

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 27 April 2022
Time: 1.00 pm
Place: Committee Room 2, Tameside One, Market Square, Ashton-Under-Lyne

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Board.	
3.	MINUTES	
a)	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 23 March 2022 to be signed by the Chair as a correct record.	1 - 10
b)	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on 9 March 2022.	11 - 22
4.	DOMESTIC ABUSE FUNDING 22/23 To consider the attached report of the Executive Member, Adult Social Care and Health / Executive Member, Neighbourhoods, Community Safety and Environment / Clinical Lead / Director of Population Health / Assistant Director, Operations and Neighbourhoods.	23 - 36
5.	MONTH 11 INTEGRATED FINANCE REPORT To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	37 - 48
6.	ADULT SOCIAL CARE REFORM WHITE PAPER IMPLICATIONS To consider the attached report of the Executive Member, Adult Social Care and Health / Director of Adult Services.	49 - 64
7.	SENDIASS SERVICE REVIEW UPDATE To consider the attached report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Assistant Director, Children's Services.	65 - 90
8.	URGENT ITEMS To consider any items the Chair considers to be urgent.	

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

Item No.	AGENDA	Page No
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9. DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board is scheduled to take place on Wednesday 22 June 2022.

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

23 March 2022

Comm: 1.00pm

Term: 1.50pm

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 Joe Kitchen – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive & Accountable Officer
Dr Asad Ali – Tameside & Glossop CCG
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside & Glossop CCG
Dr Vinny Khunger – NHS Tameside & Glossop CCG
Carol Prowse – Tameside & Glossop CCG

In Attendance:	Sandra Stewart	Director of Governance & Pensions
	Kathy Roe	Director of Finance
	Ian Saxon	Director of Place
	Steph Butterworth	Director of Adults Services
	Alison Stathers-Tracey	Director of Children's Services
	Jess Williams	Director of Commissioning
	Tim Bowman	Director of Education (Tameside and Stockport)
	Sarah Threlfall	Director of Transformation
	Gregg Stott	Assistant Director, Investment, Development and Housing
	Emma Varnam	Assistant Director for Operations and Neighbourhoods
	Caroline Barlow	Assistant Director of Finance
	Simon Brunet	Head of Policy, Performance and Intelligence

Apologies for absence: Councillor Allison Gwynne

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.

83. 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.

84. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

85. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 9 February 2022 be approved as a correct record.

86. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on 17 February and 2 March 2022 be noted.

87. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 JANUARY 2022

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 January 2022 (Month 10) and forecasts to 31 March 2022.

It was reported that the forecast outturn position for the council continued to look more positive for 2021/22, with a £458k improvement reported since last month, taking year-end projected overspend to £701k. The overall improvement was largely due to non-recurrent, pandemic related funding streams which would not be available next year. The 2022/23 budget was approved at Full Council on 22 February 2022, this included additional funding for both Children's and Adults Social Care, but cost and demand pressures were expected to continue to increase.

The CCG reported position at Month 10 showed a forecast overspend of £3,376k, all of which was reimbursable. Once appropriate allocations had been received, a break even position was effectively being reported, which included full achievement QIPP. Work was in progress on national planning returns for 2022/23 with allocations published at an ICB level.

The Trust was forecasting a breakeven financial position for 2021/22 in line with plan. Restoration plans had been established within the Trust and the Trust continued to aspire to deliver nationally prescribed activity targets, which for H2 was to deliver 89% of the completed Referral to Treatment pathways relative to 2019/20. The Trust continued to report good levels of performance against restoration targets. However, the Trust continued to experience significant pressures within Urgent Care, Non-elective and COVID positive admissions and as a result, there had been a small reduction in the number of elective and day cases versus plan this month.

Further detail on the financial position and key headlines was reported in Appendix 1 to the report. Appendix 2 provided more detailed analysis of all Directorate areas.

The latest forecast for the Collection Fund in 2021/22, together with collection performance, was

summarised in Appendix 3 to the report.

In 2020/21 the deficit on Dedicated Schools Grant (DSG) increased from £0.557m to £1.686m mainly due to funding the overspend on the High Needs Block. If the 2021/22 projections materialised, there would be a deficit of £3.713m on the DSG reserve by 31 March 2022. Under DfE regulations a deficit recovery plan was required to be produced, which will be submitted to the DfE outlining how this deficit was expected to be recovered and spending managed and would require discussions and the agreement of the Schools Forum. The position would be closely monitored throughout the year and updates would be reported to Members. Further detail was set out in Appendix 4 to the report.

Appendix 5 to the report detailed the write-off of irrecoverable debts for the period 1 October to 31 December, which Members were asked to approve.

Members were informed that, since the update to Cabinet in December, the position on savings delivery had improved overall across the Council. Overall, the total forecast savings to be delivered in 2021/22 had increased to £9.137m which exceeded the original target of £8.930m. However, it was noted that this total included just over 1m of mitigating savings that were one-off in nature and not expected to be available in 2022/23.

During 2021/22 the public sector and especially the NHS had continued to mobilise at pace and scale to address the ongoing impacts of the COVID-19 pandemic. NHS England and Improvement (NHSEI) had, therefore, continued with the 'command and control' financial regime introduced in 2020/21 during the response to the first wave of the pandemic.

This atypical financial regime had 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 was significantly later than usual which, in turn, had hindered the CCG and its partners with being able to progress its strategic intentions for the Tameside and Glossop populations.

As the organisation had entered the final quarter of 2021/22, the certainty of budgets and plans meant that the CCG's financial outturn position could be forecast with a greater degree of confidence. This put 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 had with Tameside Metropolitan Borough Council.

It was intended that this situation would enable the CCG to increase its funding to the Section 75 (S75) pooled budget whilst the Council reduced its contribution in 2021/22 thereby releasing some non-recurrent savings for the Council which, in turn, would 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 were facing significant demand pressures as reported at length in previous reports.

It was proposed that the Council should reduce its contribution to the S75 pool by £3.5m in 2021/22 whilst the CCG increased its contribution to fund health-related costs in 2021/22 by the same amount.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted;**
- (ii) That the detailed analysis of budget forecasts and variances set out in Appendix 2 to the report, be noted;**
- (iii) That the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in Appendix 3 to the report, be noted;**
- (iv) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 4 to the report, be noted;**
- (v) That the write-off of irrecoverable debts for the period 1 October to 31 December 2021**

- as set out in Appendix 5 to the report, be approved; and
- (vi) That 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 accordance with the Integrated Commissioning Fund risk share agreement as set out in section 7 of the report, be approved.

88. 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 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 1 April 2022 to include:

- The Minimum Income Guarantee level would remain at the level the Council currently used;
- 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; and
- 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.

The policy, as appended to the report, had been redrafted with a view to making it simpler to understand.

RESOLVED

That Strategic Commissioning Board agree the Policy attached at Appendix 1 to the report, in line with their decision of the 9 February 2022.

89. SEND WRITTEN STATEMENT OF ACTION

The Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Education (Tameside and Stockport) submitted a report, which explained that 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.

The outcome of the inspection was that a Written Statement of Action (Written Statement of Action) was required because of significant areas of weakness in the area's practice. HMCI had also determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. The Written Statement of Action must be submitted for approval no later than April 12.

The report outlined the actions that had been taken to draft the Written Statement of Action. A draft Written Statement of Action was included as Appendix A to the report. In addition the report outlined what further investments were required to deliver the plan.

RESOLVED

It be agreed that:

- (i) The draft Written Statement of Action be shared with DfE and NHS Improvement Advisors for final comment;**
- (ii) A recommendation be made to Council for an additional investment of £275k outlined in section 4.5 of the report be approved noting that £156k of this will not be required until 2023/24;**
- (iii) 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;

- (iv) **A further report be provided to the 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; and**
- (v) **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.**

90. ADULT SOCIAL CARE FEES 2022-23

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Adults Services outlining proposals in relation to revised prices to meet the increasing cost of providing adult social care services for 2022-23.

It was explained that, the Council and CCG, as had been reported over a number of years, continued 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 had created significant additional pressures and costs along with impacts on the Council's income budgets.

The CCG was 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 was 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 had 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.

Members were advised that much work had been done over the past few years to radically change the way that services were provided, and there had been a focus placed on reducing the costs of services to support management of the overall budget reductions of the last decade. At the same time as managing reductions in financial resources, demand for service provision had been rising - the increasing number of older people and younger adults with complex and life limiting conditions and disabilities continued to add further pressure to services provided. The period of the Covid Pandemic had seen increasing numbers of people requiring care and support – seen most acutely in services supporting people to remain living in their own homes. The rise in the demand for care and support had not been matched by an increased ability to attract sufficient numbers of staff to keep pace with the demand for support.

The report set out proposals for costs that would constitute the minimum requirements to meet the specific cost pressures imposed on providers across the health and social care sector in the following areas:

- Care Homes;
- Support at Home/Home Care;
- Extra Care Housing;
- Supported Accommodation including LD Respite;
- Other Social Care Contracts;
- Direct Payments;
- Wilshaw House – Dementia Day Centre;
- Day Service Options;
- Shared Lives;
- Out of Borough Placements; and
- Charges for services.

RESOLVED

- (i) That the proposed new rates for care home placements as detailed in Section 4 of the report in line with the agreed cost of care framework detailed in Appendix 1, be approved;**
- (ii) That 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), be approved;**
- (iii) That the spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights, be approved;**
- (iv) That 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), be approved;**
- (v) That the proposed uplift by 5.3% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report, be approved;**
- (vi) That the revised Direct Payment rates as detailed in section 4 of the report, be approved;**
- (vii) That the 5.3% uplift in the annual contract price for the Dementia Day Service at Wilshaw House, be approved;**
- (viii) That 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 the report, be approved;**
- (ix) That the rate increases for Shared Lives Carer payments detailed in Section 4 of the report, be approved;**
- (x) That 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 of the report, be approved; and**
- (xi) That all the proposed new rates becoming effective from 1 April 2022, be approved.**

91. POVERTY STRATEGY AND APPROACH RESPONSE TO THE COST OF LIVING

Consideration was given to a report of the Executive Leader / CCG Co-Chairs / Director of Transformation proposing that work commence to review the current response to poverty and develop a refreshed approach including a long-term poverty strategy and a financial vulnerability plan to provide timely assistance to residents, whilst also addressing the long-term root causes of poverty. The strategy and plan would be informed by extensive analysis of data, benchmarking with best practice and engagement with those affected by poverty and those working with people living in poverty.

RESOLVED

That the content of the report be noted and it be agreed that:

- (i) A refreshed long-term strategy to tackle poverty be developed alongside the Corporate Plan as a place based response to the systemic issues of deprivation;**
- (ii) A refreshed operational approach to financial vulnerability be developed particularly in light of the cost of living crisis and the socio-economic and wellbeing impacts of the Covid-19 on families and communities;**
- (iii) 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;**
- (iv) 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;**
- (v) 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;**

- (vi) **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 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; and**
- (vii) **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.**

92. ENGAGEMENT UPDATE

A report was submitted by the Executive Leader / CCG Co-Chairs / Director of Transformation providing an update on the delivery of engagement and consultation activity from June 2021 to date.

It was explained that much of the work was 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 was noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects.

It was further explained that the onset of the Covid-19 pandemic had also meant that different ways to engage local communities had to be identified. The report set out some examples of the ways in which this had been achieved, including the establishment of both the Community Champions programme and Tameside & Glossop Inequalities Reference Group.

The Director of Transformation highlighted the key headlines from June 2021 to date:

- Facilitated 16 thematic Tameside and/or Glossop engagement projects
- Received 3,957 engagement contactsⁱ (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).

Further information was also provided in respect of:

- Community Champions Network;
- Tameside & Glossop Inequalities Reference Group
- Partnership Engagement Network (PEN) Update; and
- Other engagement work.

RESOLVED

That the content of the report be noted and future engagement and consultation activity with the communities of Tameside and Glossop, as detailed in the report, be supported.

93. BETTER CARE FUND

The Executive Member, Adult Social Care and Health / Director of Adults Services / Director of Finance providing an update in respect of the Better Care Fund for 2021/22.

It was explained that, given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund (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.

The non-elective admissions metric had been replaced by a metric on avoidable admissions. This reflected 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 would 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.

The national conditions for the BCF in 2021/22 were:-

- 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; and
- a plan for improving outcomes for people being discharged from hospital.

Following the 2020 spending round the national CCG contribution to the BCF had risen in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care had also increased by 5.3%.

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.

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 was appended to the report. The key metrics for Tameside were also included in an appendix to the report. A breakdown of the individual schemes funded by the BCF for Tameside was appended to the report.

A summary of the BCF income reported by Derbyshire was detailed, which highlighted the CCG contribution of £2,662k. In addition the breakdown of the major schemes funded in Derbyshire (spend >£500k) was detailed and highlighted the CCG contribution of £534k, which directly supported the Glossopdale Neighbourhood scheme. The remaining £2,128k helped support other schemes and services across Derbyshire, which Glossop residents would benefit from.

RESOLVED

It be noted that the Health and Wellbeing Board has approved the plan.

94. URGENT ITEMS

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

95. DATE OF NEXT MEETING

RESOLVED

It be noted that the next meeting of the Strategic Commissioning Board is scheduled to take place on 27 April 2022.

CHAIR

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BOARD

9 March 2022

Present:

Elected Members	Councillors Fairfoull (In the Chair), Bray, Feeley, Gwynne, Kitchen, and Wills
Chief Executive	Steven Pleasant
Borough Solicitor	Sandra Stewart
Deputy Section Officer	151 Caroline Barlow

Also in Attendance: **Simon Brunet, Ilys Cookson, Dr Asad Ali, Dr Ian Saxon, Alison Stathers-Tracey, Sarah Threlfall, Trevor Tench, Emma Varnam, and Debbie Watson.**

Apologies for Absence: **Councillors Warrington and Cooney**

228 DECLARATIONS OF INTEREST

There were no declarations of interest.

229 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 2 March 2022 were approved a correct record.

230 HS2 PHASE 2B PETITIONING REPORT

Consideration was given to a report of the Executive Leader / Director of Governance and Pensions / Director of Place. The report sought Full Council approval for Tameside Metropolitan Borough Council (the Council) to object to the High Speed Rail (Crewe-Manchester) Bill.

It was stated that this report was concerned with a procedural matter, specifically, seeking Full Council approval for Tameside Metropolitan Borough Council (the Council) to object to the High Speed Rail (Crewe-Manchester) Bill. This related to Phase 2b of High Speed Rail 2 (HS2).

The report set out the Government's High Speed Rail (Crewe-Manchester) Bill, which was deposited in Parliament to the House of Commons on the 24 January 2022.

It was explained that notwithstanding the Council's overall support for HS2, the Council would need to ensure that any necessary provisions were included in the Bill and/or seeking assurances/undertakings from the promoters to maximise benefits and minimise negative impacts of HS2 on the Borough. Officers would work closely with HS2 Ltd and representatives from the Department of Transport (DfT) to ensure that necessary provisions were provided and would seek to negotiate agreements accordingly; if agreement could not be reached on specific matters it may be necessary to petition the Bill during a specific window, with authority to do so the subject of this report. The Council has identified a number of areas, which it considers to be critical in maximising benefits and minimising negative impacts of HS2 on the Borough.

It was essential that the construction methodology for the HS2 infrastructure be focused on limiting disruption to Metrolink operations. The Bill as currently drafted included provision for the full closure of the Metrolink Ashton Line for a circa two year period. To address this, the Bill should be amended to enable the construction of a new depot at Ashton Moss to enable a tram shuttle service to operate between Ashton and New Islington instead of the full closure of the Ashton Line and the provision of ancillary works, to enable the Ashton Metrolink line to remain open throughout the construction of HS2. The Council required that the existing Metrolink Ashton Line should be kept

connected to the remainder of the Metrolink network for as long as practicable during construction of the HS2 station and modified Metrolink infrastructure and, when the line had to be disconnected from Piccadilly, trams were able to operate as far into Manchester city centre as possible, with bus services provided to bridge the gap.

AGREED

That Council be recommended to resolve:

- (i) That it is expedient for Tameside Council to oppose the High Speed Rail (Crewe to Manchester) Bill (“the Bill”);**
- (ii) That, subject to the above, that authority is delegated to The Leader, in consultation with the Chief Executive, to take all such steps as may be necessary or expedient to carry the above resolution into effect including all those steps required for the Council to submit any petition and thereafter to maintain and if considered appropriate withdraw its petition in respect of the Bill and to instruct the Director of Governance and Pensions accordingly; and**
- (iii) Authorises the corporate seal of the Council being affixed to any documents required to be sealed in connection with the submission of its petition and the subsequent opposition to the Bill.**

231 PERIOD 10 INTEGRATED FINANCE REPORT

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 January 2022 (Month 10) and forecasts to 31 March 2022.

It was reported that the forecast outturn position for the council continued to look more positive for 2021/22, with a £458k improvement reported since last month, taking year-end projected overspend to £701k. The overall improvement was largely due to non-recurrent, pandemic related funding streams which would not be available next year. The 2022/23 budget was approved at Full Council on 22 February 2022, this included additional funding for both Children’s and Adults Social Care, but cost and demand pressures were expected to continue to increase.

The CCG reported position at Month 10 showed a forecast overspend of £3,376k, all of which was reimbursable. Once appropriate allocations had been received, a break even position was effectively being reported, which included full achievement QIPP. Work was in progress on national planning returns for 2022/23 with allocations published at an ICB level.

The Trust was forecasting a breakeven financial position for 2021/22 in line with plan. Restoration plans had been established within the Trust and the Trust continued to aspire to deliver nationally prescribed activity targets, which for H2 was to deliver 89% of the completed Referral to Treatment pathways relative to 2019/20. The Trust continued to report good levels of performance against restoration targets. However, the Trust continued to experience significant pressures within Urgent Care, Non-elective and COVID positive admissions and as a result, there had been a small reduction in the number of elective and day cases versus plan this month.

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monitored throughout the year and updates would be reported to Members. Further detail was set out in Appendix 4 to the report.

Appendix 5 to the report detailed the write-off of irrecoverable debts for the period 1 October to 31 December, which Members were asked to approve.

Members were informed that, since the update to Cabinet in December, the position on savings delivery had improved overall across the Council. Overall, the total forecast savings to be delivered in 2021/22 had increased to £9.137m which exceeded the original target of £8.930m. However, it was noted that this total included just over 1m of mitigating savings that were one-off in nature and not expected to be available in 2022/23.

During 2021/22 the public sector and especially the NHS had continued to mobilise at pace and scale to address the ongoing impacts of the COVID-19 pandemic. NHS England and Improvement (NHSEI) had, therefore, continued with the 'command and control' financial regime introduced in 2020/21 during the response to the first wave of the pandemic.

This atypical financial regime had 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 was significantly later than usual which, in turn, had hindered the CCG and its partners with being able to progress its strategic intentions for the Tameside and Glossop populations.

As the organisation had entered the final quarter of 2021/22, the certainty of budgets and plans meant that the CCG's financial outturn position could be forecast with a greater degree of confidence. This put 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 had with Tameside Metropolitan Borough Council.

It was intended that this situation would enable the CCG to increase its funding to the Section 75 (S75) pooled budget whilst the Council reduced its contribution in 2021/22 thereby releasing some non-recurrent savings for the Council which, in turn, would 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 were facing significant demand pressures as reported at length in previous reports.

It was proposed that the Council should reduce its contribution to the S75 pool by £3.5m in 2021/22 whilst the CCG increased its contribution to fund health-related costs in 2021/22 by the same amount.

AGREED

That Executive Cabinet be recommended to:

- (i) Note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1.**
- (ii) Note the detailed analysis of budget forecasts and variances set out in Appendix 2.**
- (iii) Note the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in Appendix 3.**
- (iv) Note the forecast position in respect of Dedicated Schools Grant as set out in Appendix 4.**
- (v) Approve the write-off of irrecoverable debts for the period 1 October to 31 December 2021 as set out in Appendix 5.**
- (vi) Note the progress with delivery of Council savings targets for 2021/22 as set out in Appendix 6.**
- (vii) Approve 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 accordance with the Integrated Commissioning Fund risk share agreement as set out in section 7.**

232 COUNCIL TAX BILLING AND ENERGY REBATE

The Executive Member, Finance and Economic Growth / Assistant Director, Exchequer Services submitted a report detailing the impact of the payment of the one-off £150 energy rebate via the Council tax system.

It was explained that on 3 February 2022 central government announced that households in council tax bands A-D, would receive a £150 rebate. The energy rebate would be administered by local authorities from April and would not need to be repaid. In addition there would be discretionary funding of £144 million provided nationally to support vulnerable people and individuals on low incomes that did not pay council tax, or that paid council tax for properties in Bands E-H.

Guidance was received on 23 February 2022 and set out scheme eligibility, payments, fraud risk management, council tax billing, communication with households, monitoring and reporting. The guidance also detailed allocations to be provided to each billing authority in March for the council tax rebate and the discretionary fund. The amounts for Tameside were £530,400 in respect of the discretionary fund and £14,545,050 for the non-discretionary £150 payments.

Guidance made clear that with rising energy bills people needed to receive monies quickly to alleviate hardship and, while these rising costs would affect most households across the country, they were more likely to disproportionately affect those on lower incomes, who tended to spend a higher proportion of their income on utility bills. Eligibility was based on the following:

- Property must be in Bands A – D
- Must be a sole or main residence
- It is a chargeable dwelling
- The person is liable to pay Council tax (including those with a nil liability), not be a local authority, or corporate body ie a housing association
- Eligibility is based on position as at 01 April 2022.
- Payment must be made by end of September 2022.

Properties not eligible were:

- No permanent resident or property is a second home
- An unoccupied property

Members were advised that payments would be made per household, regardless of number of occupants or number of liable council tax payers, via a person's bank where direct debit details were held by the Council for the purpose of paying council tax. The Council must be assured that payment was made into the correct bank account.

The report gave details of issues arising from the payment of any monies which were not directly connected to the administration of council tax, yet the council tax system was being used for that purpose, including:

- Number of eligible accounts to receive the payments
- Payment into bank accounts
- Timing and resources
- Systems and processes
- Discretionary scheme

AGREED

That Executive Cabinet be recommended to agree that the discretionary policy be approved.

233 GODLEY GREEN GARDEN VILLAGE - PROJECT UPDATE

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Executive Member for Finance and Economic Growth. The report provided an update on the Godley Green Garden Village scheme in Hyde.

Members of the Board were provided an update on the delivery of the Garden Village at Godley Green. An update was provided on each of the elements of the delivery programme. It was explained that the award of a £10,000,000 Housing Infrastructure Fund award from Homes England endorsed the view that the site was suitable, deliverable and available and that the Council's approach to engagement with landowners has provided greater assurance on the deliverability of the site.

The work of the project team would now focus on critical path of programme activity and the detailed work taking place across the targeted work streams. Efforts of the Project Steering Group will now also be focussed on moving through the stages of the delivery programme.

AGREED

That the report be deferred for consideration at a future meeting of Board and Executive Cabinet.

234 TAMESIDE TOWN CENTRE FRAMEWORK – CONSULTATION DRAFT

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place / Assistant Director for Investment, Development & Housing.

The report proposed that a Tameside Town Centres Framework be produced to cover each town centre within the borough and to act as a strategic 'umbrella' to coordinate future development and regeneration activity. The Framework was intended to complement Tameside's Corporate Plan and support delivery of the Tameside Inclusive Growth Strategy (2021). It would also align with existing and future studies and strategies for the town centres. The Framework would help to provide the direction of travel to create more prosperous and investable locations which met local needs and ensure that each town centre has the right offer of retail, food and drink, leisure, commercial, community and residential uses, as well as supporting infrastructure required.

AGREED

That Executive Cabinet be recommended to:

- (i) Note the work undertaken to date in respect of the Tameside Town Centres Framework;**
- (ii) Give approval for public consultation on the proposed Tameside Town Centres Framework and notes that a further report will be brought back to the Executive setting out the results of the consultation and a final draft of the Framework.**

235 FUTURE DEVELOPMENT OF UNION STREET SITE, HYDE.

The Executive Member, Finance and Economic Growth / Director of Place submitted a report, which set out plans for the future development of Union Street site, Hyde.

It was explained that it was understood that Hyde Library was opened on the Union Street site in February 1899. In an effort to reduce costs and protect the library service, in September 2014, the Council announced plans to relocate the library function into Hyde Town Hall. The library service successfully transferred into the refurbished space in Hyde Town Hall in February 2015.

Despite the fact that the building closed a number of years ago and had suffered as a result of substantial amounts of theft and vandalism since this time, the former library remained an important structure which both the residents and Council were keen to protect.

Given the condition, the viability of refurbishing and converting the former library building in its entirety could be marginal. Due to its significance and in an attempt to ensure that a scheme remained financially viable, rather than advertising the former Library building in isolation, the Council were looking to include the adjoining land, including Union Street car park, in the opportunity for potential redevelopment.

In addition to this, whilst exploring a range of disposal options, officers would continue to monitor the availability and use of grant funding, via the Evergreen and Brownfield Homes Funds which potentially, would allow any future scheme to maximise the benefit and positive impact on the Borough.

The wider strategy for Hyde Town Centre and the options that would need to be considered by the Authority to achieve the best delivery outputs, which would safeguard the property in the long-term, were also detailed in the report.

AGREED

That Executive Cabinet be recommended to agree that that the Council proceed to market the subject site immediately via informal tender, using the services of Knight Frank as specialist agent. The basis of the tender is set out in section 5 of the report.

236 GM TOWN OF CULTURE

A report was submitted by the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Assistant Director, Operations and Neighbourhoods setting out the bid submitted to the Greater Manchester Combined Authority for Stalybridge to be the Town of Culture for 2022. Following the successful award the report detailed the current programme and the proposals for developing this further over the coming weeks. It detailed the overall budget requirements to enhance the programme and that it was a significant and important opportunity for celebrating Stalybridge and the start of developing a sustainable cultural offer unique to Stalybridge and Tameside.

It was stated that the successful programme hinged on it being closely linked to Stalybridge as a place, a home and a venue for celebrating its past, present and future through an ambitious 4 month programme of workshops, activities and events. The programme had been designed to enhance and amplify events already taking place in Stalybridge such as Street fest, the Stalybridge Carnival, the theatre programme within Astley Cheetham Art Gallery and Cheetham's park and the Beer Festival as well as it being closely aligned with projects happening as part of HAZ.

The Bridge was Stalybridge's cultural consortium set up as part of the HAZ programme. Their vested interest in the town and their desire to programme high quality cultural content will act as a springboard for further programming as part of ToC. Theatre, Beer Festival being expressed in these.

The community programme proposed as part of the report would enable Stalybridge to grow and develop its own talent pool for a sustainable future of cultural programming bringing with it opportunities for future funding to support the new initiatives proposed as part of the programme namely the Canal Festival and the Emergency Exit Art Commission for 2023.

Members were advised that this was an opportunity to showcase Stalybridge, to re-invent Stalybridge as a 21st century climate conscious cultural hub for adventurers and people wanting to explore the best of both town and country with easy links to Manchester and Leeds and the Pennines

AGREED

That Executive Cabinet be recommended to agree that:

- (i) The Stalybridge Town of Culture proposal and the awarded £50,000 to deliver the programme in 2022 is noted.**
- (ii) That the proposed current programme of activity is noted and that a more developed programme will be determined over the coming weeks.**
- (iii) The Council's contribution to support the enhanced delivery of Town of Culture is noted.**

237 STALYBRIDGE VACANT DEVELOPMENT SITES

Consideration was given to a report of the Executive Member, Housing, Planning and Environment / Executive Member, Finance and Economic Growth / Director of Place. The report provided an update on the work undertaken in the Town Centre and sought approval for resubmission of a Stalybridge Town Centre bid to Round 2 of the national Levelling Up Programme and for delivery of the next steps in the programme around the emerging initial Masterplan footprint, which would focus initially on the sites as outlined within the report and building upon the Evergreen work already undertaken (as appended to the report at Appendices A & B).

Details were given of the commencement of a programme of work to produce a development prospectus, next stage planning and delivery strategies and the undertaking of a Soft Market Test around the development opportunity in Stalybridge on the emerging and initial Masterplan footprint, as follows;

- a Development Prospectus - to support the Development Prospectus, necessary work to be undertaken including all relevant due diligence and development work around next stages including taking relevant development plots to RIBA Stage 2, and possibility of an outline planning application to assist with bringing the plots to market. On completion of the next stage works, a comprehensive Planning & Development Strategy will be brought back to Executive Cabinet for decision.
- prepare documentation and undertake an initial soft market test exercise working directly with STAR and the appointed Multi-Disciplinary Team for the delivery of the project against the emerging Masterplan for Stalybridge, building on the Evergreen work. This to focus initially on the development potential and sites contained within this report.
- Working in parallel with the soft market test, a detailed level Commercial, Investment & Delivery Strategy to be developed around the emerging Masterplan of the Evergreen work.
- The detailed Commercial, Investment & Delivery Strategy (informed by the soft market test) will be brought back to Executive Cabinet with recommendations for a decision on options to progress to a formal and full market exercise to secure a Strategic Partner(s) for the delivery of the Stalybridge Masterplan.
- To undertake further detailed Open Space & Public Realm design work across the emerging Masterplan footprint and the common areas in Stalybridge Town Centre.

AGREED

That Executive Cabinet Note the work delivered and planned in Stalybridge Town Centre and be recommended to:

- (i) Agree the resubmission of a Stalybridge bid application as part of the national Levelling Up Programme Round 2 with the bidding process due to be announced in spring 2022.**
- (ii) Agree to incur expenditure of up to £40,000 associated with the resubmission of the Levelling Up bid including the appointment of a multidisciplinary team to support the bid as set out in sections 4 and 5 and the Director of Place to manage the programme of works and services.**
- (iii) Agree to undertake an initial public consultation on the emerging Masterplan as produced under the Evergreen Phase 1 Work and as contained within this report. To note, that further and full consultation(s) with the public and key stakeholders will be held throughout 2022.**
- (iv) Agree to undertake the necessary procurement exercises (via STAR) and to appoint a Multi-Disciplinary Team to take forward the wider supportive studies building upon the Evergreen Phase 1 funded work around the emerging and initial Masterplan footprint as identified in paragraph 1.3 of this report.**
- (v) Agree to incur expenditure of up to £290,000 associated with the wider supportive studies as set out in recommendation (v) as identified in paragraph 1.3 of the report and approval for the Director of Place to manage whole programme of works and services as set out within this report and to bid for funding, drawdown and incur all expenditure related to the delivery within the Council's financial and legal framework. For the avoidance of doubt this means the Director will need to sign of Executive**

Decisions for the spend.

- (vi) **To note that Council owned sites as set out in section 3 (excluding the GMPF sites) of this report to now go through the Corporate Strategic Asset Management process to declare sites as surplus to requirements.**
- (vii) **To note that all on-going performance and reporting will be provided as necessary relating to the works/services contained within this report.**

238 PUBLIC SECTOR DECARBONISATION SCHEME FUNDING ROUND THREE

Consideration was given to a report of the Executive Member for Neighbourhoods Community Safety and Environment / Director of Place. The report set out the sites identified for the Public Sector Decarbonisation Scheme Funding Round Three and set out the facts of the current PSD3 bid application and underlined the need to pursue this work.

It was explained that six sites had been identified where heating plant and associated equipment was at the end of its viable life. With escalating fuel costs as well as the councils commitment to respond to the climate emergency – refitting these sites with low-carbon alternatives was both morally and financially prudent. After adjustment from GMCA in late February 2022, the cost of the works was now projected at £2,971,808. The grant total that the Council can apply for was £1,918,258 (65% of the total programme cost) requiring a match funding sum of £1,053,550 (35%) via the Council.

Revenue savings were calculated at £912,560 over the twenty year lifecycle of the programme (this being a conservative estimate as energy prices had become so volatile – savings could be significantly more). The amount of carbon proposed to be eliminated was calculated to be 6,802 tonnes CO₂e – again over the twenty year projected lifecycle. It was likely the proposed investment would, in reality, continue to deliver savings beyond that twenty-year threshold.

AGREED

That Executive Cabinet be recommended to:

- (i) **Agree that in principal, the Council enters into a contract with the Greater Manchester Combined Authority subject to the necessary due diligence for the purposes of disbursement of funding in relation to the PSDS award, based on submission of invoices for completed individual measures. The governance required to enter into this contract will be subject to an Executive Decision (ED) at a later date.**
- (ii) **Agree that the Council agrees that the delivery of design works and installation of measures will be undertaken via the Council's arrangement with the LEP (via Robertson) and the associated supply chain utilising the Tameside Additional Services Contract (TAS).**
- (iii) **Approve the inclusion of the phase 3 Decarbonisation programme (estimated total cost of (£2,971,808) within the Council's approved capital programme as set out in Appendix 1. Any subsequent variance to the estimated cost and funding of the programme will be subject to separate governance at a later date.**
- (iv) **Approve the allocation of £599,000 to support the match funding required to finance the phase 3 Decarbonisation programme. The sum to be allocated via the Planned Preventative Maintenance capital budget allocation of £1,896,000 that was approved at the Executive Cabinet on 29 September 2021 — agenda item 7, Capital Programme and Financing Update report refers.**
- (v) **Note that works will be expected to be completed by 31 March 2023.**

239 LEVELLING UP FUND: DENTON BID

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place / Assistant Director for Investment, Development & Housing. The report sought approval for the preparation of a bid to the Levelling Up Fund for Denton Town Centre and approval for the procurement of specialist external consultancy support for the preparation and submission of

a bid by Tameside Metropolitan Borough Council.

It was stated that the Council had identified Denton Town Centre as one of its growth priorities, supporting delivery of the Tameside Inclusive Growth Strategy 2021-26 in making Tameside's town centres hubs for living, culture, employment and services supporting a sustainable retail sector.

Denton Town Centre had benefited from significant investment in recent years, including delivery of the Tameside Wellness Centre, new housing development and the growth of the evening economy. Despite this investment, the Town Centre has been negatively impacted by national market trends in the retail sector, increasing vacancy rates, the poor condition and/or underutilisation of prominent buildings, varying quality of public realm and a disconnection between key assets.

It was proposed that a bid to the Fund and specific interventions be prepared for Denton Town Centre in the context of an emerging wider strategic vision for the Town, consistent with the Council's emerging Tameside Town Centres Framework, supporting existing and planned investment. This would in turn help to deliver a catalytic economic and social impact to the local community. Interventions for the bid would be developed to provide public realm improvements, walking and cycling facilities, enabling infrastructure and support for heritage and townscape enhancements. This would help the Town Centre to reach its full potential and deliver further comprehensive regeneration, attracting additional investment.

The bid to the Fund would be designed to be an economic driver that delivers a genuine levelling up opportunity supporting national, GM and Tameside strategic policies. Contributions would accrue from enhancing sustainable travel and the continued regeneration of Denton as a modern hub that more effectively serves its local catchment.

There was now potential for a strong LUF bid to be compiled for Denton particularly focussing on public realm and active travel to further strengthen the links across the town centre. This would also ensure all of the benefits from the significant new investment and development that was taking place in Denton such as new residential and the Denton Wellness Centre to name a few were captured.

It was explained that in order to ensure a competitive submission it would be necessary to bring in additional resource, capacity and independent and professional advice/input. This would also give the bid further weight and justification of having sought external advice and as a normal course of any major bid preparation. The Council would utilise its own internal capacity and expertise to facilitate and drive the bids but it would be necessary to ensure the internal team have access to the resource and independence as required to ensure both a robust bid was put together but also one that can address all technical and compliance requirements.

It was estimated that a budget of up to a maximum sum of £50,000 was required to support a robust bid for Denton Town Centre. The budget would be used to support bid preparation and associated due diligence required to prepare a robust bid for submission to the Fund.

AGREED

That Executive Cabinet be recommended to :

- (i) Agree that a bid to the Levelling Up Fund for Denton Town Centre is prepared for submission and referred back for consideration prior to the bid submission date (once confirmed).**
- (ii) Agree on the procurement and appointment of Specialist external support through STAR to assist in the preparation and submission of a bid to the Levelling Up Fund for Denton Town Centre.**
- (iii) Approve a budget of up to £50,000 (via business rates 100% retention funding which is allocated to support economic growth within the borough) to appoint the aforementioned external support and this budget is approved for all professional fees and costs associated with the preparation and submission of a bid to the Levelling Up Fund for Denton Town Centre. Budget to be taken from the Government's Levelling**

Up Fund allocation already provided to TMBC for purposes of submitting Levelling Up Fund bids and as outlined within this report.

240 ENGAGEMENT UPDATE

A report was submitted by the Executive Leader / CCG Co-Chairs / Director of Transformation providing an update on the delivery of engagement and consultation activity from June 2021 to date.

It was explained that much of the work was 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 was noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects.

It was further explained that the onset of the Covid-19 pandemic had also meant that different ways to engage local communities had to be identified. The report set out some examples of the ways in which this had been achieved, including the establishment of both the Community Champions programme and Tameside & Glossop Inequalities Reference Group.

The Director of Transformation highlighted the key headlines from June 2021 to date:

- Facilitated 16 thematic Tameside and/or Glossop engagement projects
- Received 3,957 engagement contacts (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).

Further information was also provided in respect of:

- Community Champions Network;
- Tameside & Glossop Inequalities Reference Group
- Partnership Engagement Network (PEN) Update; and
- Other engagement work.

AGREED

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.

241 ADULT SOCIAL CARE FEES 2022-23

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Adults Services outlining proposals in relation to revised prices to meet the increasing cost of providing adult social care services for 2022-23.

It was explained that, the Council and CCG, as had been reported over a number of years, continued 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 had created significant additional pressures and costs along with impacts on the Council's income budgets.

The CCG was 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 was 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 had 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.

Members were advised that much work had been done over the past few years to radically change the way that services were provided, and there had been a focus placed on reducing the costs of services to support management of the overall budget reductions of the last decade. At the same time as managing reductions in financial resources, demand for service provision had been rising - the increasing number of older people and younger adults with complex and life limiting conditions and disabilities continued to add further pressure to services provided. The period of the Covid Pandemic had seen increasing numbers of people requiring care and support – seen most acutely in services supporting people to remain living in their own homes. The rise in the demand for care and support had not been matched by an increased ability to attract sufficient numbers of staff to keep pace with the demand for support.

The report set out proposals for costs that would constitute the minimum requirements to meet the specific cost pressures imposed on providers across the health and social care sector in the following areas:

- Care Homes;
- Support at Home/Home Care;
- Extra Care Housing;
- Supported Accommodation including LD Respite;
- Other Social Care Contracts;
- Direct Payments;
- Wilshaw House – Dementia Day Centre;
- Day Service Options;
- Shared Lives;
- Out of Borough Placements; and
- Charges for services.

AGREED

That Strategic Commissioning Board be recommended to:

- (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.**
- (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)**
- (iii) Approve the spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights.**
- (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)**
- (v) Approve the proposed uplift by 5.3% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report.**
- (vi) Approve the revised Direct Payment rates as detailed in section 4;**
- (vii) Approve the 5.3% uplift in the annual contract price for the Dementia Day Service at Wilshaw House.**
- (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.

- (ix) Approve the rate increases for Shared Lives Carer payments detailed in Section 4**
- (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.**
- (xi) Approve that all the proposed new rates becoming effective from 1 April 2022**

242 FORWARD PLAN

The forward plan of items for Board was considered.

CHAIR

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	27 April 2022
Executive Member:	Cllr Eleanor Wills – Executive Member (Adult Social Care and Population Health) Cllr Allison Gwynne – Executive Member (Neighbourhoods, Community Safety and Environment)
Clinical Lead:	Dr Vinny Khunger, NHS Tameside & Glossop CCG
Reporting Officer:	Debbie Watson, Interim Director of Population Health Emma Varnam, Assistant Director of Operations and Neighbourhoods
Subject:	DOMESTIC ABUSE COMMISSIONING INTENTIONS 2022-23
Report Summary:	<p>This paper sets out the funding and commissioning intentions for the 2022/23 financial year.</p> <p>In 21/22 TMBC was awarded £547,627 in additional grant funding to meet new duties under the 2021 Domestic Abuse Act (DA Act 2021). This year the Council will receive £549,143 to meet statutory obligations under the DA Act 2021. This funding should be spent on the delivery of accommodation-based support duties and expenditure related to compliance with these new duties. The funding is to be spent in-year and is recurrent, however the grant determination for future years will follow the annual spending review.</p> <p>Additionally, there has been £72,813 allocated to programmes tackling domestic abuse through the Public Health Investment Fund.</p> <p>The proposal in the report is that the 22/23 funding is spent on consolidating and continuing our domestic abuse transformation programme initiated in 2021/22, informed by needs assessment and additional supporting domestic abuse improvement activity. Primarily:</p> <ul style="list-style-type: none">• A perpetrator intervention programme pilot• Workforce development, training and practice improvement• Domestic abuse specialist officers within the local authority• Specialist domestic abuse provision in homelessness and accommodation based support services for children and adult victim-survivors of domestic abuse• Accommodation-based recovery and transition service for survivors of domestic abuse in safe accommodation• A domestic abuse community grants scheme
Recommendations:	That Strategic Commissioning Board be recommended to agree that permission is granted for domestic abuse funds in 2022/23 be allocated as follows:

Total Funding Sources for Domestic Abuse in 2022/23	
Jointly commissioned Bridges contract	£506,818
DA Act 2021 grant funding	£549,143
GMCA funding for DA roles	£61,099
Children's Services (CHIDVA)	£80,000
Public Health Investment Fund	£72,564
Total 2021/22 funding for Domestic Abuse	£ 1,269,624
<i>Funding committed 2022/23 to date</i>	
Bridges contract - outreach and CHIDVAs	£358,682
Bridges contract – accommodation based support	£228,136
Total 2022/23 committed for DA	£586,818
Total 2022/23 funds still available	£682,806
<i>Proposed further spend 2022/23</i>	
DA Act duties	£140,500
DA internal staffing in TMBC	£157,678
DA transformation activity	£283,667
GMCA funded IDVA posts	£61,099
Total 2022/23 proposed further spend for DA	£642,944
Discretionary DA Budget (Population Health)	£39,862
Total spend on DA 2022/23 if permission granted	£1,269,624

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

Budget Allocation (if Investment Decision)	Annual Budget £1.3m
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	Resources within Community Safety (Operations and Neighbourhood) are to be pooled within Population Health in line with the 21/22 arrangements, whilst also being asked to commit to a further £683k of cost as part of the DA Programme. The additional cost will be funded via the DA Act grant, GMCA monies and the Public Health Investment Fund. Therefore, there is no

	additional net cost to the council other than the use of the investment fund of which this element has been committed.
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Additional Comments

TMBC have been awarded a further £549,143 in grant funding to meet new duties under the Domestic Abuse Act 2021 for safe accommodation and must be spent in 2022/23. This is in addition to recurrent funding in place, taking the total resource to £1.3m to meet the DA bill,

Legal Implications: (Authorised by the Borough Solicitor)

The Domestic Abuse Act 2021 created a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.

It also brought in a number of other provisions including new and extended offences, changes to the way domestic violence cases are tried in court and establish a statutory domestic abuse perpetrator strategy

The act also requires local authorities to:

- ensure provision of accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation
- ensure that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance
- ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy

This report sets out an overview as to how these new duties will be met. The use of the funding as identified will still be subject to its own decision making process following the necessary due diligence.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Starting Well, Living Well and Developing Well programmes for action as the services offered are inclusive of all ages and groups across Tameside

How do proposals align with Locality Plan?

The service is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Supporting our most vulnerable residents
- Empowering citizens and communities
- Commission for the 'whole person'

Recommendations / views of the Health and Care Advisory Group:	The report has not been presented to the Health and Care Advisory Group
Public and Patient Implications:	Improved workforce understanding of domestic abuse, increased awareness raising of domestic abuse from the general public and community groups. Improved response in healthcare on domestic abuse with the provision of two specialist roles in A&E and primary care – supporting the overall improvement of health and wellbeing outcomes for patients.
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Evidence suggests that certain groups are disproportionately affected by domestic abuse such as women and children, which is directly addressed in some of the proposed areas of work. This will help to tackle the inequalities that women and children face around domestic abuse.
What are the Equality and Diversity implications?	<p>The proposal will not affect protected characteristic group(s) within the Equality Act.</p> <p>The commissioned domestic abuse service is available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, and marriage/ civil and partnership.</p>
What are the safeguarding implications?	This will support the multi-agency approach to managing risk around domestic abuse, enhancing our safeguarding approach by equipping staff with specialist training on identifying domestic abuse and practical support for working with perpetrators of domestic abuse
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.
Risk Management:	The programme described in the paper delivers on duties of the Domestic Abuse Act 2021. Risks to the effective delivery of the domestic abuse programme are identified, managed and mitigated by the Domestic Abuse Strategy Group.
Access to Information:	The background papers relating to this report can be inspected by contacting Samantha Jury-Dada, Strategic Domestic Abuse Manager



Telephone: 07968473106



e-mail: Samantha.jury-dada@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Domestic Abuse Act 2021 (DA Act) resulted in new duties for local authorities. This included establishing a local domestic abuse partnership board, a statutory duty to conduct a domestic abuse needs assessment and new duties to provide accommodation-based support for victims of domestic abuse and their children.
- 1.2 In 21/22 TMBC was awarded £547,627 in grant funding to meet our new duties. This year our funding allocation has increased to £549,143 for 22/23.
- 1.3 The funding is recurrent and future grant determinations will be decided in the Spending Review each year. The Department for Levelling Up, Housing and Communities (DLUHC) has provided assurance to the Council that the statutory duty will be funded in future years.
- 1.4 In April 2021, TMBC signed a memorandum of understanding with DLUHC on how the Council would spend this additional funding, that the funding would be treated as an uplift to support victims of domestic abuse in the borough in addition to current investment.
- 1.5 In 2021, a domestic abuse needs assessment was commissioned and awarded to Against Violence and Abuse (AVA). The findings of the needs assessment informed the 21/22 Domestic Abuse commissioning intentions paper that was agreed at SCB in August 2021.
- 1.6 In October 2021, Tameside's multi-agency [Domestic Abuse Strategy \(2021 – 2026\)](#) was published. This set out seven key ambitions for the borough:
 - Making domestic abuse everybody's business
 - Creating safe spaces for disclosures
 - Meeting the needs of victims through local services
 - Helping victim-survivors stay safe at home
 - Better outcomes for children impacted by domestic abuse
 - Identifying problem behaviours early
 - Holding perpetrators accountable
- 1.7 The Domestic Abuse Strategy (2021 – 2026) also included our statutory strategy to provide accommodation based support services. The Tameside DA Safe Accommodation strategy is a three tiered response:
 - Better support victim-survivors to stay in their own homes with support and safety measures in place
 - Improve outcomes for those who approach our homelessness service as victims of domestic abuse
 - Strengthen and diversify our offer for those who require specialist domestic abuse accommodation
- 1.8 This report is seeking permission for 22/23 spend in response to the new Domestic Abuse Strategy, DA Act duties and to meet emerging needs in Tameside.

2. SUMMARY OF BUDGET AND SPEND FOR DOMESTIC ABUSE IN TAMESIDE

- 2.1 Bridges (Jigsaw Support) are the provider of domestic abuse services in Tameside. The Council has a core contract (2019 – 2024) which is jointly commissioned by Community Safety, Population Health and Children's Services. The value of this contract is £506,818 and includes outreach and accommodation-based support services.
- 2.2 Children's Services currently funds two specialist domestic abuse posts to support child victims of domestic abuse, the CHIDVA (Child Independent Domestic Violence Advocate) team. This service is delivered by Bridges at an annual cost of £80,000 per year.

- 2.3 GMCA have awarded the Council £61,099 to fund 12 month Medium Risk IDVA and 6 month IDVA (Independent Domestic Violence Advocate) roles for 2022-23 financial year.
- 2.4 There has been £72,563 allocated towards tackling domestic abuse within the Public Health Investment Fund.
- 2.5 DLUHC has awarded Tameside £549,143 in additional funding for accommodation-based support services for victims of domestic abuse for 22/23. This should be spent on the DA Act duties and spent in-year.
- 2.6 Table 1: Summary DA Funding committed and proposed (2022/23)

<i>Funding Sources for Domestic Abuse in 2022/23</i>		
Jointly commissioned Bridges contract	£	506,818
DA Act 2021 grant funding	£	549,143
GMCA funding for DA roles	£	61,099
Children's Services (CHIDVA)	£	80,000
Public Health Investment Fund	£	£72,564
Total 2021/22 funding for Domestic Abuse	£	1,269,624
<i>Funding committed 2022/23 to date</i>		
Bridges contract - outreach and CHIDVAs	£	358,682
Bridges contract – accommodation based support	£	228,136
Total 2022/23 committed for DA	£	586,818
Total 2022/23 funds still available	£	682,806
<i>Proposed further spend 2022/23</i>		
DA Act duties		£140,500
DA internal staffing TMBC		£157,678
DA transformation activity		£283,667
GMCA funded IDVA posts		£61,099
Total 2022/23 proposed further spend for DA		£642,944
Discretionary DA Budget (Population Health)		£39,862
Total spend on DA 2022/23 if permission granted		£1,269,624

- 2.7 It is recommended that any remaining underspend of the DA Act grant funding is committed to discharging our duties under the Domestic Abuse Act 2021. All other funding pots to be spent as per their restrictions.

3. DOMESTIC ABUSE ACT DUTIES, COMMISSIONING AND SPEND – 2022/23 OVERVIEW

- 3.1 There are £549,143 of funds to spend on DA Act Duties in 22/23, and the report outlines proposals to spend the funds in the following ways.
- 3.2 Through the Bridges core contract the Council currently has £228,135 committed to accommodation based support services. This funds the following staff in our local refuge:
- 1x Deputy Manager
 - 1x Senior Child Support Worker
 - 3x Keyworkers
 - 3x Assistant key workers (nights)
 - 1x Caretaker
- 3.3 The report seeks permission to spend £157,678 of the DA Act funds for three specialist

workers within the local authority – whose roles enable TMBC to discharge its' duties under the DA Act 2021:

- 1x Strategic Domestic Abuse Manager (12 months)
- 1x Programme Officer (Domestic Abuse) (12 months)
- 1x Programme Officer (Housing and homelessness DA lead) (12 months)

3.4 The Lived Experience Advisory group forms part of our formal governance around domestic abuse and our statutory Domestic Abuse Partnership Board. The advisory group membership is local Tameside victim-survivors of domestic abuse and meets quarterly. There is a proposed budget of £3,000 allocated within the DA Act budget to support with reasonable running costs of the group.

3.5 Summary of DA Act proposals and approach to commissioning 2022/23

DA Act Budget (restricted)		
<i>Provision</i>	<i>Amount</i>	<i>Contract type</i>
TMBC Domestic Abuse Staff (Population Health and Community Safety)	£157,678	12 month fixed term
Domestic Abuse Refuge	£228,135	Core contract (Bridges, Jigsaw Support)
Safe Accommodation Team (1 month)	£17,500	Contract variation (Bridges, Jigsaw Support)
CHIDVA based in refuge (12 months)	£40,000	Contract variation (Bridges, Jigsaw Support)
Accommodation based support – DA recovery service (12 months)	£80,000	Contract variation (Bridges, Jigsaw Support)
Lived Experience Advisory Group (DA Partnership Board costs)	£3,000	Budget
Total	£526,314	

3.6 If all spend detailed within this paper is approved, there will an initial unallocated of £22,830 in the DA Act ringfenced budget within Population Health. The report seeks approval for this to be used on discretionary spending related to the local authority discharging its' duties under the DA Act 2021.

3.7 The following sections explain the commissioning approach and details of the procurement activity relating to the DA Act budget.

4. DOMESTIC ABUSE ACT (RINGFENCED) – SAFE ACCOMMODATION TEAM (1 MONTH EXTENSION)

4.1 In the 2021-22 DA Commissioning intentions paper SCB approved the formation of a new service within Tameside, to complement our existing refuge offer. This team was initially referred to as two separate services – the enhanced sanctuary scheme and dispersed accommodation offer.

4.2 Due to recruitment challenges and resourcing delays, this service started on 1 March 2022, for 12 months.

4.3 Therefore, the report is seeking permission to award Bridges £17,500, to extend the contract for an additional month in 2022-23 financial year and realign the service to the financial year and the core service contract.

4.4 Following advice from STAR, the funding will be transferred to Jigsaw Support, who provide the Bridges Service via a variation of the existing contract. This contract will be managed by commissioning officers.

5. DOMESTIC ABUSE ACT (RINGFENCED) – REFUGE BASED CHIDVA

- 5.1 Children that live in households with a perpetrator of domestic abuse are recognised as victims in their own right, according to the DA Act.
- 5.2 In Tameside, our CHIDVA service currently has a waiting list of 143 children and young people. A number of children requiring specialist domestic abuse support are having to wait before they receive appropriate services. On average the CHIDVA service is receiving 30 new referrals per quarter.
- 5.3 Domestic abuse is a significant driver of demand in children's services, with domestic abuse presenting as a factor in cases across children's services. In the last 12 months 21% of Child in Need cases, 31% of children with a Care Plan and 17% of children that are cared for by the borough had a domestic abuse notification recorded. For those that are on the Edge of Care, 21% had a domestic abuse notification on file in the past 12 months.
- 5.4 In order to better support children in the borough, and support our DA Strategy goal of '*Better outcomes for children impacted by domestic abuse*' the report is seeking permission to allocate £40,000 on an additional 12 month CHIDVA post, based within our refuge service.
- 5.5 Following advice from STAR, the funding will be transferred to Jigsaw Support, who provide the Bridges service via a variation of the existing contract. This contract will be managed by commissioning officers.

6. DOMESTIC ABUSE ACT (RINGFENCED) – REFUGE BASED RECOVERY SERVICE

- 6.1 In order to have a holistic response to victim-survivors of domestic abuse, the borough needs a service that is able to work with victims once the immediate domestic abuse risk has been managed, in order to support long-term recovery and prevent re-entry into the service.
- 6.2 Our existing provision on domestic abuse is focused on responding and managing risk, which means there is little service provision available for victim-survivors who are now safe but require a little further support, from workers that are trauma-informed and understand how victim-survivors of domestic abuse may present and the challenges they face in their recovery from domestic abuse.
- 6.3 In Q3 of 21/22, 24% of the referrals into the Bridges service were repeat referrals. Additionally, access to the labour market, housing and longer term health and wellbeing improvement are key indicators of recovery
- 6.4 These individuals may have wider needs that sit outside the specialisms of the domestic abuse service. These link workers will identify needs, but also be able to work with individuals in safe accommodation to promote longer term recovery from domestic abuse, with a focus on health and wellbeing improvement and education, employment and training opportunities.
- 6.5 As this is a new concept in Tameside, the proposal is to pilot this service for a period of 12 months – this will enable commissioners to understand the level of demand for the service, but also trial the service delivery model.
- 6.6 The staff will be flexible in how they work, supporting victims of domestic abuse that are or have been accessing safe accommodation – either in that accommodation (dispersed, refuge or a property that has been fitted with sanctuary measures) or in other settings such as the Women's Centre.
- 6.7 Outcomes monitored will include:
 - Housing status

- Referral, registration and attendance at healthcare appointments (pennine care, GP)
- Employment, education or training status at entry and exit
- DA risk level on entry and exit of the service
- Re-entry into Bridges

- 6.8 In order to improve long term outcomes for victims of domestic abuse in the borough, and support our DA Strategy goal of *'Helping victim-survivors stay safe at home'* and *'Meeting the needs of victims through local services'* the report is seeking permission to spend £80,000 on two recovery service support worker roles (12 months), based within our accommodation based support service.
- 6.9 Following advice from STAR, the funding will be transferred to Jigsaw Support, who provide the refuge service via a variation of the existing contract. This contract will be managed by commissioning officers.

7. SUMMARY WIDER DOMESTIC ABUSE FUNDING 2022/23

- 7.1 The local authority has already committed the £228,135 value of the refuge contract within existing budgets. Therefore, as last year, the report seeking permission to use the existing funding allocated by Community Safety to create a 'Domestic Abuse transformation fund' (Appendix – Domestic Abuse Funding proposal 2021/22). This funding will need to be spent in-year.
- 7.2 This fund is supplemented by £72,563 from the Public Health investment fund. This budget does not need to be spent in-year.
- 7.3 This budget (total £300,698) will sit within the Population Health budget managed by the Strategic Domestic Abuse Manager.
- 7.4 Summary of proposed spend and commissioning approach 2022/23:

Wider DA spend		
<i>Provision</i>	<i>Amount</i>	<i>Contract type</i>
Training and workforce development	£50,000	3 quotes procurement exercise
Perpetrator response pilot	£100,000	Procurement exercise, facilitated by STAR
Children that harm – TLC Pilot	£100,000	Direct award – TLC
A&E IDVA (2 month extension)	£6,667	Contract variation (Bridges, Jigsaw Support)
Domestic Abuse Community Grant Scheme	£15,000	Direct Award through Action Together
IRIS – DA Primary Care intervention (year one) ¹	£12,000	Procurement exercise
Total	£283,667	

- 7.5 If all spend detailed within this paper is approved, there will an underspend of £17,032 of the Public Health Investment fund, which will be carried forward to the next financial year to be used on domestic abuse in 2023/24.

¹ Commissioning activity will be match funded by GMCA and the CCG to bring the total value of the contract to £205,000 over 3 years

8. DOMESTIC ABUSE FUNDING 2022/23 – TRAINING AND WORKFORCE DEVELOPMENT

- 8.1 In 2021 a workforce survey found that there were gaps in professionals understanding of domestic abuse, particularly around the dynamics of domestic abuse, coercion and control and identifying primary perpetrators.
- 8.2 The 2021/22 commissioning intentions paper sought permission to spend up to £100,000 on a significant workforce development programme. In January 2022 Rockpool was awarded the contract valued at £65,000.
- 8.3 In 2021/22 £15,000 of funding was allocated to support adult and child social workers to develop their skills and knowledge around working with perpetrators. £8,800 of discretionary funds were also used to upskill staff across the multi-agency partnership to be able to deliver the Freedom Programme for victims of domestic abuse.
- 8.4 The report also seeks permission to hold £50,000 in a discretionary workforce training budget, allocated for specialist workforce training for TMBC staff. This budget will be held by the Strategic Domestic Abuse Manager and used to target gaps identified through quality and performance monitoring.
- 8.5 Following advice from STAR, it is proposed that a competitive tender process for this work will take place and transfer the funds to the successful applicant. The contract will be managed by commissioning officers.

9. DOMESTIC ABUSE FUNDING 2022/23 – PERPETRATOR RESPONSE PILOT

- 9.1 In Tameside there is no commissioned offer for those who perpetrate domestic abuse. The only programme of work is court mandated through probation.
- 9.2 In 2021/22 Davis and Associates were commissioned to conduct a perpetrator needs assessment, which is ongoing until the end of March 2022. Initial findings are that in Tameside, perpetrators' needs are complex and high and there is a lack of support for practical needs.
- 9.3 A survey of 100 frontline practitioners in the borough found that 80% are not trained in responding to perpetrators and 57% are not aware of any tools or interventions they could use with those using harmful behaviours.
- 9.4 In response to these findings, the report seeks permission to commission a specialist provider to pilot a perpetrator response pilot in Tameside for 12 months for £100,000. The specification of the service will be informed by the final set of recommendations and findings from the commissioned perpetrator needs assessment.
- 9.5 Outcomes proposed from a perpetrator intervention model includes:
- Complete and permanent cessation of violence used by the perpetrator towards their victim(s)
 - Improved rate of victim safety
 - Improved risk assessment and safety management
 - Improved parenting from those using harmful behaviours
 - Positive feedback from perpetrators and their friends and family on the behaviour change activity
- 9.6 Following advice from STAR, it is proposed a competitive tender process for this work will be undertaken and transfer the funds to the successful applicant. This contract will be managed by commissioning officers.

10. DOMESTIC ABUSE FUNDING 2022/23 – CHILDREN THAT HARM TLC PILOT (12 MONTH EXTENSION)

- 10.1 Since January 2022 Talk, Listen, Change (TLC) have been running 2 innovative pilots in Tameside for children aged 12 – 19 years old :
- Encouraging Healthy Relationships programme – for children that are displaying harmful behaviours towards their siblings, girlfriends/boyfriends and people they are dating
 - Respect Young Peoples programme – for children that are displaying harmful behaviours towards their parents or carers.
- 10.2 These interventions are part of a Greater Manchester wide pilot, which is 2/3 funded by the Home Office and 1/3 funded by TMBC. The report seeks permission to extend the funding for a further 12 months.
- 10.3 This programme meets two of our DA Strategy ambitions '*Better outcomes for children impacted by domestic abuse*' and '*Identifying problem behaviours early*'.
- 10.4 Following advice from STAR it is proposed that the funding will be transferred to TLC as a direct award as a grant. A competitive route for this work is not proposed as TLC are the existing provider of this pilot in GM – they are the only providers of this programme in the region. The Council will ensure value for money and effective performance through outcome monitoring and contract management by our commissioning officers.

11. DOMESTIC ABUSE FUNDING 2022/23 – A&E IDVA (2 MONTH EXTENSION)

- 11.1 On February 14 2022 the A&E IDVA started their first shift in Tameside General Hospital. Within the first hour on shift, they supported the staff in the hospital on a particularly complex case with risk markers of trafficking and domestic abuse for a pregnant woman. This aligns to the evidence found from other A&E IDVA pilots which found that the cases that the specialist supported were complex, had not accessed the mainstream DA service and had high levels of need.
- 11.2 The 2021/22 commissioning intentions paper sought permission to spend £40,000 on an A&E IDVA for 12 months. Considering the delay to recruitment, the report seeks permission to extend the existing post to align to the financial year, ending 31st March 2022 at a cost of £6,667.
- 11.3 This programme forms part of two of the goals within the DA Strategy 2021 – 2026; '*Creating safe spaces for disclosures*' and '*Making domestic abuse everybody's business*'.
- 11.4 Following advice from STAR, the funding will be transferred to Jigsaw Support, who provide the Bridges service via a variation of the existing contract. This contract will be managed by commissioning officers.

12. DOMESTIC ABUSE FUNDING 2022/23 - DOMESTIC ABUSE COMMUNITY GRANT SCHEME

- 12.1 One of our key ambitions within the domestic abuse strategy is to '*Make domestic abuse everybody's business*'. This means empowering communities to understand and respond to domestic abuse.
- 12.2 To create real behaviour change, a three pronged approach is needed:
- Evidence based awareness raising campaign with a clear name and purpose – social media, posters and public forums

- Training for the community on domestic awareness – a dedicated community champions domestic abuse scheme
- Action – a community scheme to incentivise taking action against domestic abuse, understanding what counts as abuse and supporting victims.

- 12.3 In our strategy partners have also committed to raising awareness of domestic abuse through a community champions scheme. The DA Community Grants will form part of our offer for community champions, made up of third sector, charity and private community based organisations. All organisations that apply for a grant will need to nominate a Domestic Abuse Champion to attend our dedicated training resource supplied by Rockpool during Summer 2022.
- 12.4 The Lived Experience Advisory Group will be part of the development of this grant scheme, and early feedback from local victim-survivors is supportive of the idea of DA community grants. The details of the grants including eligibility, types of activities funded and amounts will be co-produced with the Lived Experience Advisory group and Action Together.
- 12.5 The report seeks permission to create a £15,000 fund for the 2022/23 DA Community Grant scheme. The proposal is that funds are managed via Action Together who have agreed to facilitate the payments. These payments will be made as grants and will be monitored by Action Together for a small fee. It is proposed that this funding will be transferred to Action Together with a grant agreement in place.

13. DOMESTIC ABUSE FUNDING 2022/23 – IRISi IN PRIMARY CARE

- 13.1 In Tameside there is currently have a domestic abuse pilot running in sexual health services – the IRIS Advise Pilot. This is funded by NHS England via GMCA.
- 13.2 The gold standard primary care domestic abuse intervention in Primary Care settings is IRIS. IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices that has been positively evaluated in randomised controlled trials. It is a partnership between health and the specialist DVA sector. IRIS provides in-house DVA training for general practice teams and a named advocate to whom patients can be referred for support.
- 13.3 Since 2010, IRIS has received 11,000 referrals and fully trained an estimated 700 general practices in 36 localities nationwide. Locally, IRIS has been in place in Manchester for over 8 years and is being introduced in other GM localities such as Bolton.
- 13.4 The cost of IRIS in Tameside, with a patient population of 230,000 to 1 Advocate Educator, IRIS training and practice fees and evaluation cost comes to a total of £205,000 over a three year contract. The following funding model is proposed:

	2022/23	2023/24	2024/25	Total
TMBC	£12,000	£4,000	£9,000	£25,000
CCG	£40,000	£40,000	£50,000	£130,000
GMCA	£30,000	£20,000	-	£50,000
Total	£82,000	£64,000	£59,000	£205,000

- 13.5 The report seeks permission to commission an IRIS service for three years, with a total contribution of £25,000 from the Population Health core fund. The local authority will be the lead commissioner of the service, with funds from GMCA and the CCG to be transferred over to TMBC Population Health.

13.6 On advice from STAR the proposal is to run a competitive tender process and transfer the funds to the successful provider.

14. GM FUNDED ROLES – SIX MONTH IDVA (MOJ) EXTENSION , 12 MONTH MEDIUM RISK IDVA

14.1 GMCA have awarded the Council £61,099 in 2022/23 for two domestic abuse worker roles:

- INS Key worker – 6 month extension
- Medium Risk IDVA – 12 months

14.2 The funding for both roles will be transferred to Community Safety by GMCA.

14.3 The report seeks permission to award Bridges £61,099, as the sole provider of the domestic abuse service in Tameside.

14.4 Following advice from STAR, this funding will be transferred to Jigsaw Support, who provide the Bridges service via a variation of the existing contract. This contract will be managed by commissioning officers.

15. RECOMMENDATIONS

15.1 As set out at the front of the report.

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Report To:	STRATEGIC COMMISSIONING BOARD
Date:	27 April 2022
Executive Member / Reporting Officer:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 28 FEBRUARY 2022
Report Summary:	<p>This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 28 February 2022 (Month 11) and forecasts to 31 March 2022.</p> <p>APPENDIX 1 summarises the integrated financial position. Overall the Strategic Commission is reporting a total forecast overspend of £2.907m for the year ending 31 March 2022. This includes a £2.285m 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 £0.622m on Council budgets but this includes £4.233m of ongoing demand pressures in Children's Social Care, offset by non-recurrent additional funding streams for 2021/22 only.</p>
Recommendations:	Members are recommended to note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 .
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	<p>This report provides the 2021/22 consolidated financial position statement at 28 February 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.</p> <p>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.</p> <p>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.</p> <p>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</p>

Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

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

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

Revenue monitoring is an essential part of these arrangements to provide Members with the opportunity to understand and probe the council’s financial position.

Members will note that the current outturn position is currently predicting that the CCG will break even whilst there is a forecast net deficit of £0.622m on Council budgets

The council has a legal duty to deliver a balanced budget by the end of the financial year. Failure to deliver a balanced budget can result in intervention by the Secretary of State.

Members therefore need to be content that there are robust plans in place to ensure that there is a balanced budget by the end of the financial year.

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission’s budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

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

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



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

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



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e-mail: tracey.simpson@nhs.net

1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The gross revenue budget value of the ICF for 2021/22 is reported at £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 At M11 the CCG is reporting an overspend of £2.285m, all of which is reimbursable through national schemes, meaning that once M12 allocations have been transacted the position will be balanced on an in year, non recurrent basis. The same is true of the ICFT position where the trust is forecasting a breakeven position for 2021/22.
- 2.2 For the Council budgets an overspend of £0.622m is currently forecast. This represents an improvement of £0.079m compared to month 10 (made up of adverse movements in two areas, offset by the release of contingencies), but more work is still required to balance the position before year end.
- 2.3 The Council budget includes a small contingency, which is released throughout the year to offset expected pressures. A further £0.327m of contingency has been released at month 11, leaving an unallocated contingency budget of £0.100m, which will be released in Month 12 if not required.
- 2.4 Looking forward, the long term financial position within the locality remains a cause for concern as we contend with the aftermath of the pandemic at the same time as addressing an underlying financial deficit and implementing comprehensive organisation change across the NHS.
- 2.5 2022/23 financial plans for the Council have been agreed, while the new ICB is in the final stages of planning for health budgets. This will be discussed in more detail in the months to come, but significant work will be required in order to recurrently balance budgets across the system in 2022/23 and beyond.
- 2.6 Further detail on the financial position and key headlines can be found in **Appendix 1**.

3. RECOMMENDATIONS

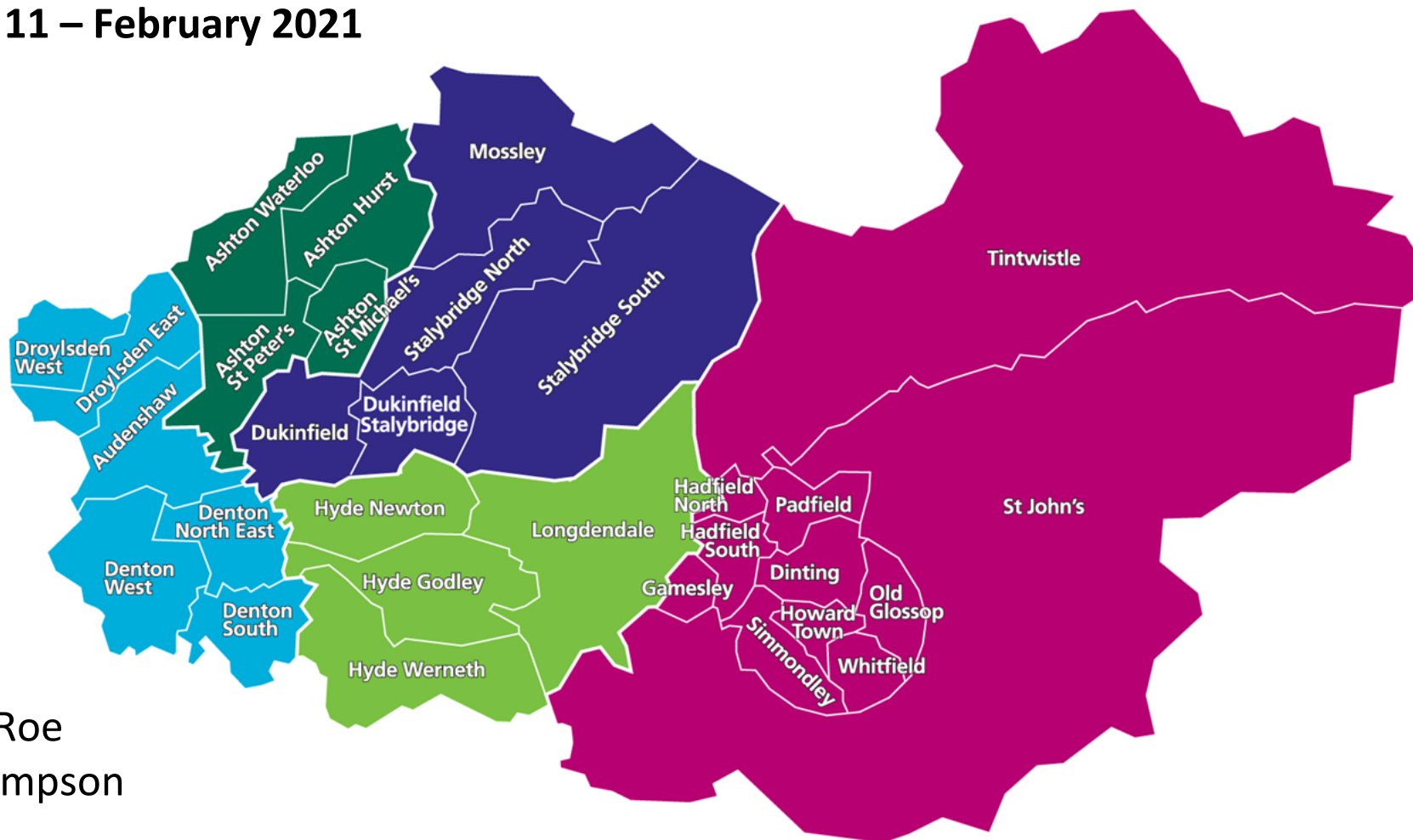
- 3.1 As stated on the front cover of the report.

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Tameside and Glossop Strategic Commission

Finance Update Report Financial Year 2021-22 Month 11 – February 2021

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Kathy Roe
Sam Simpson

Period 11 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

Message from the DOFs:

As we enter the final few weeks of this financial year, we still have more work to do in order to balance the financial position for 2021/22.

At M11 the CCG is reporting an overspend of £2,285k, all of which is reimbursable through national schemes. Meaning that once M12 allocations have been transacted we are on track to balance the position on an in year, non recurrent basis. The same is true of the ICFT position where the trust is forecasting a breakeven position for 2021/22.

For the Local Authority an overspend of £622k is currently forecast. This represents an improvement of £79k compared to month 10 (made up of adverse movements in two areas, offset by the release of contingencies). But more work is still required to balance the position before year end.

The Council budget includes a small contingency which is released throughout the year to offset expected pressures. A further £327k of contingency has been released at month 11, leaving an unallocated contingency budget of £100k which will be released in Month 12 if not required.

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

Financial plans for the Council have been agreed, while the new ICB is in the final stages of planning for health budgets. This will be discussed in more detail in the months to come, but significant work will be required in order to recurrently balance budgets across the system in 2022/23 and beyond.

TMBC Financial Position

£79k

Overall improvement in financial position since M10.

Children's Social Care

(£4,233k)

Forecast overspend against full year budget. A deterioration of £87k on the M10 position..

CCG Financial Position

£0k

While the CCG is reporting an over spend of £2,285k at M11. This is all reimbursable through the M12 allocation process. Meaning an effective break even position is forecast.

ICFT Forecast Position

£0k

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

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	412,366	413,457	(1,091)	453,509	455,794	(2,285)	(3,376)	1,091
TMBC Expenditure	182,835	168,164	14,671	194,494	195,116	(622)	(701)	79
Integrated Commissioning Fund	595,201	581,622	13,579	648,003	650,909	(2,907)	(4,077)	1,171

Integrated Commissioning Fund Budgets

Forecast Position £000's	YTD Position (Net)			Forecast Position (Net)			Net Variance		Gross Position (full year)	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month	Expenditure Budget	Income Budget
Acute	210,357	209,922	435	229,355	228,836	519	509	10	229,355	0
Mental Health	41,320	41,218	102	45,424	45,275	149	224	(75)	45,424	0
Primary Care	85,097	85,257	(160)	95,396	96,487	(1,091)	(1,212)	121	95,396	0
Continuing Care	13,385	12,663	722	14,769	13,936	833	865	(31)	14,769	0
Community	39,097	39,655	(558)	42,415	43,242	(828)	(1,652)	825	42,415	0
Other CCG	18,768	20,504	(1,736)	21,360	23,282	(1,922)	(2,109)	187	21,360	0
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,342	4,239	103	4,790	4,735	55	0	55	4,790	0
Adults	36,908	36,923	(15)	40,264	39,369	895	895	0	90,872	(50,608)
Children's Services - Social Care	47,958	53,630	(5,673)	53,314	57,546	(4,233)	(4,146)	(87)	64,961	(11,648)
Education	8,043	4,069	3,975	7,435	7,064	372	372	0	33,224	(25,788)
Individual Schools Budgets	5,099	(499)	5,598	0	0	0	0	0	124,462	(124,462)
Population Health	13,327	11,415	1,912	14,538	13,641	897	897	0	15,941	(1,403)
Place	58,067	59,264	(1,197)	61,581	62,343	(762)	(762)	(0)	124,215	(62,634)
Governance	10,820	10,258	562	9,083	9,656	(573)	(412)	(161)	71,470	(62,387)
Finance & IT	7,963	8,105	(142)	8,326	7,523	803	803	0	10,153	(1,827)
Quality and Safeguarding	131	29	102	142	142	0	0	0	383	(241)
Capital and Financing	(912)	(1,159)	247	4,775	4,270	505	505	0	8,964	(4,189)
Contingency	3,520	(5,233)	8,753	3,841	3,241	600	273	327	4,597	(756)
Contingency - COVID Costs	0	19,593	(19,593)	0	26,639	(26,639)	(26,639)	0	0	0
Corporate Costs	4,612	4,437	175	5,051	4,890	161	161	0	5,352	(301)
LA COVID-19 Grant Funding	(12,701)	(30,017)	17,315	(13,856)	(38,310)	24,454	24,454	0	(5,239)	(8,617)
Other COVID contributions	0	(2,650)	2,650	0	(2,898)	2,898	2,898	0	0	0
Integrated Commissioning Fund	595,201	581,622	13,579	648,003	650,909	(2,907)	(4,077)	1,171	1,002,864	(354,861)

Forecast Position £000's	YTD Position			Forecast Position			Variance		Gross Position (full year)	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month	Expenditure Budget	Income Budget
CCG Expenditure	412,366	413,457	(1,091)	453,509	455,794	(2,285)	(3,376)	1,091	453,509	0
TMBC Expenditure	182,835	168,164	14,671	194,494	195,116	(622)	(701)	79	549,355	(354,861)
Integrated Commissioning Fund	595,201	581,622	13,579	648,003	650,909	(2,907)	(4,077)	1,171	1,002,864	(354,861)

A: Section 75 Services	322,871	322,244	627	354,710	355,334	(624)
B: Aligned Services	205,207	196,726	8,481	220,081	222,525	(2,443)
C: In Collaboration Services	67,124	62,652	4,472	73,212	73,051	161
Integrated Commissioning Fund	595,201	581,622	13,579	648,003	650,909	(2,907)

Integrated Commissioning Fund Key Messages

Children's Social Care

The forecast outturn for Children's Social Care is £4,233k overspent, compared to £4,146k at month 10, an adverse movement of £87k.

Whilst the number of cared for children continues to reduce (at the end of February the number of cared for children was 664, a decrease of 11 from the previous month) the cost of external placements continues to increase. The adverse movement in the forecast at period 11 is due to an increase in external placement costs.

Governance

Within the Governance Directorate, an adverse movement of £71k in Exchequer Services combined with a £90k adverse movement on Policy and Communications budgets, has resulted in an overall forecast outturn position of £573k compared to £412k at month 10.

The movement in Exchequer services budgets relates to a reduction in the amount of Housing Benefit expenditure eligible for subsidy at the end of February compared to January.

In Policy and Communications, there is a proposal to make a contribution to reserves from the Communications Budget staffing underspends to fund a two year post supporting various development and growth projects across the borough

CCG Reported Position

The reported position at M11 shows a forecast overspend of (£2,285k). Which is £1,091k less than last month following receipt of M11 allocations for Hospital Discharge Programme and Winter Access Fund. As reported in previous months all of this reported variance is reimbursable, but in line with national reporting guidance needs to be shown as an overspend until appropriate allocation changes are transacted in March:

(£853k) Hospital Discharge Programme. In total we have spent £2,940k against the Hospital Discharge Programme in the first 11 months of the year, with full year forecast expenditure of £3,217k, which is broadly consistent with last month. Claims for Q3 were settled in February, taking total funding received for HDP in 21/22 to £2,365k. After adjusting for claims which have already been reimbursed, we are reporting a total variance of £853k in relation to Q4. We anticipate receipt of an allocation to match this variance in March, resulting in an effective breakeven position after reimbursement has been approved and transacted.

(£788k) GP Additional Roles & Responsibilities. £3.2m of ARR's funding has been made available by NHS England, against which our Primary Care Networks can claim in 2021/22. Based on current PCN forecasts, we anticipate claiming a total of £2,571k (80% of the maximum allowed). This is lower than reported last month because of slippage against PCN plans. CCG baseline allocations include £1,785k of ARR's funding and we are able to reclaim any spend in excess of this, hence the reported variance (i.e. ARR's is cost neutral to the CCG position).

(£644k) 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. Funding of £402k has already been received, meaning that we need to forecast an overspend of £831k at M11 in anticipation of final allocations in March.

Finance Summary Position – T&G ICFT

	Month 11			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	£23,180	£25,467	£2,287	£253,093	£258,790	£5,697
Employee Expenses	(£16,295)	(£17,811)	(£1,516)	(£174,056)	(£176,291)	(£2,235)
Non Pay Expenditure	(£5,975)	(£6,058)	(£83)	(£70,432)	(£73,565)	(£3,133)
Total Operating Expenditure (excl. COVID-19)	(£22,270)	(£23,869)	(£1,599)	(£244,488)	(£249,856)	(£5,368)
Income - COVID-19	£30	£30	£0	£151	£287	£136
Employee Expenses - COVID-19	(£739)	(£823)	(£84)	(£7,774)	(£7,968)	(£194)
Non Pay Expenditure - COVID-19	(£142)	(£182)	(£40)	(£1,922)	(£1,567)	£355
Total Operating Expenditure - COVID-19	(£851)	(£975)	(£124)	(£9,545)	(£9,248)	£297
Total Operating Expenditure	(£23,121)	(£24,844)	(£1,723)	(£254,033)	(£259,104)	(£5,071)
Net Surplus/ (Deficit) before exceptional Items	£59	£623	£564	(£940)	(£314)	£627
Trust Efficiency Programme	£846	£1,107	£261	£5,782	£6,080	£298
Capital Expenditure	(£1,237)	(£2,227)	(£990)	(£6,612)	(£6,080)	£532
Cash and Equivalents		£39,158				

Trust Financial Summary – Month 11

The Trust is planning to breakeven, in line with national guidance. In month 11 the Trust reported an in month variance against plan of c.£564k favourable and a YTD position of c.£627k favourable.

The in month actual position is a reported surplus of c.£623k. This represents a favourable movement of c.£255k compared to the previous month, predominantly due to the receipt of funding in month 11. Total COVID expenditure incurred in month equated to c.£975k against planned spend of c.£851k which is an adverse variance against plan of c.£124k. 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£9.248m against a plan of c.£9.545m which represents an underspend of £297k.

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 and activity remains broadly in line with plan. However, the Trust continues to experience significant pressures within Urgent Care and Non-elective activity.

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. £1.107m in month 11 and c.£6.080m YTD, of which c59% have been delivered recurrently, predominantly achieve through productivity improvements and income generation schemes.

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 April 2022

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

Clinical Lead: Dr Asad Ali – Clinical Lead (Living Well)

Reporting Officer: Stephanie Butterworth - Director of Adult Services

Subject: **PEOPLE AT THE HEART OF CARE: ADULT SOCIAL CARE REFORM WHITE PAPER AND IMPLICATIONS FOR TAMESIDE COUNCIL**

Report Summary: The Government published its adult social care system reform white paper, 'People at the Heart of Care' on 1 December. The white paper sets out a 10-year vision for care and support in England and is based around three 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

Proposals are backed by the new Health and Social Care Levy announced in September this year, 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.

The spending review in October 2021 confirmed the investment will be used for the following areas and duties are outlined in the white paper:

- £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

This report outlines the implications for Tameside Council and partners, indicating the key priorities and next steps.

Recommendations:

- (i) That Strategic commissioning Board be recommended to note that:
 - (a) The People at the Heart of Care: Adult Social Care Reform White Paper places new burdens on the council that are far reaching and will affect a number of functions across the council as outlined in sections 2 - 6 of this report.
 - (b) The indicative funding allocations for 2022-2025 for Tameside Adult Care are noted as outlined in section 8 of this report.
- (ii) That Strategic commissioning Board be recommended to:

- (a) Agree the key priorities for implementation of the Adult Social Care Reform in Tameside as identified in section 9 of this report.
- (b) Accept the allocation of £779,000 implementation support fund for 2022/23 and approve that this allocation be utilised in full for the preparatory work as described in section 9 of this report subject to the business case and necessary internal governance required.
- (c) Agree to the development of an Adult Care Strategy and associated medium term financial strategy (MTFS) for 2022-2025 aligned to the white paper and recovery of local activity following the pandemic.

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

Budget Allocation (if Investment Decision)	£3.6bn Nationally over 3 years directly to local government for the cap, means test and fair cost of care. Anticipate TMBC will receive: <ul style="list-style-type: none"> • £0.8m 22/23 – Fair cost of Care implementation support costs. • £6.72m 23/24 Fair Share. • £9.61m 24/25 Fair Share.
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	This report covers the cost implications and risks associated with the added burden council's will come under to implement and manage a fair cost of care and care account system that aligns to the white paper ambitions. No savings are expected from this implementation.

Additional Comments

The White Paper sets out an ambitious programme of reform for how people in England will pay for their care.

The proposals are a significant step to fully reforming adult social care, backed by the new Health and Social Care Levy, announced in September 2021. The announcements will generate investment in adult social care of £5.4bn nationally over the next 3 years, of which £3.6bn will come directly to local authorities to fund the new cap on care costs, and support implementation so local authorities can shape the market and pay a fair price for care. A further £1.7bn has been funded to improve the wider social care system in England.

There are 2 significant elements of the White Paper:

- The Cap on Care
- Market Sustainability and Fair Price for Care

The White Paper also introduces the requirement for local authorities to arrange care for those who currently 'self-fund' their care. This means that everyone will be entitled to a Care Act Assessment and access to Local Authority commissioned rates. This is where the increase in capacity across all functions, e.g. finance, systems, care assessment, contracting and market management and others, will be required.

Additional risks that are yet to be quantified is the impact self-funders having access to council contract rates will have on the wider market sustainability. i.e. where self-funders currently pay a premium to providers, allowing favourable rates to the Council, then the removal of that could drive up all care package rates.

There are key risks to the organisation's ability to respond to the substantial challenges of the White Paper.

Currently Financial Management, Client Finance and Adult Social Care operate within separate directorates. The Adult Social Care White Paper gives us the opportunity to revisit this approach, to create dedicated client finance resource and additional capacity and for the services to work in a more integrated way.

The initial £0.8m in 22/23 will go directly to supporting increased capacity required in adult care management functions and in order to shape the market and fund a fair cost of care for the first cohort from October 2023 and subsequent years.

The further £1.7bn identified nationally has been made available to improve the wider social care system in England, some of which will cover a central support offer for workforce and information and advice, along with funding to support innovation and test models of care before setting out national guidance. It is not yet known how the £1.7bn will be distributed as this was not included in the provisional settlement. Some of these elements are expected to be distributed to, or managed by Local Authorities. It could also be likely that as local authorities we need to bid for some elements.

The challenges set out in "The People at the Heart of Care: Adult Social Care Reform White Paper", are expected to be covered in full, by the announcements of additional grant funding. However, the implementation programme planning, system development and impact on demand for the council is still in its early stages of scoping and not yet fully understood. This could lead to a gap between the real cost to the council and the level of funding available.

Legal Implications:
(Authorised by the Borough Solicitor)

The White Paper sets out a 10-year vision for social care highlighting investments in housing and home adaptations, technology and digitisation, workforce training and wellbeing support and support for unpaid carers and innovation. These proposals were originally set out in the government's paper

Build Back Better: Our Plan for Health and Social Care, which included details of the new Health and Social Care Levy. The White Paper sets out how support and care in England will be transformed focusing on three key themes:

1. People have choice, control, and support to live independent lives
2. People can access outstanding quality and tailored care and support
3. People find adult social care fair and accessible

The White Paper sets out a range of policies to be implemented over the next three years, which are detailed in the main body of the report. The implementation of those policies will require the council to undertake the necessary due diligence particularly in relation to budgetary implications, governance and decision-making. Members do not set staffing structures although they set resource budgets and there are other internal processes to approve staffing.

How do proposals align with Health & Wellbeing Strategy?

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

How do proposals align with Locality Plan?

The service links into the Council's priorities:

- Help people to live independent lifestyles supported by responsible communities.
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?

The proposals follow the Commissioning Strategy principles to:

- Empower citizens and communities
- Commission for the 'whole person'
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing
- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:

Not yet been consulted.

Public and Patient Implications:

The White Paper lays out a 10 year strategy to include all those who interact with social care not just those accessing direct services that have been identified as having eligible needs under the Care Act 2014 or assessed as requiring preventative services to delay eligibility and entrance to eligible services. It also includes new burdens on local authorities for those who currently self-fund their care and support needs. These people are not currently known to services and will be entitled to financial and care assessments.

Quality Implications:

These services support quality outcomes for people to be able to continue living well in their own homes and local communities.

How do the proposals help to reduce health inequalities?

The proposals recognise the inequalities that have been further exposed during the pandemic and seeks to ensure fair access to and fair charging for care and support, thus aiming to reduce inequalities.

What are the Equality and Diversity implications?

Whilst the White paper is seeking to reduce inequalities in access to care and support it does present challenges. The Care Cap as it has been outlined at the time of writing this report will mean that some people could still be left with, what are to them, catastrophic care costs for which they may need to sell their home.

What are the safeguarding implications?

There are no safeguarding implications with this report.

What are the Information Governance implications?

Central government is currently consulting on operational guidance to implement a lifetime cap on care costs which once understood will lead to local DPIA's being carried out.

Has a privacy impact assessment been conducted?

As above.

Risk Management:

A complementary programme plan will be established following the approval of this report. This will include a risk management log, which will also be reflected in the corporate risk register. However early indications are clear financial and workforce risks in delivering the requirements of the white paper within the budget allocated.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Tracey Harrison.



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1. INTRODUCTION

- 1.1 The Government published its adult social care system reform white paper, 'People at the Heart of Care' on 1 December. The white paper sets out a 10-year vision for care and support in England and is based around three 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
- 1.2 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 from 2022 -2025. From 2025, an increasing share of funding raised by the levy will be spent on social care in England.
- 1.3 The spending review in October 2021 confirmed the investment will be used will be targeted in the following areas and duties are outlined in the white paper:
- £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
- 1.4 This paper outlines the implications for Tameside Council and partners indicating the key priorities and next steps for approval.

2. KEY ELEMENTS OF THE WHITE PAPER

- 2.1 This 10 year strategy has a key aim to strengthen how care and support is delivered in the spirit of the Care Act, and 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
- 2.2 The Strategy outlines a number of key challenges facing the sector and where improvements should be made and also describes how this should 'look and feel' for people who draw on care and support
- **core purpose** of adult social care should be to help them to maintain or gain their independence, allowing them to have control over their lives
 - **investing in preventative services** and increasing the care and support options available, including the right information and advice to allow people to plan for the future. This means we can enable people to remain in their own homes and communities for longer and achieve the outcomes that matter to them.
- 2.3 The use of 'I' statements throughout the White Paper provides a framework for us to assess impact for individuals. This is also a clear indication of the intended Care Quality Commission (CQC) assessment of how well local authorities are meeting their adult social care duties under Part 1 of the Care Act 2014.
- 2.4 The assessment framework will provide a basis on which government might exercise new legal powers to intervene where a local authority is failing or has failed to discharge its duties under Part 1 of the Care Act 2014.

3. **PROVIDING THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME (CHAPTER 4)**
- 3.1 The challenge set is to shift from focusing on approaches to deliver care that intervene at a time of crisis, to prevention approaches and offer support early. This has been a core aim for several years and an integral part of health and care integration in Tameside.
- 3.2 Care and support should be in a person's own home and personalised in line with their specific needs, although recognising that sometimes, specific needs are best met in a supported living or care home setting.
- 3.3 To ensure that everyone is provided with greater choice, control, and independence, the government, NHS, LAs, care providers, voluntary and community groups, and the wider sector will work together to **'make every decision about care a decision about housing'**.
- 3.4 Key outcomes for people are:
- I can live as part of a community, where I am connected to the people who are important to me, including friends and family and I have the opportunity to meet people who share my interests.
 - I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.
 - I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible
 - I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion.
- 3.5 In order to achieve this Local Authorities must:
- Agree a three year plan for embedding housing in health and care strategies
 - Boost supply of supported housing
 - Increase local expenditure in supported living
- 3.6 There is a proposal of an increased Disabled Facilities Grant (DFG) grant and a reallocation, which will benefit Tameside residents by ensuring practical support to make changes in people's homes to help maintain independence. The White Paper also proposes increasing the amount an individual can receive before hitting a means test and that the current DFG means test will be reviewed and aligned with the new Adult Social Care charging proposals. This will be subject to a national public consultation during 2022.
- 3.7 Technology is fast becoming part of daily lives to enable people to live well at home and this is recognised with £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care. The 10 year vision for what digitally enabled care should look like will focus in 3 areas:
- Technology enabled care (particularly around prevention rather than detection – e.g. *prevention* of falls not just the *detection* of falls),
 - Improving the efficiency of the workforce and support to help service users
 - Supporting providers with things like e-rostering, digital shared care records
- 3.8 Targets have been set to protect those living in care homes with falls technology and by March 2024 ensure at least 80% of care providers have a digitised care record, which connects to a shared care record.
- 3.9 Additionally, each Integrated Care System (ICS) will be funded to support implementation and invest in infrastructure to ensure that social care staff have access and skills in order to use technology to its maximum benefit.

- 3.10 Furthermore, there will be national investment to help local areas innovate around the care and support they provide in new and different ways providing more options to suit individual circumstances. The new Office for Health Improvement and Disparities (OHID) gives increased focus on improving the health of the population, working across government departments to co-ordinate efforts and impact. There will be a key focus on falls and establishment of a 'deconditioning inequality innovation fund to enable local authorities to support people at particularly high risk of deconditioning'.

4. EMPOWERING THOSE WHO DRAW ON CARE AND SUPPORT (CHAPTER 5)

- 4.1 Local authorities have duties under the Care Act 2014 to ensure that information and advice services are available to their local populations. Key outcomes for people are:
- I know where to find user-friendly information and advice that is inclusive of my communication and accessibility needs to make informed and empowered decisions about my life – now and in the future.
 - I know what my rights are and can get information and advice on all the options for my health, care and housing.
 - I understand the support that is available to me in my area to maintain my own health and wellbeing and achieve the outcomes that matter to me.
 - I am provided with tailored information and advice to support the person I care for
- 4.2 To achieve this there will be a number of government led pilots and evaluations, funded centrally to create guidance and share what works, along with a national website providing information and explainers about adult social care reform.
- 4.3 There will be oversight and accountability of information and advice services and will include how local authorities empower people and enable them to make informed decisions. The 'Making it Real Framework' (TLAP) will be used as the benchmark and these functions will be inspected in the new inspection regime.
- 4.4 The refreshed vision for adult social care has recognised the invaluable contribution that unpaid carers make to their families and communities. As such, there is renewed focus on recognition and support for unpaid carers so that they are empowered to live happy, healthy, and fulfilling lives. This is to be supported by £25 million to work with the sector and improve the support provided to unpaid carers.
- 4.5 Building on the Carers Action Plan the funding will focus around three core strands and provide opportunities to identify and test a range of interventions to support unpaid carers such as respite and breaks, peer and wellbeing support. They are:
- Working with the sector to improve the services provided to support unpaid carers
 - Identifying, recognising and involving unpaid carers
 - Supporting the economic and social participation of unpaid carers
- 4.6 As a means of identifying and recognising and involving carers government will:
- Increase the voluntary use of 'unpaid carer' markers in NHS electronic health records by simplifying current approaches to data collection and registration
 - Introduce a new marker indicating the presence of a contingency plan, where one is available, that describes the actions to take if the carer is no longer able to provide care
 - Move away from aggregate data collections on carers towards client-level data, which will take place over the next three years
 - Ensure voices of carers (as well as those who access care and support) are embedded in ICSs.
 - Assess how local authorities are meeting the needs of unpaid carers
 - Ensure social prescribing for carers
 - Increase flexible working offers from employers

- Commit to introduce carers leave in response to 2020 public consultation
- Provide a new rate of carers allowance from 2022 (£69.70)

4.7 A further key element seeks to support autistic people and people with a learning disability in to employment. A means to support independence and makes connections and positive contributions in their communities. The core aim here is to ensure existing good practice for supported employment schemes is rolled out and embedded across England.

5. STRATEGY FOR THE SOCIAL CARE WORKFORCE (CHAPTER 6)

5.1 The challenges faced by the whole social care workforce have been exposed during the pandemic with recognition of the vital role in enabling the independence and dignity of the people we support. £500 million will be invested in the social care workforce to ensure the right training and qualifications, and the recognition for their skills and commitment. Key outcomes for people are:

- I receive care and support that is safe, responsive to my needs and respects my rights.
- I am supported by a workforce who have the right training, qualifications and values and are concerned about what matters to me.
- I receive care from a workforce whose careers are valued and whose professional development and wellbeing are prioritised.
- Social care is a rewarding career with clear opportunities to develop and progress and where I feel valued in my role.
- I feel recognised for the important role I play in delivering high quality personalised support.
- I feel recognised for the skills I bring, and am able to develop more skills that help me tackle new challenges as I become more experienced.
- There is a culture in my workplace that supports my health and wellbeing.
- I have the confidence to use technology that supports people's needs and to free up time to deliver outstanding quality care

5.2 Therefore over the next three years government intend to develop a well-trained workforce by:

- Co-develop a universal Knowledge and Skills Framework (KSF) and career structure for the social care workforce
- Work with employers to deliver apprenticeships and traineeships; helping adults access fully funded Level 3 (A-level equivalent) qualifications in social care, if they do not already have one
- Introduce portable care certificates
- Providing a learning and development offer linked to the KSF
- Introduce a skills passport
- Providing leadership and development for registered managers
- Providing CPD for RN's, OT and other AHP's working in care sector
- Ensuring training routes for people who want to become social workers
- Providing a wellbeing and occupational health offer for the workforce

5.3 Some of the above will be delivered through a new national care workforce hub as a digital platform to allow staff to identify themselves as working in care and access development resources.

5.4 Additionally, provision has been made to support local authorities to prepare their local markets for reform, including paying providers a fair rate for care including paying the workforce the real living wage (RLW) and ensuring improved terms and conditions. Government will be working closely with local authorities and providers to produce future guidance. It is important to note here the local commitment to fund the RLW for care workers by the end of 2022/23.

- 6. SUPPORTING LOCAL AUTHORITIES TO DELIVER SOCIAL CARE REFORM (CHAPTER 7)**
- 6.1 This section of the White Paper is describing 'How' local authorities should achieve the outcomes described above. This will be the governments approach to assuring the delivery of care by local authorities and a specific focus on strengthening market shaping activity and commissioning functions. This is alongside an improved data set, which government and CQC will use to understand how local authorities perform.
- 6.2 These changes are set in a context of population increases for the number of adults aged over 85's and longer life expectancies for those living with long-term conditions. Therefore, there is also a key focus on preventative activities including adequate housing appropriate to people's needs.
- 6.3 To achieve sustainable care markets and improve quality of care government has set out plans for reform for how people pay for their care and how care should be funded. The introduction of a cap on care costs is not new and was first discussed as part of the Dilnot commission on Social Care which reported in 2011.
- 6.4 The report made several recommendations with the aim of eliminating the catastrophic care costs faced by some people. This is to be achieved by capping the maximum amount people would contribute over their lifetime. It is these recommendations that now feature in the White Paper for Adult Social Care Reform. They are:
- Reform how people in England pay for their care so no-one pays more than £86,000 for their personal care costs,
 - Amend the Upper Capital Limit (UCL), the point at which people become eligible for services to £100,000 from the current £23,250.
 - Raise the Lower Capital Limit (LCL), the threshold below which people will not have to pay anything for their care from their assets to £20,000 from a current £14,250.
 - End the unfairness where self-funders pay more for care than those funded by the local authority
 - Ensure fees are transparent to allow people make informed decisions
 - Improve information and advice to make it more user-friendly and accessible, helping people to navigate the care system and understand the options available to them.
 - Provide information and advice that is accurate, up to date and in formats that are tailored to individual needs
- 6.5 In addition, to allow people receiving means-tested support to keep more of their own income, the government will unfreeze the Minimum Income Guarantee (MIG) for those receiving care in their own homes and Personal Expenses Allowance (PEA) for care home residents, so that from April 2022 they will both rise in line with inflation.
- 6.6 The cap on personal care costs will place a limit on the costs that people will need to spend to meet their eligible care and support needs. The term 'personal care costs' refers only to the components of any care package considered to be related to personal care, not 'hotel' and/or 'accommodation' costs. This will be based on what the cost of that package is or, in the case of self-funders, would be to the local authority if it were to meet the person's eligible care and support needs.
- 6.7 It is intended that from October 2023 everyone will have a care account that will be maintained by the local authority and will keep track of their progress towards the cap. Local authorities will provide regular care account statements, and engage early with the person once they are close to approaching the cap to discuss how their needs will be met. When a person reaches the cap, the local authority becomes responsible for meeting the person's eligible care and support needs and for paying the cost of the care needed to meet those needs.

- 6.8 The data and information generated by the implementation of care accounts will give local authorities intelligence about those who fund their own care, which we do not currently have access to and can be used to improve planning and commissioning activity to ensure market sufficiency.
- 6.9 However, it should be noted that at the time of writing this report the above changes are still going through parliament and therefore not yet confirmed and therefore could be subject to change.
- 6.10 Outcomes focused care standards are already underway and, Tameside has featured as a model of good practice in the White Paper (pg79) for its Living Well Service combining strengths based approaches and providing a higher rate of pay for care workers delivering against this model. It is these examples of good practice that are to be scaled up and rolled out across England.
- 6.11 Emergency data measures taken in response to COVID-19 have given local authorities and government near real-time data to manage the pandemic and shown the benefits of using data to respond to emerging risks and issues. These are to be maintained and enhanced going forward and the following elements are underway:
- Review of current data is underway by government (market and Client Level Data Set)
 - Commitment to implement digital social care records over the next three years (Ch. 4)
 - Over the next three years, government will implement the commitments outlined in the draft Health and Social Care Data Strategy, Data Saves Lives
 - Proposals are linked to the support offered to providers to digitize and agree data architecture standards and enable data sharing
- 6.12 Better quality data, including client level data, will help us to understand more about who accesses care, how and with what impact, and therefore help us to determine who is not accessing care and the barriers or choices which may be the reason for this.
- 6.13 Finally, government is set to introduce a new assurance framework and inspection regime in 2023 to determine how local authorities are meeting their adult social care duties under part 1 of the Care Act 2014. This will identify and share good practice and support improvement. It will also provide the basis on which government might exercise new legal powers to intervene where a local authority is failing or has failed to discharge its duties. The assurance framework will include:
- Independent assessment of local authorities by the Care Quality Commission
 - Enhanced improvement support, led by the sector
 - A mechanism to intervene, as a last resort, if a local authority is failing
 - Better data

7 LOCAL CONTEXT

- 7.1 In Tameside, we estimated there to be an overall population of 227,117 people in 2020. There are estimated to be 39,976 people aged 65+ in Tameside (17.6% of the total population). In the NW 18.8% of the population are aged 65+.
- 7.2 Between 2020 and 2030, the 65+ population is projected to grow by 16.7% (6,800). By 2040, the 65+ population is projected to grow by 29.1% (11,800). Projected growth in Tameside is slightly lower than across the North West at 18.6% and 32.4% respectively.
- 7.3 In 2020, it was estimated that 2,637 people aged 65+ had dementia in Tameside (approx. 6.5% of the 65+ population). This is compared to 6.9% across the NW.
- 7.4 Adult Care currently support a total of 2,729 individual service users who take up a package of care. There are 914 between 18-65, and a further 1,815 over 65. It should be noted that

a service user can have more than one service provision in place and some service users can appear in more than one category. This is a snapshot as at the end of February 2022.

- 7.5 Utilising the NHS capacity tracker which was introduced in the pandemic to track activity in the independent care sector, we have been able to draw some high level figures to indicate the current volume of self-funded care activity in the local care market.
- 7.6 The data shows that of the 2,729 individual service users accessing a package of care, 2604 are in receipt of funded care and a further 996 indicative self-funders in Tameside provision. It is important to note that more detailed work will be required to establish the exact numbers of people who self-fund their care who have not had an assessment of their needs and are therefore not known to the Council.
- 7.7 This data suggests a potential 26% increase in demand for care and financial assessments in readiness for the introduction of care accounts and fair access to care. Assessment staff hold an average caseload of 30 each, which would mean Tameside adult care, could require up to 33 additional staff in neighbourhood teams to deliver direct assessment work connected to the new burdens. In addition there will be an increase in support staff across a number of council teams.
- 7.8 We have also seen a 14% increase in requests for support from adult care services since April 2021, of which 45% require an assessment of care and support needs. There is also significant increase in demand from those we actively support within the neighbourhood teams.
- 7.9 Furthermore, at the time of writing this paper there were 153 people whose capital limits fall between £23,250 - £100k which means that if the capital limits are set as expected, they will all become funded care packages. Further work is required to determine the financial implications for the council.
- 7.10 Given the increase in demand that is predicted it will be necessary to engage in a significant transformation programme for adult care, which will include a review of current resources to ensure sufficient capacity to deliver safe services and meet statutory requirements.
- 7.11 There are also existing challenges in providing a complete dataset of adult social care activity. The LAS system needs to evolve and be developed to ensure it can provide a complete picture of the adult social care system from prevention at the front door through to service provision.

8. FINANCIAL IMPLICATIONS

- 8.1 The proposals outlined in the white paper 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.
- 8.2 £3.6bn of the above will come directly to local authorities to fund the new cap on care costs, and support implementation so local authorities can shape the market and pay a fair price for care. A further £1.7bn has been funded to improve the wider social care system in England, some of which will cover a central support offer for workforce and information and advice, along with funding to support innovation and test models of care before setting out national guidance. See table 1 below. However it is not yet known how this additional £1.7bn will be distributed.

Table 1: Indicative Adult Social Care funding allocations for Tameside 2022-2025

Adult Social Care Reform Funding								
£5.4bn over 3 years on adult social care reform								
£3.6bn over 3 years directly to local government for the cap, means test, and fair cost of care			£1.7bn over 3 years to improve wider social care system					
£2.2bn over 3 years for the cap and means test 22/23: £0m 23/24: £800m 24/25: £1.4bn			Funding commitments made in the <i>People at the Heart of Care</i> adult social care reform white paper:*					
£1.4bn over 3 years for fair cost of care: 22/23: £162m 23/24: £600m 24/25: £600m			At least £300m to integrate housing	At least £150m for technology and digitisation	At least £500m for workforce training and qualifications	Up to £25m to support unpaid carers	£30m for innovation of support and care	At least £5m to help people understand care and support available
								More than £70m to improve the delivery of care and support services

- 8.3 For Tameside we anticipate we will receive in the region of:
- | | | |
|---------|----------------------------|-----------------------------------|
| 2022/23 | Fair cost of care | £779k Implementation Support Fund |
| 2023/24 | Direct to local government | £6.72 million |
| 2024/25 | Direct to local government | £9.61 million |
- 8.4 In summary there are two significant elements of the White Paper, the 'Cap on Care' and 'Market Sustainability' to be achieved by paying a 'Fair Price for Care'. For example, there is a difference of £140 per week between the average cost of a self-funded residential placement and an average commissioned placement. Self-funded placements currently support the sustainability of the care market and therefore it is expected that the by meeting the 'fair cost of care' there will be an increase in commissioned care fees to ensure a single cost for placements which all service users will have access to.
- 8.5 As described throughout this report these elements also introduce the requirement for local authorities to make arrangements for those who currently 'self-fund' their care. Therefore they will be entitled to a Care Act Assessment and access to Local Authority commissioned rates. This is where the increase in capacity across all functions, e.g.: finance, systems, care assessment, contracting and market management and others, will be required to meet the new burdens within the white paper.
- 8.6 As a condition of receiving further grant funding in the two following years (2023-2025), local authorities will need to submit returns to the Department of Health and Social Care, which includes:
- A cost of care exercise to determine a sustainable fee rate for different care settings. Exercises will need to accurately reflect local costs such as staff pay and travel time, and provide for an appropriate return on capital or return on operations. Local authorities will be expected to publish the exercises,
 - A provisional market sustainability plan setting out local strategy for the next three years (2022 to 2025) this will detail how money has been allocated in order to achieve a more sustainable local market.

9. NEXT STEPS

- 9.1 Government has recognised that implementing the reforms will impose significant additional burdens on the local authority and accordingly has allocated £162m nationally. The initial amount for Tameside is £779,000 as highlighted in table 1.
- 9.2 Having reviewed the requirements of the White Paper the following activity and key areas of focus have been identified. This will require investment in additional capacity to help establish the increased demand we can expect in Tameside and the subsequent associated system and workforce required to manage this effectively.
- 9.3 Key activity required in 2022/23 is:
- Invest in increased capacity in programme management and key functions to secure the delivery of our aspirations locally
 - Review current offer in line with the 10 year strategy and create a transformation plan and linked financial plan for approval – by May 2022

- Refresh local vision and strategy for ASC – by May 2022
- Develop a medium term financial strategy for ASC - by May 2022

9.4 Key areas of focus in the above strategy are:

- System development (including processes) and a refreshed performance management framework
- Set up Care Accounts
- Implementation of fair cost of care and data requirements
- Develop a workforce improvement plan and secure increased capacity
- Develop an ASC prevention offer – including digital and advice and guidance
- System wide carers strategy
- Readiness for inspection plan
- Transitions from children's services to adult services

9.5 The initial resource required in 2022/23 to ensure we are ready for the new burdens is identified below, with business cases currently being developed:

Function	Post/Activity	Investment required
Understanding the cap on care and fair cost of care	1 FTE x Senior post within finance	£77k
Increasing senior capacity in ASC to determine and then lead increased workforce capacity for assessment and intervention functions	1 FTE x Head of Service for Adult Care Management	£95k
Development of ASC case management and customer portals across public, providers and partners	Review of and investment in the required digital tools to deliver the new financial assessment, Care Accounts and improved customer journey.	To be determined
Inspection preparation and ongoing social care practice improvement and workforce development (including Care Market)	1 FTE x Practice Improvement Lead (indicative Grade J) 1 FTE x Workforce Development Lead (indicative Grade J)	£130k

9.6 It should be noted that the functions identified are the immediate requirement and as outlined there will be further support required to ensure the key implementation activity is completed and therefore approval is required for the full implementation fund of £779k.

10 CONCLUSION

- 10.1 The introduction of a 10 year strategy for Adult Care is welcome and also reflects many of the challenges that were exacerbated by the pandemic. However, there is a risk to the local authority that the funding indicated to meet the new burdens placed on the local authority is likely to be insufficient and this will need to be built into a review of the medium term financial strategy.
- 10.2 Preparation for implementing the new burdens and new inspection regime will begin immediately to ensure we are able to meet the required timescales in line with the steps identified.
- 10.3 This report forms an initial position statement. There are significant elements of the white paper to be fully confirmed and as such there will be a series of reports presented to Strategic Commissioning Board over the next three years.

11. RECOMMENDATIONS

11.1 As set out at the front of the report.

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Agenda Item 7

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	27 April 2022
Executive Member:	Councillor Leanne Feeley – Executive Member (Lifelong Learning, Equalities, Culture and Heritage)
Reporting Officer:	Tony Decrop – Assistant Director (Children’s Services)
Subject:	SENDIASS SERVICE REVIEW UPDATE
Report Summary:	<p>The report sets out the proposals for the future delivery of SENDIASS service in Tameside, following exploration of if efficiency savings can be made and how other GM Local Authorities deliver the SENDIASS service to compare delivery/ costs and outcomes against the in-house Tameside.</p> <p>The report sets out the process undertaken which explored if co commissioning was viable with other LA and to ensure this does not compromise quality</p> <p>Consideration was also taken regarding efficiencies and further savings</p>
Recommendations:	<p>That Strategic Commissioning Board be recommended to agree:</p> <ul style="list-style-type: none">(i) That the commissioning out of the SENDIASS to the Together Trust by way of a modification of Stockport Council’s existing contract with the Together Trust for one year and thereafter for Tameside and Stockport Council’s to procure a joint recommissioning from 1 April 2023.(ii) That Stockport Council will be the lead authority in relation to the contract(iii) That the necessary steps be undertaken in relation to the transfer of affected staff.
Corporate Plan:	The schemes set out in this report supports the objectives of the Corporate Plan
Policy Implications:	The proposal aligns to the Councils key policies in supporting the most vulnerable families in our community
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>At present the SENDIASS service is delivered in-house. The cost of the commissioned service will be £67.5K per annum and will lead to efficiencies. If the service transfers 1 July 2022 there will be a part year efficiency for 2022/23</p> <p>If TUPE goes ahead a pension’s admissions agreement will need to be pursued.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>The council has a statutory duty under the Children and families Act 2014 to ensure that children and young people with Special Educational Needs and Disabilities (SEND) and their parents/guardians to have access to Impartial Information, Advice and Support (IAS) services.</p> <p>The project officers have been tasked with considering alternative options for the delivery of this service in order to make savings. The outcome of those considerations are detailed in this report.</p>

It is understood that there will be no change to how the service will be delivered, merely who is delivering it, and therefore there has been no consultation with service users.

The preferred option is to join Stockport council's existing contract with the Together Trust for the Together Trust to provide the service for Tameside Council. Advice must be followed from STaR procurement to ensure that this is undertaken compliantly.

It is also understood that Stockport Council will be the lead authority in relation to the contract with the Together Trust. Such an arrangement would usually require indemnities to be provided by both council's to protect the other but the author of the report has indicated that Stockport Council isn't seeking such undertakings nor a partnership agreement or similar. It would be advisable for this position to be monitored as the contract is put in place.

As the Together Trust will be providing a statutory service on behalf of the council which is critical element of the council's delivery of SEND provisions robust monitoring and managing will be required. Failure to delivery an adequate SENDIAS could not only leave the council vulnerable to criticism and legal challenge but also have an impact on children and young people.

Also as set out in the report The Transfer of Undertakings Protection of Employment Rights 2006, as amended (TUPE) will apply to relevant staff currently delivering the service. Advice should be sought from HR in relation to managing the TUPE transfer and engagement with staff generally.

Risk Management:

The Council will work closely with the provider to manage and minimise any risk of provider failure consistent with the providers contingency plan

Background Information:

The background papers relating to this report can be inspected by contacting Lorraine Hopkins, Head of Early Help and Early Years



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e-mail: lorraine.hopkins@tameside.gov.uk

1. INTRODUCTION

- 1.1 Special Educational Needs & Disability Information Support and Advice Service (SENDIASS) is a statutory service that provides information, advice and support to children and young people with Special Educational Needs (SEN), and those with Disabilities, and their parents/carers (who have children/young people aged 0-25 yrs.).
- 1.2 The statutory requirements is set out by the Department for Education in the minimum standards (appendix 3) for SENDIASS, as set out in the Child and Family Act 2014 and the SEND code of Practice chapter 2.
- 1.3 Whilst SENDIASS is an impartial service, the staff are employed by the Local Authority and receive regular supervision and support from an Early Help Team Manager. This could be deemed as a risk in ensuring complete impartiality, particularly in cases involving a dispute between the family and LA.
- 1.4 SENDIASS aims to encourage and develop partnership between children, young people, parents/carers, schools, the local authority and all other partners who are involved in working to identify, assess and meet the special educational needs of children and young people.

They offer the following

- Confidential and impartial information, advice and support to children, young people and their parents/carers on Education matters and Health and Social Care matters in relation to education.
- Information, advice and support on subjects including local policy and practice, personalisation, personal budgets, preparation for adulthood, the law on SEN and Disability, Health and Social Care.
- Information, advice and support throughout the Education, Health and Care Plan (EHCP) assessment process and review process.
- Information, advice and support about SEN Support in settings, schools and further education.
- Individual casework.
- Support in preparing for and attending meetings.
- Help in filling in forms and writing letters/reports.
- Support in resolving disagreements, including Disagreement Resolution, Mediation and Tribunals.
- Signposting to other local or national sources of advice, information and support.
- Links to local parent support groups and forums.
- Information about [Tameside's Local Offer](#)

2. BACKGROUND

- 2.1 Options have been explored to identify if any efficiency saving in regard to the delivery of the service can be made. This included benchmarking across North West & GM, to look at how other LA's deliver the service and compare delivery/ costs and outcomes against the in-house model we have, as set out in the points below
- 2.2 The North West Information Advice Support Programme (IASP) regional conference in November 2021 reported that over 60% of SENDIASS services were commissioned out to ensure impartiality and independence was maintained out of the LA
- 2.3 To explore if collaborations with other STAR Local Authorities is a viable option that may offer savings, ensuring this does not compromise quality of delivery and incur costs in other parts of the system for the LA.

- 2.4 Work with STAR and commissioning colleagues was undertaken to explore how neighbouring LA's deliver their SENDIASS service.
- 2.5 Models of delivery across GM was variable within authorities aligned to STAR - Oldham and Stockport currently commissioning the service externally with good outcomes.
- 2.6 Identification of savings where appropriate were explored, building on discussions with other LA's, to see if this would be a viable option for Tameside.
- 2.7 Discussions with Tameside's finance and HR services were maintained throughout the process to assess and manage any identified risks against the options explored.

3. PROCUREMENT ACTIVITY AND ADVICE

- 3.1 As part of the process Soft Market Testing (**appendix 2**) was undertaken, at a 10% reduction of existing budget allocation, to allow interested organisations with relevant experience to outline their views and provide information without committing themselves or the council to any potential future contract.

- 3.2 Brief information was provided, to include on the chest using the following statement.

The Council is looking to award a contract commencing 1st July 2022. If a decision is made to tender this service the maximum annual budget is £67,500. It is further envisaged that the initial contract would be for a period of 2 years with an option to extend by 2 years. During the Soft Market Test we would like to gauge the level of interest.

Only one response of interest was received and from the Together Trust who deliver the service for Stockport.

- 3.3 An options appraisal (**appendix 1**) was completed by STAR. This outlined the procurement routes available for the various requirements in order to deliver the councils SENDIASS service effectively and in a timely manner. It also provided a recommendation from STAR.

- 3.4 The following four options were considered.

- Open Procurement
- Deliver In-House Service
- Modify Stockport Agreement with Together Trust
- Direct award following soft market test. This would be procured via an Exemption – *'The ASO can demonstrate that there is no genuine completion can be obtained of the purchase of particular Supplies, Services or execution of Works'*

- 3.5 Taking into consideration the identified risks and benefits of each option the recommendation from STAR is as follows:

- 3.6 Working with STAR, commissioners and finance it was identified through soft market testing that a saving could be secured by working with Stockport and modify their agreement with Together Trust to include Tameside Council for one year with the ambition to procure a joint service from 1st April 2023.

- 3.7 Having undertaken an analysis on the variety of options as detailed above, STAR procurement recommend that the preferred option is to modify the Stockport Council agreement with Together Trust to include Tameside Council for one year with the ambition to procure a joint service from 1st April 2023.

- 3.8 The benefit of this is that this approach allows Tameside to compliantly contract with the provider who expressed an interest in this opportunity and also align this contract with

strategic objectives between the education departments of the two councils.

- 3.9 Additional benefits to this option of joint commissioning with Stockport to the Together Trust are the volunteer opportunities provided through an established recruitment and training offer, additional on-line digital platforms, the increase in the uptake of under-represented groups by the provision of a range of both digital and paper leaflets and information in a variety of languages. This also includes assistive technology for example; text to talk and picture board.
- 3.10 Stockport will be the lead commissioner for this contract which will be jointly monitored with Tameside through quarterly reports against the agreed performance measures. Stockport commissioners have provided data and assurance that they are satisfied with the performance of the current provider and will be looking to extend the existing contract when appropriate as a result.
- 3.11 STAR procurement confirmed that any STAR authority as outlined in the T&C's for all contracts, would allow joining at a different dates if agreed locally at no indemnity to the joining LA.
- 3.12 A PID has been completed and been submitted for authorisation

4. WHERE ARE WE NOW?

4.1 Staff

Post	Grade	Headcount	FTE
SENDIASS Manager	H (SCP 29-31)	1	1
SENDIASS Support Worker	E	1	1
SENDIASS Support Worker (grant funded)*	E	1	0.6

****The post holder left their employment on 14 February 2022. Grant funding ceases 31 March 2022 and post will be disestablished***

5. NEXT STEPS

- 5.1 To receive agreement to the proposal to commission jointly with Stockport which will achieve added value as outlined in section 3 and efficiencies.
- 5.2 To meet with both the core funded employees to explain the following key points:
- 5.3 Should this go ahead it would mean that the service and jobs are disestablished and individuals in them transfer to the new provider under TUPE legislation (transfer of undertaking)
- 5.4 TUPE is a matter of fact and where a service transfer occurs post holders covered by the transfer move to the new provider (subject to a TUPE consultation process)
- 5.5 However, in some situations and where possible TMBC will also look if there is any alternative employment for an employee to provide an option of alternative employment by agreement with the employees.
- 5.6 Commissioning and STAR to continue to work with Stockport MBC and the Together Trust

to agree the transfer of Tameside SENDIASS. This will be complete by 30 June 2022 at the latest and therefore achieve a part year saving for 2022/23. A PID has been completed as pt 3.1.2

- 5.7 This agreement would be for a covering period until the 31 March 2023, so aligned with the Stockport contract and then reviewed alongside Stockport with a view from Stockport to recommission.
- 5.8 Further governance will be sort should we require to extend and this will be dependant of the successful performance and monitoring of the provider alongside Stockport MBC.
- 5.9 Stockport MBC Commissioners reported that the initial phase of the contract will end 31 March 2023, but it can be extended for up to another three years to end of March 2026 subject to performance which STAR have advised is agreeable
- 5.10 Officers are assured that the Together Trust are fully compliant and Stockport have raised no concerns within the contractual performance targets and if monitoring reports continue in this way, Stockport MBC have informed they would have no good reason to go out to procure again in 2023. STAR have also verified this
- 5.11 To meet with Together Trust to agree transition plan.

6. RECOMMENDATIONS

- 6.1 As set out on the front of this report

Report to:	Tameside Council
Date	23/11/2021
Report for	Information
Report of:	Bethany Symonds

Report Title
Options Appraisal Tameside Childrens SENDIASS service

Summary
<p>This options paper aims to outline the procurement routes available for the various requirements in order to deliver the councils SENDIASS service effectively and in a timely manner.</p> <p>This paper provides a recommendation from STAR.</p> <p>Further information can be found here:</p> <p>This service will need to provide information, advice and support to children and young people with Special Educational Needs (SEN), and those with Disabilities, and their parents/carers (who have children/young people aged 0-25 years).It will encourage and develop partnerships between children, young people, parents/carers, schools, the local authority and all other partners who are involved in working to identify, assess and meet the special educational needs of children and young people. Services need to begin on 1st April 2022 and the service needs to begin and the service has an indicative contract value of £67,500 per annum.</p> <p>This document comprises of a variety of options for Tameside commissioning to determine most appropriate route to market.</p>

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1. Overview of procurement options

There are numerous procurement options for the various requirements. Each requirement / contract shall be taken in turn with the various options listed and associated known risks / issues with that option detailed.

- **A: Open Procurement**
- **B: Deliver In-House Service**
- **C: Modify Stockport Agreement with Together Trust**

- **D: Direct award following soft market test**

A: Open Procurement

i. Details of Option

Open Tender following Soft Market Testing. This will be undertaken below Threshold in compliance with the Council's Contract Procedure Rules. Please see timetable below:

Activity	Dates
PID signed	8 th December
Spec and tender docs ready by	10 th December
ITT published	15 th December
Tender deadline	17 th January 2022
Evaluation and moderation period	19 th -28 th January 2022
Tender award	First week in Feb 2022
Contract commencement	1 st April 2022

ii. Benefits of Option

- Allows for open competition and relevant value for money test.
- Compliant route to market with contract procedure rules and public contract regulations 2015.

iii. Dis-Benefits of Option

- Service have already undertaken soft-market testing with 1 submission. Risk that going out to market may be time consuming with only 1 provider available.
- Process requires intensive resource to enable contract commencement for 1st April 2022.

B: Deliver In-House Service

i. Details of Option

This option would be delivered via Tameside children's services team and is the current model of delivery in place.

ii. Benefits of Option

- Continuation of service and reduced disruption.
- Data set, service monitoring and reporting already in place.

iii. Dis-Benefits of Option

- Unclear if this option is greater value for money than outsourcing.
- Resource intensive on internal team.

C: Modify Stockport Agreement with Together Trust

i. Details of Option

Stockport Borough Council have a contract in place for SENDIASS services for a further year until 1st April 2023. Stockport Councils contract is with the same organisation which expressed an interest in Tameside's SENDIASS Service. Stockport to undertake modification of service and Tameside to complete PID document to achieve collaborative value for money and align with strategic collaboration between Tameside's and Stockport Councils education service.

ii. Benefits of Option

- Compliant route to contract which may deliver efficiencies for both councils.
- Provides potential for collaborative procurement for 1st April 2023 start date.

iii. Dis-Benefits of Option

- No competition undertaken.

D: Direct award following soft market test

i. Details of Option

Negotiated procedure without competition with provider whom expressed interest via soft-market testing.

- ii. **Benefits of Option**
 - More efficient contracting method and allows for value for money negotiations to take place.
- iii. **Dis-Benefits of Option**
 - Risk of procurement challenge having not gone out to formal tender following market testing.
 - Doesn't allow for competition within the market place.

2. Analysis of options

Detailed analysis

	Advantage/disadvantage	Open Tender	Deliver In-House Service	Modification of Stockport contract	Direct award
Advantages	Pre-Agreed Terms and Conditions			X	
	Pre-Identified Competent and Capable Suppliers			X	
	Less grounds for legal challenge to procurement process	X	X	X	
	Full control of specification scope	X			X
	Almost Certain Quick Route to supplier appointment			X	X
	Potentially quick route to supplier appointment	X			
	Full Market Opportunity (open to all – wide range of solutions potential)	X			
	Minimal procurement timescale (in comparison)				
Disadvantages	Restricted Market (small range of solutions potential)			X	X
	Restrictions on Scope of Specification			X	
	Risk of legal challenge to procurement may be higher				X
	Longer procurement timescale (in comparison)	X			

3. Next Steps

Following completion and signing off of the PID, procurement activity can commence.

Discussions between Tameside Council and STAR should occur as soon as possible in order to discuss the appetite for the various procurement routes, and the impacts this has on the options outlined.

The following is an indication of the pre-procurement timeline possible. A timeline for the procurement in question can be produced as and when the preferred procurement routes have been agreed.

Activity	Duration
Options Appraisal and Procurement Routes Agreed	2 weeks
Specification Development* and Tender Docs finalisation	2 weeks
Issue Tenders	1 Day
Tendering Time (including receiving bids and evaluating)	6 weeks
Contract Signatures	1 - 2 weeks

*More time may be needed for this depending on complexity of requirement.

4. Conclusion

This options paper has outlined the procurement routes available for the various requirements in order to deliver SENDIASS services effectively and in a timely manner.

The recommendation from STAR is as follows:

Having undertaken an analysis on the variety of options as detailed above, STAR procurement recommend that the preferred option is to modify the Stockport Council agreement with Together Trust to include Tameside Council for one year with the ambition to procure a joint service from 1st April 2023. The benefit of this is that this approach allows Tameside to compliantly contract with the provider who expressed an interest in this opportunity and also align this contract with strategic objectives between the education departments of the two councils.



TAMESIDE MBC

SOFT MARKET TESTING

CONTRACT FOR THE COMMISSIONING OF TAMESIDE'S SENDIASS SERVICE

Contract Period:

1st April 2022 to 31st March 2023

1. Background

We would like to take the opportunity to do some 'soft market testing' as outlined below, to determine current interest levels in the market.

2. Overview of service

This service will need to provide information, advice and support to children and young people with Special Educational Needs (SEN), and those with Disabilities, and their parents/carers (who have children/young people aged 0-25 years).

It will encourage and develop partnerships between children, young people, parents/carers, schools, the local authority and all other partners who are involved in working to identify, assess and meet the special educational needs of children and young people.

It will do this by providing

- Confidential and impartial information, advice and support to children, young people and their parents/carers on education matters and health and social care matters in relation to education.
- Information, advice and support on subjects including local policy and practice, personalisation, personal budgets, preparation for adulthood, the law on SEN and Disability, Health and Social Care.
- Information, advice and support throughout the Education, Health and Care (EHC) needs assessment process and review process.
- Information, advice and support about SEN Support in settings, schools and further education.
- Individual casework.
- Support in preparing for and attending meetings.
- Help in filling in forms and writing letters/reports.
- Support in resolving disagreements, including Disagreement Resolution, Mediation and Tribunals.
- Signposting to other local or national sources of advice, information and support.
- Links to local parent support groups and forums

We would be interested to know your offer in terms of:

- Numbers of staff you would envisage for the Tameside service
- Case work numbers
- Range of services offered e.g. mediation

It is anticipated that TUPE may apply to 2 staff, 1 manager and 1 case worker, both full time.

3. Project Timescales

Stage of the project	Anticipated deadline
Soft market testing	5 th November 2021 – 15 th November 2021
Progress to tender	December 2021

Closing date for suppliers to have submitted documents	15 th January 2022
Result of Procurement Process	28 th February 2022
Contract Start Date	1 st April 2022

4. Soft Market Testing

THIS IS NOT A CALL FOR COMPETITION

The Soft Market Test is intended to allow interested organisations with relevant experience to outline their views and provide information with no commitment to themselves or the Council.

The Council is looking to award a contract commencing 1st April 2022. If a decision is made to tender this service the maximum annual budget is £67,500. It is further envisaged that the initial contract would be for a period of 2 years with an option to extend by 2 years. During the Soft Market Test we would like to gauge the level of interest.

Stage 1 - Interested suppliers are required to complete the following company information form and a short questionnaire (at appendix 1). Suppliers who complete and return the questionnaire *may* be invited to meet with Council representatives to discuss its requirements.

The questionnaire should be returned via The Chest - <https://www.the-chest.org.uk/> by noon on 15th November 2021.

If Suppliers have any questions about this soft market test, such questions should be submitted to the Council using the 'Question and Answer' facility within the opportunity advertised on The Chest. A copy of the question and a copy of the written reply may be circulated to all Suppliers, with anonymity of the Supplier preserved. Suppliers must not raise questions through any other channels, including emails direct to the Council or to STAR Procurement. No questions will be responded to, other than those raised through The Chest as described above

We encourage your participation in this soft market testing exercise, but must emphasise that your involvement in this exercise will not carry any commercial advantage in any ensuing procurement process.

No information provided in response to this soft market testing exercise will be used in any evaluation of any subsequent response to a procurement exercise.

5. General Information

Full name of your organisation:	Together Trust
Contact Details Name:	Paul Baker
Job Title:	Head of Business Development
Address:	Together Trust Centre, Schools Hill, Cheadle, SK8 1JE
Telephone no:	0161 283 4848
Fax No:	
Mobile No:	07983 262460
Email Address:	Business.development@togethertrust.org.uk
Web Address (if any):	www.togethertrust.org.uk

6. Undertaking from the supplier

Name:*	Paul Baker
Signed:	Duly authorised on behalf of the Supplier 
Position:	Head of Business Development
Date:	9 November 2021

Appendix 1 – Questionnaire

Please complete the following questionnaire (questions 1 – 5) fully, highlighting any information that you consider to be commercially sensitive*

1. Would you be interested in bidding for this proposed Project?

If Yes, why?

If No, why not?

Response:

We would be interested in providing this service.

At the Together Trust, our vision is a society where people thrive because they are valued within their communities. For 150 years we've been championing and caring for people with disabilities, autism and complex health needs. And providing life-changing support for looked-after children and care-experienced people.

Today we're one of the North West's leading disability charities. We help children, adults, parents and carers, delivering individual care, support and education to thousands of people each year.

Delivery would complement a range of related services which we currently provide, whilst building upon past provision.

2. Please detail the experience your organisation has in delivering this type of service?

Response:

We have extensive experience of delivering 40+ high-quality, outcome-focused services predominantly across the NW including:

- Residential care and overnight short breaks
- Specialist education including children and young people with ASC, SEBD and post-16 education
- Foster care
- Clinical and therapeutic services and support
- Community based provision.

Together Trust has extensive experience of providing similar and related services to this opportunity including information, advice & guidance on behalf of children, young people with complex needs and their families over many years including:

- 'Independent Supporters' on behalf of the following local authorities; Bolton, Bury, Manchester, Tameside, Oldham, Salford
- 'Mediation & Dispute Resolution' for local authorities across the NW and beyond including: Cheshire West & Chester, Cheshire East, Rochdale, Oldham, Manchester City and St Helens (recently re-contracted to deliver this service).
- Previous experience of delivering 'Parent Partnership' services in Stockport and Bury.

In December 2020, we were contracted by Stockport MBC to deliver an 'Information, Advice, Support & Advocacy Service for SEND, Health & Social Care'.

3. Please detail how you will meet the requirements as detailed in the key aims (section 2)?

Response:

The service will be delivered by experienced, fully trained IASS Workers supported locally by a dedicated Service Manager - planned delivery model will be based upon previous experience delivering effective IAS services across Bury and Stockport.

At point of delivery our service will offer free, full-time, impartial, confidential information, advice, advocacy and support to parents/carers of children/young people with SEND and to the young people themselves. The service will be delivered 52 weeks a year and will be available as required by the service specification.

Our early intervention approach delivered by our experienced, specialist SEND team will include:

- 37.5 hours-a-week service, during office hours whilst maintaining flexibility, eg. meetings/telephone advice held outside office hours; digital communications, voicemail available 24/7
- Inclusive communication - face-to-face, telephone, online, assistive digital service:
- 'Information sheets', 'This is Me' (young person's booklet), 'SENDIASS leaflets in paper, digital, other languages, accessible/easy read
- Digital platforms - secure website/social media/video conferencing
- Telephone/text/voicemail/encrypted email available 24/7
- Assistive technology - 'Text to Talk'/Picture board/maker symbols
- Staff trained in Makaton/Talking Mats
- Additional support, eg. SENDIASS/advocacy
- Neutral, accessible venues meeting access/mobility needs, suitable for confidential discussions
- Mutually agreed times.

The service will encompass children/young people aged between 0 - 25 years across Education, Health and Social Care (EHC) reflecting developments in policy. We fully understand/will design provision to meet any challenges resulting from the Children and Families Act including impact on schools, colleges and those young people accessing Apprenticeships and Internships. We will support children/young people and parents/carers to ensure views are heard, understood, respected and needs foremost in planning support.

We will help promote independence and self-advocacy for children/young people and parents by providing:

- Accurate, up to date and impartial information and advice about the law on special education needs and disability, including people's rights and choices
- Information regarding EHC plans

- Support with writing letters, completing forms
- Help in preparing for/attending meetings with the LA, school, health or social care
- Information about local services and how to access them
- Guidance with choosing appropriate schools for children with SEND
- Support in SEND school exclusions and discrimination.

Delivery methodology for the service:

Supporting parents/carers

- Ensuring parents/carers are recruited/involved in effective and meaningful participation at a level sustainable for them, in a way that develops capacity in Stockport to inform/influence services for children/young people with SEND at all levels of decision making
- Working with parents/carers to identify opportunities to develop self confidence /other areas of development
- Increasing number of under-represented groups of parents/carers e.g. male carers, BME, those with additional needs.

Accessibility for all:

- Ensuring all who have contact with the service receive same level of service
- Pitching information at pace/level appropriate to child/young person and his/her parent or carer; providing 1:1 support to parents/carers and young people as required using person-centred practices
- Providing individual casework, representation for those who need it
- Offering/providing information in an accessible, inclusive format
- Ensuring that when a young person reaches the age of 16, they are made aware of their own rights and able to participate in decision-making about their EHC plan.

Central Services support:

All managers/front-line staff responsible for delivery of services are supported by a well resourced head office based in Cheadle - central services are delivered by suitably trained, experienced staff supported by comprehensive processes and systems including:

- Finance and Contracts
- Human Resources
- Communications and Marketing
- Information Technology and IT Support.

4. When/if the Council go to tender following the soft market test, is there anything in addition to the information in this brief that suppliers would need to be advised of in order to aid in their response.

Response:

- comprehensive information about TUPE should this apply
- detailed information about historic and current needs and outcomes delivered; information about future requirements and expectations
- local demographics
- anticipated barriers and challenges
- clear information about social value expectations etc
- realistic budget to enable delivery of the best quality service.

5. Please can you detail a brief statement to demonstrate what added value your organisation can offer in the market?

Response:

Response

This service will form part of a wider existing range of community based provision, just one element of a wider, integrated range of services (40+) shaped by those people who we care for/support, including residential care, fostering, community services, specialist education, clinical/therapeutic support. Key potential examples of added value could include:

Promotion of local skills/employment:

- safeguarding existing jobs/recruiting new staff - for new posts, we will advertise vacancies locally/prioritise employment of local people
- staff will receive pay above “living wage”.
- training, apprenticeships, staff progression: L&D offer expands annually - includes 180+ fully funded accredited/non-accredited/81 e-learning courses. We make best use of Apprenticeship Levy; 70+ staff enrolled on vocational apprenticeships - from NVQ3 to post-graduate qualifications.

Supporting Growth of Responsible, Regional Business: local SMEs and VCSEs:

- Each year, we spend £3,000,000+ on goods/services – we continuously look to identify local SMEs and 3rd sector organisations which can provide these.
- We have introduced principles of fair, ethical procurement across all areas of charity, guided by our Ethical Procurement Policy.

Environmental Sustainability: as a charity providing social care/education to children/young people we in a heightened responsibility to ensure the world is a cleaner, greener place for them to grow up in.

Energy Savings Opportunity Scheme compliance – we undertake an energy assessment by Environment Agency every 4 years.

Actions we will take/already take to improve environmental standards with this contract/other services include:

- Limiting energy consumption:
 - energy-saving light bulbs
 - motion-sensitive lighting
 - IT Virtual Servers - reduction in cooling/energy use/costs
 - AAA appliances

- Reducing CO2 emissions:
 - Cycle to Work scheme
 - Procuring materials from sustainable sources.
- Waste reduction:
 - recycling points in each of our services
 - commercial recycling larger/bulk volumes.

All 40+ Together Trust services take account of, foster every opportunity to and provide data of the positive impact each service delivers for every person's:

- health/well-being (including mental health)
- facilitating healthy life choices about food and diet
- fitness/exercise
- peer relationships, friendship groups
- compliance to medication/care routines
- independence
- identity/cultural needs
- self-confidence
- informed decision making
- feelings of safety; positive risk taking in a safe environment.



Minimum Standards for SEND Information, Advice and Support Services

Information Advice and Support Services (IASS) provide free impartial, confidential and accurate information, advice and support about education, health and social care for children, young people and their parents on matters relating to special educational needs and disability. The provision of information, advice and support should help to promote independence and self-advocacy for children, young people and parents. Chapter 2 of the SEND Code of Practice sets out the role and activities of an IASS, and should be read alongside these standards.

These minimum standards are based on the requirements relating to support that Information, Advice and Support Services must provide, as set out in the Children and Families Act (CFA) 2014, the SEND Code of Practice and on additional legal advice commissioned by the Information, Advice and Support Service Network. A glossary and further guidance, including links to law and guidance will be available shortly.

1. Commissioning, governance and management arrangements

- 1.1** The IASS is jointly commissioned by education, health and social care in accordance with the CFA 2014. A formal agreement is set out in writing which refers directly to these Minimum Standards, whilst also considering the need for continuity and stability of the service.
- 1.2** The IASS is designed and commissioned with children, young people and parents, and has the capacity and resources to meet these Minimum Standards and local need. For smaller local authorities (LAs) this may involve commissioning across local areas.
- 1.3** The IASS provides an all year-round flexible service which is open during normal office hours and includes a direct helpline with 24-hour answer machine, call back and signposting service, including linking to the national SEND helpline.
- 1.4** There is a dedicated and ring-fenced budget held and managed by an IAS service manager located within an IASS.
- 1.5** The IASS is, and is seen by service users to be, an arm's length, confidential, dedicated and easily identifiable service, separate from the LA, Clinical Commissioning Group and/or host organisation.

- 1.6 LA and IASS ensure that potential service users, Head teachers, FE principals, SENCos, SEND Teams, children's and adult social care, health commissioners and providers are made aware of the IASS, its remit and who the service is for.
- 1.7 The Governance arrangements outline a clear management structure, encompassing a strategic manager within the IASS and a steering group or advisory body which includes representatives from service user groups and key stakeholders from education, social care and health.
- 1.8 The IASS has a development plan reviewed annually with the steering group/advisory body, which includes specific actions and improvement targets.

2. Strategic functions

- 2.1 Each IASS has a manager based solely within the service, without additional LA/CCG or host body roles. They have responsibility for strategic planning, service management and delivery, and quality assurance.
- 2.2 The IASS engages with regional and national strategic planning and training and demonstrates effective working with other IASSs to inform service development.
- 2.3 The IASS works with local partners, including local parent and young people forums to inform and influence policy and practice in the local area.

3. Operational Functions

- 3.1 The IASS provides;

Impartial information, advice and support (IAS) on the full range of education, health and social care as defined in the SEND Code of Practice to the following service users –

- a) children
- b) young people
- c) parents

This support is offered in a range of ways which includes face to face, a telephone helpline, email, website and social media.

- 3.2 The IASS provides branded information and promotional materials in a range of accessible formats.

3.3 The IASS has a stand-alone service website that is accessible to all service users. The website includes;

- Contact details of the service
- Opening hours
- Response times
- Information on a range of SEND topics
- Signposting to other useful groups including parent groups and youth forums and national helplines
- Signposting to the Local Offer
- Key policies including a complaints procedure

3.4 The IASS provides advocacy support for individual children, young people, and parents that empowers them to express their views and wishes and helps them to understand and exercise their rights in matters including exclusion, complaints, SEND processes, and SEND appeals.

3.5 The IASS provides information, advice and support before, during and following a SEND Tribunal appeal in a range of different ways, dependent on the needs of the parent or young person. This will include representation during the hearing if the parent or young person is unable to do so.

3.6 The IASS offers training to local education, health and social care professionals, children, young people and parents to increase knowledge of SEND law, guidance, local policy, issues and participation.

4. Professional development and training for staff

4.1 All advice and support providing staff successfully complete all online IPSEA legal training levels within 12 months of joining the service. Volunteers who provide advice and support should complete IPSEAs Level 1 online training within 12 months.

4.2 The service routinely requests feedback from service users and others, and uses this to further develop the work and practices of the service.

4.3 All IASS staff and volunteers have ongoing supervision and continuous professional development.

If you have any comments or questions about these standards or about IASS please email iassn@ncb.org.uk

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