) for all SENCOs that will include LA updates, national updates and having different speakers from schools and other services sharing good practice.	September 2022 ongoing	Erica Douglas-Osborn	EPS, SEND Service, schools	5 days	Termly meetings in place, promoted clearly, and well attended.	
8.2.4	Develop and implement a model of school-led peer coaching, support and training based on a form of peer review	Autumn 2022	Jane Sowerby and Naomi Cartledge	Schools	Cost of training for schools in coaching models ??	Identification of good practice in schools is recorded and shared to support the model.  School-based coaches identified and trained. Linked to the good practice shared in the MPTN documents.	
<b>8.3 Joint training programmes attended by school, setting and college staff which improve practice across the sector</b>							
8.3.1	Offer training for all schools on Whole School SEND practice as part of a SEND 'training passport' programme.	July 2022	Charlotte Finch	DfE/NASEN	Nil	Passport includes, at least: MPTN, Nasen SENDCo qualification (if SENDCo), main areas of need, Quality First practice.  'SEND Children Thrive Action Plans' in place.	
8.3.2	OKE-led training and information days for parents with a focus on the Graduated Response.	Sept 2023	Elaine Healey	EPS	4 days	Parental surveys demonstrate improved understanding.	

<b>Priority 9</b>		<b>The poor transition arrangements across all stages of education</b>						
<b>Lead</b>		<b>Jane Sowerby, Mel Wicks, Pete Taylor, Jane Martin</b>						
<b>Outcomes:</b>								
9.1 Timely, strategic and effective programme for review of plans at key transition points established								
9.2 Clear SEND transition protocol and standardized paperwork in place and practice embedded, including targeted approaches								
9.3 Standardised SEND transition paperwork and data sharing established								
<b>Impact Measures:</b>								
<ul style="list-style-type: none"> <li>Annual reviews in place for key transition points in early years, 6 to 7, and KS4 to 5 well in advance of regular transition activity</li> <li>Agreed transition protocols in place and used by all schools</li> <li>LA teams have clear roles to support SEND transition where appropriate</li> </ul>								
Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resource (cost and/or time)	How will we know?	Progress against actions/ impact & RAG rating	
Page 198	<b>9.1 Timely, strategic and effective programme for review of plans at key transition points established</b>							
	9.1.1	Annual Review recovery plan reviewed and agreed ( in line with SEND Assessment Service review)	May 2022	Charlotte Finch	SEND Assessment Team, Schools, Health, CSC Transformation team	20 days Potential cost of full SEND service review- cost TBD	Plan signed off by all parties. Review process trialled and scheduled.	
	9.1.2	Annual Review Recovery Plan delivered and position recovered.	May 2023	Charlotte Finch	SEND Assessment Team	50 days	Annual Review position recovered.	
	9.1.3	Establish a protocol for Annual Reviews of EHCPs in Y5 and Y10 attended by LA representative	July 2022	Wendy young	EPS, SEN Assessment Team, SOSS, SSSP School leaders	15 days	LA representation at key reviews. Increased capacity in the SEN Assessment Team.	
<b>9.2 Clear SEND transition protocol and standardized paperwork in place and practice embedded, including targeted approaches</b>								

9.2.1	Transition Protocol Working Group established to oversee improved transition arrangements.	May 2022	Simon Brereton, Andrew Ford	SEND Assessment Team, EPS, school leadership fora	5 days	Working Group established. Terms of Reference agreed. Chair in place.	
9.2.2	Create schools and settings agreed transition protocols and framework across Tameside	July 2022	Jane Sowerby	Schools, EY settings, Post - 6 providers, EYQT, SOSS, EPS, PRU Outreach	Possible external programme-cost TBD 6-7 protocol cost- £675 per secondary school. Primary school cost (£7,000 p/a)	Existing transition protocols focus on SEND children. All schools signed up to agreed principles.	Protocols already established on the 6into7 programme
9.2.3	Pre-school to school assessment documentation standardised to support more seamless transitions	May 2022; reviewed summer 2023	Charlotte Finch [Chairs of TASH, TPC and SSSP]	Schools, EY settings, Post 16 providers, EPS	25 days	Standardised suite of documentation in place.	Build on existing documentation – EY, 6into7, KS4 to 5
9.2.4	Ensure all transition support services or equivalent are available to Post-16 providers		Charlotte Finch	Post-16 providers, SOSS	15 days	Arrangements in place across Post-16 settings.	
9.2.5	Place-based action research projects to develop key areas of practice around transitions	October 2023	Andrew Foord [Simon Brereton]	EEF, schools, EPS	25 days	Transition “best practice” protocols in place across all age ranges	
<b>9.3 Standardised SEND transition paperwork and data sharing established</b>							
9.3.1	SEN Support primary need information sharing process for key transition points	July 2022	Dean McDonagh	TPC, TASH	10 days	Tameside standard approach to information sharing at transition points	
9.3.2	Data-sharing agreement across all Tameside schools re SEND needs	October 2022	Dean McDonagh	Send Assessment	5 days	All schools signed up to the agreement.	

			and Tina Tray	Team, TPC, TASH		Consistent paperwork in place.	
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<b>Priority10</b>	<b>The lack of strategic direction in the support for children and young people to prepare them effectively for adulthood</b>						
<b>Lead</b>	<b>Mark Whitehead and Sarah Jamieson</b>						
<b>Outcomes:</b>							
<p>10.1 Preparing for Adulthood Plan refresh is co-produced with all stakeholders including those with lived experience. The plan provides clear strategic direction, clear multi-disciplinary governance, oversight of the plan, staff development and improved processes</p> <p>10.2 Updated Tracker (register) to capture all young people with EHCPs in need of social care from aged 14+ effectively linked with housing and support planning within Adult Social Care, and informing joint commissioning decisions regarding future delivery models for young people</p> <p>10.3 The Learning Disability and Autism Strategies align to the Preparing for Adulthood Plan objectives and that these are monitored via the established Tameside Partnership Board, the Greater Manchester Delivery Group and the Greater Manchester Health and Social Care Partnership governance and reporting structure</p> <p>10.4 Improved access to health provision that is available for those with more complex needs.</p>							
<b>Impact Measures:</b>							
<ul style="list-style-type: none"> <li>The Preparing for Adulthood Plan is a jointly agreed plan of action that captures the views and aspirations of stakeholders including people with lived experience and includes a pledge, signed by all key stakeholders and leaders, making a commitment to Tameside's aspirations for children and young people</li> <li>The governance structure means that key stakeholders and leaders are held accountable for the implementation of the plan and key objectives and that these are monitored on a quarterly basis.</li> <li>Performance towards objectives are reported to SENDIG and the Autism and Learning Disability Partnership Boards and corrective actions undertaken when there are exceptions</li> <li>Reduction in unscheduled care usage for young people preparing for adulthood</li> <li>Overall increase in annual health checks for 14-25 year olds to a minimum of 75%</li> <li>Parent/carer satisfaction survey demonstrates an increase in the proportion of the SEND community who feel included in decisions regarding preparation for adulthood.</li> </ul>							
<b>Outcome Ref</b>	<b>Actions</b>	<b>Completion Date</b>	<b>Lead</b>	<b>Delivery Partners</b>	<b>Resource (cost and/or time)</b>	<b>How will we know?</b>	<b>Progress against actions/ impact &amp; RAG rating</b>
<b>10.1 Preparing for Adulthood Plan refresh is co-produced with all stakeholders including those with lived experience. The plan provides clear strategic direction, clear multi-disciplinary governance, oversight of the plan, staff development and improved processes</b>							
10.1.1	Identify SEND professional/s to liaise with all partner agencies and parents and families to support	April 2022	Wendy Young	PFA, SEND Assessment Team	1 day	SEND Representative in regular attendance at Preparation for Adulthood Meetings	

	processes around Preparation for Adulthood					Improved parent survey results.	
10.1.2	<p>Source training opportunities through liaison with DfE and NDTI, with emphasis on Preparation for Adulthood</p> <p>Plan and deliver an annual SEND student conference focusing on Preparation for Adulthood, with engagement from a wide range of stakeholder. Secure sign-up from providers for Supported internships.</p>	Sept 2023	Mark Whitehead and Sarah Jamieson	DfE, National Development Team for Inclusion (NDTI), Economy, Employment & Skills	<p>Nil cost if approved by DfE</p> <p>Conference costs £</p>	<p>Training delivered to post-16 stakeholders</p> <p>Annual SEND Student Conference survey shows improved satisfaction among learners re Preparation for Adulthood.</p> <p>Increase in supported internships.</p>	
10.1.3	Review the Preparing for Adulthood Plan and consult with all key stakeholders including young people, family, and carers on content priorities and actions.	April 2022	Mark Whitehead	Education providers, Health, Adults, School Leaders, Children's social care including LAC and ISCAN	<p>New post of Plan Delivery Manager funded by Adult Social Care.</p> <p>New post of Transition Social Worker jointly funded by Adults and Children's. Further resources required to support programme delivery in</p>	Production of refreshed plan with clear measurable milestones and agreed actions.	



					LAC and SEN.		
10.1.4	Review current membership and ToR for the Preparing for Adulthood Strategic Group and schedule quarterly meetings. This group will provide oversight of plan implementation by senior leaders from key agencies.	May 2022	Mark Whitehead	Children's Services, Health, Adults, schools and Post-16 providers	12 days	Launch of new group – Minutes of meetings – Programme of reviews of key milestones within the plan.	
10.1.5 [see also priority 3]	Review the Transition Protocol and Pathway, consult on and publish in an accessible format	April 2022	Reyhana Khan	Children's Services, Health, Adults, Schools	5 days	Publication of the documentation on the Adult Social Care Website and the Local Offer	
<b>10.2 Updated Tracker (register) to capture all young people with EHCPs in need of social care from aged 14+ effectively linked with housing and support planning within Adult Social Care, and informing joint commissioning decisions regarding future delivery models for young people</b>							
10.2.1 Age 203	Implement a live Tracker (register) in LCS for all young people predicted to come into adult social care to inform housing and support planning.	Ongoing	Jo Robinson	Children's Services, Health, Adults, Schools	10 days	Evidence of Tracker – Due to data protection laws this is not available to view by public.	
<b>10.3 The Learning Disability and Autism Strategies align to the Preparing for Adulthood Plan objectives and that these are monitored via the established Tameside Partnership Board, the Greater Manchester Delivery Group and the Greater Manchester Health and Social Care Partnership governance and reporting structure</b>							
10.3.1	Align the Preparing for Adulthood Plan strategically with the: <ul style="list-style-type: none"> <li>• Tameside Learning Disability Strategy</li> <li>• Tameside Autism Strategy</li> <li>• SEND Joint Commissioning Plan</li> <li>• SEND Improvement and Development Action Plans.</li> </ul>	June 2022	Mark Whitehead	Children's Services, Health, Adults, Schools, Employment, Probation Services, user-led groups	2 days	Evidence of full strategic integration across all plans.	

10.4 Improved access to health provision that is available for those with more complex needs.							
10.4.1	Strategic PFA lead for Health designated to work in to the system	April 2022	LS		LS – Time		
10.4.2	To established robust systems to check the quality of health provision for children and young people preparing for adulthood across Tameside.	June 2022	LS/GG/AR/MW	CCG/LA	£50,000	Weaknesses in provision identified quickly, challenged and used to inform commissioning.	
10.4.3	Map and review availability of information and information sharing about NEET young people, in order to identify associated gaps in access to health services.	April 2022	LA	ICFT - CFC, Complex Safeguarding, School Nursing. LA - YJ. ?PCFT - CAMHS	Time & LA information resource	Findings of mapping & review complete. Identification of gaps in access to health service and agreed pathways in place.	

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Key Roles:

SC and CCG representatives:

DCS Director of Children’s Services (SC) Ali Stathers-Tracey

# Agenda Item 8

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 March 2022
<b>Executive Member:</b>	Brenda Warrington – Executive Leader (Tameside Council) Dr Ashwin Ramachandra – Co-chair (Tameside & Glossop Clinical Commissioning Group) Dr Asad Ali – Co-chair (Tameside & Glossop Clinical Commissioning Group)
<b>Reporting Officer:</b>	Sarah Threlfall – Director of Transformation, Policy, Performance and Communication
<b>Subject:</b>	<b>POVERTY STRATEGY AND APPROACH RESPONSE TO THE COST OF LIVING</b>
<b>Report Summary:</b>	The report proposes that work commences to review the current response to poverty and develops a refreshed approach including a long-term poverty strategy and a financial vulnerability plan to provide timely assistance to residents while also addressing the long-term roots causes of poverty. The strategy and plan will be informed by extensive analysis of data, benchmarking with best practice and engagement with affected by poverty and those working with people living in poverty
<b>Recommendations:</b>	<p>The Strategic Commissioning Board and Executive Cabinet are recommended to note the contents of the report and agree that:</p> <ol style="list-style-type: none"><li>1) A refreshed long-term strategy to tackle poverty is developed alongside the Corporate Plan as a place based response to the systemic issues of deprivation;</li><li>2) A refreshed operational approach to financial vulnerability is developed in particularly in light of the cost of living crisis and the socio-economic and wellbeing impacts of the Covid-19 on families and communities;</li><li>3) That work required to deliver recommendations (1) and (2) will include a detailed needs assessment underpinned by data, feedback from people with lived experience of poverty, mapping of existing pathways; benchmarking of best practice within and without Tameside and feedback from the Tameside Poverty Truth Commission;</li><li>4) That Tameside Council will consult with local partners in the public, private and third sectors in order to work together on the development of the long term poverty strategy and financial vulnerability response to ensure both are holistic place based approaches and address systemic challenges;</li><li>5) Tameside Council notes that the socio-economic duty part of the draft Equality Act 2010 has yet to be enacted by parliament and commits to continuing to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage and wherever possible addressing transparently in all decision making.</li><li>6) It is proposed that the Discretionary Energy Rebate Scheme (announced in addition to the mandatory energy rebate scheme) will provide support as part of the overarching response to the cost of living crisis. The funding in Tameside is £530k, and guidance suggests that this funding should be used</li></ol>

to provide payments to other households who are energy bill payers but not covered by the Council Tax Rebate as set out in section 5.20. Specific provision and support will be put in place Care Leavers struggling with the cost of living crisis.

- 7) That where possible and subject to sufficient funding being identified the existing approach to crisis grants and holiday hunger post (currently supported by the Household Support Fund) be continued post 31 March 2022;

**Corporate Plan:**

Achieving many of the objectives and priorities of the Corporate Plan is dependent on meeting the needs of local residents, including tackling inequality, increasing well-being and improving outcomes. The proposals in this report aim to achieve those objectives.

**Policy Implications:**

Council policies relating to welfare assistance and other support mechanisms (e.g. Council Tax Support Scheme) will need reviewing collectively as will existing pathways and support services

**Financial Implications:**

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

The review of the Council's approach to poverty and financial vulnerability will need to include an assessment of current budget provision across the Council for related services with a view to consolidating and prioritising budgets, to ensure the most effective use of limited resources.

In relation to 2022/23, it may be possible to utilise the balance of existing one-off grant funding streams which the Council has received in relation to the cost of living and economic impacts of the Covid pandemic. There may be up to £800k of unspent grant funding available, but this is subject to the finalisation of the 2021/22 expenditure and this funding is one-off.

The cost of extending Free School Meal vouchers to cover May and October half term and summer holidays is estimated to be in the region of £1,680k based on previous schemes. Assuming that £800k of unspent grant funding is available, there is a shortfall of £880k for free school meals, plus any other funding required for other additional support, which would need to be identified. There is currently no provision within the Medium Term Financial Plan beyond this financial year.

The full financial implications therefore cannot be properly quantified at this stage until a full assessment of the current position and future priorities has been undertaken.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

The Council has a statutory duty to reduce inequality. The approach set out in the report aims, through working in partnership, to promote an early intervention approach as part of the Council's role to prevent poverty. The aim of the Anti-Poverty Strategy is to lessen the effects of poverty, enable people to overcome the barriers linked to poverty and prevent more people falling into poverty in the first place using the Council's limited resources as effectively as possible. The approach outlines an evidenced based approach to refreshing all current strategic and operational arrangements.

**Risk Management:**

Failure to address long-term systemic issues of deprivation and short term issues of immediate financial crisis have the potential to create significant wellbeing risks for individuals and families as well as organisational risks in terms of additional demands in other high

cost specialist services

**Background Information:**

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



Telephone:0161 342 3542



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## 1. POVERTY IN TAMESIDE

- 1.1 According to data from the ONS, 17.5% of the population in Tameside was income-deprived in 2019. Of the 316 local authorities in England, Tameside is ranked 37<sup>th</sup> most income-deprived,<sup>1</sup> falling within the 20% most income deprived local authorities nationally. Of the 141 areas in Tameside, 54 were among the 20% most income-deprived in England,<sup>2</sup> latest available data from End Child Poverty estimate that 33.4% of children in Tameside are living in poverty.<sup>3</sup> Poverty is a growing public health issue,<sup>4</sup> which has been exacerbated over the last decade by welfare reforms and austerity measures
- 1.2 Reflecting increasing financial hardship within Tameside, 12,976 food parcels were distributed by the Trussell Trust from April 2020-May 2021, marking an increase of 31% or 3059 parcels on the previous year.<sup>5</sup> The Trussell Trust have also reported that demand has increased by 128% over the past five years, with a 33% increase over the last year
- 1.3 Within Tameside, latest figures on homelessness show 225 people are currently housed in temporary accommodation. Latest estimates suggest that 22.8% of residents in Tameside are economically inactive.<sup>6</sup> In December 2021, there were 25,103 people on Universal Credit in Tameside,<sup>7</sup> around 11% of residents. Due to rising inflation, Child Poverty Action Group estimates that the value of Universal Credit for families with children will fall by £570 a year,<sup>8</sup> increasing financial pressure faced by residents
- 1.4 Over the last decade, Tameside Council has faced over £200 million pounds worth of cuts,<sup>9</sup> reflecting the trend identified by the Joseph Rowntree Foundation that the most deprived areas have borne the brunt of cuts.<sup>10</sup> The Coronavirus pandemic has also further compounded pre-existing inequalities. During the pandemic, people in the most deprived socioeconomic groups have experienced greater adverse health impacts, mortality rates for the most deprived are twice as high when compared to the least deprived.<sup>11</sup> The North West was the region with the highest coronavirus (COVID-19) death rate in 2020.<sup>12</sup> The pandemic has also had a significant financial impact on the poorest,<sup>13</sup> a report by the Joseph Rowntree Foundation found that workers on insecure contracts were four times more likely to lose their job than workers on permanent contracts, and that workers who had less income were also more likely to lose their jobs than those on higher incomes.<sup>14</sup>

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<sup>1</sup> Office for National Statistics <https://www.ons.gov.uk/visualisations/dvc1371/#/E08000008>

<sup>2</sup> Ibid.

<sup>3</sup> [Child poverty in your area 2014/15 – 2019/20 – End Child Poverty](#)

<sup>4</sup> [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#) page 13.

<sup>5</sup> [Financial-Year-2020\\_21-End-of-Year-statistics\\_FOR-PUBLIC-USE.xlsx \(live.com\)](#)

<sup>6</sup> [Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

<sup>7</sup> [Stat-Xplore - Table View \(dwp.gov.uk\)](#)

<sup>8</sup> Child Poverty Action Group 'Nothing Left to Cut Back: Rising Living Costs and Universal Credit' (15<sup>th</sup> February 2022) [Nothing left to cut back: rising living costs and universal credit | CPAG](#)

<sup>9</sup> [Budget 2021 - 2022 \(tameside.gov.uk\)](#)

<sup>10</sup> Joseph Rowntree Foundation, 'THE COST OF THE CUTS: THE IMPACT ON LOCAL GOVERNMENT AND POORER COMMUNITIES' (2015) [CostofCuts-Full.pdf \(jrf.org.uk\)](#)

<sup>11</sup> Department of Health and Social Care (DHSC) and the Office of National Statistics (ONS) 'Direct and Indirect Health Impacts of COVID 19 in England' (17<sup>th</sup> September 2021) [S1373 Direct and Indirect Health Impacts of C19 Detailed Paper .pdf \(publishing.service.gov.uk\)](#), page 2.

<sup>12</sup> Office for National Statistics (09<sup>th</sup> July 2021) [Coronavirus \(COVID-19\) roundup - Office for National Statistics \(ons.gov.uk\)](#)

<sup>13</sup> Sumit Dey-Chowdhury, Office for National Statistics, 'Coronavirus and the Impact on UK Households and Businesses' [Coronavirus and the Impact on UK households and businesses - Office for National Statistics \(ons.gov.uk\)](#)

<sup>14</sup> Joseph Rowntree Foundation, 'What the First Covid-19 Lockdown meant for People in Insecure, Poor Quality Work' (31<sup>st</sup> March 2021) [What the first COVID-19 lockdown meant for people in insecure, poor-quality work | JRF](#)

- 1.5 Poor job quality was identified as a particularly pressing issue in the north of England, 21.5% – 1.3 million jobs – are paid less than the real living wage.<sup>15</sup> On average, gross weekly wages in Tameside were around 10% lower than average for the North West and 16% lower than average for Great Britain.<sup>16</sup> Coupled with this, households across Tameside are facing many challenges, including the end of the £20/week Universal Credit uplift, inflation peaking at 7.25%<sup>17</sup>, energy bills increasing by 54%<sup>18</sup> and the national insurance hike. The End Fuel Poverty Coalition estimates that the recent rise in energy costs will plunge an additional 1.1m homes into fuel poverty, meaning that 22% of all households in England are in fuel poverty.<sup>19</sup>
- 1.6 In light of the rise, the Government has announced a package of support, providing all domestic electricity customers in Great Britain with an upfront discount on their bills worth £200 and introducing a £150 non-repayable council tax rebate for bands A to D.<sup>20</sup> Local authorities are also due to be allocated £144million of discretionary funding to support those who need help with energy bills but are not eligible for the council tax rebate.

## 2.0 RESPONSES TO POVERTY

### National Response

- 2.1 The government has recently introduced a number of measures including the 'Levelling Up White Paper', the Household Support Fund and the Universal Credit Uplift which may contribute towards poverty reduction. The levelling up framework incorporates an acknowledgment that there is regional disparity within the UK and aims to reverse the widening gap between geographical regions. Part of this includes the Levelling up Fund, which aims to tackle economic differences between different parts of the UK by investing in local infrastructure projects. Through the fund, the UK Government committed £4 billion for England with funding to be delivered through local authorities, Tameside council secured £19,870,000 to regenerate Ashton Town Centre.
- 2.2 In October 2021, the Government introduced the Household Support fund, allocating £2,224,686.33 to Tameside Council to help those most in need to cover the cost of every day essentials such as food, energy and water bills. In March 2020, in response to the impact of the COVID 19 pandemic, the Government announced the equivalent of a £20/week increase to Universal Credit standard allowance. An extension to the Universal Credit uplift was announced during the spring 2021 budget and the uplift ended October 2021. Figures suggest 25,317 people in Tameside were affected by the end of the uplift

### Tameside Council's Response to Poverty

- 2.3 Tameside Council have already taken several steps towards tackling poverty, including supporting the Poverty Truth Commission, delivering the Early Help and Neighbourhood Offer, providing financial assistance through the Council Tax Hardship Fund, Discretionary Housing Payments, Household Resettlement Scheme, Coronavirus Self-Isolation Payment and the Household Support Fund. The council also provide support services to enable residents to resolve ongoing issues and to maximise household incomes through the Welfare Rights and Debt Advice Service, Housing Advice, Advice Tameside and Money Advice Tameside Referral Tool

<sup>15</sup>IPPR North 'State of the North 2021/22: Powering Northern Excellence' (January 2022) [State of the North 2021/22: Powering northern excellence | IPPR](#), page 17.

<sup>16</sup> [Labour Market Profile - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

<sup>17</sup> Bank of England, Monetary Policy Report, (2022) [Bank of England Monetary Policy Report February 2022](#)

<sup>18</sup>Ofgem 'Price Cap to Increase by £693' (03<sup>rd</sup> February 2022) [Price cap to increase by £693 from April | Ofgem](#)

<sup>19</sup> End Fuel Poverty Coalition 'Catastrophic rise in energy prices will not be offset by government plans' (03<sup>rd</sup> February 2022) [Catastrophic rise in energy prices will not be offset by Government plans – End Fuel Poverty Coalition](#)

<sup>20</sup> Becky Mawhood, Paul Bolton, House of Commons Library Research Briefing 'Energy Prices and the Energy Bills Rebate' (11<sup>th</sup> February 2022) [CBP-9461.pdf \(parliament.uk\)](#) page 13.

- 2.4 To amplify the voices of people living in poverty, Tameside Council have supported the Poverty Truth Commission, which is being delivered by Greater Manchester Poverty Action. The commission which launched in November 2021, brings together grassroots commissioners, people with lived experience of poverty and senior civic, political and business leaders, known as civic commissioners, on an equal footing to inform decision making within Tameside. To contribute towards preventative action, the Early help and Neighbourhood Offer involves the coordination of timely advice and support to children and families in Tameside to improve resilience, outcomes and to reduce the risk of problems worsening. As part of the fulfilment of the vision that every child and young person in Tameside has the best start in life, early help brings together universal services, community support and acute and targeted services, to proactively resolve issues
- 2.5 Through the provision of Discretionary Housing Payments, the Council awarded £693,061 in the previous financial year towards housing costs.<sup>21</sup> Tameside Council also provides the Household Support Fund, which has awarded over £325, 835 to low income households so far. The scheme is due to close on 31 March 2022 as prescribed by the government
- 2.6 Tameside also currently offers the Household Resettlement Scheme to residents of Tameside, who are aged over sixteen, are on a low income and who need help to move out of an institutional or an unsettled way of life, including homelessness and who without the help would suffer serious harm to themselves and or their family. The number of successful applications was 358 and total spent was £213,326. 36% of those applying to the scheme were leaving temporary accommodation
- 2.7 The Welfare Rights Service provides support for low-income households across Tameside, forming an important part of poverty reduction and alleviation. The service advises residents on benefits and tax credit entitlements. Indicating the need for emergency assistance, from April 2021-18 February 2022, Tameside Welfare Rights had 930 enquiries relating to food provision and 164 enquiries relating to energy top ups. In addition, over the last year, the service made actual financial gains for residents of £4,240,155.00, increasing household incomes across Tameside. Tameside Housing Advice offers a single point of access for housing advice and homelessness prevention. From 28 September 2020, the £500 Test and Trace Support Payment has been available to people on low incomes who have to self-isolate, from October 2020 to 7 February 2022, 2830 coronavirus self-isolation support payments were made by Tameside Council. The Coronavirus Self-Isolation Support Payment Scheme ended on 24 February 2022.

### 3.0 LINKS TO OTHER STRATEGIES

- 3.1 A long-term poverty strategy would support the delivery of some of the below strategies and should also aim to encourage the delivery of others to ensure that addressing poverty is a central feature. A brief summary of some of these strategies is provided below:

Tameside & Glossop Strategic Commission: Our People – Our Plan – Our Plan. The Corporate Plan.	Provides the strategic vision for Tameside Council and Tameside and Glossop CCG. This is structured following the life course – Starting Well, Living Well and Ageing Well, underpinned by the aim of ensuring Tameside and Glossop is a Great Place and has a Vibrant Economy. A number of the priorities identified align closely with the goal of poverty reduction for instance increasing median resident earnings and improving wellbeing and resilience.
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<sup>21</sup> Ibid.



<p>Tameside and Glossop CCG: One Equality Strategy 2018-2022</p>	<p>This is the joint equality strategy of the Tameside and Glossop Strategic Commission, comprised of Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. Objectives of the Strategy include:</p> <ul style="list-style-type: none"> <li>a) Reducing inequality and improving outcomes</li> <li>b) Meeting our obligations under the Equality Act 2010</li> <li>c) Equality training, development and awareness</li> <li>d) Consultation and engagement</li> <li>e) Understanding service use and access.</li> </ul> <p>The 2021 report identified the need to address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap. Furthermore, the strategy also highlights the CCG's role in helping people to continue to live independent lives and assisting the most vulnerable in our communities to access support and services.</p>
<p>Tameside Inclusive Growth Strategy 2021-2026</p>	<p>Central to our Inclusive Growth Strategy is ensuring that the quality of life, health and happiness of our people is improved by good employment, with greater security and better pay. Aims of the strategy include:</p> <ul style="list-style-type: none"> <li>- Attracting investment and supporting businesses to increase the number of good jobs in the borough</li> <li>- Increasing aspirations, employment, pay, skills and health across the population of Tameside.</li> <li>- Ensuring transport system links residents to jobs and services</li> <li>- Increasing quality, affordability and choice in the borough's housing offer.</li> </ul> <p>This will address poverty by increasing the number of good jobs available to residents and facilitating residents to access these jobs both through up-skilling and improving transport infrastructure.</p>
<p>Tameside Preventing Homelessness Strategy</p>	<p>This strategy advocates for a holistic and integrated response to preventing homelessness. Integral to the strategy is a commitment to preventing homelessness and early intervention. As poverty is a driver of homelessness, a comprehensive poverty reduction strategy will complement and enhance the council's approach to homeless prevention. Priorities for Tameside's Preventing Homelessness Strategy include:</p> <ul style="list-style-type: none"> <li>- A holistic and integrated response to preventing homelessness</li> <li>- Proactive information management</li> <li>- Raised awareness of the causes of homelessness and services , and a shared understanding that preventing homelessness is everyone's business</li> <li>- Early intervention before a crisis</li> <li>- Increased resilience and targeted support</li> <li>- Access to a wide range of affordable, permanent accommodation options</li> <li>- Identifying, cultivating and empowering untapped resources in the community</li> </ul>
<p>Early Help Strategy: Smarter, Stronger, Sooner, Safer</p>	<p>This outlines a series of key priorities that the Tameside Children's Improvement Board is committed to delivering. Underpinning the strategy are the following principles:</p> <ul style="list-style-type: none"> <li>- Early Help is everyone's responsibility – partnership approach not provision</li> <li>- A commitment to prevention – wherever possible all children and family's needs will be met by universal services, families and communities</li> </ul>

	<ul style="list-style-type: none"> <li>- We will listen to children and families and treat them as partners</li> <li>- We will understand the needs of children and families in Tameside an Early Help resources will be commissioned based on this understanding</li> <li>- We will ensure that children and families are safe.</li> </ul> <p>The strategy emphasises taking a well-connected multi-agency approach to early help and preventative action across Tameside.</p>
Digital Inclusion Strategy 2020-2025	<p>With the roll-out of Universal Credit which is predominantly accessed via the online journal, it is increasingly necessary for all residents to have digital literacy to prevent digital exclusion and to prevent the negative financial implications and poor health outcomes associated. During the Coronavirus pandemic, there has also been a trend for local authorities to provide online services and to encourage residents to access key council services through online channels such as the Household Support Fund. This can present significant challenges for residents who struggle to access online services, which is why Tameside Council's Digital Inclusion Strategy aims to improve digital skills and to ensure that every resident has free access to high quality internet services through libraries and SWIFT public Wi-Fi. By enabling residents to access digital services, this strategy may help to prevent residents falling into financial hardship as a result of digital exclusion.</p>

#### 4.0 LONG TERM POVERTY REDUCTION STRATEGY

- 4.1 In the context of the cost of living crisis, it is necessary to review our offer to the residents of Tameside by developing a long-term strategy for reducing poverty. Poverty has a range of causes, which is why we intend to develop a poverty strategy, setting out both long-term goals in areas such as housing, education and employment, as well as the provision of immediate support through a financial vulnerability response. Due to the range of VCSE organisations, which support residents experiencing poverty in Tameside, it is envisioned that the strategy will be developed in collaboration with relevant organisations across the local authority. Moreover, as poverty is a cross-cutting issue, affecting a range of services under the council's remit, the development of the strategy will require a partnership approach with lead members and service leads
- 4.2 A crucial part of the financial vulnerability response will be the implementation of a new Local Welfare Assistance Scheme (LWAS), which enables residents to access emergency financial assistance, please see **Appendix 1**. Alongside this, the financial vulnerability response will focus on increasing household incomes and incorporating financial inclusion
- 4.3 Emphasising the benefits of early support, the Local Government Association considers that pro-active, preventative, approaches may be more cost effective than dealing with people at crisis point and could reduce the considerable costs arising from high cost statutory interventions.<sup>22</sup> We recommend undertaking a review of our current approach to poverty and working to create a comprehensive, joined up approach to poverty prevention, coordinating pre-existing strategies and evaluating the effectiveness of support currently on offer.
- 4.4 Key principles include;
- Offering a joined up strategy
  - Bench marking against other authorities
  - Adopting the socio- economic duty

<sup>22</sup> Local Government Association, 'Reshaping Financial Support: Executive Summary' (2019) [Reshaping financial support: executive summary | Local Government Association](#)

### **Joined Up Approach**

- 4.5 The need for a coherent, joined up approach to poverty has been highlighted by numerous external reports, internal strategies and interviews with frontline services. As indicated above, poverty reduction involves a range of long-term and short term factors, encompassing a variety of areas from education, good quality employment and suitable housing to accessible welfare support, which fits in to a number of pre-existing strategies.
- 4.6 CLES<sup>23</sup> highlighted how mechanisms at local government level such as budget setting and procurement practices have significant potential for addressing poverty, however a common constraint identified was the absence of a joined up strategy or commitment to addressing poverty.<sup>24</sup>
- 4.7 CLES recommendations included
- Ensuring addressing poverty is embedded across services and partners
  - Undertaking poverty assessments
  - Adopting addressing poverty as a corporate objective
  - Training staff in embedding poverty considerations
  - Undertake reviews of actions of public, commercial and social sector partners in addressing poverty
  - Embedding poverty considerations into tender criteria for public procurement
- 4.8 Having a coordinated approach to poverty can ensure the provision of early, effective support to low income household and improve outcomes. A practical requirement of a joined up approach is an effective referrals process and enhanced data sharing between council departments and trusted partners including local charities, food banks and schools. To ensure residents receive the wrap around support needed in a crisis, there must be a close connection between frontline services including council tax collections, welfare rights, mental health, Department for Work and Pensions, housing advice, adults and children's services. This will require data sharing agreements between services
- 4.9 Integrated into this approach should be an effective use of data to identify households at risk of debt and financial hardship. One proposed option could be utilising the council tax collection database to provide targeted support to households falling into council tax arrears. Proactive referrals to local debt and benefits advice services are another option for providing targeted support

### **Benchmarking**

- 4.10 To ensure that best practice is followed, it is proposed that Tameside Council undertake a benchmarking exercise against other local authorities, focusing especially on approaches in Greater Manchester. As recognised by the OECD, benchmarking can be used to
- assess performance objectively,
  - expose areas where improvement is needed,
  - identify other organisations with processes resulting in superior performance, with a view to their adoption
  - test whether improvement programmes have been successful.<sup>25</sup>
- 4.11 Assessing local approaches will inform the development of Tameside's poverty strategy by identifying effective and innovative approaches that may enrich Tameside's strategy. This will include engaging with other local authorities to identify approaches to LWAS funding

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<sup>23</sup> The Centre for Local Economic Strategies and Joseph Rowntree Foundation [Addressing poverty through local governance \(jrf.org.uk\)](#) (2013)

<sup>24</sup> Ibid.

<sup>25</sup> OECD, Jeremy Cowper and Dr. Martin Samuels Next Steps Team, Office of Public Services Cabinet Office, 'Performance Benchmarking in the Public Sector: The United Kingdom' (1997) [1902895.pdf \(oecd.org\)](#), 1.

### **Adopting a Socio- Economic Duty**

- 4.12 Section 1 of the Equality Act 2010 introduces a socioeconomic duty on public bodies that requires them: “*when making decisions of a strategic nature about how to exercise its functions*” to “have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome, which result from socio-economic disadvantage”.
- 4.13 This provision has not yet been implemented by the UK government meaning it is not legally binding, however, Scotland recently brought this duty into force through the Fairer Scotland Duty. Similarly the duty has also been incorporated in Wales. The need to reduce inequality is widely recognised under several current Tameside council strategies including the One Tameside Equality Strategy, therefore incorporating this duty and actively considering socio-economic disadvantage through the course of decision making and service delivery may coordinate a number of our current priorities.
- 4.14 Key principles for implementing the socio-economic duty include:
- Incorporating socio-economic disadvantage as a protected characteristic in equality impact assessments, equality plans, and the broader decision-making process and strategies.
  - Using data to inform the implementation of the socio-economic duty and develop success criteria to measure impact of implementation.
  - Ensuring the implementation enjoys strong, visible support from senior leaders.
  - Engaging with people with lived experience of socio-economic disadvantage, relevant organisations, and committing to finding new and sustainable ways to use this experience in policymaking.
  - Identifying what works through monitoring, evaluation, skill-sharing, introducing mechanisms that can ensure accountability for the implementation of the socio-economic duty.<sup>26</sup>
- 4.15 As part of Tameside’s long-term vision for poverty reduction, we propose the voluntary implementation of s.1 Equality Act 2010, in order to reinforce the council’s commitment to tackling inequality and providing a fairer local offer. The adoption of the duty offer the opportunity to redress growing levels of inequality and to provide opportunities for a range of voices to be represented when considering policy changes and service delivery.

## **5.0 FINANCIAL VULNERABILITY RESPONSE**

### **Tackling Holiday Hunger**

- 5.1 Following the introduction of the Household Support Fund, Tameside have allocated £1.4million towards tackling holiday hunger, providing vouchers to families eligible for free school meals during school holidays
- 5.2 Our long-term ambition is to have sufficient funding to provide financial support through crisis grants and vouchers for families and individuals most in need. At present, subject to adequate funding being allocated, we propose that both the current model of crisis grants as outlined under the Household Support Fund and the provision of vouchers to families eligible for free school meals during school holidays are extended for a further six months
- 5.3 If sufficient Government funding is not allocated to support the continuing provision of the aforementioned support, we will seek identify suitable funding, in collaboration with the Finance team, to cover the cost of extending the schemes for six months

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<sup>26</sup> Greater Manchester Poverty Action, Just Fair, ‘A Practical Guide for Local Authority Implementation of the Socio-Economic Duty in England’ (June 2021) [A Practical Guide for Local Authority Implementation of the Socio-Economic Duty in England \(gmpovertyaction.org\)](https://www.gmpovertyaction.org/)

### **Increasing Household Incomes**

- 5.4 To reduce poverty across Tameside, it is recognised that increasing household incomes must be a primary focus. The Council is carrying out ongoing work to secure Living wage accreditation, ensuring those employed by the council receive at least the real living wage. Alongside this, a review of current support offered through the Council Tax support scheme will be undertaken to ensure the support offered effectively meets the needs of low income residents, including the size of the Section 13a discretionary fund. As part of the financial vulnerability response, it is intended that work will be undertaken to improve access to key services which actively increase household incomes such as the Welfare Rights Service
- 5.5 Encouraging financial inclusion should also form part of the plan to increase household incomes, ensuring individuals and businesses have access to useful and affordable financial products and services that meet their needs, which are delivered in a sustainable way.<sup>27</sup> The Local Government Association recommends that local authorities establish financial inclusion partnerships to provide strategic development and support for alternative, not for profit and affordable financial services.<sup>28</sup>
- 5.6 The previous Tameside Support for Independent Living Scheme recognised the value of financial inclusion and involved a close partnership with Cashbox where awards were paid into a credit union account to encourage future saving and to open up credit union services to residents. Other local authorities have taken different approaches to partnership working. For instance, the London Borough of Lewisham partnered with Lewisham Plus Credit Union to provide a homelessness prevention loan scheme to assist tenants most at risk of eviction. The authority estimated that this intervention saved the council around £1million in temporary accommodation costs.<sup>29</sup>
- 5.7 Therefore, it is recommended that Tameside works collaboratively with local partners including credit unions such as Cashbox as well as Community Development Finance Institutions (CDFI's) to identify affordable credit provision, improve accessibility and improve promotion.<sup>30</sup>

### **Local Welfare Provision Scheme**

- 5.8 Local Welfare Assistance schemes are a vital part of the social security infrastructure and offer residents essential support to meet their basic needs. Following the 31 March, TMBC will not have a local welfare assistance scheme (LWAS) which can provide emergency assistance to people in need.
- 5.9 In response, it is proposed that Tameside Council adopt a new LWAS scheme to be established based on updated previous Tameside Support for Independent Living (TSIL), which ended 2015 with exception of furniture and white goods offered through Tameside Resettlement Scheme. Please see **Appendix 1** for further information on the proposed scheme.
- 5.10 The aim of the scheme is to respond to immediate need by offering financial assistance to residents in crisis situations, providing a cash first response. By providing direct financial assistance during crisis, we can provide residents with time to seek help to resolve long-term issues. It is also envisaged that the scheme will be integrated as part of a wraparound support service, working with the resident to solve the cause of their financial hardship

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<sup>27</sup> World Bank, Financial Inclusion Overview (2<sup>nd</sup> October 2018) [Financial Inclusion Overview \(worldbank.org\)](https://www.worldbank.org/financial-inclusion/overview)

<sup>28</sup> Local Government Association, 'Reshaping Financial Support: How Local Authorities can Help to Support Low Income Households in Financial Difficulty' (2019) [Reshaping financial support: how local authorities can help to support low income households in financial difficulty](#), page 28.

<sup>29</sup> Local Government Association, 'The Role of Councils in Improving Access to Affordable Credit and Financial Services for Low Income Households' (19<sup>th</sup> July 2019) [The role of councils in improving access to affordable credit and financial services for low-income households | Local Government Association](#)

<sup>30</sup> Ibid.

- 5.11 The scheme will provide assistance with food, clothing, essential household items and furniture, white goods and emergency travel. It is proposed that eligibility restricted to those in financial hardship who have no access to other funds, applications will be assessed on a case by case basis.
- 5.12 By establishing a new LWAS, it is likely that pressure on other supporting services will be reduced, producing better outcomes and leading to financial savings elsewhere in the system. In terms of administering the scheme, it is intended be placed within Welfare Rights, Communities and Early Help.
- 5.13 To ensure adequate support is provided to those in need, it will be necessary for the scheme to act flexibly, for instance, working with other council services to assist people fleeing domestic violence, care leavers, people leaving institutions and people with no recourse to public funds under the Care Act 2014 and the Children Act 1989.

#### **Poverty Needs Assessment**

- 5.14 As part of our proposed work to review the effectiveness of current support, we intend to carry out a poverty needs assessment. A needs assessment is the collection and analysis of information relating to the needs of the affected population, in order to determine gaps between an agreed standard and the current situation.<sup>31</sup>
- 5.15 The needs assessment will assist us to understand:
- The spectrum of needs in Tameside
  - The geographical distribution of needs and the severity of those needs
  - The duration of those needs
  - Severity of conditions
  - Tameside's existing capacities and resources
  - How residents are affected based on gender, age, minority group and vulnerability.
- 5.16 Baseline measures to measure future progress could incorporate a series of measures including the Minimum Income Standard devised by Joseph Rowntree foundation to identify how much income households require to meet their material needs,<sup>32</sup> the indices of multiple deprivation,<sup>33</sup> relative income poverty and average real incomes within the local authority.

#### **Mapping Pathways to Support**

- 5.17 Building on the work carried out to create the Money Advice Tool to connect residents to local advice and support, we intend to extend to analyse pathways to support for low income residents with a view to improving access to support. To carry out this work, it is recognised that the council will collaborate with local partners, which may include Tameside Housing Advice, Citizens Advice Tameside, Tameside Welfare Rights, Greater Manchester Law Centre, Groundworks, Christians Against Poverty, Infinity Initiatives, Age UK, GamCare and Beacon Trust, Change Grow Live, Tameside, Oldham, Glossop Mind and Anthony Seddon Fund.
- 5.18 By examining the journey undertaken by our residents through public and charitable services when accessing support, it is intended that Tameside council can improve the overall experience and improve outcomes for residents. Using insights from people accessing the service and frontline staff is intended to help us identify what changes may be needed to service delivery and to determine how the Council's approach could be adapted to best suit the needs of low income residents, embedding the aim of poverty reduction across services

<sup>31</sup> World Health Organisation, 'Needs Assessment' [HC-Guide-chapter-10.pdf \(who.int\)](#)

<sup>32</sup> Joseph Rowntree Foundation, Abigail Davis, Donald Hirsch, Matt Padley and Claire Shepherd, 'A Minimum Income Standard for the United Kingdom in 2021' (July 2021) [A Minimum Income Standard for the United Kingdom in 2021 | JRF](#)

<sup>33</sup> Ministry of Housing, Communities & Local Government, 'English Indices of Deprivation', (26 September 2019) [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)



- 5.19 We intend to undertake a review of existing local welfare provision and assistance available to low income households in Tameside, following the approach of the National Audit Office, in order to:
- Review the effectiveness of the support we are providing
  - Collect and make use of data on who seeks help and why in order to target those most in need
  - Understand the costs which local welfare help to avoid
  - Consider whether other public services and charitable organisations have sufficient capacity to meet any increase in demand caused by reductions in local welfare provision.<sup>34</sup>
- 5.20 It is proposed that the Discretionary Energy Rebate Scheme (announced in addition to the mandatory energy rebate scheme) will provide support as part of the overarching response to the cost of living crisis. The funding in Tameside is £530k, and guidance suggests that this funding should be used to provide payments to other households who are energy bill payers but not covered by the Council Tax Rebate.
- 5.21 It is proposed that the existing application process for HSF will be adapted to meet the eligibility criteria for the Energy Rebate Policy and this funding will be used to support Energy Payers in line with the criteria set out below, that a single application and route to access this support will be put in place which aligns to wider support with cost of living and debt.
- 5.22 It is proposed that payment of £150 could be awarded to the following groups:
- Households in receipt of Council Tax Support or Housing Benefit in Council Tax Bands E, F, G and H.
  - Households in Bands E, F, G and H evidencing hardship
  - Energy bill payers who do not have a council tax liability and are not covered by the mandatory energy rebate scheme
  - Energy bill payers who have not had a previous council tax liability
  - Energy bill payers in new build properties that are awaiting the property being banded
  - Energy bill payers who are fleeing situations of domestic violence
  - A discretionary payment cannot be paid where the household has received the £150 energy rebate under the mandatory scheme for property bands A to D.
  - Only one discretionary payment of £150 will be paid per household.
- 5.23 Specific provision and support will be put in place Care Leavers struggling with the cost of living crisis. This cohort is exempt from Council Tax but will still be impacted by increases in the cost of living and potentially energy prices. The Council will put in place a scheme, aligned to the main scheme using the energy rebate which supports Care Leavers (except where care leavers already have their energy costs met through their support/accommodation arrangements). Personal assistants will support Care Leavers with accessing this support.

#### **Evidence Collection**

- 5.24 Alongside the poverty needs assessment, work will be undertaken to engage with a variety of residents who have a lived experience of poverty, by carrying out interviews, surveys and speaking to focus groups. We plan to work with council services including welfare rights in order to open a dialogue with low income residents to ensure that a diverse range of voices are represented within the poverty strategy. We also intend to work with local partners, utilising data collected by Voluntary, Community and Social Enterprise organisations to increase the evidence base for our recommended actions under the strategy

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<sup>34</sup> National Audit Office, 'Local Welfare Provision' (January 2016), [Local welfare provision - National Audit Office \(NAO\) Report](#)

**6. RECOMMENDATIONS**

6.1 As set out on the front of the report.



## TAMESIDE LOCAL WELFARE ASSISTANCE SCHEME

### LWAS EXECUTIVE SUMMARY AND RECOMMENDATIONS

- New LWAS scheme to be established based on updated previous Tameside Support for Independent Living (TSIL).
- To respond to immediate need - Support to residents in crisis situations to provide rapid vital short term support to help them avoid longer-term harm as part of a wraparound service that builds sustainability.
- Provision support to include food, clothing, essential household items and furniture, white goods and emergency travel.
- Eligibility restricted to those in financial hardship who have no access to other funds
- By establishing new LWAS can provide rapid support to residents to help them avoid longer-term support and reducing pressures on other supporting services producing better outcomes and leading to financial savings elsewhere in the system.
- Scheme could be placed within Welfare Rights, Communities and Early Help.
- Scheme to be developed through engagement and coproduction with residents and organisations in Tameside.

### TMBC SCHEMES

- Tameside resettlement scheme - <https://www.tameside.gov.uk/support/independentliving>
- Household support scheme, ends March 2021 - <https://www.tameside.gov.uk/householdsupportfund>
  - <https://www.tameside.gov.uk/CouncilTaxAndBenefits/Benefits/Tameside-Resettlement-Scheme/Household-Support-Fund>
  - **Online application** <https://public.tameside.gov.uk/forms/f1352hsfa.asp>
  - Food: Assistance can be provided to eligible applicants to purchase food limited to £25 per person in each household
  - Energy: Support can be provided for gas and electric bills - these payments are capped at £100 per household and only one payment can be awarded per household from this scheme. For payments requested to be made directly a recent copy of your bank statement will be required to demonstrate you do not have sufficient funds.
  - Essentials linked to energy: Assistance can be provided to eligible applicants limited to £50 per person in each household. This can be requested to provide support with essentials linked to energy including, but not limited to, sanitary products, warm clothing, blankets & essential household equipment (where this cannot be sourced through other provision).
- Council tax support / Hardship Fund– <https://www.tameside.gov.uk/ctax/counciltaxsupport>
- Financial support and advice- <https://www.advicetameside.org.uk/financialdifficulties>

### CASH FIRST SCHEME BENEFITS

- Prioritises providing support to people who are facing financial hardship in the form of cash grants and loans rather than vouchers, food aid or goods (in-kind support).
- Would give dignity by removing the stigma, choice and control, giving people what they want, simplicity and efficiency, increase take up, boost local economy by increasing the likelihood of payments being spent with local, independent retailers.
- Prevents falling into high interest debt when they face a financial crisis
- Bolstering wider financial inclusion linking to credit unions.
- Funding recouped where there is a loans element to cash payments being provided.

## SCHEME PROPOSAL FOR TMBC FROM BEST PRACTICE

The scheme below is the proposed working draft taking best practices from other GM authorities and from Greater Manchester Poverty Action report<sup>35</sup>. The final scheme will be informed by a review of existing support mechanisms, data analysis and lived experience feedback.

<b>Local Authority:</b>	Tameside
<b>Scheme:</b>	To provide emergency financial support through cash scheme offering flexibility and choice. The scheme should be closely linked to other supporting services to ensure that residents can access wraparound support
<b>Provide:</b>	<ul style="list-style-type: none"> <li>• Food - Awards made through provision of supermarket vouchers / cash grant</li> <li>• Essential household items (e.g. sanitation products or baby items) - Purchased by council / supermarket vouchers / cash grant</li> <li>• Essential furniture and white goods (e.g. bed / microwave) - Purchased by council</li> <li>• Fuel/energy top ups - Awards made through a voucher scheme that allows clients to top up their prepayment card at a Paypoint Outlet. For clients on direct debit payments, staff can make payments direct to energy providers using client's details (providing client is with staff to verify)</li> <li>• Emergency data access / connectivity (e.g. top up to SIM card) - SIM top-up directly through network provider</li> <li>• Emergency travel expenses - Cash grant / prepaid travel card</li> <li>• Referral to supporting services (previously TSIL)</li> </ul>
<b>Eligibility:</b>	<p>Living in Tameside or fleeing abuse. Age 16 and over. On low or no income and have no savings. Have qualifying circumstances and need for assistance. Sufficient priority to warrant assistance. Restrictions on number of applicants in one year, but provides flexibility if people still need support (<i>Maximum of two successful awards in 12 month period (previous TSIL), unless there are exceptional circumstances</i>)</p>
<b>Application Process:</b>	<p>Report Recommends application through Freephone number, online form and referral from other service;</p> <ul style="list-style-type: none"> <li>• Community Safety and Homelessness</li> <li>• Early Help, Neighbourhoods and Early Years</li> <li>• Welfare Rights and Debt Advice</li> <li>• Revenues Division</li> </ul>
<b>Linked to other services:</b>	<p>Referral from other service;</p> <ul style="list-style-type: none"> <li>• Community Safety and Homelessness</li> <li>• Early Help, Neighbourhoods and Early Years</li> <li>• Welfare Rights and Debt Advice</li> <li>• Revenues Division</li> </ul>
<b>Specific staff support:</b>	<p>Referral for other service approach will help to manage demand, and ensure that applicants can access and receive other support where needed. Referring staff will need to have the skills and knowledge to know where referring to the LWAS is appropriate, and whether an individual is likely to be eligible for the scheme. This approach would fit well within any future move to a caseworker/ navigator model.</p>
<b>Funding:</b>	<ul style="list-style-type: none"> <li>• Should be funded on a multi-year basis.</li> <li>• Support from other organisations, which could help to reduce the financial cost of the scheme. For example, housing associations commonly have small pots of funding available to tenants for essential</li> </ul>

	<p>household items and furniture. Ensuring that the LWAS can tap into these funding pots – or that applicants can be referred to these funding streams</p> <ul style="list-style-type: none"> <li>• <i>Ensuring that the LWAS is linked in with other support available in the borough is key to the financial viability of the scheme and stability in the longer term for people in crisis or emergency need.</i></li> </ul>
<b>Developing the scheme:</b>	<p>Developed through coproduction and engagement with residents and relevant local organisations.</p> <ul style="list-style-type: none"> <li>• Tameside PTC</li> <li>• Tameside Poverty Action Group</li> <li>• Housing Association Group</li> <li>• Community organisation group</li> <li>• Tameside Youth Group</li> <li>• Care Leavers Group</li> <li>• Survey</li> </ul>
<b>Benefits:</b>	<p>The local welfare scheme provisions will mean that the local authority is able to monitor at all stages of application, referral and acceptance.  One application would reduce need for people to repeat information.  Will enable us, together with partners, to ensure those most in need access support.  More robust monitoring system for evaluation.  Will allow for greater understanding of local practical solutions and support.  Offering early interventions to prevent crisis in the future.</p>

## REFERENCES

- <sup>1</sup> Greater Manchester Poverty Action, 2020, strengthening the role of Local Welfare Assistance Schemes [Strengthening the role of LWAS - Greater Manchester Poverty Action \(gmpovertyaction.org\)](http://gmpovertyaction.org)

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# Agenda Item 9

<b>Report to :</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date :</b>	23 March 2022
<b>Executive Member:</b>	Councillor Brenda Warrington – Executive Leader (Tameside Council)
<b>Clinical Lead:</b>	Dr Ashwin Ramachandra / Dr Asad Ali – Co-chairs (Tameside and Glossop Clinical Commissioning Group)
<b>Reporting Officers:</b>	Sarah Threlfall – Director of Transformation
<b>Subject :</b>	<b>ENGAGEMENT UPDATE</b>
<b>Report Summary :</b>	<p>The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity from June 2021 to date. Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects. Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider multi-agency partnership working. The approach is founded on a multi-agency conversation about ‘place shaping’ for the future prosperity of our area and its communities.</p>
<b>Recommendations :</b>	<p>Strategic Commissioning Board and Executive Cabinet are asked to note the contents of the report and support future engagement and consultation activity with the communities of Tameside and Glossop.</p>
<b>Links to Corporate Plan:</b>	<p>Achieving the objectives and priorities of the Corporate Plan is dependent on effective service delivery which meets the needs of local residents. Undertaking engagement and consultation to inform service development makes for better services and improved impact.</p>
<b>Policy Implications :</b>	<p>There are no direct policy implications as a result of this report but the activity outlined ensures policies regarding engagement are delivered. Engagement activity (alongside other considerations) will inform policy development in the relevant thematic areas.</p>
<b>Financial Implications :</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>There are no direct financial implications arising from this report. Any policy changes influenced by the engagement activity set out in the report will be subject to separate reports and decisions.</p>
<b>Legal Implications :</b> <b>(Authorised by the Borough Solicitor)</b>	<p>Engagement and consultation are a critical components to the successful delivery of services by the council.</p> <p>In addition consultation is often a statutory requirement and case law also how consultation should be undertaken.</p>

As such any formal consultation will be subject to its own decision making as part of the relevant project.

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

**Risk Management :**

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

**Access to Information :**

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



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## 1.0 PURPOSE OF THE REPORT

- 1.1 The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity from June 2021 to date. Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects.
- 1.2 Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider partnership working. The approach is founded on a multi-agency conversation about 'place shaping' for the future prosperity of our area and its communities.
- 1.3 The onset of the Covid-19 pandemic has also meant that we have had to identify different ways to engage our local communities. This report sets out some examples of the ways in which we have done this including the establishment of both the Community Champions programme and Tameside & Glossop Inequalities Reference Group.

## 2.0 KEY HEADLINES

- 2.1 The key headlines from June 2021 to date are summarised in the box below.

- Facilitated 16 thematic Tameside and/or Glossop engagement projects
- Received 3,957 engagement contacts<sup>1</sup> (excluding attendance at virtual events)
- Supported 7 engagement projects at the regional and Greater Manchester level
- Promoted 7 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Established the Community Champions Network to provide residents and workforces with the coronavirus information they need to lead the way in their community, with over 270 members now registered and a networking event on 1 March 2022.
- The Tameside & Glossop Inequalities Reference Group, established in response to how the coronavirus pandemic, and the wider governmental and societal response to this, continues to bring equalities and inequalities into focus. Two reports have been produced for two areas of focus, making recommendations on how to address inequality. These are: Digital Inclusion and Community Cohesion.
- Delivered three virtual Partnership Engagement Network (PEN) conferences attended by over 130 delegates in total.
- Retained 'Green Star' top rating for public and patient engagement as part of the CCG Improvement and Assessment Framework (IAF).

(\* Note: CCG only. The Council and ICFT are not assessed under an engagement IAF.

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

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

### **3.0 COMMUNITY CHAMPIONS NETWORK**

3.1 The Covid-19 Community Champions Network was established to provide residents and workforces with the coronavirus information they need to lead the way in their community. Community champions have continued to play a key role in acting as message carriers and leading by good example. The network runs two sessions each week (one during the working day and the other in the evening) over Zoom to share information and good practice. These sessions are:

- **Community champions information sessions:** An update on the data and Tameside's current position, as well as the opportunity for a questions & answers.
- **Community champions catch-up sessions:** An informal conversation about what is/isn't working, queries from participants and sharing of good practice and ideas.

3.2 The Community Champions initiative has opened up vital links between the council and residents and provides a channel for communication and working together. The Champions network will continue to run after Covid, with its focus already having developed to cover issues such as health and inequality in the borough.

3.3 An in-person event took place on 1 March 2022 whereby local residents were invited to attend a Community Champions celebration and networking event to find out more about their local community representatives, organisations and charities and learn how they can support local families. It also raised the profile of what the Community Champions are doing in the different areas. The event included a series of presentations and workshops on a range of topics.

3.4 Thematic focused workshops on specific topics have been arranged with the Community Champions Network from time to time. They include:

- Making every contact count for health
- Mental health and wellbeing
- What is Social Prescribing and how does it work in Tameside

3.5 To date, over 270 people have signed up to be a community champion. Membership of the network is diverse, with numerous organisations and local communities represented. Members of the Community Champions Network have helped to translate materials and information on Covid-19, and assisted in distributing messages and communications back to their communities.

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

### **4.0 TAMESIDE & GLOSSOP INEQUALITIES REFERENCE GROUP**

4.1 The Inequalities Reference Group (IRG) enables public sector organisations in Tameside & Glossop to work together to ensure that we reduce inequalities, utilising research and insight from our communities. It provides a forum to enable the sharing of ideas on carrying out our responsibilities under the Equality Act 2010 and the Public Sector Equality Duty – with the ultimate aim of reducing inequality across Tameside & Glossop. Whilst the group is not a



decision making body, it makes recommendations for action via existing governance structures and steers action to address inequalities.

4.2 The group is chaired by Councillor Leanne Feeley, Executive Member for Lifelong Learning, Equalities, Culture and Heritage. Membership of the group is made up of representatives from a range of public sector and VCSE organisations across the area, including:

- Action Together
- Children in Care Council
- Diversity Matters North West
- Infinity Initiatives
- LGBT Foundation
- Maternity Voices Partnership
- People First Tameside
- Tameside & Glossop Clinical Commissioning Group
- Tameside & Glossop Integrated Care NHS Foundation Trust
- Tameside Council (including Elected Members)
- Tameside Independent Advisory Group
- Tameside Youth Council
- Tameside, Oldham and Glossop MIND
- The Anthony Seddon Fund
- The Bureau (Glossop)

4.3 The group meet on a quarterly basis to share progress on inequalities work, discuss emerging issues and discuss chosen areas of focus. Current areas of focus include:

- Community Cohesion
- Digital Inclusion
- Voice of people with learning disabilities
- Understanding language and cultural barriers to accessing information
- Voice of children and young people
- Emotional wellbeing (isolation and loneliness)

4.4 The gathering of lived experience is taking place in a number of forms, such as virtual engagement sessions, workshops at Partnership Engagement Network conferences, engagement with local community groups, and online surveys. In the case of the voices of people with learning disabilities area of focus, engagement work has been designed, developed and led by members of People First Tameside themselves, who presented the findings to the IRG. Likewise Diversity Matters North West led on the lived experience work for the understanding language and cultural barriers to information work stream. Furthermore, a Tameside Youth Summit was organised by the Youth Service to gain the views and experiences of young people during the pandemic.

4.5 Three work streams have concluded and reports produced – Community Cohesion; Digital Inclusion; and Voice of People with a Learning Disability. Each report brings together national research and data, as well as the findings from local engagement, to make recommendations on how to address the issues identified going forward. These have been published and are available on the [IRG's dedicated webpage](#). Further reports are in development and, once completed, will also make recommendations.

## **5.0 PARTNERSHIP ENGAGEMENT NETWORK (PEN) UPDATE**

5.1 Tameside & Glossop Partnership Engagement Network (PEN) is a joint network of Tameside Council, Tameside & Glossop CCG, and NHS Tameside & Glossop Integrated Foundation Trust. It is part of a multi-agency approach to provide the public and our partners with a clear method to influence the work of public services and to proactively feed in issues and ideas.

- 5.2 The approach ensures that structures exist to facilitate an ongoing conversation with both the public and stakeholders. PEN creates forums for people and organisations to get their voices heard and the opportunity to hear about and contribute to the development of public sector programmes and work.
- 5.3 PEN Conferences have continued to be held virtually while restrictions have remained in place, however as we leave Covid restrictions we are now able to plan for engagement face-to-face, or offer a hybrid model.
- 5.4 In the period June 2021 to date, there have been three large-scale PEN conferences. The PEN approach continued to take place virtually in line with national guidance. Each of the conferences consisted of key presentations and a number of facilitated workshops to gain input on the development of options, emerging ideas, and specific issues and challenges currently facing Tameside & Glossop.
- 5.5 The table below summarises the topics discussed at the conferences that have taken place since June 2021 to date.

Event	Date	Presentations	Workshops	Delegates
Virtual PEN Conference	1 July 2021	<ul style="list-style-type: none"> <li>Tameside and Glossop Integrated Care System</li> </ul>	<ul style="list-style-type: none"> <li>The Future of PEN Engagement</li> <li>Domestic Abuse Strategy</li> <li>People Powered Health and Wellbeing Strategy</li> <li>Future of Customer Services</li> <li>Be Well Service</li> <li>Barriers to Accessing Information</li> <li>Couch to Out and About</li> </ul>	60
Virtual PEN Conference	11 October 2021	<ul style="list-style-type: none"> <li>Tameside and Glossop Community Champions Network</li> </ul>	<ul style="list-style-type: none"> <li>Community Champions</li> <li>Heart Failure Care Plan</li> <li>Understanding Cancer</li> <li>Waste Policy Consultation</li> <li>Preventing Homelessness &amp; Rough Sleeping Strategy</li> </ul>	30
Virtual PEN Conference	28 February 2022	<ul style="list-style-type: none"> <li>Tameside Children &amp; Young People Plan</li> </ul>	<ul style="list-style-type: none"> <li>School Streets Pilot</li> <li>Children &amp; Young People Plan</li> <li>Walking &amp; Cycling (Active Travel/Mayor's Challenge Fund)</li> <li>Walking Strategy</li> <li>Tameside Pharmacy Services</li> </ul>	40

- 5.6 Full feedback reports for the conferences are posted on the Partnership Engagement Network (PEN) pages of both the [Council](#) and [CCG](#) website. Similarly, for all thematic engagement and consultation activity a short feedback report is posted on the Big Conversation pages of the Tameside Council website (with links also included on the CCG website).
- 5.7 Residents, service users, patients, stakeholders, VCSE sector and partner organisations are regularly encouraged to sign up to the PEN Family which they can do via a link on the website. Over 440 members are currently signed up to receive monthly updates alerting them to relevant consultation and engagement opportunities at a local, regional, and national level. Details of these updates are also posted on the websites.

## 6.0 OTHER ENGAGEMENT WORK

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

- **Waste Policy Consultation** – Tameside Council undertook engagement with residents across the borough to ask for their views on proposed amendments to the waste collection policy. A public consultation was held for 12 weeks between July and October, during which time members of the public were invited to have their say. Alongside this, a pilot scheme ran in 3 areas, where residents were directly contacted to give feedback via a separate survey. Waste services visited 1,893 homes and had nearly 700 doorstep conversations with residents. Further workshops were held at the October 2021 PEN Conference and Community Champions sessions to gain feedback. The findings were collated and put before decision-makers to inform the decision around the new policy.
- **Foster Care Offer Consultation** – Following a review of the service in 2020, a consultation was launched on proposed additions to the offer to individuals who foster for Tameside Council. The aim of this work was to improve the support and training offer to foster carers and to bring payment and reward in line with other organisations, with the ultimate goal of boosting in-house foster carers and creating more family placements for children in Tameside. A consultation was open to all to respond, asking for views on the proposed changes, and workshops were held to give current foster carers the chance to have their say in a facilitated discussion with the service. The findings of this were used to inform the new offer to foster carers.
- **Active Tameside** – A public consultation was launched on Tameside’s sport and leisure assets, run by Active Tameside. A drop in income and member demand as a result of the ongoing pandemic drove the consideration to withdraw Active Tameside services from those facilities that have been operating at a loss in recent years: Adventure Longdendale, Active Oxford Park and Etherow Centre. The consultation attracted many responses, with residents giving suggestions for other uses for the sites or ways to create revenue. Given the response throughout the consultation, progress was made to repurpose the three assets in the short-term.
- **Customer Services Review** – The Council undertook a review of the way customer services is delivered going forward, to ensure services are cost effective and are meeting the needs of residents. A consultation was launched to hear the public’s views on the changes, as well as gain insight into the ways residents currently access customer services, and any feedback on these methods. The consultation was promoted online as well as in each of the libraries to raise awareness of the proposals and to allow for people to have their say through means other than digital. The findings were compiled in a report for the decision on the new model, and further engagement on how it is performing is planned for 2022.

## 7.0 RECOMMENDATIONS

7.1 As set out on the front of the report.

# APPENDIX 1

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

Ref	Topic	Lead
1	Digital Skills Survey 2021	TMBC
2	Waste Policy 2021	TMBC
3	Waste Pilot survey (not for publication on BC)	TMBC
4	General feedback about health and care services	Healthwatch Tameside
5	Survey for people who are mental health service users and their carers	Healthwatch Tameside
6	Greater Manchester Clean Air Plan - A575/A580 at Worsley and motorhomes/campervans	GMCA
7	Barriers to accessing information and services	DMNW/Tameside Council
8	Stamford Drive/Currier Lane Quiet Street Trial Questionnaire	TMBC
9	Adult Social Care Non-Residential Charging Policy	TMBC
10	Greater Manchester Police and Crime Plan Refresh 2021	GMCA
11	Destination: Bee Network Conversation	TFGM
12	Greater Manchester LGBTQ+ Advisory Panel – Public Engagement Survey	GMCA/LGBTQ+ Panel
13	Urgent and emergency care - winter pressures survey	GMCVO
14	Gambling Policy Consultation	TMBC
15	Licensing Policy Consultation	TMBC
16	Zero Carbon Vote	TMBC
17	Delays in non-urgent care	Healthwatch Tameside
18	Changes to the way people access health and care services	Healthwatch Tameside
19	School Streets	TMBC
20	Police Funding 2022/23	GMCA
21	Budget Conversation 2022/23	TMBC
22	Pharmacy Needs Assessment	TMBC
23	Keeping children safe in education	DfE
24	Consultation on the introduction of tenant satisfaction measures	Regulator of Social Housing
25	School attendance: improving consistency of support	DfE
26	Consultation on local connection requirements for social housing for victims of domestic abuse	Department for Levelling Up, Housing & Communities
27	Consultation on the impacts of joint tenancies on victims of domestic abuse	Department for Levelling Up, Housing & Communities

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

Ref	Topic	Lead
1	Understanding the impact of the Coronavirus on voluntary, community and social enterprise organisations (VCSE)	GMCA
2	Understanding the impact of Coronavirus on food banks, clubs, pantries and other food providers	GMCA
3	Protecting places of worship consultation	Home Office
4	Low Pay Commission consultation	Low Pay Commission
5	NHS: Your current experience of coronavirus	NHS
6	LGBT People: Share How Coronavirus Has Affected You	LGBT Foundation
7	Physical Activity in Covid-19	Greater Sport
8	Greater Manchester Big Disability Survey - Covid 19 Special / Greater Manchester Big Disability Survey about Covid 19 - Easy Version	GMCA
9	Covid-19 Survey	Healthwatch Tameside
10	COVID-19 in the Caribbean and African Community	GMCA
11	Manchester Pride Online Consultation	Manchester Pride
12	New walking & cycling measures to allow safe social distancing	TMBC
13	Future Travel Survey	Transport for Greater Manchester
14	Greater Manchester, Ethnic Minority Experiences of Caring: Your Voice Matters	Wraparound Partnership / Greater Manchester Health & Social Care Partnership
15	Survey for Foster Carers in Tameside	TMBC
16	LGBTQI+ sport and physical activity	Pride Sports
17	Greater Moments COVID -19	Greater Moments
18	National Health Data Consent Survey	The CLIMB Project
19	Children's Food Campaign and Food Active Survey	Children's Food Campaign
20	LGBT Homes Survey	LGBT Foundation
21	Consultation on proposed changes to the assessment of GCSEs, AS and A levels in 2021	Ofqual
22	Save the Children	Tameside Youth Council / Save the Children
23	Developing a Race Equality Panel	GMCA
24	Impact of COVID-19 and Building Back Better	TMBC
25	Reopening the high street safely	TMBC
26	Tameside & Glossop Young People Wellbeing Survey	Worth-it
27	Greater Manchester State of the VCSE Sector Evaluation 2020	10GM/University of Salford
28	SEND Survey	TMBC/CCG
29	Statement of community involvement update	Planning – TMBC
30	Greater Manchester's Big Mental Wellbeing Conversation	GMHSCP
31	The IGNITION Project: how do you use your parks?	Ignition Project
32	Managing pavement parking	Department for Transport

Ref	Topic	Lead
33	Distributing vaccines and treatments for Covid-19 and flu	Department of Health and Social Care
34	Healthy Start Vouchers	NHS Business Services Authority
35	Carers' experiences of the coronavirus (COVID-19) pandemic - September 2020	Carers UK
36	City Centre Transport Strategy Consultation	Manchester City Council
37	Creating quieter and safer residential streets to support walking and cycling	TMBC/Andrea Wright
38	GM Clean Air Plan	GMCA /TfGM
39	GM Minimum Licensing Standards	GMCA / TfGM
40	Improving Access to Primary Care	TMBC/CCG
41	Employment during the Coronavirus Pandemic for people with lived experience of disability and long term conditions	North West Disabled Peoples Stakeholder Group
42	Improving health and wellbeing support for armed forces families in England	NHS England
43	Budget Consultation 2020/21	T&G Strategic Commission
44	Ethnic disparities and inequality in the UK: call for evidence	Commission on Race and Ethnic Disparities
45	Inclusive Growth Strategy	TMBC
46	Foster Care Training Feedback	TMBC
47	Foster Care Branding	TMBC
48	A57 Link Roads Consultation	Highways England
49	Metrolink ticketing survey	TfGM
50	Independent Faith Engagement Review: call for evidence	MHCLG
51	Contraception Services in Greater Manchester Survey	GM
52	Young Person's Contraceptive Survey	GM
53	Creating "Pop-Up" Cycle Lanes to Support Safe Walking and Cycling - A635	TMBC
54	Tameside Citizen Feedback Survey	TMBC
55	Living with Covid GM resident survey #1	GMCA
56	Doing Buses Differently: The impact of Covid-19 on our proposals for the future of your buses	GMCA
57	How do you use local data?	GMCA
58	Tameside Environment Strategy Survey	TMBC
59	Greater Manchester Clean Air Plan Consultation	GMCA
60	Community Safety Strategy 2021/24	TMBC
61	Active Tameside	TMBC
62	Droylsden Library	TMBC
63	Healthwatch Tameside Covid vaccination survey	Healthwatch Tameside
64	Healthwatch Tameside Test and Trace Survey	Healthwatch Tameside
65	SEND Outcomes Survey	TMBC
66	Urgent Care Survey 2021	Healthwatch Tameside

Ref	Topic	Lead
67	Developing a spiritual care strategy	T&G Chaplaincy Service
68	Getting to medical appointments	Healthwatch Tameside
69	Portage Service Consultation	TMBC
70	Homelessness Contract Consultation	TMBC
71	Homelessness Prevention Strategy	GMCA
72	Tameside Electoral Review	LGBCE
73	Self-Isolation Survey	TMBC
74	Infant Feeding Survey	TMBC
75	Fostering Offer Consultation	TMBC
76	Customer Services consultation	TMBC
77	Tameside Housing Strategy questionnaire	TMBC
78	Women and Girls - Feeling Safe in Stamford Park	TMBC
79	Daytime Services Survey: Service Users and Public	TMBC
80	Daytime Services Survey: Workforce and Providers	TMBC
81	NHS 111 Survey for the GM area	Healthwatch Tameside
82	Clinical Review of Standards Consultation	NHS England
83	Health Improvement Consultation	TMBC
84	How can we tackle inequality in Greater Manchester?	GMCA
85	LGBT Community: share your views on the covid-18 vaccine	LGBT advisor to Mayor /LGBT Foundation
86	UK Statistics Authority Inclusive Data Consultation	ONS
87	Young People Crime Surveys	GM Violence Reduction
88	How has Covid 19 affected your life with Cancer?	Cancer Research
89	Police funding 2021/22	GMCA
90	Right to Regenerate: reform of the right to contest	MHCLG
91	Shared decision-making between patients and staff	NICE
92	Violence Against Women and Girls (VAWG) Call for Evidence	Home Office
93	Dementia call for evidence - Black African & Caribbean People in GM	ACCG
94	Changes to the Adoption and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020	DfE
95	Keeping children safe in education - schools and colleges - proposed revisions 2021	DfE
96	Local Nature Recovery Plan	GMCA
97	North West Macmillan survey	North West Macmillan
98	Mental Health Act Reform consultation	Dep Health and Social Care
99	Godley Green Garden Village	TMBC
100	Greater Manchester's Fire plan	GMCA/GMFRS
101	UK Disability Survey	Cabinet Office
102	Greater Manchester Strategy for Tackling Violence Against Women and Girls	GMCA
103	Attitudes towards the Covid-19 vaccine	Healthwatch Derbyshire
104	Transforming the public health system for the challenges of our times	Dep Health and Social Care
105	Let's talk about wildfires	GMFRS
106	The Big Ask	Children's Commissioner

Ref	Topic	Lead
107	Introducing national standards for unregulated accommodation (for 16/17 yos)	DfE
108	Introducing national standards for unregulated accommodation (for LAs/providers)	DfE
109	Gender based violence strategy	GMCA
110	Community Cohesion Questionnaire	TMBC
111	Digital Skills Survey 2021	TMBC
112	Waste Policy 2021	TMBC
113	Waste Pilot survey (not for publication on BC)	TMBC
114	General feedback about health and care services	Healthwatch Tameside
115	Survey for people who are mental health service users and their carers	Healthwatch Tameside
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144	Changes to the way people access health and care services	Healthwatch Tameside



<b>Ref</b>	<b>Topic</b>	<b>Lead</b>
145	School Streets	TMBC
146	Police Funding 2022/23	GMCA
147	Budget Conversation 2022/23	TMBC
148	Pharmacy Needs Assessment	TMBC
149	Keeping children safe in education	DfE
150	Consultation on the introduction of tenant satisfaction measures	Regulator of Social Housing
151	School attendance: improving consistency of support	DfE
152	Consultation on local connection requirements for social housing for victims of domestic abuse	Department for Levelling Up, Housing & Communities
153	Consultation on the impacts of joint tenancies on victims of domestic abuse	Department for Levelling Up, Housing & Communities

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<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 March 2022
<b>Executive Member:</b>	Councillor Wills - Executive Member for Adult Social Care and Population Health
<b>Reporting Officer:</b>	Stephanie Butterworth - Director of Adult Services Kathy Roe - Director of Finance
<b>Subject:</b>	<b>BETTER CARE FUND 2021-22</b>
<b>Report Summary:</b>	This report provides an update regarding the Better Care Fund for 2021/22.
<b>Recommendations:</b>	To note that the Health and Wellbeing Board has approved this plan.
<b>Links to Health and Wellbeing Strategy:</b>	<p>The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
<b>Policy Implications:</b>	<p>The national conditions for the Better Care Fund in 2021/22 are:-</p> <ul style="list-style-type: none"><li>• a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board</li><li>• NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution</li><li>• invest in NHS commissioned out-of-hospital services</li><li>• a plan for improving outcomes for people being discharged from hospital</li></ul>
<b>Financial Implications: (Authorised by the Section 151 Officer &amp; Chief Finance Officer)</b>	<p>Following the 2020 spending round the national CCG contribution to the Better Care Fund has risen in actual terms by 5.3%. Minimum contributions to social care have also increase by 5.3%.</p> <p>There was a mandated overall increase of 5.05% to the CCG contribution to TMBC, which results in a contribution by the CCG to TMBC of £18,427k.</p> <p>Overall spend on the Better Care Fund in 2021/22, including the CCG contribution, amounts to £33,491k.</p>
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	<p>The Better Care Fund (BCF) is only a proportion of the wider pooled fund and the initiatives assigned to the BCF are all key elements of the wider strategic plan. All commissioning decisions relating to the BCF are considered by the Strategic Commissioning Board. To complete the circle this report needs to go to SCB to note.</p>

**Risk Management:**

This report sets out how the funding is being used to avoid the risk of recovery.

**Access to Information:**

All papers relating to this report can be obtained by contacting Neil Walmsley, Senior Management Accountant, CCG



Telephone: 07342 055998



e-mail: [neil.walmsley@nhs.net](mailto:neil.walmsley@nhs.net)

## **1. INTRODUCTION**

- 1.1 The information in this paper sets out the current situation for the Better Care Fund (BCF) and the development of 2021/22 BCF Plans.
- 1.2 The BCF is one of the government's national vehicles for driving health and social care integration. It requires CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWBB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 1.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances.
- 1.4 Given the ongoing pressures in systems, there has been minimal change made to the BCF this year. The 2021/22 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.
- 1.5 The non-elective admissions metric has been replaced by a metric on avoidable admissions. This reflects better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.
- 1.6 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014, which is set out via the Local Authority Social Services Letter.
- 1.7 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

## **2. BETTER CARE FUND 2021/22**

- 2.1 The national conditions for the BCF in 2021/22 are:-
  - a jointly agreed plan between local health and social care commissioners, signed off by the HWBB
  - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
  - invest in NHS commissioned out-of-hospital services
  - a plan for improving outcomes for people being discharged from hospital
- 2.2 Following the 2020 spending round the national CCG contribution to the BCF has risen in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care have also increased by 5.3%.
- 2.3 There was a mandated overall increase of 5.05% to the CCG contribution to TMBC and 4.83% to Derbyshire County Council. This resulted in a contribution by the CCG to TMBC of £18,427k and Derbyshire of £2,622k for the BCF in 2021/22.
- 2.4 A return was completed in November 2021 setting out a detailed breakdown of the schemes being funded by the CCG contribution in 2021/22. A summary of the income and expenditure

for the BCF for Tameside can be found at **Appendix 1**. The key metrics for Tameside can be found at **Appendix 2**. A breakdown of the individual schemes funded by the BCF for Tameside can be found at **Appendix 3**.

- 2.5 A summary of the BCF income reported by Derbyshire is detailed at **Appendix 4**, which highlights the CCG contribution of £2,662k. In addition the breakdown of the major schemes funded in Derbyshire (spend >£500k) is detailed at **Appendix 5** and highlights the CCG contribution of £534k, which directly supports the Glossopdale Neighbourhood scheme. The remaining £2,128k helps support other schemes and services across Derbyshire, which Glossop residents will benefit from.

### **3. RECOMMENDATIONS**

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

## TMBC Better Care Fund summary 2021-22

### Better Care Fund 2021-22 Template

#### 3. Summary

Selected Health and Wellbeing Board:

Tameside

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,849,319	£2,849,319	£0
Minimum CCG Contribution	£18,426,804	£18,426,804	£0
iBCF	£12,215,146	£12,215,146	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£33,491,269</b>	<b>£33,491,269</b>	<b>£0</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,210,025
Planned spend	£5,264,668

#### Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£9,811,029
Planned spend	£11,976,897

#### Scheme Types

Assistive Technologies and Equipment	£3,149,984	(9.4%)
Care Act Implementation Related Duties	£766,368	(2.3%)
Carers Services	£162,640	(0.5%)
Community Based Schemes	£17,391,556	(51.9%)
DFG Related Schemes	£2,849,319	(8.5%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfe	£80,000	(0.2%)
Home Care or Domiciliary Care	£1,347,694	(4.0%)
Housing Related Schemes	£40,000	(0.1%)
Integrated Care Planning and Navigation	£4,127,283	(12.3%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£2,487,611	(7.4%)
Personalised Budgeting and Commissioning	£103,514	(0.3%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£985,300	(2.9%)
Other	£0	(0.0%)
<b>Total</b>	<b>£33,491,269</b>	

## APPENDIX 2

### TMBC Better Care Fund key metrics 2021-22

#### Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1422.2*Predicted	1,437.0

#### Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	10.2%	10.0%
	LOS 21+	4.8%	4.7%

#### Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	91.7%

#### Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	620	650

#### Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	75.9%



## APPENDIX 3

### TMBC Better Care Fund schemes 2021-22

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Telecare/Telehealth	investment in telehealth services	Assistive Technologies and Equipment	Telecare		Community Health		Joint	Local Authority	Minimum CCG Contribution	£1,110,008	Existing
2	Integrated Community Equipment	Investment in assistive equipment to support hospital discharge and	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	Private Sector	Minimum CCG Contribution	£1,441,102	Existing
3	Wheelchairs	Investment in the wheelchairs contract	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG	Private Sector	Minimum CCG Contribution	£578,874	Existing
4	Parkinson's Nurse	Parkinson's Nurse	Home Care or Domiciliary Care	Other	Home-based nursing	Community Health		CCG	CCG	Minimum CCG Contribution	£51,628	Existing
5	Integrated Care models to support hospital	Integrated Care models to support hospital discharge and	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£1,373,761	Existing
6	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Respite services		Social Care		CCG	Private Sector	Minimum CCG Contribution	£152,640	Existing
7	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care navigation and planning		Other	Joint Social Care and Health team	Joint	NHS Acute Provider	Minimum CCG Contribution	£2,177,366	Existing
8	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Community Based Schemes	Other	Home-based IC	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£1,158,269	Existing
9	Transitional Care Home Beds	Access to beds as an interim placement will support a timely discharge from hospital	Residential Placements	Care home		Social Care		LA	Private Sector	iBCF	£130,000	Existing
10	In house Home Care Service	management and staffing & through the night programme	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA	Local Authority	iBCF	£468,000	Existing

11	Additional Social Work Capacity	Team to ensure prompt response to support admissions	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA	Local Authority	iBCF	£162,926	Existing
12	Housing Officer post based in the Urgent	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes			Other	Housing related support	CCG	Private Sector	iBCF	£40,000	Existing
13	Trusted assessor Role	These posts will build relationships with care providers and carry out assessments	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		Social Care		LA	Local Authority	iBCF	£80,000	Existing
14	Additional Occupational Therapy/Manual Therapy	– increased capacity will support prompt assessments	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA	Local Authority	iBCF	£38,110	Existing
15	Voluntary Sector Support	avoiding social isolation	Community Based Schemes	Other	Voluntary Sector Support	Social Care		LA	Charity / Voluntary Sector	iBCF	£200,000	Existing
16	Winter Pressure kits for reablement staff	Winter Pressure kits for reablement staff	Reablement in a persons own home	Reablement service accepting	Cold weather kits for reablement	Social Care		LA	Local Authority	iBCF	£15,000	Existing
17	Reablement Services	Reablement Services	Reablement in a persons own home	Reablement service accepting	Funding of reablement service to	Social Care		LA	Local Authority	Minimum CCG Contribution	£2,368,421	Existing
18	Early Supported Discharge Team	Early Supported Discharge Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA	NHS Acute Provider	Minimum CCG Contribution	£315,348	Existing
19	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care		LA	Local Authority	Minimum CCG Contribution	£828,065	Existing
20	Investment in Community and Residential Mental health Services	Investment in Community and Residential Mental health Services	Community Based Schemes	Integrated neighbourhood services	Community and Residential Mental Health Services	Social Care		LA	Private Sector	Minimum CCG Contribution	£2,701,412	Existing
21	Adult Social Care - Community based Services (Inc care Homes)	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes	Multidisciplinary teams that are supporting independence,		Social Care		LA	Private Sector	Minimum CCG Contribution	£3,586,623	Existing

22	Impact of New Care Act Duties	Impact of New Care Act Duties	Care Act Implementation Related Duties	Other	Staffing and various programmes to	Social Care		LA	Local Authority	Minimum CCG Contribution	£583,284	Existing
23	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA	Private Sector	DFG	£2,849,319	Existing
24	Use of i-BCF recurrent funding to fund a range of key social care services	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Social Care		LA	Private Sector	iBCF	£9,428,110	Existing
25	Community Response Service investment to avoid acute admissions and discharge to support	Community Response Service investment to avoid acute admissions and discharge to support	Assistive Technologies and Equipment	Telecare		Social Care		LA	Local Authority	iBCF	£20,000	Existing
26	Care Home Contract	Funding to support price increases from April 2019	Residential Placements	Care home	Early fee increase to support local	Social Care		LA	Private Sector	iBCF	£416,000	Existing
27	Carers Additional Support	Carers Additional Support	Carers Services	Other	Support for carers not limited to	Social Care		LA	Local Authority	iBCF	£10,000	Existing
28	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes	Other	Mixed voluntary sector partners	Social Care		LA	Charity / Voluntary Sector	iBCF	£35,000	Existing
29	Autism Social Worker	Specialist Social Work post	Community Based Schemes	Integrated neighbourhood services	Specialist social work post	Social Care		LA	Local Authority	iBCF	£13,007	Existing
30	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Residential Placements	Care home	Quality improvements in Car Homes across Tameside	Social Care		LA	Local Authority	iBCF	£439,300	Existing
31	Reablement Service - system investment costs	Reablement Service - system investment costs	Reablement in a persons own home	Other	Cold weather kits for reablement	Social Care		LA	Local Authority	iBCF	£104,190	Existing

32	Shared Lives - additional Social Workers	Shared Lives - additional Social Work capacity	Community Based Schemes	Other	Shared Lives-live-in support	Social Care		LA	Local Authority	iBCF	£65,170	Existing
33	LD Employment Services	LD Employment Services	Community Based Schemes	Multidisciplinary teams that are supporting	Supporting LD clients into paid	Social Care		LA	Local Authority	iBCF	£38,620	Existing
34	Assessment and Care Management	Assessment and Care Management Capacity	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA	Local Authority	iBCF	£97,881	Existing
35	Direct Payment Capacity	Direct Payment Capacity	Personalised Budgeting and Commissioning		Promotion / awareness of Direct	Social Care		LA	Local Authority	iBCF	£103,514	Existing
36	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's cases	Care Act Implementation Related Duties	Independent Mental Health Advocacy	Approved Mental Health Practitioner and COP capacity to support DOL's cases	Social Care		LA	Local Authority	iBCF	£183,084	Existing
37	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes	Other	Meeting increased demand for	Social Care		LA	Private Sector	iBCF	£97,942	Existing
38	Sensory Services	Additional sensory worker capacity	Community Based Schemes	Integrated neighbourhood services	additional sensory service capacity	Social Care		LA	Local Authority	iBCF	£29,292	Existing

# APPENDIX 4

## Derbyshire County Council BCF Income Summary

### Better Care Fund 2021-22 Template

#### 4. Income

Selected Health and Wellbeing Board:

Derbyshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Derbyshire	£7,898,005
DFG breakdown for two-tier areas only (where applicable)	
Amber Valley	£1,454,493
Bolsover	£1,134,054
Chesterfield	£1,371,747
Derbyshire Dales	£601,736
Erewash	£1,062,242
High Peak	£554,969
North East Derbyshire	£819,693
South Derbyshire	£899,071
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£7,898,005</b>

iBCF Contribution	Contribution
Derbyshire	£34,682,034
<b>Total iBCF Contribution</b>	<b>£34,682,034</b>

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes
---	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Derbyshire	£1,647,028	Integrated Community Equipment
Derbyshire	£430,806	P1 Home Care Capacity and Amber Valley
Derbyshire	£180,433	Local Area Coordinators
<b>Total Additional Local Authority Contribution</b>	<b>£2,258,267</b>	

CCG Minimum Contribution	Contribution
NHS Derby and Derbyshire CCG	£60,216,002
NHS Tameside and Glossop CCG	£2,621,880
<b>Total Minimum CCG Contribution</b>	<b>£62,837,882</b>

# APPENDIX 5

## Derbyshire County Council Schemes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Mental Health Enablement	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Mental Health		LA			Local Authority	Minimum CCG Contribution	£577,893	Existing
1	Integrated care teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,566,000	Existing
1	ICS - Integrated Workforce (social care)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,378,978	Existing
1	Care packages to maintain clients in a social care	Home Care or Domiciliary Care			Social Care		LA			Local Authority	Minimum CCG Contribution	£6,962,505	Existing
1	Dementia Reablement Service	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,350,124	Existing
1	Falls Recovery	Prevention / Early Intervention	Other	Physical Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£202,920	Existing
1	Mental Health Triage	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Mental Health Acute Based Social Worker	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Seven Day Working	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£823,246	Existing
1	Mental Health - Recovery and Peer Support	Other		Mental Health Recovery & Support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£289,135	Existing
1	ICS Reablement & DSO Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,859,348	Existing

1	Community Support Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,683,594	Existing
1	ICS - Hospital Teams	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£987,895	Existing
1	Dementia Support	Prevention / Early Intervention	Other	Advice & Information	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£431,074	Existing
1	Assistive Technology	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£683,410	Existing
1	ICS - Specialist Teams	Prevention / Early Intervention	Other	Care Planning, Assessment and Review	Social Care		LA			Local Authority	Minimum CCG Contribution	£654,206	Existing
1	Supporting the Care Market	Other		Care Market Sustainability	Social Care		LA			Private Sector	iBCF	£7,937,693	Existing
1	Reduce Budget Savings to Protect Social	Other		Adult Social Care Delivery	Social Care		LA			Local Authority	iBCF	£11,351,652	Existing
1	Support to Improve System Flow	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£3,473,500	Existing
1	Winter Pressures	Other		Care Market Sustainability	Social Care		LA			Local Authority	iBCF	£3,627,306	New
1	Community Nursing	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£9,569,462	Existing
1	Integrated Teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,286	Existing
1	Evening Nursing Services	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,184,493	Existing
1	Care Co-ordinators	Other		Care Coordination	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£723,194	Existing
1	Community Matrons	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,250,914	Existing

1	Community Therapy	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,634,940	Existing
1	Senior Medical Input	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£371,240	Existing
1	Primary Care Hubs	Prevention / Early Intervention	Other	Access to Primary Care	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£136,835	Existing
1	Care Home Support Service	Other		Healthcare Services to Care Homes	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,305	Existing
1	Glossopdale Neighbourhood Team	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£508,685	Existing
1	Intermediate Care Team Chesterfield	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£42,894	Existing
1	Intermediate Care Team BSV	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£209,525	Existing
1	Intermediate Care Team NED	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,032,671	Existing
1	Community IV Therapy	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£156,904	Existing
1	Clinical Navigation Service	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£890,418	Existing
1	Pathway 1 home care	Community Based Schemes			Community Health		CCG			Local Authority	Minimum CCG Contribution	£589,835	Existing
2	Local Area Coordinators	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£180,433	Existing
2	Carers	Carers Services	Other	Carer Advice, Information and Respite	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£2,153,612	Existing
2	Disabled Facilities Grant	DFG Related Schemes	Other	Adaptations, wider Health & Housing	Social Care		LA			Local Authority	DFG	£7,898,005	Existing



2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Minimum CCG Contribution	£4,766,780	Existing
2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Additional LA Contribution	£1,646,760	Existing
2	Preventative Services (inc. Public Health)	Prevention / Early Intervention	Other	Health & Housing	Social Care		LA			Local Authority	iBCF	£1,867,000	Existing
2	Wheelchairs	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,034,852	Existing
3	Autism Support	Other		Pathway Development	Social Care		LA			Local Authority	Minimum CCG Contribution	£663,425	Existing
4	Workforce Development	Enablers for Integration	Integrated workforce		Social Care		LA			Local Authority	Minimum CCG Contribution	£274,415	Existing
4	Programme Management (BCF & TCP)	Other		Enabler	Social Care		LA			Local Authority	Minimum CCG Contribution	£428,088	Existing
4	Information sharing across health	Enablers for Integration	Shared records and Interoperability		Social Care		LA			Local Authority	Minimum CCG Contribution	£109,766	Existing
4	Care Act	Care Act Implementation Related Duties	Other	Various - Advocacy, Prisoners,	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,259,286	Existing
4	Enablers (System and Service)	Enablers for Integration	Implementation & Change Mgt capacity		Social Care		LA			Local Authority	iBCF	£6,424,883	Existing

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