

**EXECUTIVE CABINET**

**Day:** Wednesday  
**Date:** 27 May 2020  
**Time:** 1.00 pm (or on the rise of the Strategic Commissioning Board, whichever is the later).  
**Place:** Skype Meeting

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b>	
	To receive any apologies for the meeting from Members of the Executive Cabinet.	
2.	<b>DECLARATIONS OF INTEREST</b>	
	To receive any declarations of interest from Members of Executive Cabinet.	
3.	<b>MINUTES</b>	
a)	<b>EXECUTIVE CABINET</b>	1 - 6
	To consider the Minutes of the meeting of the Executive Cabinet held on 22 April 2020.	
b)	<b>STRATEGIC COMMISSIONING BOARD</b>	7 - 14
	To consider the Minutes of the meeting of the Strategic Commissioning Board held on 22 April 2020.	
c)	<b>COVID RESPONSE BOARD</b>	15 - 30
	To receive the minutes of the Covid Response Board held on 29 April, 6 May and 13 May.	
4.	<b>COVID RESPONSE ITEMS</b>	
a)	<b>FINANCE REPORT - OUTTURN 2019/20 AND 2020/21 FORWARD LOOK</b>	31 - 60
	To consider the attached report of the Executive Member (Finance and Economic Growth)/CCG Chair/Director of Finance	
b)	<b>HUMANITARIAN HUB</b>	61 - 70
	To consider the attached report of the Executive Leader/Director of Governance and Resources.	
c)	<b>PROCESS FOR EXERCISING THE CARE ACT EASEMENTS GUIDANCE</b>	71 - 88
	To consider the attached report of the Executive Member (Adult Social Care and Health)/Director of Adult Services.	

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

Item No.	AGENDA	Page No
5.	<b>ONE EQUALITY SCHEME ANNUAL REVIEW 2020</b>  To consider the attached report of Executive Leader/Executive Member (Lifelong Learning, Equalities, Culture and Heritage)/CCG Co-Chairs/Assistant Director (Policy, Performance and Communications)	89 - 142
6.	<b>URGENT ITEMS</b>  To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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

## EXECUTIVE CABINET

22 April 2020

Comm: 2.00pm

Term: 2.40pm

**Present:** Councillors Warrington (Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan, Wills

**In Attendance:**

Dr Ashwin Ramachandra	Co-Chair of NHS CCG Tameside & Glossop CCG
Dr Asad Ali	Co-Chair of NHS CCG Tameside & Glossop CCG
Steven Pleasant	Chief Executive & Accountable Officer
Sandra Stewart	Director of Governance and Pensions
Kathy Roe	Director of Finance
Jess Williams	Director of Commissioning
Ian Saxon	Director of Operations & Neighbourhoods
Jayne Traverse	Director of Growth
Tom Wilkinson	Assistant Director of Finance

### 128 CHAIR'S OPENING REMARKS

The Chair welcomed everyone to the meeting in the most unusual of circumstances and explained that, in order to comply with social distancing guidance, the meeting was virtual. She further explained that the passing of the Coronavirus Act 2020 contained a clause which allowed the Secretary of State to bring in new regulation regarding the proceedings of local authority meetings. The change was necessary because the Local Government Act 1972 previously required elected members to be physically present at committee meetings.

The Chair paid tribute to all NHS workers and support staff in Tameside and Glossop. The fight against coronavirus was one of the gravest in living memory, and these men and women were in the frontline. She further thanked all the key workers who were keeping the country running.

The Chair also highlighted and recognised the work of council employees, many of whom had found themselves placed in unfamiliar roles and situations over recent weeks. Nevertheless, they continued to carry out their assigned tasks with diligence and professionalism.

The Chair further noted the incredible work of community groups and individuals in supporting others who were self-isolating.

She urged everyone to follow the Public Health guidance on social distancing and self-isolation as they were key to stopping the spread.

The Chair concluded by thanking everyone leading the fight against COVID-19 (coronavirus).

### 129 DECLARATIONS OF INTEREST

There were no declarations of interest received from Members.

### 130 MINUTES OF EXECUTIVE CABINET

#### RESOLVED

**That the Minutes of the meeting of the Executive Cabinet meeting held on 25 March 2020 be approved as a correct record.**

### **131 MINUTES OF STRATEGIC COMMISSIONING BOARD**

#### **RESOLVED**

**That the Minutes of the meeting of the Strategic Commissioning Board held on 25 March 2020 be noted.**

### **132 MINUTES OF THE COVID RESPONSE BOARD**

#### **RESOLVED**

**That the Minutes of the meetings of the COVID Response Board held on: 1 April, 8 April and 15 April 2020, be noted.**

### **133 MINUTES OF THE CARBON AND WASTE REDUCTION PANEL**

#### **RESOLVED**

**That the Minutes of the meeting of the Carbon and Waste Reduction Panel held on 11 March 2020, be noted.**

### **134 RESPONSE TO COVID-19 PANDEMIC**

Consideration was given to a report of the Executive Leader / CCG Chairs / Chief Executive / Accountable Officer providing Executive Cabinet with an update on the COVID-19 pandemic and the work that was being undertaken with partners to address the challenges faced. In addition, the report provided a steer as to how ordinary business of the Council would be undertaken over the coming weeks and months ahead.

It was noted that the content of the report was based on circumstances that were changing frequently and therefore submission immediately prior to publication was appropriate, and many areas were likely to become superseded by new information on an ongoing basis.

#### **RESOLVED**

**That the content of the report be noted and the way forward, as set out in the report, be approved.**

### **135 INITIAL ASSESSMENT OF THE FINANCIAL RISKS AND IMPACT OF THE COVID 19 PANDEMIC**

The Director of Finance submitted a report providing an update on the currently known financial risks of the COVID-19 pandemic and the actions the Strategic Commission was taking and needed to take to manage its way through the crisis.

It was explained that the Council set its 2020/21 budget on 25 February 2020 and the CCG followed soon after once the financial planning guidance had been received and fully clarified. Both organisations' budgets were set before the scale of the COVID-19 pandemic was known. The budgets were set against a background of the Council struggling to contain its costs in relation to Children's Services and the recognition that it needed to invest in the growth of the borough; and the CCG having to deliver a £12.5m QIPP target whilst managing an underlying financial deficit of £9m.

It was clear from the outbreak of COVID-19 in the UK the significant impact it was having on the Council and CCG being able to maintain existing key services, cope with the additional demands placed on it because of the virus, and deal with staffing shortfalls due to self-isolation, it was placing a huge strain on services already under pressure following years of austerity. The

Strategic Commission was already facing a number of key financial risks prior to the COVID-19 crisis but the risk environment had now significantly deteriorated further.

Key risks already in the budget and new financial risks caused by COVID-19 were detailed and discussed, including specific risks identified to date for the Council, as follows:

- Investment Income;
- Income from Trading;
- Council Tax Collection;
- Business Rates Income;
- Looked After Children – Placements Budgets;
- Education;
- Active Tameside;
- Adult Social Care;
- Non delivery/delay of planned savings; and
- Pensions Guarantor for Admitted Bodies.

In respect of Government funding, it was reported that the Government had announced direct support to Local Government in the form of a £2.9bn announcement to be paid in the new financial year. This was split into two parts:

- a) £1.6bn – unringfenced grant (Tameside to receive £7.675m) to cover costs such as:
  - i. Increased demand and costs of adult social care
  - ii. Increased demand and costs of providing children’s social care
  - iii. Additional support for homeless and rough sleepers
  - iv. Support those at higher risk of illness from COVID 19
  - v. Meeting pressures across other services including reduction in income
- b) £1.3bn – to the NHS via CCGs to support enhanced discharge arrangements. This would include providing free out-of-hospital care and support to people discharged from hospital or who would otherwise be admitted into it, for a limited time. This would remove barriers to discharge and transfer between health and social care, and get people out of hospital quicker and back into their homes, community settings or care settings.

There had been no direct allocations announced yet, but if allocated in a similar way to the £1.6bn, Tameside and Glossop CCG would expect to receive around £6.2m. The guidance at this stage suggested that this would be for community services and not for acute providers, who would be supported separately. The method of receiving this funding was equally unclear at this stage and clarity was being sought.

This initial funding support, whilst welcomed was insufficient to cover the costs and loss of income that was already known from the Covid-19 closedown.

With regard to supporting businesses, it was explained that, in the rapidly changing situation there were a number of guidance notes from central Government. The Council had moved to immediate payment of its suppliers on the receipt of valid invoices. The CCG routinely paid immediately on presentation of a validated invoice so there was minimal detrimental impact on suppliers.

In respect of next steps, the report concluded that many services would already be facing additional costs as they enacted their business continuity plans. With most people who could already work from home now doing so, additional IT resilience had been put in place with quick upgrades to capacity and other technological solutions to ensure all staff could work from home wherever possible.

In the short term most services had reprioritised and covered gaps, but as the pandemic grew this would become less sustainable and it was likely that additional resources would be required.

It was acknowledged that, whilst these were unprecedented times and actions often needed to be taken quickly, this was the largest financial risk ever faced collectively by the Strategic Commission and it was important that control of the finances was retained in order to maximise the impact and value from every pound of spending and minimise the financial impact whilst supporting the most vulnerable.

The financial pressures and risks would fall into 4 main areas:

- a) New Costs as a direct result of the COVID 19 pandemic – such as purchase of PPE, IT upgrades, etc;
- b) Additional demand into existing systems and the pressure on prices we have to pay;
- c) Loss of income due to the lockdown and social isolation measures; and
- d) The delay to the delivery of savings plans – thus impacting on the longer term financial position.

Each Directorate had a new COVID–19 cost centre set up for it to capture the direct new costs of the pandemic. All new spending decisions needed to be recorded so that members and the public were sighted as to the decisions that had been made. Directorates were urged to work closely with their finance teams to assess the requirements and impacts on funding. Financial Management were maintaining a record of the additional burden caused by the COVID19 crisis, and it was expected that Directorates worked with Finance to ascertain these costs and pressures.

The additional funding would be pooled and held centrally for the use of the Strategic Commission with decisions to allocate made speedily.

There would also be some expenditure that would not be incurred as a virtue of the crisis, for example, events had been cancelled, staff mileage and travel costs were likely to be lower, less printing would be incurred, training courses would not be taking place, less may be spent on home to school transport etc. It was important that these be captured and centralised alongside the central government funding, so all resources could be mobilised to deal with the crisis.

#### **RESOLVED**

- (i) That the report be noted;**
- (ii) The approach for approving additional spending and reporting on the financial impacts of business as usual services on the in-year and on-going financial position of the Council and CCG, as set out in the report, be agreed; and**
- (iii) That the request by Manchester Airport to defer the payment of the bond coupon interest of £1.084m, be accepted.**

#### **136 MONTH 11 INTEGRATED REVENUE MONITORING REPORT**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 March 2020 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings.

It was explained that for the 2019/20 financial year, the Integrated Commissioning Fund was forecast to spend £619.050 million, against an approved net budget of £619.022 million. The small forecast overspend of £0.28 million was an improvement of £0.09 million since period 10. The improved position this month was due to better than expected planning fee income.

However, there remained a number of key overspends which placed pressure on future year budgets. Further detail on the economy wide position was included in an Appendix to the report.

**RESOLVED**

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks, which are contributing to the overall adverse forecast, be acknowledged; and
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, be acknowledged;

**137 TAMESIDE AND GLOSSOP STRATEGIC COMMISSION – INTEGRATED COMMISSIONING FUND 2020/21 AND REVISED RISK SHARE AGREEMENT**

The Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance submitted a report providing a summary of the 2020/21 revenue budget allocations of the Tameside and Glossop Integrated Commissioning Fund (ICF) together with updated risk share arrangements. The ICF would be stringently monitored and reported to Members via monthly consolidated revenue monitoring reports during 2020/21.

**RESOLVED**

- (i) That the 2020/21 revenue budget allocations for the Integrated Commissioning Fund be noted;
- (ii). That the extension of the £10m risk share agreement for 2020/21 to 2023/24 as detailed in section 4 of the report, be approved;
- (iii). That the five year forecasts and projected funding gap for the Strategic Commission be noted; and
- (iv). That it be noted that Tameside Council will continue to be the host organisation for the Section 75 pooled fund agreement.

**138 HARTSHEAD PIKE REPAIRS**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Growth explaining that Hartshead Pike was in need of urgent repair for reasons of Health and Safety and to preserve the heritage asset. The report outlined the scope of the repair works and sought approval to proceed with the cost being met from the 2020/21 approved Capital Programme. Longer term (5 years +), the tower would require more fundamental restoration. The proposed restoration scheme would be the subject of future reports.

**RESOLVED**

**That approval be given to proceed with essential repair works to Hartshead Pike at a cost of £0.061 million to be funded from the 2020/21 Capital Programme Statutory Compliance Budget.**

**139 EXEMPT ITEM**

**RESOLVED**

**That under Section 100A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 of Part 1 of Schedule 12A of the Act and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, because disclosure of the information would prejudice the Council's commercial interests.**

## 140 MANCHESTER AIRPORT

The Director of Finance submitted a report explaining that the economic impact of COVID-19 has had a rapid and severe impact on the aviation industry, including Manchester Airport, which played a critical role in the local GM economy. The report considered the urgent requirement to support the financial position of the Manchester Airport Group (“MAG”, “the Airport”) as a result of the global pandemic COVID-19. Failure to provide the Airport with a significant financial investment would have far-reaching consequences across all GM authorities. The report set out a proposed financial investment into the MAG of companies in order to provide financial stability and ensure it was best-placed to react and rebuild business operations as Covid-19 restrictions were lifted. Details were given of risks to the Council’s equity holdings in Manchester Airport Group, and the proposed actions to protect its investment for the Council together with the other nine Greater Manchester authorities to invest.

### RESOLVED

- (i) That, in accordance with paragraph 18 of Part 4, Access to Information Procedure Rules and paragraph 14 of Part 4, Scrutiny Procedure Rules of the Council’s constitution, and having consulted with and/or obtained the agreement of the relevant statutory officers and elected members, this matter be approved as urgent, in that any delay caused by the key decision and call-in processes, would seriously prejudice the legal or financial position of the Council or the interests of the residents of Tameside and exempt the above;
- (ii) That the proposed arrangements to provide investment by way of new shareholder loans to the Manchester Airport Group alongside the other shareholders (the other nine GM councils and IFM), be approved;
- (iii) That the increase in the capital budget [of up to £12.95 million] to be funded through prudential borrowing, be approved;
- (iv) That the Council entering into a legally binding letter of commitment alongside the other nine GM councils and IFM be approved;
- (v) That delegated authority be given to the Chief Executive in consultation with the Director of Finance, Director of Governance & Pensions and Executive Leader to negotiate and finalise the funding package including the Tameside (“Council”) shareholder loan as outlined in the body of this report together with any other necessary ancillary documents or agreements to effect the transaction,
- (vi) That delegated authority be given to the Chief Executive, Director of Finance, and Director of Governance & Pensions to approve the detailed arrangements for, and terms of, the shareholder loans and associated documents;
- (vii) That delegated authority be given to the Director of Finance to approve the detailed accounting arrangements for the loan, including the classification between revenue and capital; and
- (viii) That delegated authority be given to the Director of Governance & Pensions to authorise the execution and completion of the Shareholder Loan documentation (and any other necessary ancillary documents or agreements) to put into effect the above recommendations and the proposals.

## 141 URGENT ITEMS

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

CHAIR

## STRATEGIC COMMISSIONING BOARD

22 April 2020

Comm: 1.00pm

Term: 1.55pm

**Present:**

- Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
- Councillor Brenda Warrington – Tameside MBC
- Councillor Warren Bray – Tameside MBC
- Councillor Gerald Cooney – Tameside MBC
- Councillor Bill Fairfoull – Tameside MBC
- Councillor Leanne Feeley – Tameside MBC
- Councillor Allison Gwynne – Tameside MBC
- Councillor Joe Kitchen – Tameside MBC
- Councillor Oliver Ryan – Tameside MBC
- Councillor Eleanor Wills – Tameside MBC
- Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside & Glossop CCG
- Dr Asad Ali – NHS 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 - NHS Tameside & Glossop CCG

**In Attendance:**

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Jessica Williams	Director of Commissioning
Pat McKelvey	Head of Mental Health and Learning Disabilities – Tameside & Glossop CCG

### 80. CHAIR'S OPENING REMARKS

The Chair welcomed everyone to the meeting in the most unusual of circumstances and explained that, in order to comply with social distancing guidance, the meeting was virtual and that this was the first virtual meeting of a Strategic Commission in the country. He further explained that the passing of the Coronavirus Act 2020 contained a clause which allowed the Secretary of State to bring in new regulation regarding the proceedings of local authority meetings. The change was necessary because the Local Government Act 1972 previously required elected members to be physically present at committee meetings.

The Chair paid tribute to all NHS workers and support staff in Tameside and Glossop. The fight against coronavirus was one of the gravest in living memory, and these men and women were in the frontline. He further thanked all the key workers who were keeping the country running.

The Chair also highlighted and recognised the work of council employees, many of whom had found themselves placed in unfamiliar roles and situations over recent weeks. Nevertheless, they continued to carry out their assigned tasks with diligence and professionalism.

The Chair further noted the incredible work of community groups and individuals in supporting others who were self-isolating.

He urged everyone to follow the Public Health guidance on social distancing and self-isolation as they were key to stopping the spread.

The Chair concluded by thanking everyone leading the fight against COVID-19 (coronavirus).

## 81. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Christine Ahmed	Agenda Item 6(b) – Temporary Hospital Home Visiting Service	Prejudicial	Employee of gtd healthcare.
Dr Vinny Khunger	Agenda Item 6(b) - Temporary Hospital Home Visiting Service	Prejudicial	Employee of gtd healthcare.

## 82. MINUTES OF THE PREVIOUS MEETING

### RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 25 March 2020 be approved as a correct record.

## 83. MINUTES OF THE COVID RESPONSE BOARD

### RESOLVED

That the Minutes of the meetings of the Covid Response Board held on: 1 April, 8 April and 15 April 2020, were noted.

## 84. RESPONSE TO COVID 19 PANDEMIC

Consideration was given to a report of the Executive Leader / CCG Chairs / Chief Executive / Accountable Officer providing the Board with an update on the COVID-19 pandemic and the work that was being undertaken with partners to address the challenges faced. In addition, the report provided a steer as to how ordinary business of the Council would be undertaken over the coming weeks and months ahead.

It was noted that the content of the report was based on circumstances that were changing frequently and therefore submission immediately prior to publication was appropriate, and many areas were likely to become superseded by new information on an ongoing basis.

### RESOLVED

That the content of the report be noted and the way forward, as set out in the report, be approved.

## 85. INITIAL ASSESSMENT OF THE FINANCIAL RISKS AND IMPACT OF THE COVID-19 PANDEMIC

The Director of Finance submitted a report providing an update on the currently known financial risks of the COVID-19 pandemic and the actions the Strategic Commission was taking and needed to take to manage its way through the crisis.

It was explained that the Council set its 2020/21 budget on 25 February 2020 and the CCG followed soon after once the financial planning guidance had been received and fully clarified. Both organisations' budgets were set before the scale of the COVID-19 pandemic was known. The budgets were set against a background of the Council struggling to contain its costs in relation to Children's Services and the recognition that it needed to invest in the growth of the borough; and the CCG having to deliver a £12.5m QIPP target whilst managing an underlying financial deficit of £9m.

It was clear from the outbreak of COVID-19 in the UK the significant impact it was having on the Council and CCG being able to maintain existing key services, cope with the additional demands placed on it because of the virus, and deal with staffing shortfalls due to self-isolation, it was placing a huge strain on services already under pressure following years of austerity. The Strategic Commission was already facing a number of key financial risks prior to the COVID-19 crisis but the risk environment had now significantly deteriorated further.

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In the short term most services had reprioritised and covered gaps, but as the pandemic grew this would become less sustainable and it was likely that additional resources would be required.

It was acknowledged that, whilst these were unprecedented times and actions often needed to be taken quickly, this was the largest financial risk ever faced collectively by the Strategic Commission and it was important that control of the finances was retained in order to maximise the impact and value from every pound of spending and minimise the financial impact whilst supporting the most vulnerable.

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- d) The delay to the delivery of savings plans – thus impacting on the longer term financial position.

Each Directorate had a new COVID–19 cost centre set up for it to capture the direct new costs of the pandemic. All new spending decisions needed to be recorded so that members and the public were sighted as to the decisions that had been made. Directorates were urged to work closely with their finance teams to assess the requirements and impacts on funding. Financial Management were maintaining a record of the additional burden caused by the COVID19 crisis, and it was expected that Directorates worked with Finance to ascertain these costs and pressures.

The additional funding would be pooled and held centrally for the use of the Strategic Commission with decisions to allocate made speedily.

There would also be some expenditure that would not be incurred as a virtue of the crisis, for example, events had been cancelled, staff mileage and travel costs were likely to be lower, less printing would be incurred, training courses would not be taking place, less may be spent on home to school transport etc. It was important that these be captured and centralised alongside the central government funding, so all resources could be mobilised to deal with the crisis.

#### **RESOLVED**

- (i) That the report be noted;**
- (ii) The approach for approving additional spending and reporting on the financial impacts of business as usual services on the in-year and on- going financial position of the Council and CCG, as set out in the report, be agreed; and**
- (iii) That the request by Manchester Airport to defer the payment of the bond coupon interest of £1.084m, be accepted.**

#### **86. MONTH 11 INTEGRATED REVENUE MONITORING REPORT**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 March 2020 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings.

It was explained that for the 2019/20 financial year, the Integrated Commissioning Fund was forecast to spend £619.050 million, against an approved net budget of £619.022 million. The small forecast overspend of £0.28 million was an improvement of £0.09 million since period 10. The improved position this month was due to better than expected planning fee income. However, there remained a number of key overspends which placed pressure on future year budgets. Further detail on the economy wide position was included in an Appendix to the report.

## **RESOLVED**

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks, which are contributing to the overall adverse forecast, be acknowledged; and**
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, be acknowledged;**

## **87. TAMESIDE AND GLOSSOP STRATEGIC COMMISSION – INTEGRATED COMMISSIONING FUND 2020/21 AND REVISED RISK SHARE AGREEMENT**

The Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance submitted a report providing a summary of the 2020/21 revenue budget allocations of the Tameside and Glossop Integrated Commissioning Fund (ICF) together with updated risk share arrangements. The ICF would be stringently monitored and reported to Members via monthly consolidated revenue monitoring reports during 2020/21.

## **RESOLVED**

- (i) That the 2020/21 revenue budget allocations for the Integrated Commissioning Fund be noted;**
- (ii). That the extension of the £10m risk share agreement for 2020/21 to 2023/24 as detailed in section 4 of the report, be approved;**
- (iii). That the five year forecasts and projected funding gap for the Strategic Commission be noted; and**
- (iv). That it be noted that Tameside Council will continue to be the host organisation for the Section 75 pooled fund agreement.**

## **88. OUT OF HOSPITAL CARE**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning, which described the principles and pathways that would operate across Tameside and Glossop to support people to remain out of hospital, both in a personal residence and in a care home.

It was explained that the majority of patients with COVID-19 would have mild symptoms and would be able to care for themselves at home. There would however be a significant number of patients who contracted moderate or severe illness from COVID-19 requiring primary or secondary care input.

Most patients presenting with symptoms of COVID-19 could be assessed and managed remotely. When face-to-face assessment was required, this would need to be managed either through use of designated sites (whether within practices or as separate locations) or through home visiting services.

National guidance was being received on a daily basis for all sectors within the health and social care economy. In addition, Greater Manchester had put into place a Hospital Cell and an Out of Hospital Cell to identify opportunities to 'do once' across the ten Localities to improve efficiency or promote consistency.

The principles of Out of Hospital Care were set out in the report including an enhanced service for Digital Health.

## **RESOLVED**

- (I) That the principles, as set out in the report, be agreed; and**
- (II) That the use of the DHAC19 service to support people living in Tameside and Glossop residential and nursing homes, be approved.**

## **89. CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN REFRESH AND BUSINESS CASE**

A report of the Deputy Executive Leader / CCG Chairs / Director of Commissioning was submitted, which explained that the transformation of children and young people's mental health was led locally. This meant that local professionals from across the NHS, public health, children's services in local authorities, education and youth justice, working together with children, young people and their families to design and provide the best possible services for their locality.

To support this local leadership and accountability, Clinical Commissioning Groups (CCGs) were expected to work with commissioners and providers across health, social care, education and youth justice and the voluntary sectors, to develop local transformation plans for children and young people's mental health.

Local transformation plans were first published in 2015 and set out how local services would invest resources to improve children and young people's mental health across the "whole system". These plans were 'living documents' and local areas were asked to refresh, and CCGs to republish them, on CCG websites every year. The Tameside and Glossop Children and Young People's Local Transformation Plan was presented as a slide pack.

The report summarised the Local Transformation Plan priorities and presented the case for additional investment to drive onward in the expansion and transformation of mental health support for children and young people and their families.

The priorities for 2020/21 were detailed as follows:

- Working together in neighbourhoods to make it easier to get help;
- Increasing access;
- Listening and shaping services with young people;
- Focus on families as the best resource; and
- Increase support for those most vulnerable to improve outcomes.

### **RESOLVED**

- (i) That the progress to date be recognised;**
- (ii) That the priorities for 2020/21 be noted;**
- (iii) That the proposal to pool TMBC and CCG funding to co-produce and commission a new children and young people's emotional wellbeing offer, be noted; and**
- (iv) That additional investments be approved as follows:**

<b>Element</b>	<b>Proposed investment</b>
<b>CYP Emotional Health and Wellbeing Development - to be commissioned through Innovative Partnership Commissioning</b>	<b>£64,000</b>
<b>Youth MH First Aid Training</b>	<b>£15,000</b>
<b>Early Help Single Access Point - Senior MH practitioner</b>	<b>£50,000</b>
<b>Extend CAMHS to meet needs of 16 and 17 year olds</b>	<b>£95,000</b>
<b>Additional capacity for Autism pathway</b>	<b>£130,000</b>
<b>Raising Confident Kids</b>	<b>£50,000</b>
<b>Total</b>	<b>£404,000</b>

During consideration of the following item, Dr Christine Ahmed and Dr Vinny Khunger, having both declared a prejudicial interest, left the meeting and paid no part in the discussion or decision making thereon.

## **90. TEMPORARY HOSPITAL HOME VISITING SERVICE**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning explaining that during the Covid-19 pandemic peak admissions were forecast to exceed hospital bed capacity in both best and worst case scenarios.

An emergency procurement was undertaken to provide medical support for Covid-19 symptomatic and non-Covid-19 patients in their own homes who would ordinarily be in hospital.

STAR procurement advised that, due to the Covid-19 pandemic, urgent services could be procured under the Public Contract Regulations 2015.

In this context a direct award could have occurred, however to aid transparency four Greater Manchester providers were invited to submit a tender within 2.5 days. One tender was received and reviewed by officers and clinicians. The tender met the requirements of the specification in full.

Following approval of the Tameside and Glossop Strategic Commission it is expected that this service would mobilise within 7 days.

This was a temporary contract to ease the pressure on local health and care services.

### **RESOLVED**

- (i) That the process followed for this urgent procurement under the emergency Covid-19 arrangements and the award of a temporary contract to gtd healthcare, be acknowledged and accepted;**
- (ii) That the potential risk of challenge be noted, although this will need to be considered in light of the urgency of response required to Covid and the limited options available; and**
- (iii) That this temporary contract is approved with the award of the proposed contract for an initial term of 3 months at an indicative cost of £154,137.**

## **91. URGENT ITEMS**

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

**CHAIR**

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## COVID RESPONSE BOARD

29 April 2020

**Present:**

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

**Also in attendance** **Dr Asad Ali, Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse and Jess Williams.**

### **133. MINUTES**

The minutes of the meeting on 15 April 2020 were accepted as a correct record.

### **134. FINANCE UPDATE**

The Director of Finance briefly updated Members on the financial implication of Covid-19 Response. The Director advised of grants received from Government for both the Council and the CCG and the remaining gaps in funding. Members were advised that a more detailed update on the financial situation would be provided in the near future.

#### **AGREED:**

**That the update be noted.**

### **135. UPDATE ON FOSTER CARERS – COVID RESPONSE**

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out a proposal to for support for Tameside Foster Carers with children and young people in their care. The report recognised that Foster Carers due to the outbreak of the coronavirus, are being asked to care for children for significantly extended period of time due to the government's guidance of social distancing and staying at home. For many of our foster carers they were also providing education to children whilst the schools were closed as they had made a decision in collaboration with the children's social worker, that it was safer for children to be looked after within their family units within their foster placement. They continued to access the support of virtual school.

It was stated that Tameside Foster Carers were working under extraordinary circumstances to provide stable, secure and nurturing home for Looked After Children, whilst also looking after their own and immediate families' health needs. It should be acknowledged that with children and young people at home for longer periods of time, this would impact on expenditure within the homes with things such as utility bills, food shopping, equipment and activities for the children and household members.

Members recognised the vital work undertaken by foster carers and the difficult circumstances in which they were undertaking their role. However, Members asked for further information on the options available for providing additional support and the approach taken elsewhere taking into account their fiduciary duties with public funding and the need to reduce inequality as against the public generally who are also impacted upon by the pandemic..

**AGREED:**

**That an updated report be submitted to the next meeting of the Covid Response Board elaborating on the options available for additional support for foster carers and the approach taken by other local authorities.**

**136. UPDATE ON CAR PARKS – COVID RESPONSE**

Consideration was given to a report of Executive Member (Transport and Connectivity) / Director of Operations and Neighbourhoods), which reminded Members that an earlier Executive Decision outlining temporary changes to the Parking Services team had been approved on the 8 April 2020. The Executive Decision approved the following service adjustments:

- The temporary suspension of parking enforcement, on both on-street and off-street locations within the borough until further notice.
- The redeployment of a number of NSL Parking Enforcement Officers to critical service areas that require extra resources during this period
- Suspension of the bailiff service
- Suspension of staff parking payments from 1 April 2020 until 1 July 2020

The report set out details of the financial impact of the changes and provided an update.

Members noted the update and requested a further report setting out impact of Covid on carpark expenditure..

**AGREED:**

**That a further report be submitted to a future meeting of Board providing an update.**

**137. FURTHER TEMPORARY SERVICE CHANGES ACROSS THE OPERATIONS AND NEIGHBOURHOODS DIRECTORATE IN RESPONSE TO COVID-19**

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Director of Operations and Neighbourhoods, which set out a number of temporary changes to services across Operations and Neighbourhoods as follows:

**Operations and Greenspaces**

In order to maintain social distancing; playgrounds, outdoor gyms and Multi Use Games Areas (MUGAs) to be closed until further notice.

**Markets**

Ashton Indoor Market to have priority access times for vulnerable residents and designated key workers and Hyde Market Hall to be temporarily close until further notice. In addition all Outdoor Market activity had been suspended across Tameside. The report referenced that there were a number of schemes announced by the Government to support small businesses.

**Public Protection and Regulatory Services**

It was explained that 45 business held an environmental permit in order to control their emissions. A requirement of the regulations was the payment of an Annual Subsistence Charge, set by Defra, payable at the beginning of each financial year. Letters were to be sent out to advise the respective businesses of this year's charges and to expect an invoice for said amount.

The Council had to undertake a risk assessment of its private water supplies every 5 years. This was a chargeable service with the invoices split between the residents served by a supply. As it stood four supplies had been risk assessed, which supply a total of 27 residents and payment was due for issue. However, it was suggested that it would be prudent to delay the issuing of the above invoices until such time as the situation had improved.

There were currently skips and scaffolds in place around the Borough where work was no longer being carried out. Permits had already been paid for but have since expired. It was recommended that a determination should be made to waive any further charges for skips and scaffolding permits that are currently on the highway until 1 June 2020, when the decision would be reviewed.

### **Cultural and Customer Services**

In accordance with government guidance face-to-face independent mobility assessments to determine eligibility for a blue badge were not being scheduled. Blue badge applications were being processed and where the application was one where the criteria for qualification needed no further assessment or where a desk-based assessment could determine eligibility, they continued to be processed as normal. However, when a decision cannot be made without a face-to-face assessment, applicants were advised that their applications could not be processed at this time, but would be completed when an appropriate level of assessment can be undertaken.

Members were informed that the Department for Transport acknowledged that Councils may have to delay processing new Blue Badge applications and reapplications, and may also have an existing backlog of current applications. The UK Government had endorsed new guidance issued jointly by the British Parking Association, the Local Government Association, and London Councils, advising that local authority parking teams should not issue Penalty Charge Notices to citizens using Blue Badges with an expiry date of 1 January 2020 onwards. The guidance stated this relaxation of enforcement against expired Blue Badges should continue initially until 30 September 2020.

### **AGREED:**

**That the Executive Member (Neighbourhoods, Community Safety and Environment) consider an Executive Decision recommending:**

- (i) The closure of playgrounds, Multi-Use Games Areas (MUGAs) and outdoor gyms.**
- (ii) The closure of the Hyde Indoor Market**
- (iii) The closure of all Outdoor Market activity, including the temporary monthly events.**
- (iv) Revised opening times for the Ashton Indoor Market, as set out in the report at paragraph 2.3.**
- (v) To delay invoices issued under the Environmental Permitting (England & Wales) Regulations 2016 (EPR Regs) and the Private Water Supply (England) Regulations 2016 (amended 2018) (PWS Regs)**
- (vi) Waive any further charges for skips and scaffolding permits that are currently on the highway until 1 June 2020**
- (vii) To follow the Department of Transport's recommendations relating to the assessment of Blue Badge applications, as set out in the report at paragraphs 2.13-2.16.**

**CHAIR**

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## COVID RESPONSE BOARD

6 May 2020

<b><u>Present:</u></b>	<b>Elected Members</b>	<b>Councillors Warrington (In the Chair)</b> <b>Bray, Cooney, Fairfoull, Feeley, Gwynne,</b> <b>Kitchen, Ryan and Wills</b>
	<b>Chief Executive</b>	<b>Steven Pleasant</b>
	<b>Borough Solicitor</b>	<b>Sandra Stewart</b>
	<b>Section 151 Officer</b>	<b>Kathy Roe</b>
<b><u>Also in attendance</u></b>	<b>Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse and Jess Williams.</b>	
<b><u>Apologies for Absence</u></b>	<b>Dr Asad Ali</b>	

### 138. MINUTES

The minutes of the meeting on 29 April 2020 were accepted as a correct record.

### 139. COVID RECOVERY

Consideration was given to a report of the Executive Leader / Chief Executive, which outlined the current thinking around how Tameside would approach the Covid-19 recovery and rebuilding process. The report set out a proposed system architecture for undertaking the work to deliver the recovery locally, along with a proposed set of principles to underpin recovery. It also set out a series of considerations for lifting the lock down (an immediate priority) and an impact and opportunity assessment to guide longer term planning and rebuilding.

It was anticipated that the recovery and rebuilding from the Covid-19 pandemic will be in three phases:

- (a) Lifting the lock down (0-2 Months)
- (b) Living with Covid (0-12 Months)
- (c) Building back better (12 months and beyond)

It was proposed that the recovery work is led by the Council's Board and the Public Service Reform Board, supported by the work of a Recovery Co-ordination Group. This group would be individuals with direct experience of the impact of Covid-19 on the ground, specifically the ongoing challenges and the opportunities presented by pandemic.

The report stated that the Corporate Plan provided a clear focus and framework for understanding and planning recovery, however the current performance / position and the route to delivery may look very different to the pre-covid position.

It was explained that the first step in planning recovery would be a risk and opportunity assessment against each of the eight priorities of the Corporate Plan supported by a risk assessment of enabling services. It was proposed that the Tameside Recovery Co-ordination Group undertake a more detailed risk and opportunities assessment, based on the initial assessment set out at section 8 of the report. The collated impacts would be used to start to populate an outline for a recovery plan, including some initial areas for action over three phases.

The Recovery Plan would set out a series of objectives in order to achieve the aims above. These would be broad principles and approaches which had shaped the work to date, and would continue to be the framing for the further development of the recovery.

The immediate priority for Tameside was to put a plan in place around the lifting of the lockdown (phase one). The government had indicated their intention to set out a series of options and tests for the lifting of the lockdown. Part of the release of the local down would be developing and refining our Humanitarian Response, recognising that this would need to move away from a large scale, standalone, emergency response and into a more sustainable offer which was part of mainstreamed response to the Pandemic and Recovery and the way in which this is likely to evolve.

It was anticipated that recovery from the pandemic will be a part of life for all residents and communities of Tameside, either in terms of dealing with direct consequences of loss and impact on livelihood, or through indirect consequences of socio-economic disruption and reform. It was also anticipated that recovery from COVID-19 will at some point become part of core business for many, if not all organisations. A common theme would be re-building confidence and managing uncertainty. The report set out a variety of approaches following approaches that would help support individuals and businesses manage the coming period of transition and to rebuild confidence in our society and economy:

The economic impact on the Borough was likely to be significant and far reaching. The report set the measures taken by the government to support individuals and businesses through lockdown, an analysis of the impact of each of these measures locally and the likely impact of these ending or not being repeated needed to be clearly understood to enable lobbying and for the Council to properly support businesses over the coming weeks and months.

It was stated that whilst loss and adverse impacts would be most evident, there would also be opportunities to build back better and learn from the current crisis. The positive responses seen to this crisis, for example an increase in walking, and improvement in our air quality as well as the huge community response need to be captured to ensure that in 'building back better' tackling inequalities runs through the whole of our recovery work. It must be fairer, leading to better jobs and greater prosperity for all, and avoiding creating new types of inequality or increasing existing disadvantages. The crisis has also shown that some roles which are crucial to functioning of the economy and society are being significantly undervalued (e.g. in social care, food retail) and that this needs to be addressed in the recovery. Finally, it must be greener. The recovery from the 2008 financial crisis included some of the fastest growth in carbon emissions recorded

**AGREED:**

- (a) That the proposed system architecture is approved**
- (b) That the principles to underpin recovery be approached**
- (c) That a more detailed piece of work to develop a detailed recovery plan be commissioned to report back to the special Covid Recovery Board on 20 May 2020.**

**140. ADDITIONAL SUPPORT FOR FOSTER CARERS**

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out a proposal for support for Tameside Foster Carers with children and young people in their care. The report recognised that Foster Carers due to the outbreak of the coronavirus, were being asked to care for children for significantly extended period of time due to the government's guidance of social distancing and staying at home. For many foster carers they were also providing education to children whilst the schools were closed as they had made a decision in collaboration with the children's social worker, that it was safer for children to be looked after within their family units within their foster placement. They continued to access the support of virtual school.

It was stated that Tameside Foster Carers were working under extraordinary circumstances to provide stable, secure and nurturing home for Looked After Children, whilst also looking after their own and immediate families' health needs. It should be acknowledged that with children and young people at home for longer periods of time, this would impact on expenditure within the

homes with things such as utility bills, food shopping, equipment and activities for the children and household members.

It's proposed that an additional one off "good will" payment be made to Tameside Foster Carers with children and young people in their care. It should be recognised that Foster Carers due to the outbreak of the coronavirus, are being asked to care for children for significantly extended period of time due to the government's guidance on social distancing and staying at home. For many of our foster carers they were also providing education to children whilst the schools were closed as they had made a decision in collaboration with the children's social worker, that it was safer for children to be looked after within their family units within their foster placement. They continued to access the support of the virtual school.

**AGREED:**

**That the Deputy Executive Leader be recommended to agree that for the period that the government guidance has restrictive requirements about social distancing, to pay foster care households who are approved by the Council and have had a child placed with them at any point between 19 March 2020 and 30 June 2020 a single non recurrent "good will" sum of three hundred pounds (£300).**

#### **141. WELFARE FUNERAL UPDATE**

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods, which explained that a Welfare or Community Funeral, (also known as a Public Health Funeral) was a funeral arranged under the Public Health (Control of Diseases) Act 1984 section 46. This act placed a statutory obligation on local authorities to make arrangements for the funeral or cremation of those who die where it appears to the authority that no suitable arrangements for the disposal of the body had been or were being made otherwise than by the authority. The usual position was that a cremation was arranged and the legislation provided that an authority shall not cause a body to be cremated where they had reason to believe that cremation would be contrary to the wishes of the deceased.

Prior to the pandemic Tameside would have on average ten Welfare Funerals per year. The increase of mortality due to COVID-19 and the consequential financial impact of lockdown would inevitably see a rise in the number of Public Health Funerals within the Borough.

Although this was a statutory duty, local authorities must ensure that the funeral service was appropriate. Effectively, the Local Authority must make arrangements for the funerals of people who had died or were found dead in their area where no other arrangements were being made and that a Local Authority could recover their expenses from the estate of the deceased. The law is relatively simple and gives scope for how the service should be carried out. Whilst it is not practicable to have a single policy nationally, it is intended that across Greater Manchester councils should adopt a common approach across the Coronavirus pandemic period.

It was explained that referrals may come from a variety of sources including (but not limited to) the Coroner's Court Officer, Police Coroner's Liaison Team, parts of some Hospitals which are included as they are considered community-based, Nursing and Residential Homes, family or friends and occasionally Funeral Directors. During the Coronavirus pandemic, referrals are more likely to come from Funeral Directors, Nursing and Residential homes and family and friends instead of the Coroners Officer. The referral would be made if: there was no family, the family was unable to pay for a funeral, the family was unwilling to pay for a funeral, or the family was unable to get help from the Department of Work and Pensions.

The Council was legally entitled to recover their expenses from the deceased. It was expected that a reasonable cost of a funeral by cremation to be around £2000 and that of a burial around £4000. Local authorities were under an obligation to provide value for money and are not permitted to

spend public money on private concerns therefore 'expenses incurred' should be interpreted as relating to all costs involved in making the arrangements.

On average the Council undertook ten Public Health Funerals a year. The consequence of this decision was that the cremation will initially need to be funded by the Council costing in total approximately £15,000. However, as with all such funeral every effort would be made to recover the permitted costs wherever possible.

**AGREED:**

**That the Executive Member (Neighbourhoods, Community Safety and Environment) be recommended to agree that:**

- (i) The Guidance and procedures for Welfare and Community Funerals during the COVID-19 outbreak be approved.**
- (ii) That the arrangements be reviewed in 3 months time.**

**142. TEMPORARY CHANGES TO THE LAND CHARGES SERVICES IN RESPONSE TO COVID-19**

Consideration was given to a report of the Executive Member (Housing, Planning and Employment) / Director of Growth, which explained that when buying a property or land, a solicitor would submit a local land charges search which would show whether there were any legal restrictions affecting the land or property. This search could either be submitted to the Local Authority Land Charges Section (Official Search/LLC1) or directly to a Private Search Agent.

For those submitted to the local authority, any restrictions were investigated and all the information brought together in the form of an Official Local Authority Search (LLC1). The Council had a charging policy in place for coordinating this information. The Council was required by law to indemnify the information and was insured for any errors arising. This cost was taken into account in the fee.

Separately, Private Search Agents undertook a search themselves by accessing records online and at Heginbottom Mill. The Environmental Information Regulations 2004 (SI 2004/3391), required public authorities to provide the public with access to environmental information that they held, hence there was no charge for Private Search Agents undertaking the search of council records themselves. Private Search agents also indemnified the information they provided through a fee that they charge the solicitor acting for the house buyer.

**AGREED:**

**That the Executive Member (Housing, Planning and Employment) be recommended to agree that:**

- (i) face-to-face service for Private Search Agents be suspended until further notice.**
- (ii) Land Charges Service provide the information held at Heginbottom Mill to the Private Search Agents free of charge, until further notice.**
- (iii) The Official Search/fee paying service for solicitors or intermediaries remains in place as per normal arrangements.**
- (iv) Note there may be some delays in service delivery due to increased workload.**
- (v) The approach is kept under review with the intention of lifting as soon as practically possible.**

**143 GREATER MANCHESTER PUBLIC HEALTH NETWORK - GRANT EXTENSION, GREATER MANCHESTER SEXUAL HEALTH NETWORK**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Director of Population Health, which explained that there was an agreement between the Greater

Manchester Public Health Network and the University of Manchester, requiring the University of Manchester to provide support in the form of staff (including relevant office accommodation) to the Greater Manchester Sexual Health Network. Tameside hosted the budget for the Greater Manchester Public Health Network on behalf of all ten Greater Manchester Local Authorities. This budget sat outside of the Strategic Commission pooled budget arrangement. Governance and decisions around the commissioning of this budget was through the Greater Manchester Directors of Public Health Group.

The contract had commenced on 8 May 2017 and was for a period of 3 years expiring 30 April 2020. There was provision within the current contract to extend this contract in the "Grant Period" section where it confirmed that "*the period for which the Grant was awarded starting on the Commencement Date and ending on 31 March 2020 unless extended by written agreement of the parties*".

Greater Manchester Directors of Public Health (GMDPH) wished to take up this option to extend because the current provider was engaging well with GMDPH group via performance monitoring of the contract and outcomes were being achieved. The decision to extend the current grant was taken at the GM DPH meeting on 6 December. The extension would allow Directors of Public Health and the Public Health Network time to look at the current model of delivery to see if this was the model they would like to continue with going forward.

The arrangement with the University was substantially cheaper than the other options when the expressions of interest were collected in 2017. It also included substantial levels of indirect benefits. In particular, it includes access to senior academics in the university and (on a more practical level) access to free room hire at the university. Given the number of meetings held by the network, this had led to a substantial saving in both administrative time in finding rooms, and in the direct costs of room hire. The contract value had not increased since 2017.

**AGREED:**

**That the Executive Member (Adult Social Care and Health)/Director of Population Health be recommended to agree that the grant agreement for the delivery of the Greater Manchester Sexual Health Network Project be extended until 3 March 2021 (£57,951).**

**144 SERVICE CHANGES FOR THE HEALTHY CHILD PROGRAMME IN RESPONSE TO COVID-19 (CORONAVIRUS)**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Director of Population Health, which explained that the Community Health Services (Healthy Child Programme) for children, young people and their families in Tameside was commissioned by the Local Authority and was delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust. In line with the national guidance released by NHS England in response to COVID-19 for community health services, the Healthy Child Programme was required to make significant changes to its usual arrangements to ensure the health and safety of residents and staff. To ensure safeguarding measures were still fulfilled, certain elements of the Healthy Child Programme will continue or partially continue to operate in a safe manner. These are detailed further with the report. The measures would be applied to the 31 July 2020, in the first instance, but would be reviewed on an ongoing basis.

Other commissioned public health services for children and families such as the Midwife-led Tobacco Addiction Service, Breastfeeding Peer Support Service, the Core Befriending Peer Support Service and the Young People's Emotional Wellbeing and Counselling Service would continue to operate differently and will continue to follow safeguarding processes. These are detailed further with the report.

**AGREED:**

**That the Executive Member (Adult Social Care and Health) be recommended to agree that:**

- (i) having reflected on the government and NHS guidance in relation to the delivery of these services to temporarily change the arrangements for the delivery of these services in response to the COVID pandemic until 31 July 2020
- (ii) the Assistant Director of Population Health, will be in regular contact with the Children's Commissioned Population Health Services to review arrangements ongoing and to advise interested parties accordingly and that in addition to the weekly monitoring of the service there will also be a monthly review of the arrangements but the Assistant Director.

#### **145 FORWARD PLAN FOR COVID-19 BOARD**

Members considered the forward plan of items for future meetings of the Covid Response Board.

**AGREED:**

**That the forward plan be noted.**

**CHAIR**

## EXECUTIVE BOARD

13 May 2020

**Present:**

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

**Also in Attendance**

**Dr Asad Ali, Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, Tim Rainey Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse and Tom Wilkinson**

### 146 MINUTES OF PREVIOUS MEETING

The minutes of the meeting on the 6 May 2020 were accepted as a correct record.

### 147 QUIET STREETS INITIATIVE DURING COVID 19

Consideration was given to a report of the Executive Member for Transport and Connectivity / Director of Operations and Neighbourhoods, which outlined a series of priority pilot projects that could be delivered in the short, medium and long term to enable physical distancing for safe essential journeys and exercise. The report set out key priorities to help deliver a sustainable recovery plan which would boost local economy.

Members considered how people's activities and use of transport had changed whilst the country was in lockdown. Members were informed of the measures being promoted by the GM Mayor to implement Safe Streets and the recovery by enabling people to travel safely using resilient transport that supports the interlinked agendas of public health, clean air and climate change.

Members discussed possible schemes and the importance of engaging with local members prior to progression of any schemes

#### **AGREED:**

**That the Executive Member (Transport and Connectivity) be recommended to approve, subject to the necessary consultation and risk assessments taking place in all cases and any requirement traffic regulation orders.**

- (i) Consulting generally with the public about the principles of safe streets, together with where appropriate any impact of Covid 19 and safe social distancing.**
- (ii) progressing the temporary schemes in Appendix 1 except in respect of the Lord Sheldon Way, which requires further consideration.**
- (iii) accelerating the delivery of schemes identified as part of the mayor's challenge fund in Appendix 2.**

### 148 FINANCE REPORT - OUTTURN 2019/20 AND 2020/21 FORWARD LOOK

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance, which provided an overview of the financial position of the Tameside and Glossop economy in 2019/20 at the 31 March 2020.

It was reported that for the 2019/20 financial year the Integrated Commissioning Fund had spent £619,675k, against a net budget of £619,662k. The overspend of £13k on Council budgets would be met from general reserves. It was explained that deliver of the budget had only been possible as a result of several significant non-recurrent financial interventions, including one-off savings and additional one-off income. Significant overspends were included in the overall position across a number of service areas, including Children's Services which had spent £8.4m in excess of budget.

It was stated that the approved Capital Programme budget for 2019/20 was £42.013m. Service areas had spent £37.341m on capital investment in 2019/20, which was £4.672m less than the capital budget for the year. The variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£0.673m) less the re-phasing of expenditure in some other areas (£5.344m). It was explained that there were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes which would be added to the Capital programme and future detailed monitoring reports once satisfactory business cases had been approved by the Executive Cabinet.

The Capital Programme for 2020/21 and beyond was summarised, after the financing of expenditure in 2019/20 the Council was holding a balance of £14.593m in the Capital Investment Reserve to fund the £18.792m of budgeted schemes that required corporate funding. It was explained that delivery of the Capital Programme was highly dependent on the realisation of planned Capital Receipts, therefore, the current COVID-19 pandemic increased the risk that Capital receipts would either not be achievable or that values would be diminished, putting the delivery of Capital Investment objectives at risk.

Members were updated on the financial outlook for 2020/21. Members were advised that the full scale and extent of the health, socio-economic and financial impact of the COVID-19 pandemic was not yet fully understood. The immediate demands placed on local service delivery would result in significant additional costs across the economy and the economic impact was expected to have significant repercussions, resulting in losses of income for the Council across a number of areas, potentially for a number of years. Whilst the immediate focus was to manage and minimise the impact of the virus on public health, the longer term financial implications and scenarios would need to be considered.

Members were informed that there were significant risks facing the CCG as NHS England & Improvement endeavoured to manage the impact of COVID-19 on the NHS. CCG's were being told what values to pay providers, which was based on a month 9 position and included considerable non recurrent funding, which the CCG no longer had included within budgets. This was being stringently monitored and the risks highlighted to the GM Health and Social Care Partnership.

It was further explained that there was likely to be a significant financial shock to the Council's current revenue budget, on-going financial sustainability and balance sheet. Significant additional costs were being incurred as the Council responded to the pandemic, and there would be a significant reduction in income levels to the Council in 2020/21 and potentially into future years. Whilst Government had stepped in and provided additional funding, this was already insufficient to support the financial impact of the crisis on the Council's finances.

**AGREED:**

- (i) Note the overall outturn position for 2019/20 as set out in Appendix 1. Whilst the overall position for 2019/20 is in line with budget, this includes several significant one-off savings and additional income sources. The budget was also set assuming the use of £9.3m of Council Reserves.**
- (ii) Note the Capital outturn position and financing for 2019/20, and the capital financing risks for 20/21 and beyond as set out in Appendix 2.**

- (iii) **Note the potential financial scenarios and risks for 2020/21 and beyond as set out in part 3 and Appendix 3 to this report.**

## **149 UPDATE ON COUNCIL TAX AND BUSINESS RATES**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director (Exchequer), which sought approval for the recovery of monies to continue subject to HMCTS hearings recommencing and a further review in June 2020. The report detailed collection rates for the month of April 2020 in respect of Council Tax and Business Rates, and also considered the impact of the current economic situation on Council Tax support scheme costs.

Members were informed that the first month of the financial year would typically have the highest number of payments collected by direct debit and the highest number of recovery reminders would be raised due to non-payment of the first instalment. At present no recovery was taking place as Courts were closed and Enforcement Agents could not recover debts due to specific government guidance and also social distancing factors.

It was reported that in April 2019, 10.53% of Council Tax due for the year was collected against a target of 10.60%. The target for collection in April 2020 remained at 10.60% but only 9.77% had been collected, a total cash shortfall of £980k after the first month of the financial year.

It was explained that during the last week of March and April a total of 1,389 requests were received from Council Tax payers to defer the April instalment due to financial concerns regarding COVID-19 lockdown. The main reason cited was employment concerns and having income reduced. A total of 1,127 accounts were approved to be deferred to commence payment in May, June or July depending on individual's circumstances and subject to making an application to claim Council Tax Support.

Members were advised that the number of those who had not made any payment at all in the month of April represented 13.8% of all Council Tax Payers in Tameside. It was explained that as 1,127 (1%) of those that had requested deferrals it could suggest that some residents were in financial difficulty and had not made the Council Tax Service aware or that some Council Tax payers were able to pay and had not yet done so as they had not received a reminder letter.

Council Tax Support claims had increased during April, it was reported that the increase in claims was less than expected during the COVID-19 lockdown. It was reported that claims for Universal Credit had increased significantly across the country to being 1.8 million claims from mid-March to the end of April. It was explained that those in receipt of Universal Credit and that had a Council Tax liability would usually claim Council Tax Support to assist with payment of their liability.

Members were informed that in April 2019, 10.96% of business rates due were collected against a target of 12%. This compared to a collection rate of 8.28% in April 2020, a cash shortfall of £1.2m against the target of 12%. It was explained that the total Business rate payers is 7,600 and those who had not made any payment at all in the month of April represented 8.2% of all Business Rates payers. Although some business rate payers had contacted with regard to concerns about paying the first instalment, these had been very few in number.

It was stated that the first month of the financial year was typically where the highest number of payments were made by direct debit and also the highest number of recovery reminders would be raised due to non-payment of the first instalment. In Tameside a decision had not been made to cease the issue of recovery documents for a specific period of time for Business Rates, Council Tax or Sundry Debts, however, like all other Greater Manchester authorities no recovery documents were issued in April primarily because Her Majesty's Court and Tribunal Service confirmed that Courts were to be closed and subsequently all Business Rates hearings were cancelled until further notice. It was further explained that Collection of any arrears balance often extended beyond one financial year and arrears collection can sometimes take several years to

recover. It was suggested that the reduced collection rates in April may be due to deferred payments, with businesses delaying payment until later in the year. However, alternative scenarios may see collection rates continue below target or potentially deteriorating further as the economic consequences of COVID-19 have a detrimental impact on the financial suitability of businesses.

**AGREED:**

**That it be determined that in light of the Council's collection rate that recovery monies to continue subject to HMCTS hearings recommencing and a further review in June 2020.**

## **150 ONLINE MEETING SOLUTIONS**

Consideration was given to a report of the Assistant Director of Digital Services, which sought the support of Members for the continued use of Skype for Business (SfB) and the introduction of Zoom Pro in a limited set of circumstances.

It was explained that SfB was the Council's corporate solution for on-line business meetings and video conferencing. It was a secure platform that was clear and simple to use and had been very successful at meeting the requirements of homeworkers. Demand had been focused on audio/video conferencing and telephony, which SfB provided. Currently there had been no requests for collaboration elements that Teams provided. The Council had such tools available if and when required.

Members were advised that in September 2019 Executive Cabinet approved a report that detailed a programme to upgrade much of the Councils Microsoft software, including newer "on premise" versions of Microsoft Office, Exchange and various other Microsoft software. The report also detailed the timeline to move Office 365 (and Teams) before 2025.

It was reported that prior to the lockdown around 150 people regularly used SfB, since lockdown and homeworking this number had increased to over 1,900 registered users, with an average of 1200 concurrent users on the system at any given time and over 5,500 separate conference calls held per day. Further, the Skype software was integrated with the Council's Getronics telephone systems which enabled a further 363 staff to access their work desktop phone calls at home through Skype. User satisfaction was reported to be high, notwithstanding the vagaries and variability's of individual home broadband services, the majority of feedback received on the performance and quality of skype calls was high with 87% of people rating the experience as fair to excellent.

It was suggested that SfB should continue to be used for all Council businesses meetings instigated by TMBC officers and involving TMBC Officers and potentially including external organisations. All Elected Members would be contacted and the appropriate method of connectivity to SfB for the particular device they have would be tested with them. Executive Cabinet and Board meetings had been conducted via SfB as all participants had a laptop.

It was explained that SfB did not easily cater for all types of on-line meetings. In some circumstances such as where the general public are invited or required to participate, or where there was no control over how many people are connecting and their device they would be using, other video conferencing platforms specifically designed for use in these circumstances were more appropriate.

Zoom Pro was the paid-for version of the system and costs £780 per year to license, it had the benefit that the host could manage meeting entry and host accounts could be controlled centrally by IT through the Zoom admin panel. This admin panel allowed IT to configure a range of security settings for all users which would need to be enforced to meet the National Cyber Security Centre's recommendations, these settings ensured the required encryption is used, meetings were

password protected and virtual meeting lobbies are in-place to screen participants. Zoom Pro would be used for meetings/panels that involved Councillors and where the public were required to participate. This would include School Appeals, Speakers Panels and GM Pension Fund Meetings. Further exceptions to the wider use of Zoom Pro would need to be approved beforehand by the Director of Finance.

Members discussed the relative merits of SfB and Zoom and asked that Board be given a demonstration of the functionality of each platform.

**AGREED:**

- (i) Board supports the continued use of Skype for business related on-line meetings and video conferencing including Executive Cabinet, Board and Council Meetings subject to Board be given a demonstration of the functionality of Skype for Business and Zoom.**
- (ii) Board support the introduction of Zoom in a limited set of circumstances as an alternative platform for use with online meetings and panels that involve Councillors and where the public are entitled to actively participate. This includes formal council decision making meetings but not exclusively Schools Appeals Panel, Speakers Panel (Planning, Licensing), GM Pension Fund meetings etc.**
- (iii) Any exceptions to the wider use of Zoom Pro must be approved beforehand by the Director of Finance.**
- (iv) That the Assistant Director of Digital Services arrange sessions on both systems within the next week to enable the Board to determine the best product for formal Council meetings and in particular the forthcoming full Council meeting.**

**151 PROCESS FOR EXERCISING THE CARE ACT EASEMENTS GUIDANCE**

Consideration was given to a report of the Executive Member for Adults Social Care and Population Health / Director of Population Health, which set out the circumstances and conditions under which the Council could exercise the easements to the Care Act 2014 as referenced in the Coronavirus Act 2020.

It was explained that the Government in recognising that local authorities and care providers were facing rapidly growing pressures as more people needed support because unpaid carers were unwell or unable to reach them, and as care workers had to self-isolate or were unable to work for other reasons. The Government had put in place a range of measures to help the care system manage these pressures. The Council must continue to do everything it could to continue meeting its existing duties prior to the Coronavirus Act provisions coming into force.

It was stated that the changes fall into four key categories, each applicable for the period the powers were in force, guidance had been set out which detailed how each of these powers should be applied should they necessary.

Stage 1 the Council should continue operating under pre-amendment Care Act.

Stage 2, A policy decision would be made to change, delay or cancel “service types” by changing the way in which assessed needs can be met.

Stage 3, This would be a policy decision to decide that the Council would not be subject to a duty to assess, consider eligibility and review in accordance with Care Act duties. This would also cover the requirement to carry out financial assessments, providing care and support plans and meeting eligible needs. Any decisions on these areas should be separated and record the rationale and evidence base.

Stage 4, this would entail a policy decision to make a whole system of prioritisation of care and support across adult social care. This would be where it becomes clear that whole system

prioritisation was needed to ensure that at least the Convention Rights of those in need of care and support and their carers were respected.

Members were informed that the Council would be expected to observe the Ethical Framework for Adult Social Care. This Framework provided a structure for the Council to measure its decisions against and reinforced that the needs and wellbeing of individuals should be central to decision making. In particular it should underpin challenging decisions about prioritisation of resources where they are needed.

The easements had taken legal effect on 31 March 2020, but should only be exercised by Local Authorities where it would be essential in order to maintain the highest possible level of services. These easements would be temporary and would be kept under review and would be terminated as soon as possible. All assessments and reviews that were detailed or not completed would be followed up and completed in full once the easements were terminated.

The Care Quality Commission would continue to provide oversight of providers under existing legislation, the CQC had indicated an intention to adopt a pragmatic approach to inspection and proportionate action as necessary while maintaining its overriding purpose of keeping people safe.

It was stated that the Council should only take a decision to begin exercising the Care Act easements when the workforce was significantly depleted, or demand on social care increased to an extent that it was no longer reasonably practicable for it to comply with its Care Act duties and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. The decision should be communicated to all providers, service users and carers and should be reported to the Department of Health and Social Care.

It was reported that there were 616 staff employed across Adult Services. Less than 8% of staff across the whole service were currently either sick, isolating or shielding so unable to provide operational support. At present the levels of absence were being managed and there was no impact on service delivery. It was anticipated that the expansion of testing will increase the number speed that staff were able to return to work.

Members were advised that there could be a temporary loss in income should the Council be in a position where it would determine that it had insufficient capacity to carry out financial assessments. Clear information would be provided to an individual at the start of the assessment process that would explain that a financial assessment would be undertaken retrospectively and that this could result in an invoice for a financial contribution towards the cost of their care at some point in the future. The Council would remain under a duty to meet needs where failure to do so would breach an individual's human right under the European Convention on Human Rights. It was pointed out this was a significant interim temporary Policy change that would only be implemented in extreme circumstances of inability to deliver the existing legal requirements.

#### **AGREED**

**That the Executive Cabinet be recommended to agree that:**

- (i) The powers given in the Coronavirus Act 2020 and the Care Act easements: guidance for local authorities (1 April 2020) are acknowledged.**
- (ii) The decision making process set out is acknowledged and agreed.**

#### **151 FORWARD PLAN OF ITEMS FOR COVID RESPONSE BOARD**

Members considered the forward plan of items for future meetings of the Covid Response Board.

#### **AGREED:**

**That the forward plan be noted.**

**CHAIR**

**Report To:** EXECUTIVE CABINET

**Date:** 26 May 2020

**Executive Member / Reporting Officer:** Cllr 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:**  
**(a) CONSOLIDATED 2019/20 REVENUE MONITORING STATEMENT AT 31 MARCH 2020**  
**(b) CAPITAL PROGRAMME OUTTURN REPORT 2019/20**  
**(c) FORWARD LOOK 2020/21 FINANCIAL POSITION**

**Report Summary:** For the 2019/20 financial year the Integrated Commissioning Fund has spent £619,675K, against a net budget of £619,662k. Further detail is set out in **Appendix 1**. The small overspend of £13K on Council budgets will be met from general reserves. Delivery of the budget has only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income, and a planned use of £9.3m of Council Reserves. It should be noted that significant overspends are included in the overall position across a number of service areas, including Children’s Services which has spent £8.4m in excess of budget. This and other pressures will continue into 2020/21.

**Appendix 2** sets out the Capital Programme Outturn for 2019/20 and provides a forward look to the financing of the 2020/21 Programme. The existing 2020/21 programme is dependent on the realisation of planned capital receipts. The current and forecast economic conditions means there is an increased risk that capital receipts may not be achieved or that values are diminished. If additional capital receipts cannot be realised, there is a risk that the Capital Programme is not financially sustainable.

**Appendix 3** includes an initial forward look at the financial position for 2020/21, taking account of the potential impacts of COVID-19 and the underlying financial pressures within the 2019/20 outturn position. The Strategic Commission entered 2020/21 with an existing budget gap which increased significantly over the next five years. Initial modelling of the expenditure and income pressures arising from COVID-19, both in 20/21 and future years, suggest the Strategic Commission faces significant questions about financial sustainability, particularly for Council budgets.

**Recommendations:** Members are recommended to :

1. Note the overall outturn position for 2019/20 as set out in **Appendix 1**. Whilst the overall position for 2019/20 is in line with budget, this includes several significant one-off savings and additional income sources. The budget was also set assuming the use of £9.3m of Council Reserves.
2. Note the Capital outturn position and financing for 2019/20, and the capital financing risks for 20/21 and beyond as set out in **Appendix 2**. Members are asked to **approve**:

- i) The re-profiling of £5.344m of Capital Budgets to reflect up to date investment profiles;
  - ii) The updated Prudential Indicator position which was approved by Council in February 2019
  - iii) Budget virement of £178k to Vision Tameside from Vision Tameside Public Realm; and
  - iv) Reprioritisation of corporate funded capital budget of £110k for Godley Green to be returned to the funding pot following approval of the £10m from Homes England.
3. Note the potential financial scenarios and risks for 2020/21 and beyond as set out in part 3 and **Appendix 3** to this report.

Budget is allocated in accordance with the Community Strategy

**Policy Implications:**

Budget is allocated in accordance with Council Policy

**Financial Implications:**

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

For the 2019/20 financial year the Integrated Commissioning Fund has spent £619,675k, against a net budget of £619,662k. The small overspend of £13k on Council budgets will be met from general reserves. Delivery of the budget has only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income, and a planned use of £9.3m of Council Reserves. It should be noted that significant overspends are included in the overall position across a number of service areas, including Children’s Services which has spent £8.4m in excess of budget. This and other pressures will continue into 2020/21.

The report considers potential scenarios for the 2020/21 budget and beyond, taking in to account the potential impact of COVID-19 and underlying financial pressures. There remains a significant degree of uncertainty over the financial impact of COVID-19, and whilst some additional government funding has been provided, initial indications are that this is far from sufficient to cover the additional costs and significant loss of income resulting from the pandemic.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

Back in December, CIFA published [the Resilience Index](https://www.cipfa.org/services/financial-resilience-index/financial-resilience) showing, <https://www.cipfa.org/services/financial-resilience-index/financial-resilience> that despite many years of financial strain, the majority of local authorities have found ways to maintain resilient positions. But this track record must not lead to complacency by government regarding this new and unprecedented challenge. Cipfa has been urging the government not to underestimate the severity of the financial impact this crisis is likely to have, and to be fully aware of the scale of the challenge faced by all public services beyond the NHS. Councils may need to borrow in order to fund services – government should be underwriting what is needed to keep councils solvent.

Despite the fact that councils have been able to maintain resilient financial positions amid deep budget cuts, the absence of a long-term funding solution already implied that this position will not be sustainable for the future. But now we face a financial tsunami of reduced income and increased cost. While it’s vital that our

health service is given everything it needs to fight this disease, we must not forget the crucial role of services like public health, social care and all community services. It is also a well-known fact that local government is already struggling under the pressures of social care, with most councils already significantly overspending on budgets due to increasing levels of demand. These pressures exist regardless of the additional strains that will come as a result of the outbreak. We need to have a close eye on the budget as it is clear we will not be funded to deal with the impacts of covid for example the under recovery of council tax etc and we still are obligated by law to deliver a balanced budget.

#### **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.

Demand for capital resources exceeds availability and it is essential that those leading projects ensure that the management of each scheme is able to deliver them on plan and within the allocated budget.

Close monitoring of capital expenditure on each scheme and the resources available to fund capital expenditure is essential and is an integral part of the financial planning process. We continue to experience significant delays to a number of projects, resulting in slippage in the programme.

There is very limited contingency funding set aside for capital schemes, and any significant variation in capital expenditure and resources, particularly the delivery of capital receipts, will have implications for future revenue budgets or the viability of future capital schemes.

#### **Background Papers:**

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

Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council



Telephone:0161 342 5609



e-mail: [tom.wilkinson@tameside.gov.uk](mailto:tom.wilkinson@tameside.gov.uk)

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

Asif Umarji, Associate Director Of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust



Telephone:0161 922 4624



e-mail: [Asif.Umarji@tgh.nhs.uk](mailto:Asif.Umarji@tgh.nhs.uk)

## 1. BACKGROUND

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2019/20 at the 31 March 2020. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2019/20 is £949 million.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 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 2019/20

- 2.1 For the 2019/20 financial year the Integrated Commissioning Fund has spent £619,675k, against a net budget of £619,662k. The small overspend of £13k on Council budgets will be met from general reserves. Delivery of the budget has only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income. It should be noted that significant overspends are included in the overall position across a number of service areas, including Children's Services which has spent £8.4m in excess of budget. This and other pressures will continue into 2020/21. Further detail is included at **Appendix 1**.

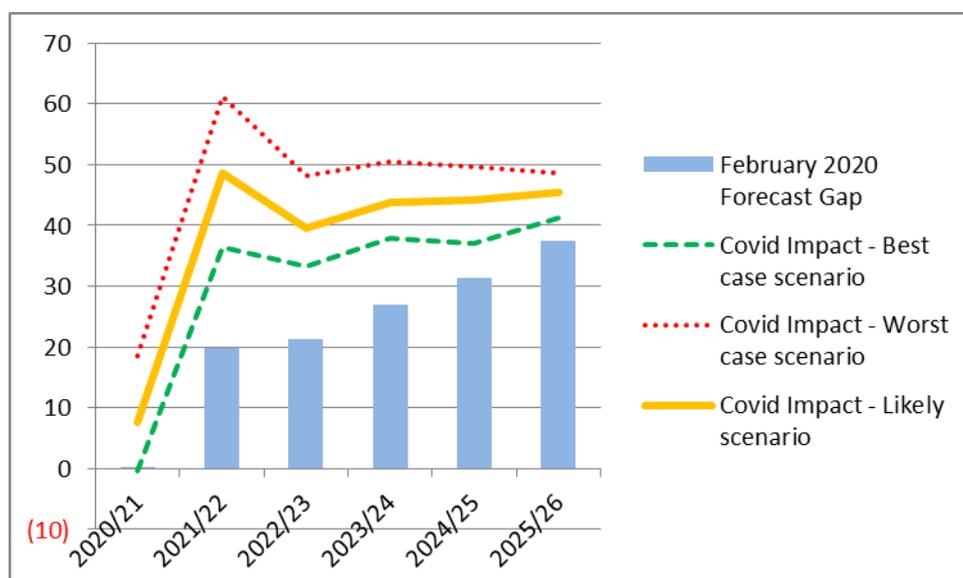
### Capital Programme 2019/20

- 2.2 The approved Capital Programme budget for 2019/20 is £42.013m. Service areas have spent £37.341m on capital investment in 2019/20, which is £4.672m less than the capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.673m) less the re-phasing of expenditure in some other areas (£5.344m). There are additional schemes that have been identified as a priority for the Council, and, where available, capital resource has been earmarked against these schemes, which will be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases have been approved by Executive Cabinet. Further detail is included at **Appendix 2**.
- 2.3 The Capital Programme for 2020/21 and beyond is summarised in **Appendix 2**. After the financing of expenditure in 2019/20 the Council is holding a balance of £14.593m in the Capital Investment Reserve to fund the £18.792m of budgeted schemes that require corporate funding. Delivery of the Capital Programme is now therefore highly dependent on the realisation of planned Capital Receipts. The current COVID-19 pandemic increases the risk that Capital receipts will either not be achievable or that values will be diminished, putting the delivery of Capital Investment objectives at risk.

### 3. FINANCIAL OUTLOOK 2020/21

- 3.1 The COVID-19 pandemic is unprecedented and whilst its impact on local public service delivery is clearly significant, the full scale and extent of the health, socio-economic and financial impact is not yet fully understood. The immediate demands placed on local service delivery will result in significant additional costs across the economy, and the economic impact is expected to have significant repercussions for our populations, resulting in losses of income for the Council across a number of areas, potentially for a number of years. Whilst the immediate focus is quite rightly to manage and minimise the impact of the virus on public health, the longer term financial implications and scenarios do need to be considered.
- 3.2 **Appendix 3** sets out further detail on the forecast financial impact and financial issues facing the Strategic Commission as a result of COVID-19. There are significant risks facing the CCG as NHS England & Improvement endeavour to manage the impact of COVID-19 on the NHS in a 'command and control' style of leadership. CCGs are being told what values to pay providers based on a month 9 position, which included considerable non recurrent funding that the CCG no longer has included within budgets. This is being stringently monitored and the risks highlighted to GM Health and Social Care Partnership.
- 3.3 There is also likely to be a significant financial shock to the Council's current revenue budget, on-going financial sustainability and balance sheet. Significant additional costs are being incurred as the Council responds to the pandemic, and there will be a significant reduction in income levels to the Council in 2020/21 and potentially into future years. Whilst Government have stepped in and provided additional funding, this is already insufficient to support the financial impact of the crisis on the Council's finances.
- 3.4 It remains difficult to accurately establish the financial impact of the pandemic at this early stage. The full extent of additional service demands and costs are being captured, but the longer term impacts can only be forecast. Similarly, the longer term impacts on income sources can be estimated but with varying degrees of accuracy as the economic consequences of COVID-19 are currently speculative. Initial analysis of the potential financial impacts using a best, worst and likely scenario concludes that the likely financial impact will be significant both in the current and future financial years, with a likely shortfall in 20/21 of over £7m, increasing to £48m in 21/22 as the full impact of lost income has a delayed impact.

#### Potential Financial Impact of COVID-19:



#### **4. RECOMMENDATIONS**

4.1 As stated on the front cover of the report.

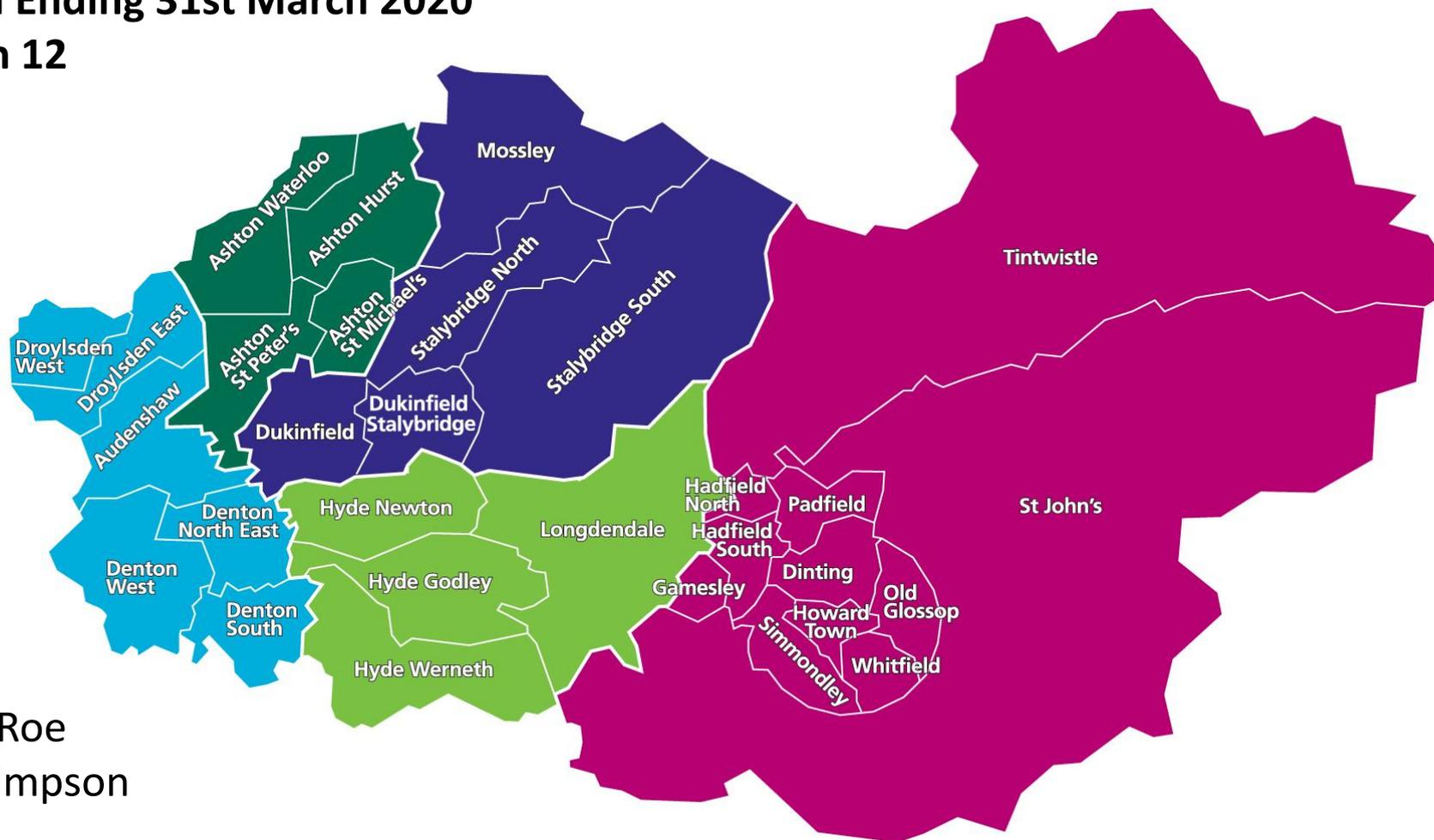
# Tameside and Glossop Integrated Financial Position

## *financial monitoring statements*

Period Ending 31st March 2020

Month 12

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Kathy Roe  
Sam Simpson

## Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4 – 5
Integrated Care Foundation Trust	6 – 7

This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), 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.

# Tameside & Glossop Integrated Economy Wide Financial Position

## ICFT Position

Against agreed control total deficit of £5,686k, delivered a favourable variance of £225k.

Position includes £952k spend on COVID-19 related costs.

## CCG Position

Planned surplus of £8,777k delivered. Position includes £546k M12 allocation for COVID-19 related costs.

## TMBC Position

An outturn position of £0.013m in excess of budget, on gross expenditure of £526 million.

## Message from the Directors of Finance

In this final integrated finance report of 2019/20, it is perhaps worth taking a moment to reflect upon financial performance over the last 12 months. In reports written at the start of the year, we were forecasting a combined over spend of £5.5m.

Through the hard work of operational and finance teams, working together in an integrated way across organisational boundaries, we have been able to address the in-year financial challenge. The Council has delivered a balanced budget, the CCG has met its financial control total and the ICFT has remained within and delivered a £225k favourable variance against the authorised deficit position.

There are clear and justifiable reasons to celebrate our success in delivering the financial position this year. However, it must also be noted that many of the savings were only delivered non recurrently, that spend in a number of areas significantly exceeds budget; And that use of reserves was required to balance local authority budgets.

Therefore we will carry forward a significant financial challenge into 2020/21, which will be further compounded by pressures and uncertainty of the COVID-19 crisis. Whilst the immediate impact of the pandemic is significant, at present this is supported by additional funding from Government. The scale of recovery, and longer term health, social and economic implications are uncertain but expected to be significant, including significant loss of income from strategic investments, Council Tax, Business Rates and other income sources.

While it is inevitable that significant operational and management capacity is focused on our COVID-19 response at this difficult time. The underlying financial challenge remains and we cannot set aside prudent financial management or delivery of a balanced financial position. As such proposed savings schemes will continue to be scrutinised through our internal governance process and regular updates will be provided as part of the integrated finance report throughout the year.

	Outturn Position			Variance	
	Budget	Outturn	Variance	Previous Month	Movement in Month
CCG Expenditure	422,859	422,859	(0)	(0)	0
TMBC Expenditure	196,803	196,816	(13)	(28)	15
<b>Integrated Commissioning Fund</b>	<b>619,662</b>	<b>619,675</b>	<b>(13)</b>	<b>(28)</b>	<b>15</b>
ICFT - post PSF Agreed Deficit	(5,686)	(5,686)	0	0	0
<b>Economy Wide In Year Deficit</b>	<b>(5,686)</b>	<b>(5,699)</b>	<b>(13)</b>	<b>(28)</b>	<b>15</b>

# Tameside & Glossop Integrated Commissioning Fund

For the 2019/20 financial year the Integrated Commissioning Fund has spent £619,675k, against a net budget of £619,662k. The small overspend of £13k on Council budgets will be met from general reserves. Delivery of the budget has only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income. It should be noted that significant overspends are included in the overall position across a number of service areas, including Children's Services which has spent £8.4m in excess of budget. This and other pressures will continue into 2020/21.

Forecast Position £000's	Year End Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Actual	Net Variance	Previous Month	Movement in Month
Acute	214,965	0	214,965	217,116	(2,151)	(1,225)	(925)
Mental Health	39,705	0	39,705	40,106	(400)	(763)	363
Primary Care	84,805	0	84,805	84,526	279	307	(28)
Continuing Care	15,523	0	15,523	15,087	437	417	20
Community	32,882	0	32,882	32,791	91	28	62
Other CCG	29,566	0	29,566	28,870	696	1,236	(540)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0
CCG Running Costs	5,413	0	5,413	4,365	1,048	(0)	1,048
Adults	84,285	(45,916)	38,369	39,321	(952)	(652)	(300)
Children's Services	53,686	(5,253)	48,432	56,836	(8,404)	(8,353)	(51)
Education	28,930	(22,916)	6,014	6,051	(37)	(193)	156
Individual Schools Budgets	116,822	(116,822)	0	0	(0)	0	(0)
Population Health	16,262	(170)	16,092	16,259	(167)	(235)	68
Operations and Neighbourhoods	78,840	(28,213)	50,627	51,170	(543)	451	(994)
Growth	40,241	(33,928)	6,313	6,916	(604)	(135)	(469)
Governance	74,183	(64,926)	9,257	8,835	421	484	(62)
Finance & IT	9,188	(2,024)	7,164	5,152	2,012	722	1,290
Quality and Safeguarding	440	(304)	136	136	0	(0)	0
Capital and Financing	13,533	(7,986)	5,548	1,262	4,285	3,385	901
Contingency	4,106	(235)	3,871	127	3,744	4,332	(588)
Corporate Costs	5,673	(692)	4,981	4,751	230	166	64
<b>Integrated Commissioning Fund</b>	<b>949,048</b>	<b>(329,385)</b>	<b>619,662</b>	<b>619,675</b>	<b>(13)</b>	<b>(28)</b>	<b>15</b>

# Tameside & Glossop Integrated Commissioning Fund

Outturn Position £000's	Outturn Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Actual	Net Variance	Previous Month	Movement in Month
CCG Expenditure	422,859	0	422,859	422,859	(0)	(0)	0
TMBC Expenditure	526,188	(329,385)	196,803	196,815	(13)	(28)	15
<b>Integrated Commissioning Fund</b>	<b>949,048</b>	<b>(329,385)</b>	<b>619,662</b>	<b>619,675</b>	<b>(13)</b>	<b>(28)</b>	<b>15</b>
A: Section 75 Services	375,274	(45,144)	330,129	330,802	(673)	115	(788)
B: Aligned Services	350,608	(100,178)	250,431	253,999	(3,569)	34,038	(37,607)
C: In Collaboration Services	223,166	(184,063)	39,103	34,873	4,229	(34,181)	38,410
<b>Integrated Commissioning Fund</b>	<b>949,048</b>	<b>(329,385)</b>	<b>619,662</b>	<b>619,675</b>	<b>(13)</b>	<b>(28)</b>	<b>15</b>

## Children's Services (£8,404k)

The final outturn position for Children's Social Care is an overspend of £8.4m against an approved net budget of £48.4m. This level of overspend has been forecast since month 9 and is due to a combination of Looked After Children (LAC) numbers exceeding forecasts and additional placement costs. The LAC population has been relatively stable over the last 6 months, standing at 704 on 3 April 2020 (700 at period 6).

In seeking to address these issues, work is actively under way to implement the Looked After Placement Sufficiency Plan, focusing on improvements across strategic commissioning, placement procurement and brokerage, contract management and quality assurance. Alongside this, the Placement and Permanence panel is individually reviewing each placement.

On 27 November 2019, the Executive Cabinet approved additional investment of £ 2.2 million (£ 1.9m via the Council, £ 0.3m via the CCG) to support 7 key Looked After Sustainability projects. These projects are all designed to more effectively and efficiently support children and families at the earliest point and include Early Help . They take a multi-faceted and coordinated approach, in order to safely and appropriately reduce the need for Local Authority Care. To stabilise the current cohort, progress children's through to permanency more effectively, step children down where appropriate and provide for a range of placements to best meet children's assessed needs.

All projects are now in train and making positive progress. Each strand is subject to regular corporate oversight and a Local Authority wide approach is being taken to ensure that they remain on track.

# Tameside & Glossop Integrated Commissioning Fund

## Adults **£952k**

The adverse outturn variation is primarily due to delays in the delivery of £770k planned savings initiatives. Alongside this, there were a number of variations on income and expenditure relating to placements and packages within care homes, home care, mental health and day services provision. Expenditure on long term support exceeded budget provision together with reduced levels of housing benefit for related service provision.

The variations and savings plans are now being urgently reviewed to assess the impact for 2020/21.

## Acute **£2,151k**

Spend on Acute services was £925k higher at the end at year end than in the M11 forecast.

In line with COVID-19 advice, fixed and final positions have been agreed with associate NHS providers based on M9 straight line outturn positions. Because of high cost critical care patients earlier in the year this has created pressure versus our forecast position last month.

Activity with Independent sector providers has significantly increased over recent years, contributing to the reported overspend against this directorate. Additional demand for cataract surgery and increased capacity in Trauma & Orthopaedics, required to address Referral to Treatment demands are the primary drivers of this pressure.

## Prescribing

We have reported the QIPP target of £1.5m as fully achieved at M12. It should be noted that as the year end position was finalised only 10 months of prescribing data was available.

Our forecast position includes an allowance for increased NCSO (No cheaper stock obtainable) prices and early collection of repeat prescriptions as a result of COVID-19. These have been calculated using the best information available to us, but we recognise there is significant uncertainty around the impact of this, which may result in either a cross year pressure or benefit in 2020/21.

## Growth **£604k**

A net overspend of £604k due to shortfalls in income, particularly for Estates and Building Control and other cost pressures. Building running costs have exceeded budget, particularly for gas and electricity. Additional costs have been incurred on keeping surplus property open for longer than anticipated, and there are shortfalls in commercial rental income due to incentive arrangements in early years.

## Finance & IT, Contingency, Capital & Financing

Significant favourable variances across these areas have resulted from a number of one-off savings or additional sources of income. Within finance, the results of the insurance actuarial valuation in February 2020 have enabled the release of some provisions and reserves. In Capital & Financing, additional airport dividend of £2.4m in excess of budget has been received – this is not expected in future years. Contingency budgets have been released and offset overspends across other areas.

## Operations & Neighbourhoods **£543k**

Despite some significant savings on levies and staffing costs, the service has exceeded budget overall by £543k. This is due to a number of pressures including income shortfalls in car parking and markets, additional costs on hospital car parks, additional street lighting maintenance costs due to delays on the LED replacement scheme, and additional staff costs charged to revenue due to slippage on capital works.

# Tameside Integrated Care Foundation Trust Financial Position

Financial performance metric	Month 12			Outturn			Annual
	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)
Normalised Surplus/(Deficit) before PSF & FRF*	(£1,566)	(£1,350)	£216	(£25,220)	(£24,995)	£225	(£25,220)
COVID-19 Annual Leave	£0	£241	£241	£0	£241	£241	£0
Normalised Surplus/(Deficit) before PSF & FRF	(£1,566)	(£1,591)	(£25)	(£25,220)	(£25,235)	(£15)	(£25,220)
Core PSF	£553	£553	£0	£4,727	£4,727	£0	£4,727
Core FRF	£1,729	£1,729	£0	£14,807	£14,807	£0	£14,807
Surplus/(Deficit) post Core PSF/ FRF	£716	£691	(£25)	(£5,686)	(£5,701)	(£15)	(£5,686)
Incentive FRF (Deficit Reduction)				£5,686	£5,751	£65	
Surplus/(Deficit) post Core and Incentive PSF/FRF				(£0)	£50	£50	
Capital Expenditure	£781	£1,810	£1,029	£4,352	£4,265	(£87)	£4,352
Cash and Equivalents			£1,220				£1,220
Fast Efficiency Savings	£1,176	£1,234	£56	£11,580	£11,832	£252	£11,580
Use of Resources Metric	3	3		3	3		3

\* Financial Performance for the purposes of PSF and FRF

- **Revenue** - The Trust has agreed a control total with NHSI of **c.£5.686m** after Financial Recovery Fund (FRF) and Provider Sustainability Funding (PSF). For the financial period to **31<sup>st</sup> March 2020**, the Trust reported **£25k (adv.)** in month and an outturn of **£15k (adv.)**, this includes a **£241k** provision for annual leave due to COVID-19.
- NHSI/E has confirmed the annual leave provision due to COVID-19 will not count towards the PSF/FRF eligibility criteria. In addition, the Trust has received confirmation that it will be reimbursed fully for the costs incurred during March in responding to COVID-19 which equated to **c.£0.952m**
- As the Trust has delivered its control total, reporting a **£225k surplus**, (excluding COVID-19 annual leave) the full PSF and FRF will be allocated. In addition, the Trust will also receive FRF incentive funding (deficit reduction) of **c.£5.751m**. **The Trust post PSF/FRF position is therefore a £50k surplus. This is an extraordinary achievement.**

# Tameside Integrated Care Foundation Trust Financial Position

- **Trust Efficiency Programme (TEP)** - The Trust delivered savings of **£11.831m in 2019/20**, this is **£252k (2.2%)** above the Trust target of **£11.580m**. The savings in year represents 4.3% of operating expenditure, this is 2.7% (£7.429m) higher than the national requirement of 1.6%. Recurrently the Trust has delivered savings of **£7.279m (77.6%)** of savings against a plan of **£9.380m**.
- **Agency cap** - The Trust has an agency cap of **£9.454m**, and a plan of **£7m**. During Month 12 the Trust spent **£577k** against a plan of **£342k**, reporting an overspend of **£235k**, the majority of this overspend is driven by workforce requirements for responding to COVID-19.
- The 2019/20 final Trust agency expenditure is **£5.612m**, this is against a plan of **£7m** resulting in an underspend of **£1.388m**. Despite the additional pressure of COVID-19, the Trust has spent **c20% below** its Agency plan and **c41% below** the NHSI cap.
- **Capital** – The Trust spent **£4.265m** in capital expenditure against a plan of **£4.352m**. The Trust reported a small underspend of **£87k (2%)** which was mainly due to slippages resultant from COVID-19. The Trust spent **£1.810m during March**, which represents **42%** of the capital expenditure.
- **Cash** – The cash balance is above plan at M12 by **£2.156m** due to the receipt of PSF funding in March.

## 2019/20 Capital Outturn



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# 2019/20 Capital Outturn Report

## INTRODUCTION

This is the final capital monitoring report for 2019/20, summarising the outturn position on capital expenditure at 31 March 2020.

The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2019/20 financial year. The approved budget for 2019/20 is £42.013m (after re-profiling approved at Period 10) and outturn for the financial year is £37.341m. There are additional schemes that have been identified as a priority for the Council, and, where available, capital resource has been earmarked against these schemes, which will be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases have been approved by Executive Cabinet.

## SUMMARY

Service areas have spent £37.341m on capital investment in 2019/20, which is £4.672m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.673m) less the re-profiling of expenditure in some other areas (£5.344m).

Key messages at outturn are as follows:

- The variation in Education relates to S106 contributions being drawdown and applied to support on-going Education projects. The variation increases resources available to support Education.
- The overspend in Engineering predominantly relates to additional costs that have been incurred on Hospital car parking construction due to a change to the planning conditions. This resulted in an overspend of £0.172mk in financial year 2019/20, bringing the total expected overspend on this scheme to £0.245m. The shortfall has been funded from the Operations and Neighbourhoods revenue budget.
- An outturn variation of £178k on Vision Tameside relates to capital costs incurred in 19/20 which will be funded by a budget virement from Vision Tameside Public Realm.
- Minor underspends on Digital Tameside schemes which have come to an end can now be returned to corporate funding pot.

# 2019/20 Capital Outturn Report

	2019/20 Budget	Outturn	Outturn Variation	Slippage	Variation after Slippage
	£000	£000	£000	£000	£000
<b>Growth</b>					
<b>Investment &amp; Development</b>					
Corporate Landlord	3,626	2,693	933	(933)	0
Estates	810	933	(123)	123	0
	50	0	50	(50)	0
<b>Operations and Neighbourhoods</b>					
Engineers	9,542	9,583	(41)	(167)	(207)
Vision Tameside	1,706	1,810	(104)	(74)	(178)
Environmental Services	896	496	400	(400)	0
Transport (Fleet)	280	381	(101)	(57)	(44)
Stronger Communities	19	11	8	(8)	0
<b>Children's</b>					
Education	5,958	5,406	552	(785)	(233)
<b>Finance &amp; IT</b>					
Finance	3,733	1,870	1,863	(1,863)	0
Digital Tameside	3,228	1,935	1,293	(1,275)	18
<b>Population Health</b>					
Active Tameside	12,010	12,129	(119)	99	(19)
<b>Adults</b>					
Adults	155	94	61	(69)	(8)
<b>Total</b>	<b>42,013</b>	<b>37,341</b>	<b>4,672</b>	<b>(5,344)</b>	<b>(673)</b>

**Table 1: Capital Outturn Statement 2019/20**

Service areas have spent £37.341m on capital investment in 2019/20, which is £4.672m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.673m) less the re-profiling of expenditure in some other areas (£5.344m).

# 2019/20 Capital Outturn Report

	2019/20	2019/20	2019/20	2019/20
	Re-profile Q1	Re-profile Q2	Re-profile P10	Re-profile Q4
	£000	£000	£000	£000
<b>Growth</b>				
Investment & Development	0	2,748	384	933
Corporate Landlord	0	259	0	(123)
Estates	0	64	0	50
<b>Operations and Neighbourhoods</b>				
Engineering Services	1,695	532	3,694	(167)
Vision Tameside	0	5,552	13	74
Environmental Services	0	1,931	832	400
Transport	0	0	0	57
Stronger Communities	0	0	8	8
<b>Children's</b>				
Education	773	4,667	6,236	785
<b>Finance &amp; IT</b>				
Finance	0	0	1,867	1,863
Digital Tameside	0	639	532	1,275
<b>Population Health</b>				
Active Tameside	0	5,610	(1,650)	(99)
<b>Adults</b>				
Adults	0	888	185	69
<b>Total</b>	<b>2,468</b>	<b>22,890</b>	<b>12,101</b>	<b>5,344</b>

**Table 2: Re-profiling requested into 2020/21**

Re-profiling requests totalling £5,344k include:

- **Investment & Development:** There have been delays across a number of schemes. Ashton Town Hall urgent repair works are not expected to be completed until early in the next financial year, and take up of the new home repair schemes (DFG) has been lower than originally estimated. Further delays have occurred for Ashton Old Baths with initial works planned for March 2020 which have now be delayed.
- **Environmental Services:** Re-profiling predominantly relates to the replacement of Cremators project which was due to commence in March but will now commence in April 2020.
- **Education:** Delays across a number of schemes, with works expected to be completed in 2020/21.
- **Finance:** The second tranche of the Manchester Airport investment drawdown was due to take place in March but instead has been paid in April 2020.
- **Digital Tameside:** The order for Microsoft licensing purchases has been placed but this was delayed and expenditure will not occur until 2020/21. DCMS Fibre Wave 2 funding was approved in January 2020. This work is a little behind the initial projections and will be completed by the end of Q2 20/21.

## Table 3A: Capital Financing 2019/20

	Borrowing	Grants	Contributions	Revenue Contribution	Capital Receipts & Reserves	Total
	£000	£000	£000	£000	£000	£000
<b>Growth</b>						
Investment & Development		2,511			182	2,693
Corporate Landlord Estates		35			899	933
<b>Operations and Neighbourhoods</b>						
Engineers		2,418	69	199	6,896	9,583
Vision Tameside		153			1,657	1,810
Environmental Services			6		490	496
Transport (Fleet)	57			324		381
Stronger Communities					11	11
<b>Children</b>						
Education		4,045	1,074	287		5,406
<b>Finance &amp; IT</b>						
Finance	1,870					1,870
Digital Tameside		800			1,135	1,935
<b>Population Health</b>						
Active Tameside	10,263	1,554	27	29	257	12,129
<b>Adults</b>						
Adults		86		8		94
<b>Total</b>	<b>12,190</b>	<b>11,602</b>	<b>1,175</b>	<b>848</b>	<b>11,527</b>	<b>37,341</b>

# 2019/20 Capital Outturn Report

**Table 3B: Capital Financing 2019/20**

Resources	£000
Grants & Contributions	12,776
Revenue Contributions	848
<b>Corporate:</b>	
- Prudential Borrowing	12,190
- Receipts	10,059
- Reserves	1,468
<b>Total</b>	<b>37,341</b>

The financing of the 2019/20 Capital Outturn is determined by the Director of Finance based on planned financing and the availability of Capital Receipts. The financing of the Capital Programme seeks to maximise funding from external Grants and Contributions, and other funding sources being utilised where external funding has been exhausted. Revenue contributions to capital expenditure are minimal and tend to reflect service contributions to scheme overspends or school contributions to capital expenditure in schools where capital grants have been fully utilised.

Funding from prudential borrowing is limited to those schemes where the investment is considered to be self financing or where the investment is instead of other forms of external borrowing such as transport leasing schemes. Prudential borrowing has revenue budget implications resulting from the requirement to pay interest costs and to make provision for the repayment of loans.

Funding of Capital Investment from reserves and receipts remains a significant source of funding for the Council.

In the two years from 1 April 2017 to 31 March 2019, the Council funded £52.953m of capital expenditure from the Capital Investment Reserve and £7.728m from Capital Receipts.

After financing 2019/20 expenditure from £10.059m of Capital Receipts and £1.694m from the Capital Investment Reserve, the Council is left with a balance of £14.953m for future investment before any additional capital receipts.

The 2020/21 approved capital programme requires capital receipts and reserves of £18.792m to be delivered in full, before taking account of any overspends or additional budget requirements. There is a further £33.2m of earmarked schemes which are currently predicated on capital receipts or reserves.

Capital Receipts	£000s
Balance at 1 April 2019	533
2019/20 Asset Disposal Proceeds	9,791
2019/20 Asset Disposal Costs	(265)
Financing 2019/20 Capital Expenditure	(10,059)
<b>Balance at 31 March 2020</b>	<b>0</b>

Capital Investment Reserve	£000s
Balance at 1 April 2019	16,287
Financing 2019/20 Capital Expenditure	(1,468)
2019/20 Vision Tameside Project Costs	(226)
<b>Balance at 31 March 2020</b>	<b>14,593</b>

# 2019/20 Capital Outturn Report

## CAPITAL PROGRAMME – FUTURE YEARS

Approved schemes in 2020/21 have a total budget of £65.9m and require corporate funding from capital receipts or reserves of £18.792m before any cost pressures and scheme amendments. There is a balance on the Capital Investment Reserve at 31 March 2020 of £14.593m and therefore if the 2020/21 capital programme is to be delivered in full, planned capital receipts must be realised. The current and forecast economic conditions arising from the COVID-19 pandemic increase the risk that capital receipts may not be realised or that values will be diminished.

Fully Approved Schemes	Budget	Proposed Financing		
	2020/21 £	Grants & Contributions £	Borrowing £	Receipts & Reserves £
<b>Growth</b>				
Development and Investment	17,031	13,156		3,874
Corporate Landlord Estates	136	274		(139)
	114			114
<b>Operations and Neighbourhoods</b>				
Engineering Services	10,496	6,101		4,395
Vision Tameside	5,792	1,363		4,429
Environmental Services	3,642	235		3,407
Transport	2,349		2,349	
Stronger Communities	16			16
<b>Children</b>				
Education	13,955	13,955		
Children	400			400
<b>Finance &amp; IT</b>				
Finance	3,730		3,730	
Digital Tameside	3,282	1,850		1,432
<b>Population Health</b>				
Active Tameside	3,861	10	2,987	863
<b>Adults</b>				
Adults	1,142	1,142		
<b>Total</b>	<b>65,944</b>	<b>38,086</b>	<b>9,066</b>	<b>18,792</b>

Approved schemes in 20/21 requiring funding from receipts or reserves include:

- Development and Investment: Ashton Town Hall Envelope works and Ashton Old Baths Data Centre. Work is in progress and contractually committed.
- Engineering Services: TAMP investment and LED Street Lighting Scheme
- Vision Tameside Public Realm and Ashton Town Centre Civic Square
- Environmental Services: Replacement of Cremators and Embankment works, both already in progress and contractually committed.
- Digital Tameside: Microsoft Licensing, essential for business continuity.
- Active Tameside: Contribution to Hyde Pool scheme.

# 2019/20 Capital Outturn Report

Without further capital receipts, there is insufficient funding for the fully approved schemes.

Earmarked schemes requiring funding from receipts or reserves include:

- Children's Services Estate
- Ashton Town Hall main scheme
- TAMP Investment
- Refurbishment of Capital Assets, including contributions to Stalybridge Heritage Action Zone
- Droylsden Library
- Hyde Town Hall Roof
- Health Hubs

All Schemes	Budget	Budget	Proposed Financing		
	Approved Schemes £	Earmarked Schemes £	Grants & Contributions £	Borrowing £	Receipts & Reserves £
<b>Growth</b>					
Development and Investment	17,031	9,630	13,156		13,504
Corporate Landlord Estates	136	7,289	274		7,150
	114	1,400			1,514
<b>Operations and Neighbourhoods</b>					
Engineering Services	10,496	12,250	6,101		16,645
Vision Tameside	5,792		1,363		4,429
Environmental Services	3,642	700	235		4,107
Transport	2,349			2,349	
Stronger Communities	16	200			216
<b>Children</b>					
Education	13,955		13,955		
Children	400	550			950
<b>Finance &amp; IT</b>					
Finance	3,730	500		3,730	500
Digital Tameside	3,282		1,850		1,432
<b>Population Health</b>					
Active Tameside	3,861		10	2,987	863
<b>Adults</b>					
Adults	1,142	12,700	1,142	12,000	700
<b>Total</b>	<b>65,944</b>	<b>45,219</b>	<b>38,086</b>	<b>21,066</b>	<b>52,011</b>

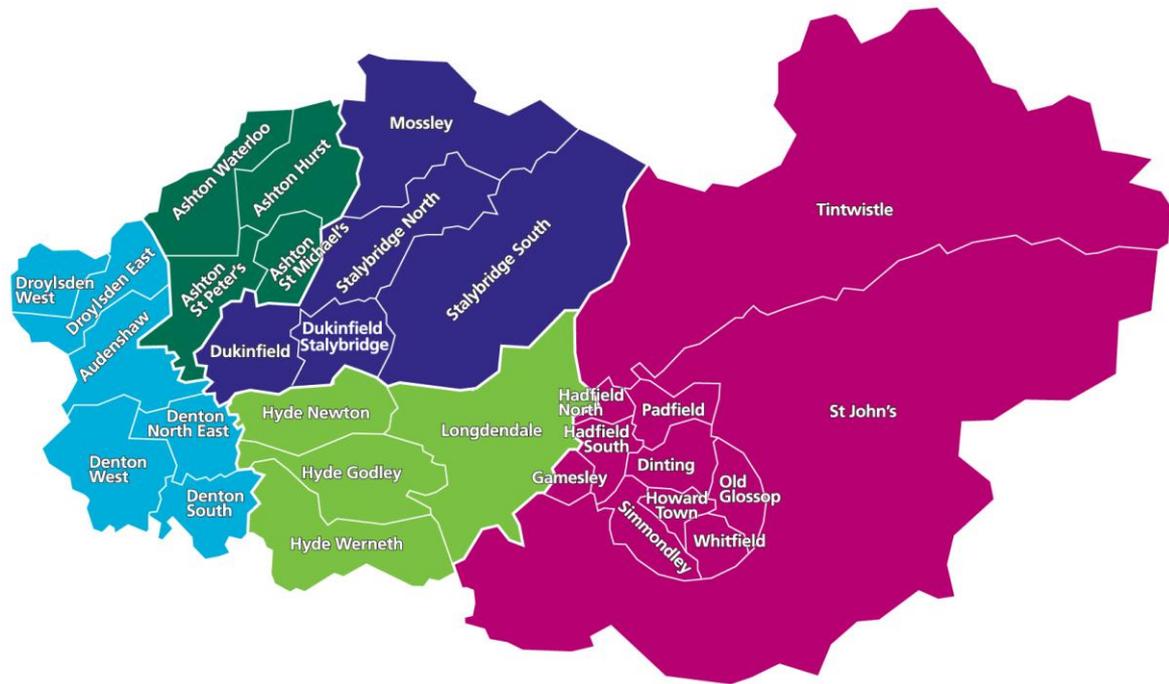
# Tameside and Glossop Strategic Commission – Financial Position

## 2020/21 Financial Outlook

Initial Assessment of the 2020/21  
Financial position and the  
potential impact of COVID-19

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Kathy Roe



## 2019/20 Underlying Financial Risks

Whilst the 2019/20 outturn position reported a balanced budget overall, this was net of some significant variances in services, and as a result of some significant one-off savings and additional income. Even before the impact of COVID-19, the Strategic Commission entered the 2020/21 financial year with significant pressures in Acute, Adults, Children's Services, Operations & Neighbourhoods, and Growth.

Outturn Position £m's	£m's		
	Net Budget	Net Forecast	Net Variance
Acute	215.0	217.1	(2.2)
Mental Health	39.7	40.1	(0.4)
Primary Care	84.8	84.5	0.3
Continuing Care	15.5	15.1	0.4
Community	32.9	32.8	0.1
Other CCG	29.6	28.9	0.7
CCG STEP Shortfall (QIPP)	0.0	0.0	0.0
CCG Running Costs	5.4	4.4	1.0
Adults	38.4	39.3	(1.0)
Children's Services	48.4	56.8	(8.4)
Education	6.0	6.1	(0.0)
Individual Schools Budgets	0.0	0.0	0.0
Population Health	16.1	16.3	(0.2)
Operations and Neighbourhoods	50.6	51.2	(0.5)
Growth	9.1	9.7	(0.6)
Governance	9.3	8.8	0.4
Finance & IT	7.2	5.2	2.0
Quality and Safeguarding	0.1	0.1	0.0
Capital and Financing	2.8	(1.5)	4.3
Contingency	3.9	0.2	3.7
Corporate Costs	5.0	4.8	0.2
<b>Integrated Commissioning Fund</b>	<b>619.7</b>	<b>619.7</b>	<b>0.0</b>

The 2019/20 outturn position included:

- £6.5m of one-off benefits to CCG budgets
- £1.5m net benefit from Waste and Transport Levy Adjustments
- £1.2m one-off benefit from insurance provision adjustments
- £2.4m of additional income from the Manchester Airport Dividend

## 2020/21 Budget

The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.

The budget also drew on £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going development work to have the impact of allowing demand to be taken out of the systems and additional income generated. There was additional investment around the IT and Growth Directorate Services, to invest in IT equipment, software and capacity and to develop strategically important sites for housing and business development, including key Town Centre masterplans. A delay in delivering the projects that the reserves were funding is likely to mean more reserves will be required in future years, placing pressure on already depleting resources.

Although the CCG delivered its QIPP target of £11m in 2019/20, the majority (£6.5m ie. 59% of core allocations) was as a result of non-recurrent means and therefore added considerable additional pressure to 2020/21. The QIPP target for 2020-21 is £12.5m (3.2% of CCG core and running cost allocations) and £3m of this target has no schemes in place to deliver these savings. A late notification in March on increased funded nursing care rates for 2020/21 and delays in delivering QIPP schemes as a result of COVID-19 will evidently exacerbate financial pressures further.

Before the impact of COVID-19, the forecast budget gap after the use of reserves and delivery of QIPP targets was as follows:

Strategic Commission Total Budget Forecasts 2020/21 - 2024/25					
	2020/21	2021/22	2022/23	2023/24	2024/25
	£000s	£000s	£000s	£000s	£000s
<b>Total Forecast Gap</b>	<b>3,048</b>	<b>22,732</b>	<b>24,363</b>	<b>32,270</b>	<b>36,792</b>
<b>Which includes:</b>					
Identified QIPP Savings	(9,452)	(11,771)	(12,706)	(13,631)	(13,631)
Use of Reserves	(12,395)	(1,442)	(413)	(242)	(275)
<i>Gap before QIPP and reserves</i>	<i>24,895</i>	<i>35,945</i>	<i>37,482</i>	<i>46,143</i>	<i>50,698</i>

## **COVID-19 FINANCIAL RISKS**

### **CCG Budgets**

For the CCG, NHS England & Improvement (NHSE&I) are operating on a “command and control” style of leadership in the current crisis and as a consequence all 2020-21 contracts and financial planning have been temporarily put on hold whilst the unfolding developments of COVID-19 are managed. Guidance and updates are coming out almost daily across health and Local Government briefings and various different processes and funding streams are being put in place to ensure provider cash flow is not detrimentally affected by the crisis and core front line services can continue. NHSE&I are therefore ensuring providers break even in their finances.

The Government has allocated £4.5 billion nationally across both health (£1.3 billion) and Local Government (£3.2 billion) to cover increased costs as a result of COVID-19 including the funding of social care costs to facilitate early discharge from hospital in the health costs. The proportion of national funding attributable to the Tameside and Glossop economy is £13.9 million for the Council and circa £6.2 million for the CCG. The method of apportionment is different for both organisations in that the funding is directly paid to the Council for them to manage; but the CCG must make a retrospective claim which is funded, if approved, by changes to the monthly allocation. All costs are being stringently monitored and reported via regular information returns to NHSE&I.

As a result of the command and control budget management in place and NHSE&I ensuring providers break even, it is difficult to quantify the full extent of COVID pressures in the CCG. Despite assurances around additional funding for COVID related pressures, there remains uncertainty as to whether certain categories of expenditure will qualify for national funding (e.g. communications systems in primary care), or how allocations (e.g. to fund increased rates for Funded Nursing Care) will be calculated. The CCG is therefore assuming the financial pressure attributable to COVID is £6.2 million as estimated by NHSE&I.

### **Council Budgets**

The COVID-19 Pandemic has significant implications for the Council’s financial position. Government funding has been provided which will contribute to additional costs, however the scale and significance of potential losses of income, far exceeds Government funding allocated to date. Key risk areas for the Council include:

- Investment Income – both from cash investments and more significantly from the Manchester Airport Investments
- Income from Trading – fees and charges levied for discretionary services including car parks, markets and investment properties
- Council Tax – the financial impact of the pandemic is expected to result in reduced Council Tax collection rates
- Business Rates – the economic impacts are expected to reduce collection rates as businesses struggle to pay or go out of business
- Looked After Children – potential for greater demands on services due to lockdown and delays in implementing improvement plans
- Active Tameside – closure of sites and loss of income means that Active Tameside may no longer be financial viable
- Adults Social Care – additional costs resulting from lockdown and isolation of care homes
- Delivery of planned savings – likely to be delayed as services focus on the COVID-19 response

## FINANCIAL IMPACT ANALYSIS

It remains difficult to accurately establish the financial impact of the pandemic at this early stage across the Strategic Commission. The full extent of additional service demands and costs are being captured, but the longer term impacts can only be forecast. Similarly, the longer term impacts on income sources can be estimated but with varying degrees of accuracy as the economic consequences of COVID-19 are currently speculative.

Initial analysis of the potential financial impacts using a best, worst and likely scenario concludes that the likely financial impact will be significant both in the current and future financial years. The government funding in 2020/21 will offset a significant proportion, but not all, of the additional costs and loss of income, however future years are expected to see a continued loss of income.

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	2020/21 '£000	2021/22 '£000	2022/23 '£000	2023/24 '£000	2024/25 '£000	2025/26 '£000
February 2020 Gap	0	19,661	21,249	26,761	31,278	37,278
<b>Covid19 Pressure:</b>						
Best case scenario	(291)	36,375	33,226	37,830	37,012	41,178
Worst case scenario	18,494	61,297	48,227	50,399	49,697	48,628
<b>Likely scenario</b>	<b>7,719</b>	<b>48,526</b>	<b>39,595</b>	<b>43,690</b>	<b>44,217</b>	<b>45,378</b>

	2020/21 '£000	2021/22 '£000	2022/23 '£000	2023/24 '£000	2024/25 '£000	2025/26 '£000
February 2020 Gap	0	19,661	21,249	26,761	31,278	37,278
<b>Covid19 Likely Pressure:</b>						
Expenditure Pressures	19,281	6,466	3,296	2,228	1,489	1,000
Income Pressures	8,543	22,400	15,050	14,700	11,450	7,100
<b>Total Forecast Pressures</b>	<b>27,824</b>	<b>28,866</b>	<b>18,346</b>	<b>16,928</b>	<b>12,939</b>	<b>8,100</b>
COVID Funding	(20,106)	0	0	0	0	0
<b>Revised Gap</b>	<b>7,719</b>	<b>48,526</b>	<b>39,595</b>	<b>43,690</b>	<b>44,217</b>	<b>45,378</b>

## Best case:

- Delivery of savings commences during 20/21
- Additional costs and demand only 50% of current forecast
- Minimal additional borrowing
- Airport income (excluding dividend) continues, dividend resumes in 2024
- Council Tax and Business Rates collection down 5%
- Minimal losses in fees and charges, recovery begins in 2020/21
- Provider Trusts break-even in 2020/21

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## Likely Scenario assumes:

- Implementation of savings plans delayed until 21/22
- Additional costs and demand as currently estimated
- Additional borrowing costs incurred to fund capital investment requirements
- Airport bond interest and land rental reduced, no dividend until 2025
- Council Tax and Business Rates Collection down 10%
- Assumed losses in fees and charges begin to recover in 2021/22
- Additional funding provided to ensure providers break even

## Worst case:

- Planned savings not delivered until 22/23
- Additional costs and demand exceed current forecasts
- Significant increase in borrowing costs
- No income from Airport until 2026
- Council Tax and Business Rates Collection down 15%
- Fees and charges recovery does not commence until 2022/23
- CCGs have to provide financial support to providers to sustain services

## COVID Funding for individuals and businesses

The Council is administering £2.1m of Council Tax hardship funding and up to £53m of grants to local businesses on behalf of the Ministry of Housing Communities and Local Government (MHCLG). This funding can only be awarded directly to business and individual Council Tax payers.

Council Tax Hardship	'£000
Council Tax Hardship Fund	2,158
Grants awarded at 5 May	0
<b>Balance available</b>	<b>2,158</b>

Administrative arrangements for Council Tax hardship funding are being finalised. System amendments are required and administration is expected to be complex. Awards will initially be made to those already in receipt of Council Tax Support.

Business Rates Support	'£000
Business Rates Support Grant	53,810
Grants awarded to 5 May 2020	(35,210)
<b>Balance available</b>	<b>18,600</b>

Business Rates Support grants are being paid through the Council on behalf of MHCLG and as at 5 May 2020 over £35m has been paid to eligible businesses in Tameside. Further payments will continue during May, but unused grant is expected to be returned to Government.

## COVID Funding – Local Government and CCG

The Council has been allocated £13.906m of COVID grant funding, with £7.7m of cash received to date and a further £6.2m expected. Council funding is unfenced with no formal claim arrangements in place. A monthly return is required to the Ministry of Housing, Communities and Local Government setting out actual and forecast financial implications of the crisis. The CCG has access to a notional £6.2m to support COVID costs including social care discharges to care homes. This funding is accessed retrospectively on a claims basis for identified expenditure incurred.

COVID Funding	'£000
LG Grant Funding	13,906
CCG COVID Allocation	6,200
<b>Balance available</b>	<b>20,106</b>

Whilst the additional funding is welcome, it is clear that what has been provided to date will not be enough. £1.084m of funding has been earmarked to offset income due but not received from Manchester Airport at the end of March 2020, with the balance remaining for future allocation. Initial estimates are that the additional costs and lost income resulting from the pandemic is likely to be a sum of around £21m in 2020/21. This estimate is based on a number of assumptions but modelling of the best and worst case scenarios could see this figure anywhere between £13m and £29m.

Many Directorates have responded to the crisis by using existing resources creatively and flexibly, through redeployment of both staff and contracts. The approach that we are taking is in the spirit of the Government guidelines in that we continue to receive Government funds and support despite some services no longer being delivered. So where there is budget available for services and we have redeployed we are just using that budget differently.

There will be no compensation to services for this redeployment. However, in forming our case to Government for extra funding we will need, we are seeking to identify and quantify where budget is being redirected to respond to COVID-19. We have seen some additional costs arise, for example, overtime for certain staff as they respond to the extra demand created, new IT kit, PPE, payments to foodbank providers etc. These additional costs are being coded to the COVID-19 cost centres set up in each Directorate.

Where we have business as usual, but we have seen demand increase due to Covid, we are tracking and monitoring those additional costs. Where the Council can legitimately charge to the CCG allocation we are doing so. For other areas we are monitoring but we will not be transferring any additional budget at this time. The reason for this is because we know there is insufficient funding from government so allocating it out will not address this as an issue, it will just make some areas better off than others, so funding is being retained corporately. Any new additional expenditure (that is not demand related through business as usual) will still be requested through Executive Cabinet. We are also tracking any new pressures that appear as a result of Covid and this includes areas where we are losing income (such as for car parks, Council Tax and Business Rates).

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<b>Report To:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 May 2020
<b>Executive Member / Reporting Officer:</b>	Councillor Brenda Warrington – Executive Leader Sandra Stewart – Director of Governance and Pensions Sarah Threlfall – Assistant Director (Policy, Performance and Communications)
<b>Subject:</b>	<b>HUMANITARIAN HUB</b>
<b>Report Summary:</b>	<p>This report outlines all the current support provided by the Humanitarian Hub to vulnerable local residents, which was established in response to the Covid-19 pandemic outbreak. It identifies that the Hub's operations have already evolved due to Covid-19 being a fast moving situation, and the support it provides will need to evolve as the Covid-19 pandemic continues to change. The report thus provides a series of proposals identifying specified phases in the Humanitarian Hub's future support response as we move into the 'recovery' phase and manage Covid-19 in the longer term. These phases detail a gradual shift away from the emergency response to supporting residents struggling with the long-term impacts of the pandemic and associated control measures. Eventually, it envisions that the intelligence obtained from the Humanitarian Hub's operations will drive the re-design of support services as we build back better.</p>
<b>Recommendations:</b>	<p>That Executive Cabinet approves:</p> <ul style="list-style-type: none"><li>(a) the outlined proposals for the four phases of continued activity of the Humanitarian Hub.</li><li>(b) the introduction of payment for food packages for those who are able to pay as above income thresholds.</li></ul>
<b>Links to Corporate Plan:</b>	The Humanitarian Hub is closely aligned to the Corporate Plan. The Plan's objectives will be used to drive the Hub to support the borough's most vulnerable residents.
<b>Policy Implications:</b>	In line with Government's Covid response and guidance.
<b>Financial Implications:</b>	<p>The cost of Humanitarian Hub response is expected to be £210k by the end of phase 2. £76k has been additional costs arising from the purchase of food and essentials to support residents and running costs of the operations hub. The cost of redeployment of staff into the hub from their normal work duties has been £132k.</p> <p>The cost of preparing food packages is on average £41.97 per bag. The cost of the food only in each bag is £22.75. So the maximum proposed contribution from residents, where appropriate, would almost cover the food element.</p> <p>In moving to phase four, it is unclear at this stage what the cost of any development of 'navigator' roles to support those in need would be, and if this would be an increase in costs to</p>

the organisation or would be part of a wider reconsideration of resource allocation.

**Legal Implications:**

The shielding programme, an unprecedented package of support for those most at risk from coronavirus, has seen government partner with the food industry and local councils to deliver a programme on a scale not seen since the Second World War. There is [further guidance](#) available on how people can access food and other supplies, including those who are not clinically extremely vulnerable.

The Council initially and currently are providing additional support to the government's provision of food parcels to support those in the community affected by Coronavirus, however, as the pandemic continues it may well be the case that this duty of care is transferred wholly to Local Government. Accordingly, it will be necessary for us to keep under review how this is delivered. Additionally, much of the demand is arising as a consequence of the exacerbation of the impact of coronavirus on fragile lives and subsequently as an authority we need to find sustainable ways within the community to support such need and hence the need for ongoing review.

The cost of the support is expected to be met from the Government funding designed to support the Covid response. That said the council still has to comply with its statutory duties of delivering a balanced budget and any services efficiently and effectively whilst reducing inequality.

**Risk Management :**

This report fulfils the commitment for equalities issues to be monitored on a regular basis by Executive Board. It also ensures awareness of the agenda across the organisation.

**Access to Information :**

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



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## 1. INTRODUCTION

- 1.1 The Humanitarian response to the Covid-19 Pandemic is a rapidly evolving and critical function in our response to the Covid-19 pandemic.
- 1.2 Since it began operating the humanitarian hub has received over 3,000 calls and made over 1,500 food deliveries.

	<b>Calls + webchats (handled by covid-19 call centre)</b>	<b>Food support (households)</b>	<b>Food buddy referrals (to Action Together)</b>	<b>Prescriptions referrals (to Medicines Hub)</b>	<b>Wellbeing referrals (to Action Together)</b>
w/c 23 March		75			
w/c 30 March	773	565	99	58	49
w/c 6 April	741	259	66	60	25
w/c 13 April	654	255	129	47	39
w/c 20 April	545	215	83	52	26
w/c 27 April	430	173	50	45	13
w/c 4 May	299	90	18	37	18
w/c 11 May	370	103	23	39	13
<b>Cumulative</b>	<b>3812</b>	<b>1735</b>	<b>468</b>	<b>338</b>	<b>183</b>

- 1.3 Running costs for the humanitarian hub forecast to the end of May 2020 are summarised below. Note: the below excludes costs for the delivery of the Medicines Hub and the Wellbeing Support offer. However it should be noted the Helpline and Triage function covers all aspects – food, medicines and wellbeing.

<b>FUNCTION</b>	<b>£ (forecast to end Phase 2 – 29 May 2020)</b>
<b>INFRASTRUCTURE</b> (building, security, cleaning, heating etc.)	£ 18,929
<b>HELPLINE</b> (cost of redeployed staff and licences)	£ 46,514
<b>TRIAGE AND TRACKING (&amp; OVERSIGHT)</b> (cost of redeployed staff)	£ 27,792
<b>FOOD PARCEL PREPARATION</b> (cost of redeployed staff)	£ 18,605
<b>FOOD COSTS</b> (purchase from wholesalers)	£ 53,028
<b>FOOD PARCEL DISTRIBUTION</b> (taxi drivers)	Costs covered under existing contract
<b>NEIGHBOURHOOD TEAM / STEP DOWN</b> (cost of redeployed staff)	£ 45,963

- 1.4 The majority of those individuals supported to date have accessed the Hub through self-referral using the Council's 8355 number. Some individuals have been referred through other agencies and increasingly the government are directing individuals to the Hub or

requesting that the Council (through the Hub) make contact with people on the national shielding database.

1.5 The design and operation of the Hub has already been through a number of phases as the nature and extent of the crisis has evolved. The Hub was initially targeted primarily at those who were unable to leave their homes as a result of the need to shield from Covid-19 due to their age or medical condition and therefore unable to access supplies and basic essentials. The Hub has worked proactively with Action Together and local food banks to ensure that they are able to sustain their current operational delivery, however, it is clear that these are not as robust or resilient as we initially envisaged they would be. As the measures to limit spread and the impact of the pandemic have developed, a range of needs have emerged. The operation of the Hub and response of key services needs to be considered as we move into considering how we manage the impact of Covid-19 in the longer term. It is not sustainable or appropriate to operate the Hub as a standalone entity long term and as we move into 'recovery' phase we will need to build back into mainstream services – albeit where we build back into will need to change how it works as well (short and long term).

1.6 The Humanitarian Hub has also taken a lead on associated issues in addition to responding to individuals in needs. Providing planning and logistical support around supplies of food and basic essentials, including

- Storage and distribution of donations from supermarkets and other food suppliers (e.g. Manchester Airport Group and Etihad);
- Support to Foodbanks, including redeployment of staff, provision of vehicles and logistics and purchasing supplies on behalf of foodbanks (as we are able to secure more robust food supplies);
- Mapping and collating intelligence around mutual aid and other self-organised support in communities (through the redeployment of staff from HR and Policy into Humanitarian Hub cells in each of the four neighbourhood areas);

### **Operating Model**

1.7 Currently the model operated in the Hub is

- i. Referrals received through Covid-19 Call Centre or through proactive outreach from Neighbourhood Cells using datasets which may indicate vulnerability
- ii. Initial triage of need and required response (provision of food or medicine)
- iii. Following deployment of initial package of support follow up triage call to discuss more detailed requirements and agree a more sustainable solution (matching to a food buddy, linking to mutual aid organisation etc)
- iv. Where appropriate a referral may be made to Action Together the local VCSF infrastructure organisation to arrange a general wellbeing check, and organise wellbeing support (for example linking in with a befriending service)
- v. A small number of people for whom no alternative provision exists will be provided with subsequent packages of support

Enhanced support to specific cohorts will be provided by key services including

- vi. Rough sleepers (ABEN/RSI) and refugees
- vii. Families (in particular with babies) with additional food parcels including nappies, formula etc.

1.8 The Government are increasingly looking to Local Authorities to supplement and/ or replace the support being given by them to the shielding cohort. This activity is increasingly coming to dominate the work of the Humanitarian hub, with a requirement in place to call all of those on the shielding list who the government have been unable to make contact (474) with and a request that we explore the possibility of contacting those the government made

contact with but were unable to establish a definitive resolution, (986) (e.g. a child answered the phone, or they were unable to speak directly to the shielding individual).

- 1.9 The Hub will be making contact with the uncontactable through a door knock (check) to establish that they are safe and well. This will be undertaken by redeployed Council employees and volunteers from Action Together working in partnership.
- 1.10 The Government and Greater Manchester Combined Authority have also requested that the Humanitarian Hub support the 300 plus Asylum Seekers in the Borough with basic essentials and support needs. We are exploring the options for working with this cohort and will set out proposals for Board once we establish what the requirements of this group are and how these needs might be addressed.

### **Understanding Needs**

- 1.11 Through the operation on the Hub and an analysis of need it has become clear that large portions of the shielded population don't need new or additional help, nor require the involvement of the Local Authority or the government. For those that do need help in the shielded population the issues of limited physical access to food due to a clinical direction to stay at home is stabilising. It is the sub-shielding population where we are increasingly identifying significant needs (pre-Covid-19 that are exacerbated or new due to Covid-19). This need is twofold.
  - i. Conditions that don't make the shielding list but those people are self-selecting to shield out of fear, and the knock on impacts around access to basic services (food) plus their mental wellbeing etc.
  - ii. The economic impact of lockdown (not shielding) and how this is creating financial not physical barriers to food, fuel and housing (the basics of a person's dignity). And then what that lack of sufficient money to access basic essentials does to individuals self-esteem, family units and community cohesion (increased DA, drug / alcohol, child welfare, mental wellbeing etc.).
- 1.12 An analysis of contact indicates that in the Hub, (beyond the Shielding List) we are dealing with three broad cohorts:
  - i. Older people (45%). Not on the shielding list but with health conditions to which the severity is impacting their ability to cope (e.g. COPD, diabetes) and leading them to choose to self-isolate. The majority are on low incomes and in social housing with very limited capacity for digital (skills and/or access). Some have mental health conditions linked to impact of physical health and associated isolation. These individuals probably struggled with the basics (accessing food, medicines) pre-Covid-19-19 but this is now exacerbated. Many are potentially in need of some form of low level care support.
  - ii. Working age people (40%). These individuals are not on the shielding list but with health conditions leading to them to choose to self-isolate and/or fear. These individuals live in a mixture of social housing and private rented. Those in private rented are furthest from public services. Some of these individuals have mental health problems, and many without emotional capacity to problem solve (lack of hope, aspiration, energy). Key themes include low income, detachment from support networks (family / friends) and/or public service help not accessed (help navigating needed).
  - iii. Other (15%). The two main groups being single mothers and chaotic individuals / households. Single mothers on low incomes, child(ren) and/or mother self-isolating so unable to access shops etc. For these individuals their income situation limits access to alternative options. A number of these individuals are alcohol or drug dependent. They are predominantly on benefits, with the money they have got not prioritised on food etc. (with funds exhausted within a few days of receipt). Furthermore these individuals are often not effectively shielding / self-isolating although report they are.

- 1.13 Across all cohorts the issues of low income (limiting options like online) and mental health / emotional capacity (limiting ability to problem solve) stand out as regular markers. And underwriting it all is the difficulty in navigating a complex public service offer which is a challenge pre-Covid-19, but even more so now. Often through the Hub meeting food need is only part of the requirement, the Hub is also having to connect them to services, and/or get services they are currently supported by joined up to tackle an issue.
- 1.14 Clearly some of this food need would have been met pre-Covid-19 (in part) by the foodbanks. The foodbanks continue to provide critical support but the issue of shielding. However, the complexities of operating a foodbank through the pandemic and the fact that many of the individuals coming through the hub, while having a presenting need around food, have many and complex problems relating to accessing public services complicates what could be perceived as a transactional relationship. As a Local Authority once presented with these problems we have a duty of care which makes it not possible to pass these individuals and their needs wholesale to a foodbank. Finally intelligence from government suggests that shielding is likely to continue for a significant period potentially beyond six months and that the number of people required to shield may increase. Furthermore in coming weeks as the track, test and quarantine system becomes operational there will be humanitarian support required for those who are expected to quarantine due to contact with those infected. These will all require support through phase three of the operation of the hub.

## **2. NEXT STEPS**

- 2.1 Now that the initial emergency response phase is over and we are developing solutions to the Covid-19 challenge over the medium to long term it is appropriate to review the operation of the Humanitarian response.
- 2.2 It is clear that a Humanitarian response will be required for some time to come as the impact of shielding, isolation, lockdown (through various stages of relaxation) and critically the financial impact of Covid-19 (and measures to limit the spread of the virus) take their toll on our community.
- 2.3 It is proposed that we retain the emergency helpline number for the foreseeable future but it is likely that the volume of calls through that number will decrease and we will start to see new and different needs emerging as a result of the ongoing impact of Covid-19 including the significant financial impact on some individuals, families and households.
- Humanitarian Hub Phase 2. Mid May to Early June 20**
- 2.4 As we move out of phase one of the Humanitarian response it is appropriate to introduce a nominal charge for those able to pay for food packages to ensure that longer term financial resources and support are targeted at those who most need it and that those who are able to pay but unable to access supplies contribute appropriately.
- 2.5 It is proposed that the price for a basic food package be set at £20.00 per household (which reflects the cost of bought items, donations are added in at no cost to the recipient) and that those who say they are unable to pay are asked to provide evidence to support that assertion in line with the evidence which would be required to access a foodbank. This could be assessed with Welfare Rights support. Where there are specific needs like diabetic or coeliac we try to adapt or purchase specific. Dog or cat food is provided if required.
- 2.6 Those working in the Hub will continue to respond to a reduced number of incoming calls, provide immediate support and then develop sustainable support (mutual aid, food buddies etc).

- 2.7 More targeting will be in place for those who maybe emerging as newly vulnerable or increasingly vulnerable will be undertaken. Working with current service leads to establish their current status in known systems e.g. adults, mental health etc.
- 2.8 The Humanitarian Hub teams continue to work with cases that come through the call centre. These numbers vary and some people are getting multiple follow up calls. Now we have the linked in arrangements with Action Together many of these will received a face to face (<2m>) visit which will help more move on.
- 2.9 It is proposed that we will also undertake some more general and targeted communication activity in phase two as a pre-cursor to moving into phase three.
- i. Mass messaging (and access) will be undertaken through a communication to all residents through a Covid-19 edition of the Citizen to be distributed end of May and a bulk text message (generic message for all)
  - ii. Targeted messaging and contact. A bulk text message to those identified as vulnerable through various data sources (tailored for different cohorts)

### **Humanitarian Hub Phase 3. Early June 20 onwards**

- 2.10 As the numbers of people requiring support identified through self-referral or outreach reduces further it is proposed to shift the focus in terms of the provision of support to those experiencing financial hardship as a result of Covid-19 or those struggling with the long term impact of the pandemic and associated control measures (mental health, well-being, educational development, support with long term medical conditions).
- 2.11 The four key areas of concern emerging are:
- i. Financial hardship – impact of job losses – thus access to food, fuel etc.
  - ii. Mental wellbeing – exacerbation of existing and emergence of new
  - iii. Domestic abuse / general violence – spin off from lockdown pressure and financial hardship
  - iv. Safeguarding of children – from above and generally plus kids not in school (eyes & ears) and drop in referral (unmet / seen need)
- 2.12 Phase three will move to providing increasing support to foodbanks- financial, logistical and operational and to explore the option of partnering with/ or commissioning the third sector to undertake the residual provision of emergency food to those shieling or self-isolating.
- 2.13 A focus will be placed during phase three on providing additional resources to mainstream services providing support to those vulnerable as a result of Covid-19 Welfare Rights, CAB, Early Help, and Social Care, housing providers to stabilise and secure tenancies.
- 2.14 Work will be done to join the Neighbourhood cells with Neighbourhood co-ordinators in each of the four neighbourhood areas and shift the response to one led by volunteers and the third sector (with strong support from local authority support where appropriate). During this phase we will potentially explore the role of navigators, supporting those who have suffered significant hardship as a result of Covid-19 or who were previously below the radar/ threshold of service but have become more vulnerable or more visible as a result of Covid-19.

### **Humanitarian Hub Phase 4. Running concurrently with phase 3.**

- 2.15 It is proposed that in this last phase as we move into normalising/ building back services, we use the intelligence from the operation of the Hub to drive the redesign of support services across the public sector, potentially including the development of ‘navigator’ roles to support those in need to support to access key services and support mechanisms. This will seek to address the issues identified through the Hub of low income (limiting options like online) and mental health / emotional capacity (limiting ability to problem solve). Critical to the success of building back will be tackling the difficulty these individuals face in

navigating a complex public service offer which is a challenge pre-Covid-19, but even more so now.

- 2.16 As the proposed model for testing, tracing and quarantining becomes clearer and we move to a relaxation of the lockdown it may transpire that a different cohort of individuals are required to self-isolate/ quarantine for a period of time. The humanitarian hub may also need to provide support to this cohort in coming weeks and months.
- 2.17 Finally, intelligence from government suggests that shielding is likely to continue for a significant period potentially beyond six months and that the number of people required to shield may increase. Furthermore in coming weeks as the track, test and quarantine system becomes operational there will be humanitarian support required for those who are expected to quarantine due to contact with those infected. These will all require support through phase there of the operation of the hub.

### **3. RECOMMENDATIONS**

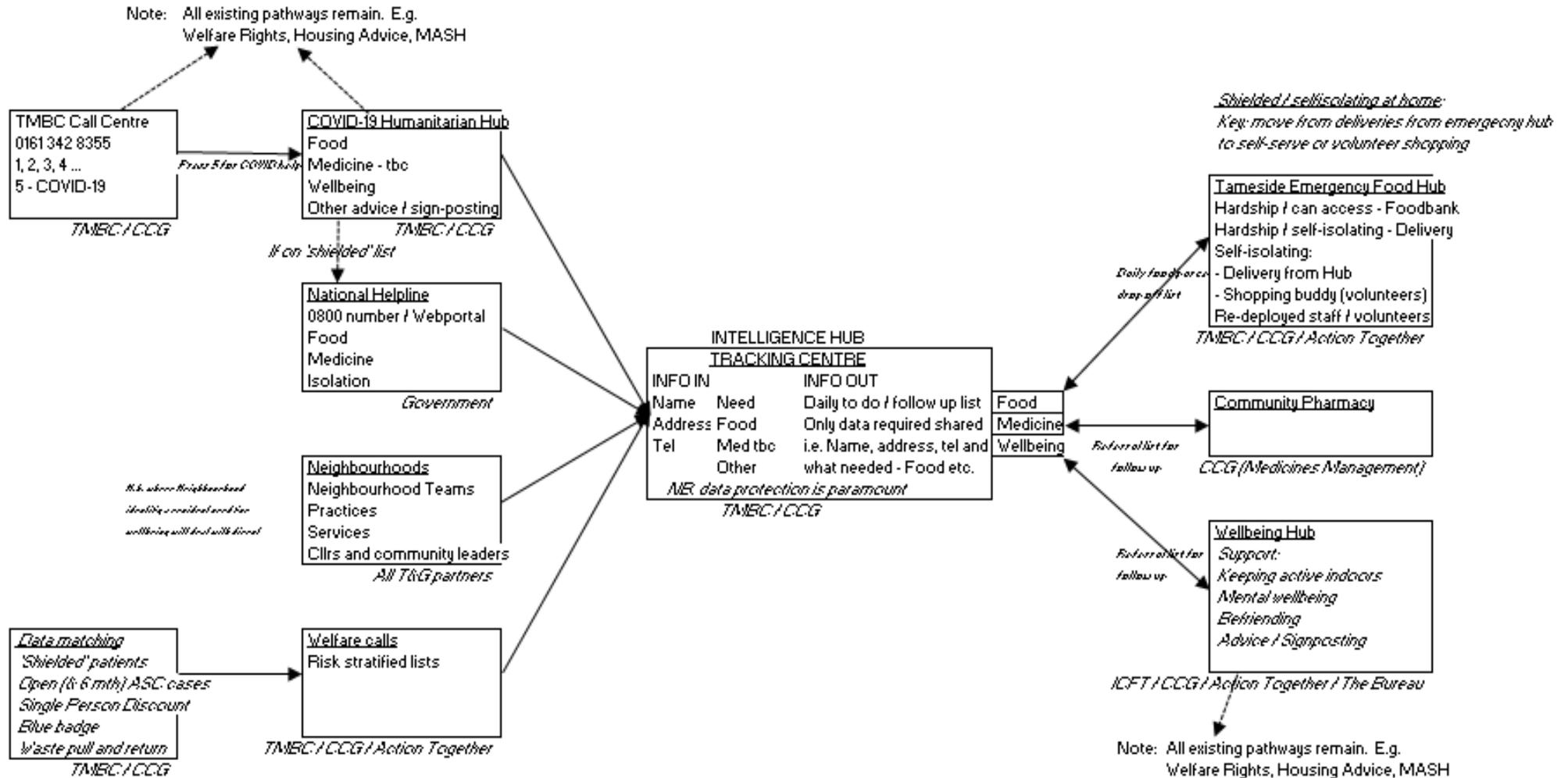
- 3.1 As set out at the front of the report.

# APPENDIX ONE

This Logic Model sets out the current operation of the Humanitarian Hub.

## TAMESIDE HUMANITARIAN HUB

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<b>Report To:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	26 May 2020
<b>Executive Member / Reporting Officer:</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health) Stephanie Butterworth – Director of Adult Services
<b>Subject:</b>	<b>PROCESS FOR EXERCISING THE CARE ACT EASEMENTS GUIDANCE</b>
<b>Report Summary:</b>	<p>This report sets out the circumstances and conditions under which the Council can exercise the easements to the Care Act 2014 as referenced in the Coronavirus Act 2020.</p> <p>The report describes the decision making process the Director of Social Services and the Principal Social Worker must follow in the event they believe that the service must exercise its powers to protect the safety of the most vulnerable.</p>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>(i) The new time limited powers given in the Coronavirus Act 2020 and the Care Act easements: guidance for local authorities (1 April 2020) are acknowledged.</li><li>(ii) The decision making process set out in the report and more particularly in <b>Appendix 2</b> is approved.</li><li>(iii) Given the draconian nature of these easements that the Executive cabinet are notified if any easements are triggered and a review of the process and whether still required is considered in 12 weeks.</li></ul>
<b>Policy Implications:</b>	As set out in the report.
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer &amp; Chief Finance Officer)</b>	<p>The report sets out details of the easements that may be enacted during the coronavirus pandemic.</p> <p>At present the financial implications of the decision cannot be ascertained as the number of easements that will be enacted together with details of assessed care needs are not known. These details would support the related calculation of deferred charges towards the cost of a related care package once a financial assessment has been carried out.</p> <p>There will clearly be a cash flow implication for the Council where the cost of a related care package will be financed by the Council but any related contribution towards this package will not be received until a later date. There is an additional risk of the non collection of charges that have been deferred to a later date. It is essential that service users impacted are appropriately informed at the start of the assessment process that a financial assessment will be undertaken retrospectively and that this may result in an invoice for a financial contribution towards the cost of their care at some point in the future.</p> <p>The level of income deferred as a result of easements that are enacted will be monitored with the Director of Adult Services and reported within the existing revenue budget monitoring of the service budget that is reported to members on a monthly basis.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough</b>	The powers in the Coronavirus Act 2020 enable local authorities and care providers to prioritise more effectively where necessary than

## Solicitor)

would be possible under the Care Act 2014 prior to its amendment.

Before being amended, the Care Act 2014 imposed a duty on local authorities to meet eligible needs for care and support and eligible carers' needs (subject to various conditions).

The easements took legal effect on 31 March 2020, but should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.

Although the statutory rules have changed, the guidance from the Department of Health and Social Care (1 April 2020) says that pre-amendment requirements should be followed "for as long, and as far, as possible".

"Easements" should, it says, only be exercised if "this is essential in order to maintain the highest possible level of services". The workforce must be significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable to comply with pre-amendment duties.

The 'easements' are temporary. The Secretary of State will keep them under review and terminate them, on expert clinical and social care advice, as soon as possible.

Even when a decision to "operate under easements" has been properly made, local authorities must still consider conducting a fact-specific analysis, taking into account all relevant circumstances, will be required in each case. Local authorities will need to consider the person's individual circumstances and characteristics and whether these may change.

Therefore, even if a local authority is "operating under the easements", it will still need to assess care and support needs, albeit to a reduced extent. It will also need to conduct human rights assessments.

Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

When making assessments and decisions, local authorities should keep "proportionate" written records.

All assessments and reviews that are delayed or not completed will need to be followed up and completed in full once the easements are terminated.

Certain decision-making requirements, including sign-off by the Director of Adult Services, and requirements for consulting on, communicating, and recording such decisions, must also be met.

Any local authority that operates the "easement" relating to meeting needs for care and support without these requirements being met risks acting unlawfully.

Other important duties on Local Authorities remain in place:

Duties in the Care Act to promote wellbeing and duties relating to

safeguarding adults at risk remain in place. Further guidance on safeguarding during this period is at Annex D.

Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place

Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period.

There is a significant risk of challenge and therefore any relaxation of the rights and protections set out in the existing act and needs to be kept under review.

**Risk Management:**

See Section 4 of the report

**Background Papers:**

The background papers relating to this report can be inspected by contacting the Sandra Whitehead by:



Telephone: 0161 342 3414



E-mail: [sandra.whitehead@tameside.gov.uk](mailto:sandra.whitehead@tameside.gov.uk)

## **1. INTRODUCTION**

- 1.1 The *Care Act easements: guidance for local authorities* (1 April 2020) sets out how local authorities can use the new Care Act easements, created under the Coronavirus Act 2020, to ensure the best possible care for people in local communities during this exceptional period.
- 1.2 The government recognises that local authorities and care providers are facing rapidly growing pressures as more people need support because unpaid carers are unwell or unable to reach them, and as care workers are having to self-isolate or unable to work for other reasons. The Government has put in place a range of measures to help the care system manage these pressures.
- 1.3 Easements must only be exercised if '*... this is essential in order to maintain the highest possible level of services*'. The workforce must be significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable to comply with pre-amendment duties.
- 1.4 The Council must continue to do everything it can to continue meeting its existing duties prior to the Coronavirus Act provisions coming into force. In the event that the Council is unable to do so, it is essential that we are able to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable the Council to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment. The powers are time-limited and are there to be used as narrowly as possible.
- 1.5 The Council will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.
- 1.6 When making assessments and decisions, the Council should keep "proportionate" written records. A decision making process and log of decisions is described within the report.

## **2. CHANGES TO POWERS**

- a. The changes fall into four key categories, each applicable for the period the powers are in force:
  - I. The Council will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. However, the Council will still be expected to respond as soon as possible (within a timeframe that would not jeopardise an individual's human rights) to requests for care and support, consider the needs and wishes of people needing care and their family and carers, and make an assessment of what care needs to be provided.
  - II. The Council will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. The Council will, however, have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment. This will ensure fairness between people already receiving care and support before this period, and people entering the care and support system during this period.
  - III. The Council will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. The Council will still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing care and support, often at short notice. Where

plans are revised, the Council must also continue to involve users and carers in any such revision.

The duties on the Council to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. The Council will still be expected to take all reasonable steps to continue to meet needs as at present. In the event that the Council is unable to do this, the powers will enable the Council to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision.

- b. The decision-making process is required to follow a 4 stage plan (although it appears that it is possible for authorities to implement 2 or more stages at once). It is not necessary to implement all easements at the same time. For any decision to implement an easement, there should be a robust evidence base to justify how suspending the particular duty in question will mitigate the risk of urgent or acute needs not being met, putting life at risk.
- c. The guidance provides further details about how each of these powers shall be applied, should this be necessary are as follows.

- **Stage 1** – Continue operating under pre –amendment Care Act.
- **Stage 2** – A policy decision is made to change, delay or cancel “service types” by changing the way in which assessed needs can be met. For example, instead of carers assisting with toileting, the use of incontinence products could be considered to reduce the number of care visits. Meal provision or assistance with lunchtime calls could be replaced with sandwich/soup left in a flask (if a risk assessment allows). Furthermore, a sandwich or cold plate/salad made by carer/family in the morning and left for the person to access along with cold drink (hot drink via flask – again following a risk assessment).

Modifications which do not involve the Council departing from its Care Act duties (e.g. changes to policies regarding paying same household family members through Direct Payments, or reducing choice of commissioned providers) could also be used here.

- **Stage 3** – This would be a policy decision to decide that the Council will not be subject to a duty to assess, consider eligibility and review in accordance with Care Act duties. This also covers the requirement to carry out financial assessments, providing care and support plans and meeting eligible needs. Any decisions about these areas should be separated, and record the rationale and evidence base, e.g. that removing the financial assessment duty might free up resources to do Care Act assessments.

Another example given in the guidance is using the assessments and preparation and review of care plans easement. This could be used in a situation where social work staff dealing with a surge in hospital discharges, could no longer carry out Care Act assessments and support planning. The guidance gives examples of how streamlined assessments could be done using remote means or by means of a supported self-assessment. It also suggests streamlined support planning could be done in conjunction with the provider e.g. care home or care agency. The Council would advise people that full Care Act assessments and support plans would be done as soon as the situation allows and the easement is removed.

Where a financial assessment has not been undertaken in relation to care provided during the crisis; it is essential that the service user and interested parties is told that a charge may be made retrospectively for care provided. They should also be told that a financial assessment will be carried out as soon as it is possible to do so.

If the Council makes any changes to its charging policies arising from the crisis e.g deferring social care charges or increasing the Minimum Income Guarantee for the duration

of the crisis, the service users and interested parties should be clearly told about these changes and their temporary nature.

- **Stage 4** - This would entail a policy decision to make a whole system of prioritisation of care and support across adult social care. This is where it becomes clear that whole system prioritisation is needed to ensure that at the least the Convention Rights of those in need of care and support and their carers are respected.

The example given in the guidance is where a Council may have to consider reducing personal care e.g. washing and dressing for one person to ensure that another person is able to eat. Please note that before doing this the Council has to make the easement decision first. The guidance suggests preparing for this stage by Rag Rating individual care packages by reference to complexity and risk.

## **2. PROTECTIONS AND SAFEGUARDS**

- 3.1 Should it be necessary for the Council to exercise these easements it is essential that the principles of the Care Act are maintained.
- 3.2 The Council will be expected to observe the Ethical Framework for Adult Social Care, published by the Department of Health and Social Care, published on 19 March 2020. This Framework provides a structure for the Council to measure its decisions against and reinforces that the needs and wellbeing of individuals should be central to decision-making. In particular it should underpin challenging decisions about the prioritisation of resources where they are most needed. A copy of the Council's response to the Ethical Framework for Adults Social Care can be found at **Appendix 1**.
- 3.3 The easements took legal effect on 31 March 2020, but should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.
- 3.4 The easements are temporary. They will be kept them under review and will be terminated as soon as possible.
- 3.5 All assessments and reviews that are delayed or not completed will be followed up and completed in full once the easements are terminated.
- 3.6 The Council will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.
- 3.7 The Care Quality Commission (CQC) will continue to provide oversight of providers under existing legislation, however, CQC has indicated an intention to adopt a pragmatic approach to inspection and proportionate action as necessary while maintaining its overriding purpose of keeping people safe.
- 3.8 Other important duties on the Council remain in place:
  - Duties in the Care Act to promote wellbeing and duties relating to safeguarding adults at risk remain in place.
  - Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place. Guidance on the operation of DoLS during this period will be published separately

- The Council's duties relating to prevention and providing information and advice also remain in place. The provision of information and advice for public reassurance will be particularly important during this period.
- Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period

#### 4 STEPS TO SAFELY EXERCISE THE CARE ACT EASEMENTS

- 4.1 The Council should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. Any change resulting from such a decision should be proportionate to the circumstances faced by the Council.
- 4.2 The decision to operate the easements should be taken locally. It should be agreed by the Director of Adult Social Services (DASS) in conjunction with or on the recommendation of the Principal Social Worker (PSW). The DASS and the PSW must ensure that their Lead Member has been involved and briefed as part of this decision-making process.
- 4.3 Decisions will be taken at the Covid Board. The decision making-process is described in **Appendix 2**. The Health and Wellbeing Board should be kept informed. The decision should also be discussed with the CCG.
- 4.4 **Appendix 3** sets out the considerations that should be made when considering if and how the Council exercises the various stages of the easements and the decision-making log that must be completed to describe the decision making process followed.
- 4.5 The Council should have a record of the decision with evidence that was taken into account. Where possible the record should include the following:
- The nature of the changes to demand or the workforce
  - The steps that have been taken to mitigate against the need for this to happen
  - The expected impact of the measures taken
  - How the changes will help to avoid breaches of people's human rights at a population level
  - The individuals involved in the decision-making process
  - The points at which this decision will be reviewed again.
- 4.6 This decision should be communicated to all providers, service users and carers. The accessibility of communication to service users and carers should be considered.
- 4.7 The decision should also be reported to the Department of Health and Social Care (DHSC) when the Council decides to start prioritising services under these easements, explaining why the decision has been taken and briefly providing any relevant detail. This should be communicated to [CareActEasements@dhsc.gov.uk](mailto:CareActEasements@dhsc.gov.uk).
- 4.8 There are many variables that need to be taken into consideration before a decision to exercise easements is taken. It is not sufficient to look at issues such as staffing levels and service demand within individual service areas. For example, high levels of staff absence in one service such as day services would be supplemented by staff from another service area or by temporary staff rather than a decision to close the service. Similarly, pressures on the team that supports hospital discharges would be supported by Social Workers from other part of the system to maintain the service.

- 4.9 There are currently 616 staff employed across Adult Services. Less than 8% of staff across the whole service are currently either sick, isolating or shielding so unable to provide operational support. In many instances these staff are still working while based at home. For some services this has limited impact as work can be undertaken from home. There is an impact for services that provide direct care provision. At present the levels of absence are being managed and there is no impact on service delivery. It is anticipated that the expansion of testing will increase the number speed that staff are able to return to work.
- 4.10 There are a number of demands on services that may result in consideration being given to exercising easements set out below. This list is not exhaustive, and any single pressure would not necessarily result in easements. Rather it is likely that any consideration of easements is likely to be triggered by a combination of pressures especially in relation to future increasing demand and reduction of work force it is not possible to identify precise tipping points. This is particularly so as every effort will be made to mitigate the risks to the services as set out in 4.11. In any event exercising easements will only be considered as a last resort and be operational for the very minimum of time required
- Hospital admissions rise as a result of COVID-19 – this will increase the number of discharges and the demands from hospital discharge pathway;
  - Carers become unwell or have to self-isolate and are unable to provide care – resulting in more high priority referrals; and
  - Self-isolation results in safeguarding concerns - e.g. domestic abuse.
  - Failure of home care providers to accept and provide commissioned care packages due to staff shortages from sickness, isolating, shielding.
  - Care homes refusing to accept new admissions due to COVID-19 outbreaks.
  - High levels of staff absence resulting in backlogs of assessments, reassessments, financial assessments and service provision e.g. day care.
- 4.11 A number of activities are in place to mitigate against these risks and to monitor when easements may need to be considered:
- Twice daily Silver Command calls in Adult Services review the staffing levels to deploy staff appropriately to meet need. Key areas of focus at present to ensure security of service are hospital discharge and home care provision. Capacity across assessment and care management teams is reviewed daily to ensure sufficient resource to carry out timely assessments, reassessments and reviews.
  - Daily contact is maintained with all care service providers to ensure early warning of any issues in services that may result in pressures across the system that might require easements to be considered. At this present time there are no reports that would cause concerns regarding the ability to continue to meet eligible identified needs or to commence new care packages where eligible needs are identified.
  - Service Managers have daily oversight of levels of activity across their service areas – this includes capacity and attendance at services, levels of demand for assessments, reassessments, safeguarding investigations – this enables appropriate allocation of work and understanding of capacity to meet duties.
  - Social care staff have been redeployed to support from Neighbourhoods have been deployed into the Integrated Urgent Care Team (IUCT) to support decision making to determine the most appropriate route for patient discharge and to ensure timely discharges.
  - Work has been undertaken by the PSW with all operational teams, the Commissioning Team and care service providers to RAG rate services and individuals using services in preparation for any possibility that services need to be prioritised for the most vulnerable.
  - Project management and non-essential staffing resource has been reassigned to cover essential activity e.g. safeguarding, reassessments and welfare calls to support service users and carers who may be self-isolating.
  - Seven day working has been expanded to ensure there is sufficient system capacity to support timely hospital discharges and respond to emergencies.

- Implementation of technology to support staff working remotely and working from home to minimise the impact of social isolating and distancing.
- Daily AMHP Tracker to monitor available cover across Greater Manchester to ensure sufficient AMHP capacity and arrangements in place for mutual aid should a locality have insufficient AMHP cover.
- Fast track recruitment and induction programme to support both internal and commissioned services' capacity.
- Financial payments have been approved to support commissioned providers to ensure market sustainability should there be a reduction in capacity as a result of excessive deaths, refusal of services and increased costs as a result of additional PPE costs and staff sickness.
- Logistics and a supply chain have been put in place to support a reliable supply of PPE to the care sector.

## **5 FINANCIAL IMPLICATIONS**

- 5.1 There may be a temporary loss in income should the Council be in a position where it determines that it is has insufficient capacity to carry out financial assessments. Clear information will be provided to an individual at the start of the assessment process that will explain that a financial assessment will be undertaken retrospectively and that this may result in an invoice for a financial contribution towards the cost of their care at some point in the future.

## **6 RECOMMENDATIONS**

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

# APPENDIX 1

## RESPONDING TO COVID 19 THE ETHICAL FRAMEWORK FOR ADULT SOCIAL CARE

### INTRODUCTION

The Ethical Framework was published by the Department of Health and Social Care on 19 March 2020. It has been developed to support strategic and professional decision making throughout the crisis, recognising that organisations and individual professionals are going to be tasked with making decisions in very difficult circumstances. The following briefing outlines the key Values and Principles that underpin the framework and some guidance and tools to support practice.

The Framework applies in conjunction with other Guidance that is being issued on a regular basis and may also influence decision making.

For instance, the Care Act Easements: guidance for local authorities document expressly refers to the Ethical Framework in a number of places and makes it clear that those easements are to be implemented in accordance with the framework.

### SCOPE

This guidance is aimed at all social care professionals working in the adult social care system, including Social Workers, Occupational Therapists, Managers, the local authority and providers.

### Values and Principles

#### 1. Respect

*This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.*

#### 2. Reasonableness

*This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.*

#### 3. Minimising Harm

*This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.*

#### 4. Inclusiveness

*This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.*

#### 5. Accountability

*This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.*

#### 6. Flexibility

*This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.*

#### 7. Proportionality

*This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.*

#### 8. Community

*This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.*

*Where resources are constrained and there are surges in demand, it may not be feasible to consider all the principles. Each principle must be considered to the extent possible in the context of each circumstance with appropriate risk management and considerations of individual wellbeing, overall public good and available information and resources.*

**Based on the values and principles of the Framework the follow questions may act as prompts to support implementation and practice in individual cases – Note this list is not exhaustive.**

- Has the person or family's voice been included - this may involve remote ways of doing this where it is not possible to meet face to face?
- Have I/we respected the person's choices as much as we possibly can?
- Have I/we respected people's personal choices as much as possible, while considering and communicating implications for the present and future?
- Have I/we done everything feasibly possible at that time to support the person and or their family
- Have local policies and procedures been followed? If not have we explained why?
- Have I/we fulfilled our statutory duties such as those within the Mental Capacity Act which remains fully in force and those parts of the Care Act not subject to the easements e.g. safeguarding?
- Could I/we do anything differently?
- Have I/we recorded my decision making?
- How will my/our decision affect others?
- Is there any learning to share with others?

### **RECORDING DECISION MAKING**

The way in which we record our involvement and decision making is always important. However during a crisis it is essential that we keep records up to date and clearly record what information has informed our decision at that time. This applies to both professionals involved in decisions which affect individuals as well as the strategic decisions taken by organisations. For individual decision making a clear rationale for decisions should be recorded in your normal system such as IAS or care records. For organisation decisions these should be recorded and kept in a log book. You need to ensure transparency about how and which decisions need to be made and on what basis.

This information can include but is not limited to:

- The context of the current health crisis and the particular level of the crisis at this time
- What the person/family/carers has told you
- Other conversation with health and social care colleagues and managers
- Previous assessments and medical history
- Risk assessments
- What alternative options have been considered

Case note examples:

*"This assessment/other action is being taken at a time when public health measures have been put in place by HM Government to contain the spread of the COVID-19 virus. Professionals are being advised only to carry out essential visits to care homes and social distancing measures are in place. In carrying out this assessment/action I have balanced X's rights against the need to protect him/her from transmission of the virus. COVID-19 infection would pose a grave risk to X in view of his/her underlying health conditions. I have also taken into account the Government guidance aimed at preventing the community transmission of the Covid 19 infection.*

*In view of these concerns, I therefore decided to base my assessment/action on existing documents and on the views of X's carers and family/friends rather than visiting him/her in person."*

**Please note that due to the fluid nature of the time, government guidance and legislation in relation to Covid 19 is changing frequently please ensure you remain up to date on the most current government guidance.**

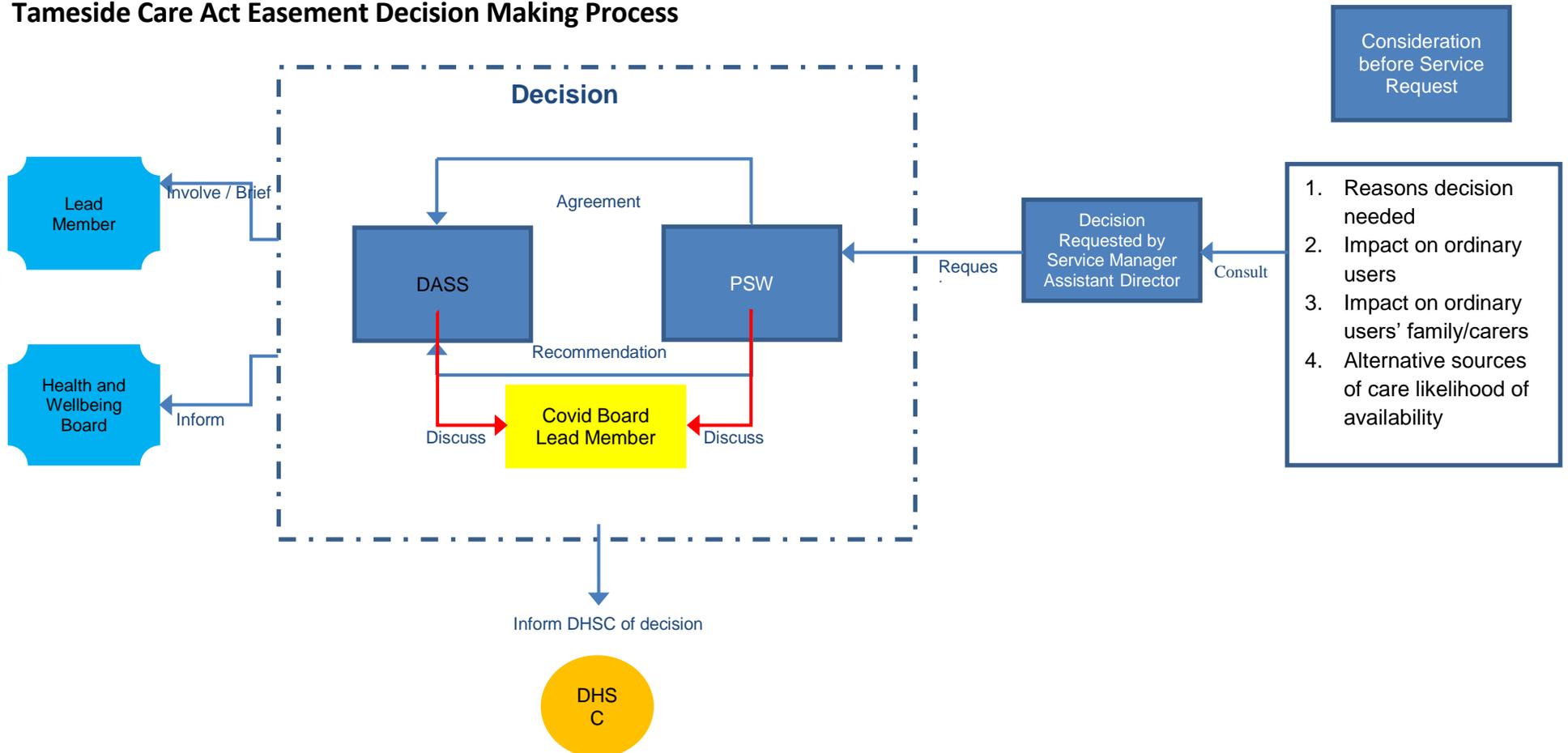
<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>  
<https://www.gov.uk/health-and-social-care/social-care>

**April 2020**

# APPENDIX 2

## Tameside Care Act Easement Decision Making Process

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STAGES OF CARE ACT EASEMENT

	EVIDENCE	ACTIONS	REVIEW
<p><b>STAGE 1</b></p> <p><b>Decision:</b> Operating under pre-amendment Care Act i.e. Business as usual</p> <p><b>Process:</b> To continue at this stage for as long as is feasible.</p> <p>IUCT are managing critical need/care in the community, has capacity to facilitate discharges.</p> <p>Neighbourhoods are completing all statutory duties.</p> <p>Homecare has capacity and meeting need.</p> <p>Residential/Nursing care has capacity and is meeting need.</p> <p>Long term support provision has capacity and is meeting need.</p>	<p>Feedback captured via Care Act Easement form.</p> <p>Data used by each service area may include:</p> <p>IUCT weekly data/ DTOC/ Sitrep</p> <p>Staffing data</p> <p>Homecare capacity data</p> <p>Day care capacity data</p> <p>DP data</p> <p>Residential care staffing capacity</p> <p>Neighbourhood weekly monitoring data/ Assessment/ reassessment / Carers Assessment</p>	<p><b>Planning for later stages:</b></p> <p>Develop</p> <ul style="list-style-type: none"> <li>• Easement Decision Log</li> <li>• Letters re: Charging and Care Act Assessment in future</li> <li>• Hospital Discharge Guidance</li> <li>• RAG Rating Support to enable prioritisation later</li> <li>• Support plan letter to be sent out confirming changes that may take place in Stage 2</li> <li>• Streamline assessment and support planning process</li> <li>• Prioritisation Policy</li> <li>• Briefings to be shared with all involved at each stage including staff, lead members, service users, partners</li> <li>• Safeguarding briefing</li> </ul>	<p>2/4/2020 discussion with Steph and Sandra re: current position – agreed Stage 1</p>
<p><b>STAGE 2: Applying flexibilities of pre-amendment Care Act 2014</b></p> <p>Decision for individual service type to prioritise short term allocation of care and support using current flexibilities within the Care Act. Continuing to fulfil pre-amendment Care Act duties but may be obliged</p>	<p>Feedback captured at AMT/Adult Silver Command.</p> <p>Staffing data</p> <p>Data captured by each service of provision or changes to this</p> <p>Evidence of all alternate options</p>	<p>Record rationale for decision making, including:</p> <ul style="list-style-type: none"> <li>• where gaps/changes have taken place</li> <li>• how people have been informed</li> <li>• alternatives offered</li> <li>• Ethical Framework considered and Human Rights implications at population level.</li> </ul>	

<p>to meet assessed need in a different way due to change, delay or cancellation of a service type</p> <p><b>Process:</b></p> <p>Where COVID-19 related absence means service types need to be changed, delayed or cancelled short term within that service type, for example home care or supported living, the relevant Senior Manager / Assistant Director (AD) should consult the Principal Social Worker (PSW) and should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; and possible alternative sources of care and support and the likelihood of this being available.</p> <p>Where the PSW is satisfied, this position can then be presented to the Director of Adult Social Services (DASS) (or alternate locally agreed senior) for a final decision about moving into Stage 2</p> <p>It is important to note that all other services may well continue to deliver their services as business as usual</p>	<p>explored</p> <p>Evidence of discussion between PSW and Service manager</p>	<p>Decision made by the PSW, DASS and AD</p> <p>Decision shared with:</p> <p>Lead Members</p> <p>Strategic Commissioning Board (SCB)</p> <p>Staff</p> <p>Partner agencies if affected</p> <p>New support plan letter informing of current situation and that support may be subject to change but at this stage Council is fulfilling its pre-amendment Care Act duties</p>	
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**STAGE 3: Streamlining Service provision**

Decision to operate under Care Act Easements as laid out by the Coronavirus Act

**Process:**

The Care Act Easements allow local authorities to cease formal Care Act assessments, applications of eligibility and reviews. However, there is an expectation in the Act that local authorities will do everything they can to continue to meet need as was originally set out in the Care Act.

Where the impact of the pandemic is making this unachievable or untenable, local authorities will need to consider making the decision to cease carrying out those eased Care Act functions and move to a position of proportionate assessment and planning.

The relevant AD / Senior Manager will need to consult the PSW and be clear about the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; and impact of the decision on families and carers of people who ordinarily use the service.

Feedback captured at AMT/Adults Silver Command

Staffing data

Data captured by each service of provision or changes to this

Evidence of all alternate options explored

Evidence of discussion between PSW and Service manager

Evidence that staffing are being redeployed to support critical care and so some statutory duties are no longer being met – e.g. non-urgent Care Act Assessments are not taking place, Annual Reviews or Carers Reassessments are not being completed.

Rationale for decision recorded, discussed with Senior leadership, shared with Lead Members

DHSC informed.

Ethical Framework considered and Human Rights implications at population level

Briefing to staff, those in receipt of support and partner agencies to inform off the decision and how this will change provision/practice.

Possible steps at this stage:

- Streamline assessment process implemented
- Charging suspended
- Certain duties suspended such as annual reassessments
- Focus on urgent assessments

<p>If the PSW is satisfied that the Care Act Easements or an easement in any particular area need to be enacted, a meeting of the Senior Management Board should be called for a final decision. The decision should also consider and be informed by a conversation with the local NHS Leadership.</p> <p>The DASS and the PSW should ensure that their lead member has been involved and briefed as part of this decision-making process.</p>			
<p><b>STAGE 4: Prioritisation</b></p> <p><b>Decision:</b> Whole system prioritising care and support</p> <p><b>Process:</b></p> <p>Where local authorities need to make decisions about changing support for people, they should consider and allocate capacity across the whole of adult social care. This may mean allocating resource from some service types that may not be under pressure to support those that are.</p> <p>An example might be where a local authority is faced with a decision about reducing personal care for one person so that another gets the help they need to eat.</p> <p>In this situation, the relevant AD / Senior Manager should consult the</p>	<p>Feedback captured at AMT/Adult Silver Command</p> <p>Staffing data</p> <p>Data captured by each service of provision or changes to this</p> <p>Evidence of all alternate options explored</p> <p>Evidence of discussion between PSW and Service Manager</p> <p>Evidence that staffing are being redeployed to support critical care and so some statutory duties are no longer being met – for example non urgent Care Act Assessments are not taking place, Annual Reviews or Carers Reassessments are not being completed.</p>	<p>Rationale for decision recorded, discussed with Senior leadership, shared with Lead Members</p> <p>DHSC informed.</p> <p>Ethical Framework Considered and Human Rights implications at population level</p> <p>Briefing to staff, those in receipt of support and partner agencies to inform off the decision and how this will change provision/practice.</p> <p>Prioritisation tool implemented, critical care, Human Rights Act</p> <p>Streamline assessment</p> <p>No Charging</p> <p>Review of RAG rated cases to reduce and prioritise care in partnership with providers</p> <p>Work on transitions could be delayed – this would need to be shared with Children’s Services</p>	

<p>PSW. They should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; possible alternative sources of care and support and the likelihood of this being available.</p> <p>If a local authority decides it may need to move into stage 4, the PSW should call an Emergency Decision Meeting of the DASS where a decision about whether and how to prioritise care across ASC will need to be made.</p> <p>Sufficient care and support will have to remain in place at all times in order to ensure that the European Convention Human Rights of all those in need of care and support, and of carers, are respected.</p> <p>The DASS and the PSW must ensure that their Lead Member has been involved and briefed as part of this decision-making process.</p>	<p>Care is being prioritised based on RAG ratings</p> <p>Only capacity to meet critical care needs across entire system</p>	<p>Review of changes takes place 2 weekly</p> <p>Letters to individuals re: Charging and rights to Care Act Assessment in the future.</p>	
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# DECISION LOG RECORD

Date	Proposed Decision	Decision	Rationale Is this staffing levels? Is this demand on service?	Legal Framework	Impact on SUs/Carers Identified risk	Mitigation of Risk Possible alternative sources of support/care considered	Consideration of Ethical Framework and Human Rights where applicable (reference legal advice sought)	Those involved in making the decision	Review Date	How was the decision communicated and who to?

# Agenda Item 5

<b>Report To:</b>	<b>STRATEGIC COMMISSIONING BOARD EXECUTIVE CABINET</b>
<b>Date:</b>	27 May 2020
<b>Reporting Officer:</b>	Councillor Brenda Warrington – Executive Leader Councillor Leanne Feeley – Executive Member – Lifelong Learning, Skills & Employment Dr Ashwin Ramachandra – Co-Chair NHS Tameside & Glossop Clinical Commissioning Group Dr Asad Ali – Co-Chair NHS Tameside & Glossop Clinical Commissioning Group Sarah Threlfall – Assistant Director (Policy, Performance and Communications)
<b>Subject:</b>	<b>ONE EQUALITY SCHEME ANNUAL REVIEW 2020 AND GENERAL EQUALITIES UPDATE</b>
<b>Report Summary:</b>	<p>This report forms two parts:</p> <p>Part One</p> <ul style="list-style-type: none"><li>- One Equality Scheme (2018-22) is the joint organisational scheme for Tameside &amp; Glossop Strategic Commission. This report provides an update on the annual review for 2020 which has been informed by practical examples and related projects from the past 12 months (<b>Appendix A</b>).</li></ul> <p>Part Two</p> <ul style="list-style-type: none"><li>- This report also provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months – including our humanitarian response to the covid-19 crisis to date. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.</li></ul>
<b>Recommendations:</b>	<p>It is recommended that the Strategic Commissioning Board and Executive Cabinet:</p> <p>Part One</p> <ul style="list-style-type: none"><li>• Note the content of the report.</li><li>• Approve the attached One Equality Scheme Annual Review 2020 for publication (Appendix A)</li></ul> <p>Part Two</p> <ul style="list-style-type: none"><li>• Note the content of the equalities update</li></ul>
<b>Links to Corporate Plan:</b>	Equality and diversity work of the Strategic Commission is relevant to all priorities outlined in the Corporate Plan.
<b>Financial Implications:</b> <b>(Authorised by Section 151 Officer)</b>	There are no direct financial implications as a result of this report.

**Legal Implications:** Implications as set out in the report. Non compliance with the public sector equality duty under section 149 of the Equality Act 2010 and related legislation is a statutory obligation.  
**(Authorised by Borough Solicitor)**

**Risk Management** This report fulfils the commitment for equality issues to be monitored on a regular basis. It also ensures awareness of the agenda across the Strategic Commission.

**Access to Information:** The background papers relating to this report can be inspected by contacting Jody Smith, Policy and Strategy Service Manager by:

 Telephone: 0161 342 3170

 e-mail: [jody.smith@tameside.gov.uk](mailto:jody.smith@tameside.gov.uk)

## 1. PURPOSE OF REPORT

### 1.1 The report is in two parts:

**Part One** provides an update on developments of the One Equality Scheme, as part of the annual review for 2020.

**Part Two** provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.

## PART ONE

## 2. BACKGROUND TO ONE EQUALITY SCHEME

### 2.1 The public sector equality duty is laid out in section 149 of the Equality Act 2010. It states that a public authority must, in the exercise of its functions, have due regard to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not share it;
- Foster good relations between people who share a protected characteristic and those who do not share it

### 2.2 One Equality Scheme (2018-22) was launched in 2018 as the first joint equality scheme for Tameside & Glossop Strategic Commission. A number of joint equality objectives were developed to ensure we fulfil our obligations under the Equality Act 2010 regulations, in that equality objectives must be published at intervals not greater than four years from the date of last publication.

### 2.3 The Equality Act also states that public bodies must publish annual information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by policies and practices. Information about the protected characteristic status of employees for 2019/20 will be published for the [Council](#) and [CCG](#) by end June 2020.

### 2.4 Annual updates to the One Equality Scheme will act as an ongoing position statement and our approach to equalities. The annual review builds upon work outlined in the One Equality Scheme (2018-22) and One Equality Scheme Annual Review (2019); as well as providing new examples and evidence sources of achievements in respect of equality and diversity. Engagement, consultation and equality champions were invited to submit examples for inclusions. Input has also been provided by Single Leadership Team, Senior Management Group, QPAG and Primary Care Committee.

## 3. RECOMMENDATIONS FOR ONE EQUALITY SCHEME

### 3.1 It is recommended that the Strategic Commissioning Board and Executive Cabinet:

1. Note the content of the report.
2. Approve the attached One Equality Scheme Annual Review 2020 for publication (Appendix A)

## **PART TWO**

### **4. GENERAL EQUALITIES UPDATE**

- 4.1 This report also provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.

These are most notably:

- Our humanitarian response to the covid-19 crisis to date
- NHS England Equality Delivery System 2 (EDS2)
- Workforce Race Equality Standards (WRES)
- All Equals Charter
- Race Equality Change Agents Programme (RECAP)
- Greater Manchester Women and Girls Panel

### **5. HUMANITARIAN RESPONSE TO COVID-19**

- 5.1 We know that those impacted by the wider implications of covid19 include some of our most vulnerable and disadvantaged residents. It is important that efforts and resources are best placed to reach residents in need, whilst also removing any barriers around access to support and provision of essential items.
- 5.2 An Equality Impact Assessment has been undertaken on our humanitarian response to covid-19 to help understand how deep and far reaching the adverse impacts are for local residents from across different protected characteristic groups. The EIA focuses on a number of areas including:
- Access to help and support from the humanitarian hub for those who require it
  - Provision and future adaptations to service delivery and accessibility
  - The changing landscape and emerging issues over time
- 5.3 A humanitarian hub has been established to provide help and support to residents who may need it at this time – whether that be in terms of food, medication or welfare support, or another ongoing need that has arisen as a result of covid19 (e.g. financial assistance). The hub is very much a partnership approach – Tameside Council and Tameside & Glossop Clinical Commissioning Group working together with the VCSE sector through our partnership with Action Together. The approach is also supported by work with other partner organisations e.g. registered social landlords.
- 5.4 There are currently just over 11200 Tameside & Glossop residents who are on the national shielded list i.e. those who have been identified as clinically extremely vulnerable. These individuals have all been written to by Government and can register for food support provided nationally. The support of the humanitarian hub focusses primarily on residents who are self-isolating but do not have existing community networks (friends, family or neighbours) to help with this. The hub also provides support to those on the shielded list who require some form of assistance other than food (e.g. welfare calls, financial advice) – however the hub has also been ‘plugging the gap’ in terms of food provision where food from the national shielded team hasn’t arrived or has been delayed.
- 5.5 Tameside & Glossop Clinical Commissioning Group has responded to all medical and prescription needs across the footprint (including those patients who live in Glossop), with the local authority humanitarian hub supporting Tameside residents with food and wellbeing referrals. Our humanitarian hub has streamlined both operational and logistical demands, with food packages delivered to the extremely vulnerable and those with no support. Working with health colleagues, we have facilitated access to medication for residents

unable to arrange collection of their own prescriptions. For residents with no support in place we have worked closely with our partners in the community and voluntary sector to find practical solutions, examples of which include a proactive food buddy scheme and wellbeing referrals.

- 5.6 Demand on the hub has been significant with demand as of w/c 4 May detailed in the table below:

Indicator	Number
Total calls received	<b>3442</b>
Food deliveries to households	<b>1631</b>
Prescriptions forwarded	<b>299</b>
Shopping buddy referrals	<b>462</b>
Wellbeing referrals	<b>170</b>

- 5.7 However evidence over time is showing a stabilisation of requests in relation to food and medicines and an increase in those residents requiring more intensive support around the wider impacts of covid19 e.g. financial hardship, mental wellbeing, child safeguarding and wider safeguarding issues (e.g. domestic violence). These wider needs that are now emerging will form the focus of future development of our approach – one which will focus on how we can best support those residents struggling with the long-term impacts of the pandemic and associated control measures.

## 6. NHS ENGLAND EQUALITY DELIVERY SYSTEM 2 (EDS2) - December 2019

- 6.1 Equality Delivery System 2 (EDS2) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. Implementation of EDS2 is a requirement on both NHS commissioners and NHS provider organisations.
- 6.2 In December 2019 Tameside and Glossop Strategic Commission (NHS Tameside & Glossop Clinical Commissioning Group and Tameside Council) in partnership with Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) delivered an integrated approach to assess our whole system performance against **Goal 2 of the NHS England Equality Delivery System 2 (EDS2) – Improved Patient Access and Experience.**
- 6.3 A joint EDS2 event was held to provide evidence relating to Goal 2 of the EDS2 process. Prior to the event taking place, evidence was gathered across both organisations of how we have improved patient access and experience in Tameside and Glossop. An evidence pack was provided to participants for information prior to the event taking place.
- 6.4 Participants at the event were representative of local stakeholders comprising of patients, carers, members of local community groups, members of the public, representatives of local voluntary and community organisations and NHS colleagues. The event was opened and introduced by senior staff from both the Strategic Commission and the ICFT. Based on a series of presentations and the evidence pack provided prior to the event, participants were asked to grade the organisations' performance in relation to patient access and experience. The grade for each outcome is detailed in the table below:

Goal	Outcome	Overall Grading

<b>Improved Patient Access and Experience</b>	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>Developing</b>
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Achieving</b>
	2.3 People report positive experiences of the NHS	<b>Developing</b>
	2.4 People's complaints about services are handled respectfully and efficiently	<b>Achieving</b>

6.5 Based on the findings of the 2019 EDS2 process, the Strategic Commission and the ICFT has jointly developed an action plan which will be governed through the Partnership Engagement Network and the ICFT's Equality, Diversity Inclusion Group to enable a systems response.

## **7. WORKFORCE RACE EQUALITY STANDARD (WRES)**

7.1 The aim of the Workforce Race Equality Standard (WRES) is to support NHS organisations to ensure employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. NHS Tameside and Glossop Clinical Commissioning Group (T&GCCG) has two roles in relation to the WRES:

- As a commissioner the CCGs Improvement and Assessment framework requires CCGs to give assurance to NHS England that providers are implementing and using WRES, and action plans should be part of the contract monitoring process.
- As an employer each CCG must use and analyse the WRES data to improve workplace experience and representation at all levels for BAME staff as well as other characteristics under the Equality Act 2010. The CCG should also produce and publish a report using the WRES reporting template, and produce a WRES action plan.

7.2 In June 2019 a WRES report for NHS Tameside & Glossop CCG was submitted to NHS England. An associated action plan has also been produced and is updated on a quarterly basis. A copy can be accessed [here](#).

## **8. ALL EQUALS CHARTER**

8.1 The All Equals Charter is designed to create a consistent standard to equality, diversity and inclusion for organisations and businesses across Greater Manchester. Launched by Manchester Pride, it comprises of a set of values and commitments that participating organisations must adhere to and be regularly assessed on. It focuses on policies and processes in place that support LGBT+ staff and anyone that comes into contact with the organisation.

8.2 As part of adopting the Charter, organisations undergo a self-assessment process supported by Manchester Pride. This evaluates what policies are already in place, where there are weaknesses and areas to improve for LGBT+ people. Manchester Pride works as a 'critical friend' throughout and provide feedback and ideas for action.

8.3 Participating organisations receive a 'grade'. There are a possible four – Entry Level, Foundation, Good Practice and Role Model. Participating organisations will be accredited for one year, after which point the process renews. Tameside and Glossop Strategic Commission agreed to participate in the beta-testing phase of the Charter

alongside nine others organisations. The self-assessment process took place over three weeks during which time information was gathered regarding the Council and CCG's policies and processes in place across five 'categories': challenging prejudice and discrimination, workforce, services, policy and decision - making and working with partners.

- 8.4 Overall, Tameside & Glossop Strategic Commission has been assessed as **Good Practice**. Feedback from Manchester Pride has helped to inform an action plan to help us fulfil the commitments of the Charter.

## **9. RACE EQUALITY CHANGE AGENTS PROGRAMME (RECAP)**

- 9.1 The Race Equality Change Agents Programme (RECAP) Cohort 1 started on 23 January 2020.
- 9.2 The programme has been delivered as part of a wider commissioned race equality programme delivered by the Northern Care Alliance. Organisations involved include GMFRS, Greater Manchester Police, North West Ambulance Service, along with all NHS Organisations, Local Authorities and Transport for Manchester are amongst the many services in Greater Manchester's public and third sector to sign up to a collective agreement to tackle race inequality in the workplace in 2018.
- 9.3 Tameside Strategic Commission has one participant from People and Workforce Development on Cohort One and a second participant from Policy, Performance and Communications will commence on the Cohort Two programme.
- 9.4 The programme outlined that research has shown that staff from black and minority ethnic backgrounds do not progress at the same rate to higher graded posts or leadership positions; they experience a greater level of bullying behaviour and are more likely to experience disciplinary action. Discrimination is not only harmful to the individual, but also to the wider public sector. Evidence shows that having a more representative workforce, and diversity at senior leadership levels, results in better outcomes for the public. It also creates a more inclusive and engaged workforce, who want to give of their best so that the public get a better service.
- 9.5 This work has been directed by the Northern Care Alliance in conjunction with the Workforce Race Equality Standard (WRES). The learning and measurement indicators of this programme will be used to measure improvements across all public sector organisations in Greater Manchester. The work across the public sector will focus on three outcome indicators that will enable a benchmark in progress around Race Equality within the Public Sector system in Greater Manchester.
- 9.6 Cohort One are aiming to drive Race Equality projects within the Greater Manchester public and Third Sector System and the cohort has seen public sector organisations and third sector represented across the Greater Manchester area.

## **10. GREATER MANCHESTER WOMEN AND GIRLS PANEL**

- 10.1 A new panel that will accelerate gender equality across Greater Manchester and enable women and girls to live their best lives has been announced to mark International Women's Day (March 8). The Panel is a result of the work of the Greater Manchester Women's Voice Task & Finish Group, which is chaired by Tameside Council's Executive Leader Councillor Brenda Warrington.

- 10.2 The Greater Manchester Women and Girl's Equality Panel will work with Greater Manchester Combined Authority (GMCA) to achieve gender parity in the city-region. The panel, which is subject to approval from the GMCA, will work to ensure women and girls of all ages in Greater Manchester, across all ten boroughs, have equal opportunity to start well, live well and age well. It will focus on a range of areas, including:
- Representation in public life
  - Safety
  - Employment, business and economy
  - Health
- 10.3 The panel will work closely with established community groups in Greater Manchester and its members will come from across a number of sectors and areas. It will have representation from areas across the city-region to ensure that people from a range of different backgrounds, as well as the business, VCSE and public sectors are all represented.
- 10.4 If approved, the panel will launch later this year. In light of the Executive Leader's role as Greater Manchester Lead for Ageing and Equalities, Tameside & Glossop Strategic Commission will play a key role in the development and work of the panel.

## **11. RECOMMENDATIONS FOR GENERAL EQUALITY UPDATE**

- 11.1 Strategic Commissioning Board and Executive Cabinet are asked to note the content of the equalities update.

# ONE EQUALITY SCHEME

Annual Review 2020

We are pleased to introduce the annual review of our One Equality Scheme for 2020. The joint scheme for Tameside and Glossop Strategic Commission was first launched in 2018 and it continues to ensure the work of our integrated and stand-alone services meet all equality obligations. Equality and diversity goes beyond the protected characteristics and at a local level this is further complemented by the priorities set within our Corporate Plan.

The One Equality Scheme is underpinned by an agreed set of objectives that we will continue to measure ourselves against. The Strategic Commission will endeavour to monitor outcomes and share best practice in order to challenge and prevent prejudice and discrimination in all forms.

While advanced in a number of areas, our integration and transformation journey is ongoing and encompasses all sectors. Local partnerships are strong and they have been further developed as part of a wider neighbourhood model. It remains important to connect people to services in a way that acknowledges and celebrates our heritage and diversity.

We are proud to showcase the range of achievements and key projects delivered during the past 12 months, with examples of greater inclusivity and commitment in the work we undertake across Tameside and Glossop.



**Councillor Brenda Warrington**  
Executive Leader of Tameside Council



**Councillor Leanne Feeley**  
Executive Member - Lifelong Learning, Skills & Employment



**Dr Asad Ali**  
Co-Chair, NHS Tameside & Glossop Clinical Commissioning Group



**Dr Ashwin Ramachandra**  
Co-Chair, NHS Tameside & Glossop Clinical Commissioning Group

One Equality Scheme has created a platform that enables us to successfully deliver a shared vision and approach to the equality and diversity of residents, patients and service users across Tameside and Glossop.

The scheme clearly sets out the commitment of Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group to reduce the impact of inequality and enhance the equity of access to a wide range of services. It remains important that all work in this area is embedded within policy review and development.

A range of effective consultation and engagement methods are in place at a local level and we continue to ensure the views and experiences of residents and patients are effectively captured and used to improve outcomes for individuals and families. Promoting a greater level of openness and transparency allows us to review and strengthen all existing systems and partnerships.

[The Tameside & Glossop Engagement Strategy](#) provides a level of commitment required to ensure all stakeholders are central to shaping the way we commission and deliver the best possible services.

The success of how we do this is assessed by the extent to which:

- People have an opportunity to express their views, and feel confident their voices are heard.
- People feel their opinions and ideas influence the commissioning, design and delivery of local services.
- Our services are better as a consequence of engagement and consultation.
- High quality engagement is something that occurs routinely within our organisation and is ongoing.

The scheme will be reviewed on an annual basis to ensure we are making progress against the agreed objectives and statutory requirements. The scheme delivers on a number of areas, which together provides a picture of the Strategic Commission and its approach to improving equality and diversity across Tameside and Glossop.

One Equality Scheme 2018-22 can be accessed [here](#), where our legal obligations under the Equality Act and Public Sector Equality Duty are outlined in more detail.

The One Equality Scheme Annual Review for 2019 can be accessed [here](#).



# OUR EQUALITY OBJECTIVES (2018-2022)

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, states that we must publish specific and measurable equality objectives, and subsequently at intervals of no more than four years. The equality objectives of Tameside & Glossop Strategic Commission cover five key themes.

#### **a. Reducing inequality and improving outcomes**

- This theme lies at the heart of not just the One Equality Scheme, but at the heart of all our strategies and initiatives.
- The objectives under this focus on key areas of inequality where our work in developing this scheme highlighted as being in need of increased attention and focus.
- We know that in certain areas such as people's health, employment status and educational level, there are gaps that we need to address and attempt to narrow.

#### **b. Meeting our obligations under the Equality Act 2010**

- Our objectives for this theme are a combination of what the law requires us to do, and what we have decided needs to be done to meet the general Public Sector Equality Duty.
- The Equality Act 2010 is both very broad in its expectations of what public bodies must achieve, and also very specific regarding the information we must publish on equalities.
- Given how broad the requirements are, many actions in other area will nevertheless be connected to us fulfilling our obligations under this theme.

#### **c. Equality training, development and awareness**

- If we are to ensure that we meet our legal obligations, and deliver services that are fair and equitable, we need ensure that staff are aware of their responsibilities and that service users are aware of their rights.
- Fulfilling our objectives in this theme requires both internal measures such as staff training, and external ones, such as raising awareness of the support available for different groups and individuals to access services.

#### **d. Consultation and engagement**

- Without effective and meaningful consultation and engagement, we are unable to shape our services to meet customer need in the most efficient and service user friendly way.
- The objectives contained in this theme relate to how we maintain effective dialogue with our residents, patients, communities and businesses to make best use of our resources. There is a particular focus on ensuring that the needs of the most vulnerable and disadvantaged are heard.

#### **e. Understanding Service Use and Access**

- Once we know what our customers and service users need, and we are aware of any inequalities that exist, we need to make sure that those most in need and at a disadvantage can access services to improve their situations.
- Access to services is about, amongst other things, service availability, service location (both physical and virtual), and potential barriers. This theme requires us to think about how best to utilise our resources to ensure the maximum benefit for those most in need.

## Reduce Inequalities & Improve Outcomes

- 1 Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap.
- 2 Help people to continue to live independent lives, and assist the most vulnerable in our communities to access support and services that exist around this aim, through targeted interventions and tailored service provision. Work closely with partner organisations to most effectively facilitate this.
- 3 Aim to increase the level at which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.

## Meeting our obligations under the Equality Act 2010

- 4 Publish our equality objectives and ensure that they are published in a manner that is accessible.
- 5 Publish our workforce monitoring information by equality group (where known).
- 6 Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic.

## Equality Training, Development and Awareness

- 7 Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops.
- 8 Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that the views of those from protected characteristic groups are represented and supported.

## Consultation & Engagement

- 9 Engage (as early as possible to enable co-design and co-production processes) and consult with our communities through a broad range of methods and forums, such as surveys, events and customer feedback to ensure comprehensive and meaningful coverage. Ensure feedback is provided to participants following the engagement or consultation process.
- 10 Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals. When collecting demographic data as part of the engagement or consultation process ensure that respondents understand the importance of collecting this data and how it will be used.
- 11 Develop specifically tailored engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

## Information, Intelligence & Need - Understanding Service Use & Access

- 12 Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer.

Where possible, work with partner organisations to maximise the data available to provide deeper insight into understanding our local communities (whilst remaining mindful of data protection standards).

- 13 To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical).
- 14 Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choice.

# A PICTURE OF TAMESIDE & GLOSSOP

Our One Equality Scheme connects a wide range of population data for Tameside and Glossop, much of which relates directly to the protected characteristics such as age, sex, religion and disability.

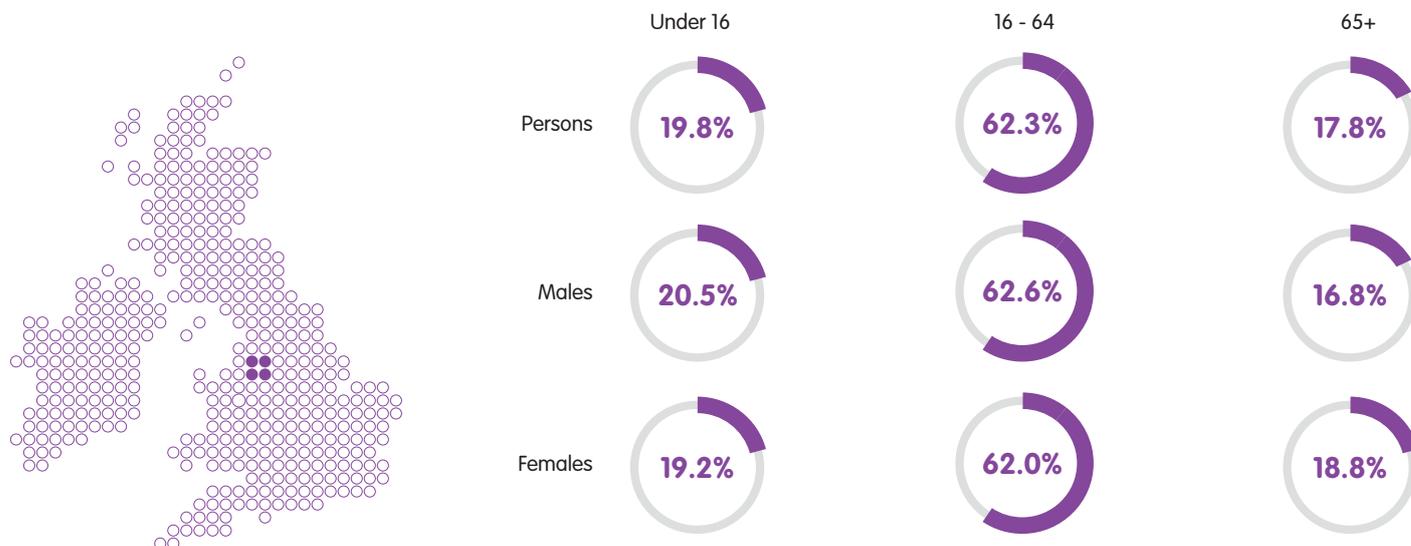
Although the breakdown of our population is in line with the national picture across many protected characteristic groups, there are some groups where our local population differs. For example, in Tameside and Glossop we have a higher proportion of residents who state that their day to day activities are limited - 20.5% compared to 17.6% nationally. We have slightly less people reporting to be in good health – 78.2% compared to 81.4% nationally. Unsurprisingly this is reflected in our healthy life expectancy figures and mortality rates (as outlined in the following infographics).

The implications of these differences are wide ranging – not just in terms of outcomes for our local population but also financially in helping to address these differences. Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group are committed to ensuring all residents lead long, fulfilling and healthy lives – ‘Our People, Our Place, Our Plan’ is key to achieving this (see page 15 for more detail).

# Sex & Age

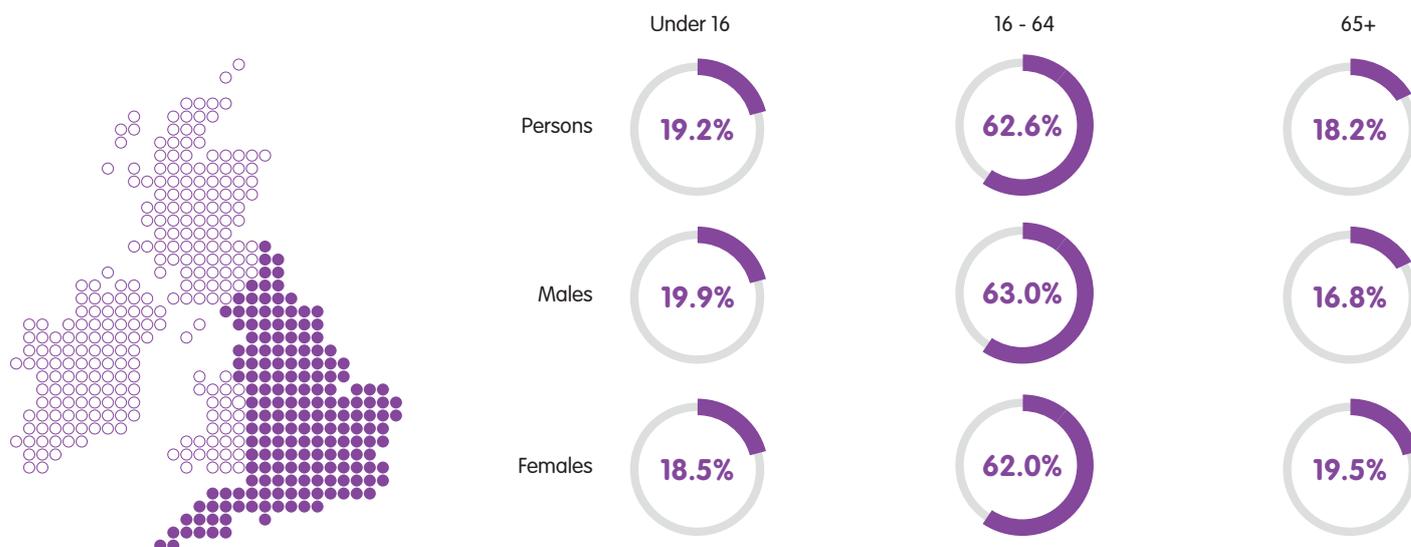
## Tameside and Glossop Population by Age Group

Source: 2018 Mid-Year Population Estimates (ONS)



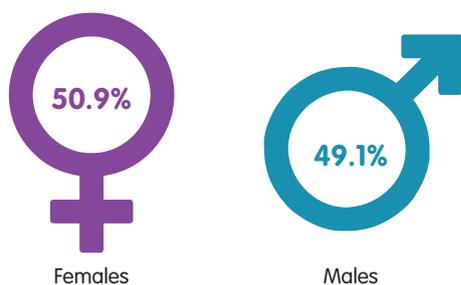
## England Population by Age Group

Source: 2018 Mid-Year Population Estimates (ONS)



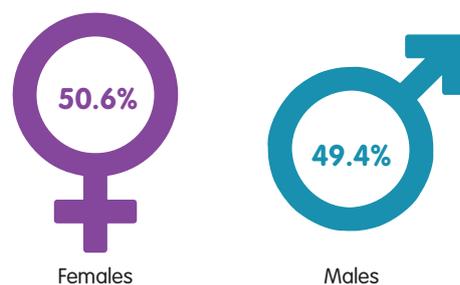
## Tameside and Glossop Population by Sex

Source: 2018 Mid-Year Population Estimates (ONS)



## England Population by Sex

Source: 2018 Mid-Year Population Estimates (ONS)

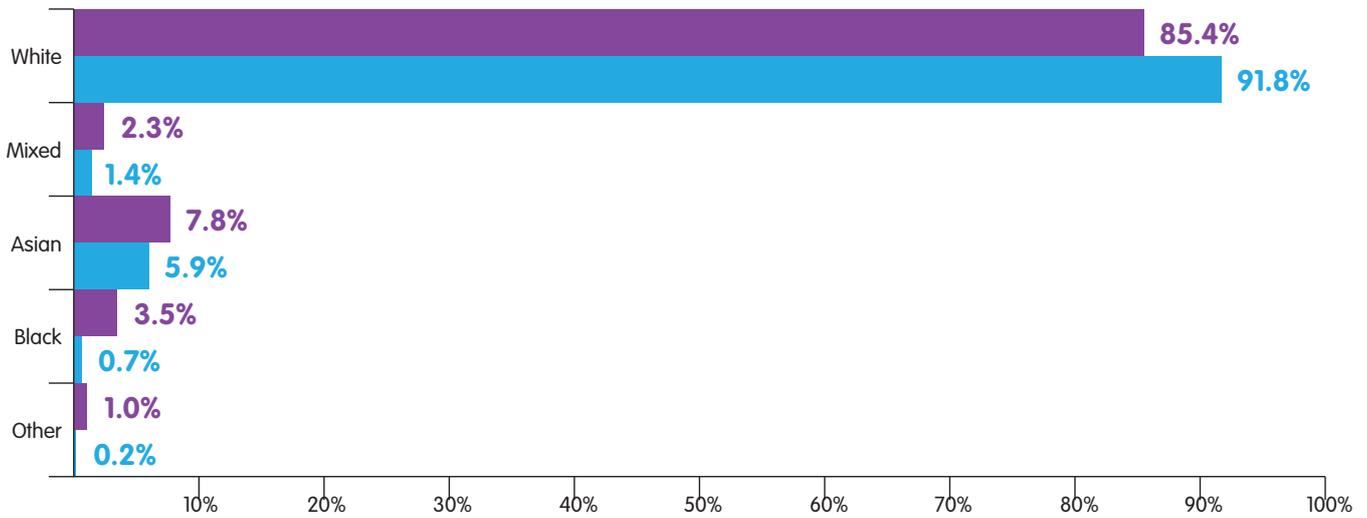


# Ethnic Groups

## Ethnic Population in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011

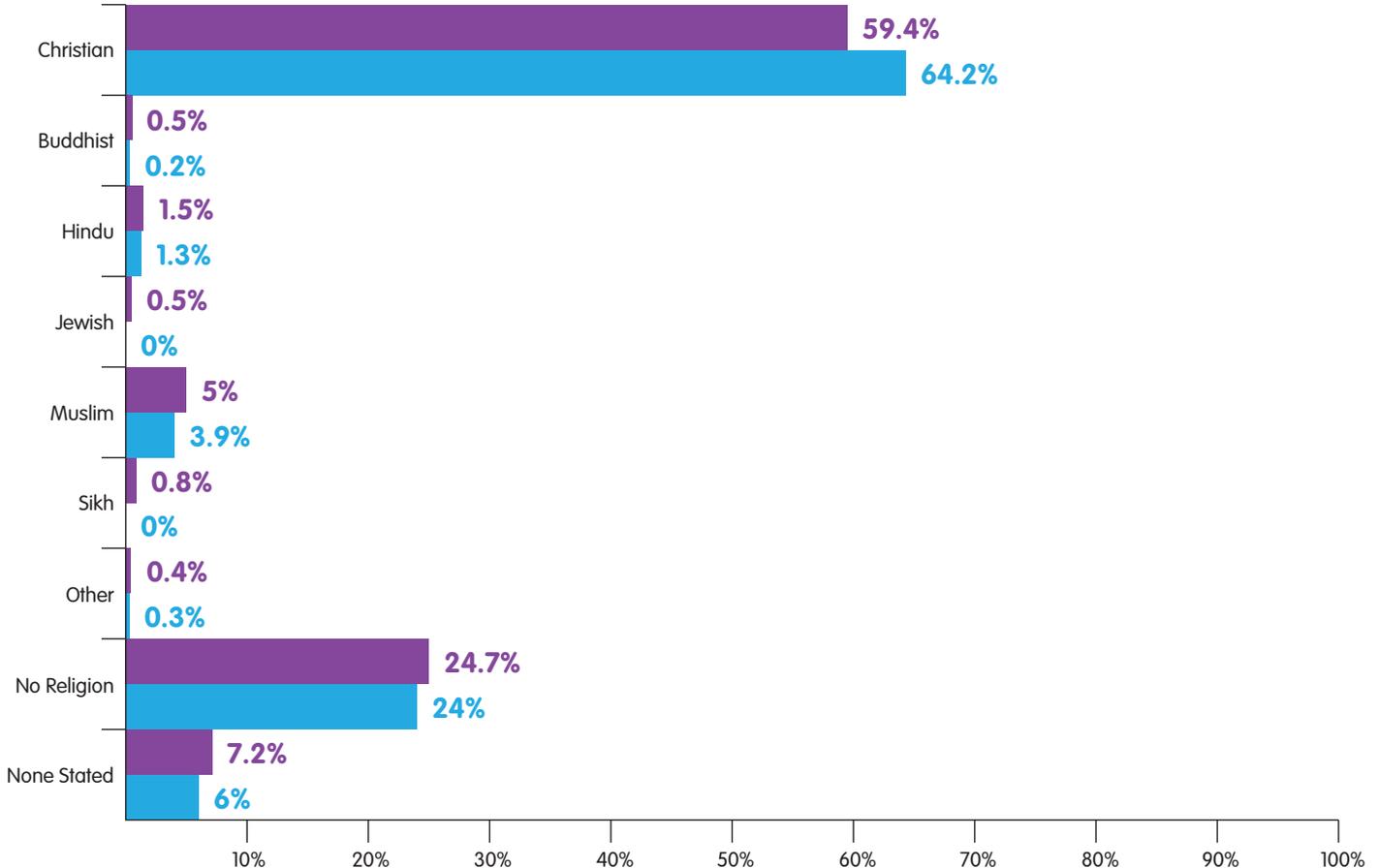


# Religion

## Religious Denominations in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011



# Disability

## Tameside and Glossop

Source: Census 2011

## England

Source: Census 2011



# Carers

## Provision of Unpaid Care in Tameside and Glossop

Source: Census 2011

## Provision of Unpaid Care in England

Source: Census 2011



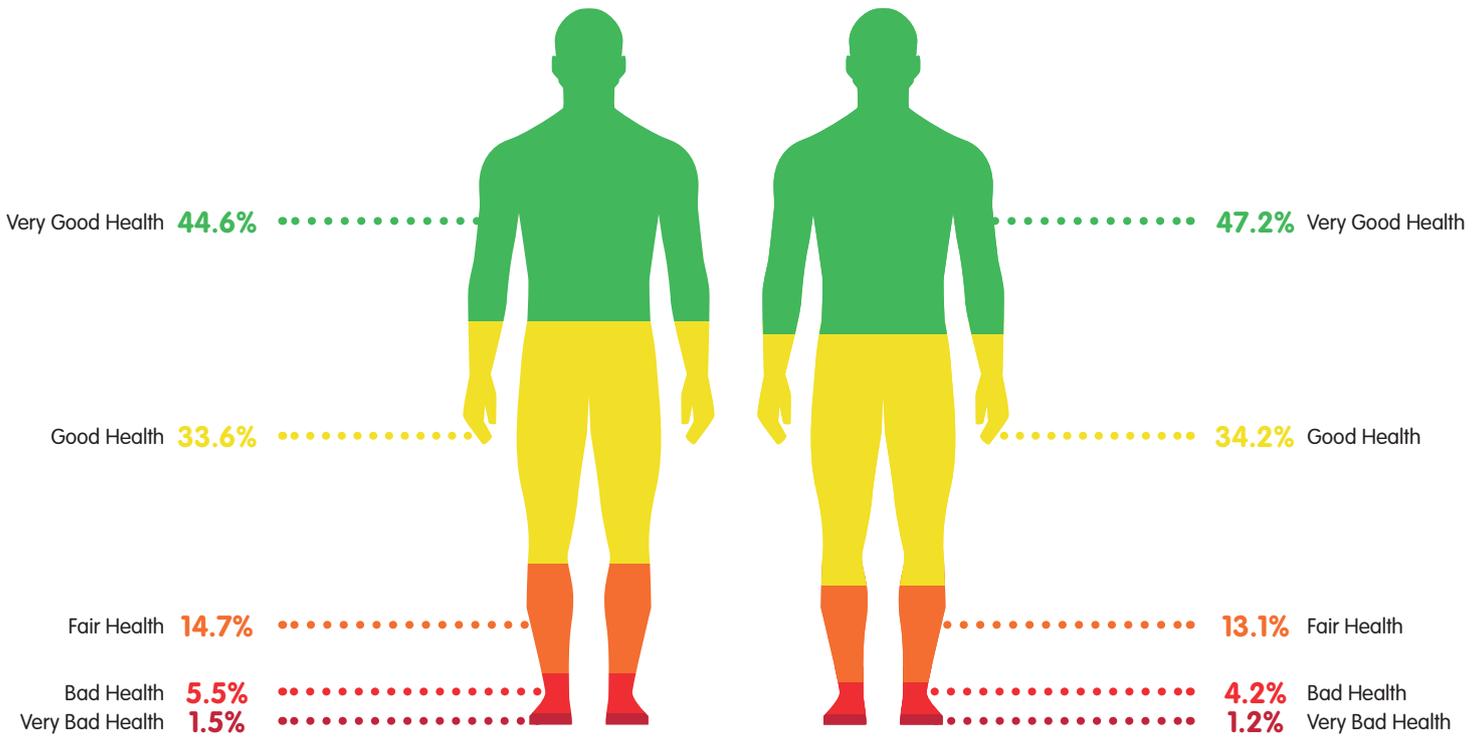
# General Health

## Tameside and Glossop

Source: Census 2011

## England

Source: Census 2011



## Tameside and Glossop Life Expectancy

(2016-2018)

## England Life Expectancy

(2016-2018)



## Tameside and Glossop Healthy Life Expectancy

(2016-2018)

## England Healthy Life Expectancy

(2016-2018)



## Tameside and Glossop Under 75 Mortality Rates

(2016-2018)



## England Under 75 Mortality Rates

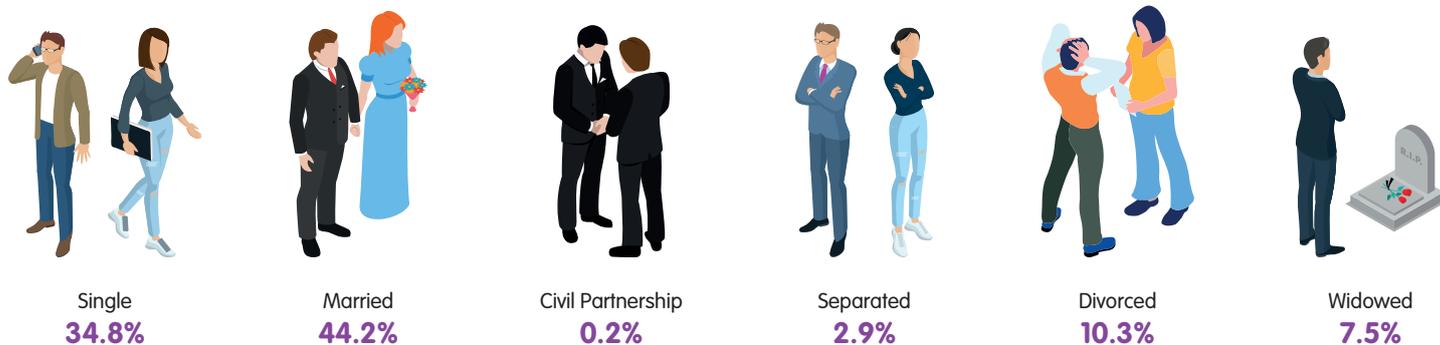
(2016-2018)



# Marital Status

## Marital Status of Tameside and Glossop Residents

Source: Census 2011



## Marital Status of England Residents

Source: Census 2011



# OUR CORPORATE PRIORITIES

Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group are committed to ensuring all residents lead long, fulfilling and healthy lives. The One Equality Scheme has been designed to link closely with the [Corporate Plan 'Our People, Our Place, Our Plan'](#), which brings together a number of joint priorities and ambitions. They are covered by three themes set within the life course.

- Starting Well
- Living Well
- Ageing Well

The model is also underpinned by two visions:

- Great Place
- Inclusive Growth

### 'Our People, Our Place, Our Plan'

Our approach and commitment to equality and diversity is intrinsic to all priorities and outcomes set within 'Our People, Our Place, Our Plan'.



## Transforming Tameside & Glossop

# Our People - Our Place - Our Plan

For everyone every day



Starting Well

Living Well

Ageing Well

## Priorities

1	2	3	4	5	6	7	8
<b>VERY BEST START</b>  <b>Very best start in life</b> where children are ready to learn and encouraged to thrive and develop	<b>ASPIRATIONS &amp; HOPE</b>  <b>Aspiration and hope</b> through learning and moving with confidence from childhood to adulthood	<b>RESILIENT FAMILIES &amp; SUPPORTIVE NETWORKS</b>  <b>Resilient families and supportive networks</b> to protect and grow our young people	<b>WORK SKILLS &amp; ENTERPRISE</b>  <b>Opportunities for people to fulfil their potential</b> through work, skills and enterprise	<b>INFRASTRUCTURE &amp; ENVIRONMENT</b>  <b>Modern infrastructure and a sustainable environment</b> that works for all generations and future generations	<b>NURTURING COMMUNITIES</b>  <b>Nurturing our communities</b> and having pride in our people, our place and our shared heritage	<b>LONGER &amp; HEALTHIER LIVES</b>  <b>Longer and healthier lives with good mental health</b> through better choices and reducing inequalities	<b>INDEPENDENCE &amp; DIGNITY IN OLDER AGE</b>  <b>Independence and activity in older age, and dignity and choice</b> at end of life
Reduce rate of smoking at time of delivery  Reduce the number of children born with low birth weight  Improve school readiness  Children attending 'Good' and 'Outstanding' Early Years settings  Take up nursery at 2yrs  Promote good parent infant mental health	Reading / writing / maths at Key Stage 2  Attainment 8 and Progress 8 at Key Stage 4  Young people going onto higher education  Children attending 'Good' and 'Outstanding' schools  Number of 16-19 year olds in employment or educated  Proportion of children with good reading skills  Promote and whole system approach and improving wellbeing and resilience	Early Help Intervention  Reduce the number of first time entrants into Youth Justice  Increased levels of fostering and adoption  Improve the quality of social care practice  Improve the placement stability for our looked after children  Reduce the impact of adverse childhood experiences	Increase median resident earnings  Increase the working age population in employment  Increase the number of people earning above the Living Wage  Increase number of enterprises / business start ups  Working age population with at least Level 3 skills  Increase the number of good quality apprenticeships delivered	Improve air quality  Increase the number of net additional dwellings  Increase the number of affordable homes  Digital inclusion - average download speeds  Reduce tonnes of waste sent to landfill and increase the proportion recycled  Increase journeys by sustainable transport / non-car  Increase access to public transport	Increase participation in cultural events  Reduce victims of domestic abuse  Reduce the number of rough sleepers / homelessness  Improve satisfaction with local community  Victims of crime / fear of crime  Reduce levels of anti social behaviour  Increase access, choice and control in emotional and mental self-care and wellbeing	Increase physical and mental healthy life expectancy  Improve the wellbeing for our population  Smoking prevalence  Increase levels of physical activity  'Good' and 'Outstanding' GPs practices  Reduce drug and alcohol related harm	Increase the number of people helped to live at home  Reduce hospital admissions due to falls  Increase levels of self-care / social prescribing  'Good' and 'Outstanding' social care settings  Prevention support outside the care system

## Great Place Vibrant Economy

## ACHIEVING OUR OBJECTIVES

The following are examples of projects delivered by Tameside and Glossop Strategic Commission which highlight some of the good work across a wide range of service areas and equality groups.

The Strategic Commission will continue to develop more integrated, inclusive and place-based services, with the case studies providing practical examples of achievements against our agreed equality objectives for 2018-22.

To address quality of life issues across equality groups, including the most vulnerable and disadvantaged residents. Develop effective partnerships to raise awareness of the support services available to residents.

### Case Studies

#### Response to COVID-19

The strength of co-operative and partnership working in Tameside & Glossop has been integral to our co-ordinated approach to COVID-19. The commitment of our integrated, skilled and dedicated workforce has helped to complement the wealth of support made available within our strong and resilient communities.

As always we strive to go above and beyond the minimum and times of uncertainty are no exception. Vital services have remained in place, with significant efforts and collaboration to ensure we identify and arrange support for our most vulnerable and isolated residents. The emergence of new critical roles has been met with the unwavering commitment of staff members to be redeployed where needed. We have used Tameside and Glossop Insight data, our local bespoke customer segmentation tool, to map areas of vulnerability and to locate areas which may contain a higher proportion of elderly and unwell. This has helped us to tailor the local response and ensure all available resources are best placed to help those at risk.

Our emergency hub has streamlined both operational and logistical demands, with thousands of food packages delivered to the extremely vulnerable and those with no support. Working with health colleagues we have facilitated access to medication for those residents unable to arrange collection of their own prescriptions. For residents with no support in place we have worked closely with our partners in the community and voluntary sector to find practical solutions - ensuring the wellbeing of local residents remains a key priority even in times of crisis.

A humanitarian project was developed in response to the number of vulnerable residents contacting the Council and CCG in need of support, help and/or advice. With the initial focus on access to food and essential supplies, phone calls have been made to all residents in order to evaluate their support networks and to signpost vital services and information.



Examples of the efforts made by services across Tameside & Glossop include:

- The [Grow in Tameside](#) Facebook page is receiving some great feedback as our Early Years workers share an online daily rhyme time and story time which is a great example of working differently to deliver services.
- Tameside Music Service launched 'TMS At Home' on Friday with a Facebook live, half-hour music lesson that will run every Friday at 2pm. Children and their families from over 1,000 households joined in the first session
- Tameside Youth Service have offered online services and are involved in detached work.
- One of our GPs has taken part in a daily bulletin on Tameside Radio. Taking questions from callers on a range of helpful COVID-19 related topics. From social distancing to how you would like your frail relatives cared for.
- Free online counselling available for children and young people in Tameside and Glossop. This is an online platform for all young people aged 11-18 who may be struggling with their mental health, particularly during the COVID-19 outbreak.

In addition, a number of existing services have temporarily amended to ensure that they can continue to be accessible during the uncertain times posed by COVID-19. These new pathways were created to ensure that service-users, among which there are many protected characteristic groups, were not adversely impacted by the situation surrounding COVID-19. Some examples of this are as follows:

- Tameside Welfare Rights & Debt Advice Service – the Welfare Rights Service, normally delivered at Tameside One in Ashton-under-Lyne, continued without direct contact with members of the public. Existing cases remained open and were supported via telephone, email or letter, and advice also continued to be given this way. The Freephone advice line for benefits was extended over 5 days in the week to allow for the likely increase in demand for advice during the COVID-19 lockdown.
- Tameside Markets – All outdoor activity for the markets was suspended due to the restrictions, however new hours and rules were introduced to allow for safe, essential shopping to continue. Social distancing measures were introduced and dedicated hours for vulnerable customers meant that those at greater risk of becoming seriously ill as a result of coronavirus had a particular slot that would keep them safe and allow them to remain independent.
- Tameside Job Fair – Tameside Job Fair takes place twice per year, and though new restrictions made the physical event impossible, the fair was placed online for job seekers, which included new opportunities arising from the lockdown, for example hospital cleaners, porters, other healthcare workers and delivery drivers.
- Domestic Abuse Services – the availability of information on Domestic Abuse Services was boosted in response to the potential increase in demand for support due to social restrictions. A section on this support became an integral part of the Coronavirus online information page, and included tailored services for children and LGBT people.

## Age Friendly Tameside

Four more communities in Tameside have received Age-Friendly Neighbourhood status under the terms of the Greater Manchester Mayor's Age-friendly Challenge. Denton North, Dane Bank, Droylsden and Dukinfield have joined Denton South, Mottram, Newton and Ashton Waterloo which were successful in 2019. All four have examples of work where older people take the lead, they include.

Dukinfield - Noah's Art animal-rescue therapy sessions.

Droylsden - St Martin's Church is a Place of welcome

Denton North - social bowling club at Denton Park

Dane Bank - community choir.

Greater Manchester is the UK's first Age Friendly city region, with significant contributions made by Tameside Council's Executive Leader (Councillor Brenda Warrington), as the lead for Age Friendly and Equalities.

## Active Ageing

Tameside is one of eight local authorities across Greater Manchester working to design interventions that support older people to become more physically active, using funding from Sports England. The GM Ageing Hub has brought together councils, health and social care professionals, universities, the voluntary and community sector and older people's groups to respond to the opportunities and challenges of an ageing population.

## CRISTAL Awards

We celebrated the CRISTAL Awards for the first time in October 2019. CRISTAL (Celebrating Remarkable and Inspirational Stars, Teams and Leaders in care homes) celebrates the personal, innovative and dedicated work that benefits the residents of our care homes across Tameside and Glossop. Nominations were received from residents and their families, demonstrating the difference that our care home staff are making on a daily basis and their work to improve the quality of care for residents.





## **Tameside Wellness Centre**

Tameside Wellness Centre opened in March 2020 and has a range of fantastic features. The flagship centre is designed to be accessible by all, with disabled access to the swimming pool, accessible changing rooms and a dementia friendly design throughout.

It includes an eight-lane, 25 metre competition swimming pool with room for 150 spectators; a learner pool; a ten-pin bowling alley; and a spa area including sauna, steam and treatment facilities and fitness suite. It also boasts a host of wellness features that will benefit the whole community, including meeting rooms, free Wi-Fi, a children's soft play area and multi-use studio spaces. Instead of a foyer there will be a social interaction zone – a cultural area that can host everything from a history talk to a string quartet to children's 'Time for a Rhyme' sessions, or just used to relax and read the books available. The roof space will be transformed into a sensory garden and could also be used for a pop-up cinema, small theatre or open air exercise space.



## **Active Tameside Inclusion and Disability**

Active Tameside won the Inclusion & Disability Award at the national UKActive Awards for their Everybody Can services. Everybody Can is a ground breaking approach to health and social care, offering high quality, accessible leisure services for young people and adults with a disability or additional needs as well as opportunities for education, employment, respite, life skills development and independence.

## **Local Offer for Care Leavers**

As a corporate parent we are dedicated to doing everything we can to support and provide opportunities for our care leavers as they make their way into the world. As part of this we have expanded our pioneering housing project, which is helping care leavers move on to independence. The Transition Support scheme involves the collaborative working with partners and not for profit organisations to develop high quality accommodation to support young people leaving care.

A brand new initiative led by Councillor Stephen Homer has allowed us to work with local driving instructors to provide lessons free of charge to Tameside care leavers. Individuals were nominated based on the recognition of staff from Children's Services for their achievements and success in employment, education, training or sport.

## Tameside Loves Reading

Tameside Loves Reading is a three-year programme that encompasses a range of services, projects and initiatives being delivered to children, young people and adults. The programme aims to encourage a love of reading and improve the reading skills and wider educational achievement of children and young people in the borough.

The programme has seen a wide range of successful projects and events. These include Tameside Reading Volunteers, Story Makers and Read Here, Write Now – a month long festival of reading and writing. The festival consisted of meet-the-author sessions, workshops and discussions with speakers including Andrew Hurley – winner of the 2016 British Book Industry Award for Debut Novel and Book of the Year; and multi award winning playwright Linda Brogan, who is resident at the National Theatre.

To date the programme has:

- Provided 2740 books for free to new mothers.
- Enabled 1580 hours of volunteering in 46 schools, through 191 volunteers. Volunteers have included Tameside Council staff, NHS staff, school governors and students from Ashton Sixth Form College.
- Seen 375 people, including 170 children under the age of 5, attend the launch of Story Makers. The image to the right shows Simon Sullivan of Simon Sullivan's Adventures in Learning who helps to deliver our Story Makers sessions.
- Received 321 entries to the Tameside Loves Reading Poetry Competition in July 2019.
- Helped improve the reading and literacy skills of young people in the borough. Reading progress of children in Tameside at the end of KS2 is now significantly above the national average.



## LGBT Out Loud

Tameside Youth Service run a weekly support group called LGBT Out Loud. A lesbian, gay, bisexual and transgender support group that offers advice and support for young people aged 14-19 in the Tameside area. The scheme can provide one-to-one support for young people and work with schools to provide safe spaces for anyone who identifies as LGBT or has any questions.

## Digital Libraries

Over the last year Tameside's Library Service has focussed on enabling residents to use the internet. Members of staff have run Get Online events across the borough and have been on hand to help people make the most of the internet by providing free taster sessions. This can range from managing money to skills in job searching. Residents have also been shown how to access eBooks, eMagazines and other free online resources.

Sessions have included Computer Buddies and Learn My Way, with outreach work taking place at the Job Centre and Ashton Indoor Market. In total, 162 sessions were offered, with 605 residents attending.

## Tameside Employment Fund

One of our local businesses has benefitted from a scheme supporting young people from Tameside into work. Hattersley-based Envirolab recruited a member of staff through our Youth Employment Scheme (Tameside YES), part of the Tameside Employment Fund (TEF). We launched TEF in May 2019 and it comprises of Tameside YES, business grants and trade grants with funding available over the next two years. Through Tameside YES, 130 jobs for local young people aged 16-24 not in education or training have been created.



The scheme is available to both businesses and young people to help support business growth and youth employment with financial, behavioural, emotional and professional support. Tameside YES aims to find a young person at least six months' paid employment with a view to maintaining a full-time job.

## Supporting Adult Learning

The new prospectus for Tameside Adult and Community Education, or Tameside ACE, was launched in 2019. Available to all residents aged 19+, courses include entry level to GCSE equivalent in Maths, English and IT. Vocational modules in Retail, Caring for Children, and ESOL (English for Speakers of Other Languages) sessions to help with day-to-day activities and job applications are also offered. Adult education is an area of great importance for Tameside's future and it is essential to make sure our residents are equipped with the skills and confidence they need to progress.

## Tameside HACK

Tameside HACK is a two day coding competition open to young people. HACK7 took place in February 2020, with over one hundred 11 to 18 years olds split into teams to face a range of coding challenges. The challenges were set by business sponsors who provided expert staff to mentor and judge the competition. Tasks included how to keep staff healthy using digital technology and how to enhance daily life using accessible data. HACK has helped to stimulate interest in coding and computing, raising aspirations to help our young people into prosperous careers.



## Supporting Veterans

There are some 7500 ex-armed forces personnel living in Tameside and Glossop. Those who have served in the armed forces are recognised by the Strategic Commission as an additional protected characteristic group to those defined by the Equality Act. Our work to support military veterans in Tameside and Glossop has seen us earn the prestigious Gold award from the Ministry of Defence.



The Gold Award under the Defence Employer Recognition Scheme is the highest badge of honour available and publicly recognises employer organisations which pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant. It's been a seven-year journey, from signing the Armed Forces Covenant in 2012 to winning this recognition, and the award reflects a commitment to this work over time. An example of our work is the Veteran Friendly Approach for Primary Care project. The project has led to over 1300 veterans within Tameside & Glossop having their military history identified in their primary care records. Being identified as a military veteran allows patients to access specific services and avoid some waiting lists. The project was recognised at the Greater Manchester Primary Care Awards and was also nominated for both the HSJ and LGC awards in 2019.

## Reducing Rough Sleeping

Supporting vulnerable residents and improving community resilience is a priority in Tameside. Our work has led to a higher percentage (86%) reduction in rough sleepers than in any other borough in England between 2018 and 2019. Our rough sleeping team work with a number of partners to ensure that people in need get the right support. Special acknowledgement must go to the support that we have from the third sector and from the intelligence that supports us in locating and engaging with rough sleepers to the point where we see individuals settled in homes of their own. We recognise that this community led support is an essential part of what makes us so good at what we do in Tameside and is yet another example of cooperative working improving outcomes for local people.

## Clean Air Week

A whole host of activities took place for clean air week to get everyone thinking about the quality of the air we breathe. Pupils at Russell Scott and Gorse Hall primary schools took to the streets outside their schools for Clean Air Day. We welcomed Chris Boardman as Greater Manchester's Cycling & Walking Commissioner to see how the scheme works. Russell Scott primary closed off the road for the day so pupils could take over the street to hold a fete – included cycling and scooter lessons. Transport for Greater Manchester (TfGM) also held an electronic bike roadshow and free cycle health checks in Ashton Market Square to promote making cleaner journeys.

A Junior PCSO scheme empowers schoolchildren to deter people from parking too close to school gates. It proved so successful that it was rolled out to other local schools and championed by TfGM to schools across the region as part of wider Clean Air Week events.



### Digital land charges register

To make the home-buying process simpler and faster, our Planning service rolled out the new digital land charges register. This makes us one of only seven local authorities in the country to have digitalised our paper land-charge documents. Having our register available electronically as well as on paper helps to improve accessibility.

### Outstanding rating for Tameside & Glossop CCG

Tameside & Glossop CCG received an overall rating of 'Outstanding' in the annual assessment for 2018/19. The annual assessment provides a rating against the indicators in the CCG Improvement and Assessment Framework.

Highlighted areas of strength and good practice were;

- Diabetes patients that have achieved all the NICE recommended treatment targets
- High quality and extended primary care access
- Estimated diagnosis rate for people with dementia
- Utilisation of the NHS e-referral service and Staff engagement index.

This means that within these areas, our CCG's performance is in the top 25% in England. We were also rated 'Green' in our end of year final finance; 'Green Star' in our end of year final quality of leadership; and 'Green Star' for patient and community engagement.

### Grow With Me – Parenting Strategy

As part of the Starting Well Programme, the '[Grow with Me' Parenting Strategy](#) has been launched. The Strategy's vision is to nurture the personal, social and emotional development of children by supporting parents and families with skills, information and practical advice. A significant step forward in the strategy is the open access of free parenting courses online and our 'parent space' drop-ins.



Following some feedback we received from parents, we now know it is not always easy to attend a physical course. The online courses improve access to support by allowing parents to do this in their own time; or they can visit and/or call a Parenting Co-ordinator for evidence based information and advice. This is also vital during the time of Covid-19 when some parents may find it difficult to juggle work, parenting and teaching.

## Early Help Website Launch

Whilst most children and their families in Tameside are able to have a good quality of life with minimal additional support from public services, there are some who find life more difficult for a variety of reasons. Children, young people and their families may need additional support and help from universal, targeted and specialist services.

An Early Help Strategy has been in place since 2018 which delineates how Tameside families can be supported by a variety of public services. While this has been in place, it has become clear the need to communicate this strategy to wider professionals and importantly families in Tameside. In March 2020 the [Tameside Early Help website](#) was launched, which will widely support reducing inequalities across Tameside. This allows information about the support on offer to families to be widely available to improve access, boost awareness and take-up of services and to improve outcomes for families.

## Tameside Drugs, Alcohol & Tobacco Curriculum

The Tameside Drugs, Alcohol and Tobacco Curriculum launched in March 2020 which will support all schools to Tameside to delivery age appropriate Drugs, Alcohol and Tobacco Education. This will support schools to deliver the statutory guidance for Health Education from September 2020. By providing the curriculum for all schools in Tameside for free it helps reducing health and education inequalities across the borough.



## Tameside Alcohol Exposed Pregnancies Programme (AEP)

The Tameside Alcohol Exposed Pregnancies Programme (AEP) aims to reduce alcohol exposed pregnancies and eliminate future cases of Foetal Alcohol Spectrum Disorder (FASD) in the borough. The AEP programme aims to educate and raise the profile of the universality of AEP as well as targeting a cohort of at risk and vulnerable women within substance misuse services with a prevention intervention programme.

A proportion of the funding has been allocated to Change Grow live, The Women and Their Families Centre and Early Years, Early Help and Neighbourhoods to deliver The prevention Intervention programme. These sessions address motivation and commitment to contraception/reduce alcohol consumption in women with a range of experiences from substance misuse issues, domestic abuse, probation, and housing. The Tameside AEP programme is also working in Partnership with Tameside and Glossop Integrated Care Foundation Trust (TGIFT) Maternity and enhanced department to screen and deliver intervention to reduce alcohol consumption to pregnant women.

As part of the Wider GM AEP programme a universal public social media campaign which primarily targets 18-44 year old women, pre-pregnancy and active pregnancy across the 4 localities. The campaign aims to increase awareness of AEP, FASD and elicit change and commitment to not drink during pregnancy.

## National recognition / award shortlisting

During the past 12 months we have been shortlisted for awards in the following areas:

### 2020

#### 18 March 2020

##### Local Government Chronicle (LGC) Awards

Children's Services	Children's Homes	Shortlisted
Digital Impact	TDIC, AOD, free WiFi, Hack, Coder DoJo, Duke of York etc.	Shortlisted
Driving Efficiency Through Technology	Digital Health Centre	Shortlisted
Future Places	Vision Tameside incorporating Tameside One, Market Square, Transport Interchange, TDIC, Ashton Old Baths, free WiFi, Denton Wellness (plus others, e.g. Hyde Pool), Science Park etc.	Shortlisted
Public/Public Partnership	Veteran Friendly Approach to Primary Care	Shortlisted
Public/Public Partnership	GM wide OD Directors collaboration	Shortlisted
Business Transformation	GM Regulatory - GM local authorities with GMFRS	Shortlisted

##### Patient Experience Network National Awards 2020

Integration and Continuity of Care	Partnership Engagement Network	Shortlisted
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#### 27 March 2020

##### HPMA HR In Excellence Awards

The University of Bradford Award for Cross-Sector Working	GM Blended Roles Programme	Shortlisted
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#### 31 March 2020

##### PPMA Excellence in People Management Awards

President's Award for Special Contribution	Greater Manchester Human Resource Development Collaborative	Shortlisted
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#### 20 May 2020

##### Community Leisure UK Awards

Demonstrating Social Impact	Active Tameside	Shortlisted
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## HSJ Value Awards

Acute Service Redesign Initiative	Place Based Paediatrics	Shortlisted
Acute Service Redesign Initiative	Integrated Urgent Care Team - Home First	Shortlisted
Acute Service Redesign Initiative	The introduction of an interactive appointment reminder service to reduce Outpatients DNA's	Shortlisted
Acute Service Redesign Initiative	Improving System Flow - Tameside and Glossop System Approach to reducing Stranded and Super Stranded Patients	Shortlisted
Specialist Service Redesign Initiative	Place Based Paediatrics	Shortlisted
Primary Care or Community Service Redesign Initiative	District Nursing Service Redesign – A service fit for the future	Shortlisted
System or Commissioner Led Service Redesign Initiative	Living Well at Home Redesign through collaborative care planning	Shortlisted
System or Commissioner Led Service Redesign Initiative	Tackling Social Demand in General Practice through a collaborative asset based approach	Shortlisted
Cancer Care Initiative of the Year	Creating a psychological therapy service for people living with cancer	Shortlisted
Cardiovascular Care Initiative of the Year	Stroke/Atrial Fibrillation Project	Shortlisted
Diabetes Care Initiative of the Year	A review of administration of insulin in the community setting – pilot scheme to for care home staff to deliver insulin injections, supported by District Nursing	Shortlisted
Respiratory Care Initiative of the Year	COPD Therapy Review Service	Shortlisted
Clinical Support Services Award	First Contact Practitioner	Shortlisted
Clinical Support Services Award	Establishment of a local gram negative blood stream infection group to improve knowledge of blood stream infection (GNBSi) and basic measures to reduce in risk in the community setting in care homes and the wider community	Shortlisted
Operations and Performance Initiative of the Year	New models of care using a data driven service transformational approach	Shortlisted
Finance Team of the Year	Generating Efficiencies through Engagement	Shortlisted
HSJ Value Award of the Year	CARE TOGETHER - an integrated approach to health and care in Tameside & Glossop to improve population health	Shortlisted

2019

23 May 2019

### Health Service Journal (HSJ) Value Awards

Emergency, Urgent and Trauma Care Efficiency Initiative of the Year	Tameside and Glossop Digital Health Service	Won
Community Health Service Redesign Award	Community IV Therapy Service	Shortlisted
Acute Service Redesign Initiative	Electronic Advice and Guidance	Shortlisted
Improving Value in the Care of Older Patients Award	Extensive Care Service	Shortlisted
Emergency, Urgent and Trauma Care Efficiency Initiative of the Year	Virtual Fracture Clinic	Shortlisted
Emergency, Urgent and Trauma Care Efficiency Initiative of the Year	Development of New Electronic Emergency Department Health Record System	Shortlisted
Diabetes Care Initiative of the Year	Denton Diabetes Diverters 100 day challenge	Shortlisted
Technology Initiative of the Year	Development of new electronic ED health record system	Shortlisted
Improving Value in the Care of Older Patients Award	Tameside and Glossop Digital Health Service	Commended
Financial or Procurement Initiative of the Year	Finance Improvement Team	Commended

6 June 2019

### HPMA Excellence in HRM Awards

The University of Bradford Award for Cross-Sector Working	Greater Manchester Health and Social Care Workforce Collaborative	Won
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20 June 2019

### European Pensions Awards

Infrastructure Manager of the Year	GLIL Infrastructure	Won
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### Regulatory Excellence Awards

Primary Authority	Wine & Spirit Trade Association / Greater Manchester Regulatory Centre of Excellence	Commended
Better Business for All	Greater Manchester Regulatory Service of Excellence	Won

## 26 June 2019

### Health Service Journal (HSJ) Value Awards

Corporate Director of the Year	Director of Governance and Pensions (Borough Solicitor) and Director of Greater Manchester Pension Fund	Won
Care and Health Integration	Digital Health Centre	Commended
Transforming Lives	Support at Home	Shortlisted

## 4 July 2019

### Greater Manchester Health and Care Champions Awards

Leader Across Boundaries	Karen James and Steven Pleasant MBE	Won
Apprentice of the Year	Sarah Brooksbank, Modern Apprentice	Won
Dedication to Volunteering	Beverly Warner, Making a Difference	Shortlisted
Innovation	Steve Marsland, Head Teacher, Russell Scott Primary School	Shortlisted
Leader in Supporting Talent Development	Michelle Therman, High Risk Foot Team Podiatrist	Shortlisted

## 19 September 2019

### Local Authority Pension Fund (LAPF) Investments Awards

Scheme Administration Award	Communication and Engagement Strategy	Won
Private Markets Award	Northern Private Equity Pool (NPEP)	Shortlisted

## 3 October 2019

### Greater Manchester Chamber of Commerce

Building of the Year	Tameside One	Shortlisted
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## 6 November 2019

### Health Service Journal (HSJ) Awards

Military and Civilian Health Partnership Award	TASC work, in particular the primary care activity	Shortlisted
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## 21 November 2019

### iNetwork Innovation Awards

Transforming & Innovating Public Services	Digital Health Centre	Won
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### Customer Service Excellence (CSE) Award

Awarded 100% compliance with 15 "Compliance Plus"

To ensure all legal and statutory requirements are met, to include the progress made against equality objectives, publish workforce monitoring data by equality group and the undertaking of Equality Impact Assessments to support service delivery and commissioning decisions. Our equality objectives are published through the One Equality Scheme and subsequent reviews.

## **Workforce Data**

Public Sector Duty under the Equality Act 2010 requires organisations to have due regard to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations between different groups. As such we are required to publish information relating to race, disability, sex and age, as well as grievances, dismissals and more.

The Council's workforce data is published [here](#). The CCG's workforce data can be found [here](#).

## **Gender Pay Gap**

All public sector employers with over 250 employees are required to publish information about gender pay gaps annually by 31 March each year. A full analysis of the figures for the Council's gender pay gap for the year 2019/20 can be found [here](#).

## **Equality Impact Assessments**

Equality Impact Assessments (EIAs) help the Strategic Commission to meet its legislative requirements to assess the impact that our decisions have on various customer groups. Under the Public Sector Duty of the Equality Act 2010, public bodies are required to demonstrate that full consideration and due regard has been given to people's needs, and that those individuals charged with making decisions are aware of any impact and their duties.

EIAs are completed when a policy or service change is planned and allows the responsible officer, commissioner or team to ensure that they fully consider the consequences that might particularly disadvantage particular groups of people. EIAs are undertaken regardless of how minor or major the impact may be, in a large or small group of people.

EIA's ensure relevant questions are asked to minimise risk to people under the protected characteristics listed under the Equality Act – age, disability, sex, religion or belief, sexual orientation, gender reassignment, pregnancy or maternity and marriage and civil partnership. It requires decision-makers to identify possible ways of reducing or mitigating the impact of a service or policy change.

Examples of Equality Impact Assessments in Strategic Commission decision-making can be found in [Executive Cabinet](#) meeting papers for Council decisions and [Strategic Commissioning Board](#) papers for CCG decisions.

## Active Parks

Local Pilot Sport England Funded Programme has been devised to address under representation from groups with protected characteristics. A proportion of the funding has been allocated to Action Together to address the activity levels of children and young people from BAME communities, those who are LGBT+, and women and girls, a small investment scheme is also to be set up to increase inclusion of those with a disability into mainstream sports and activity clubs. The Local Pilot funding has also been allocated to Active Tameside for the uplift of the exercise on referral programme which is targeted at people aged 40-60.

As component part of the Local Pilot is Active Parks, which seeks to encourage people to use their park or green space differently. Two of the test parks are located in/near to wards with high BAME populations, and members of the community will be invited to take part in appropriate activities.

## Be Well Tameside

The Be Well Tameside health improvement service provides individual and groups support to achieve positive changes for health and wellbeing, such as behaviour change support for stopping smoking, healthy eating, physical activity, stress and sleep as well as health checks and oral health promotion. A core part of their work is to reduce health inequalities. This helps the authority to achieve its goal of reducing inequality faced by protected characteristic groups in a number of ways. Firstly, the service staff have undergone LGBT awareness training to skill up staff in providing a welcoming and accessible service and conduct sexual orientation monitoring in order to assess how successful it is as engaging with our LGBT population.

In addition, in 2019-20 Be Well Tameside delivered 1460 community NHS health checks (for residents 40-74 years), and approximately one in four of these health checks took place with residents from 20% most deprived areas, and one in 8 were with residents from a BAME background. Smoking is a major cause of health inequalities and contributes to household poverty and in 2019-20 over 400 people were supported to stop smoking.



The advertisement features a teal background with a white door on the left. The door has a yellow sign that reads "STOP SMOKING SERVICE" and a yellow handle. To the right of the door, the NHS logo is displayed in white, followed by "Pennine Care" and "NHS Foundation Trust" in white text. Below this, the text "YOU'RE FOUR TIMES MORE LIKELY TO QUIT SMOKING WITH SUPPORT." is written in white, with "SUPPORT." in yellow. A yellow horizontal bar runs along the bottom of the advertisement.

To develop and deliver services that are fair and equitable we need to ensure staff are aware of their responsibilities and that service users are aware of their rights. To work across partnerships to raise awareness and understanding of equality and diversity.

## Case Studies

### **Suicide Prevention Training**

The Strategic Commission introduced online suicide prevention training as part of our mandatory learning for all Council and CCG employees.



The training helps people to spot when someone may be feeling suicidal and know how to have a conversation with them and signpost them towards help. We are proud to be leading by example and hoping that other employers in Tameside and Glossop will adopt the same policy.

This is a major step towards preventing suicides in Tameside and Glossop, as it means thousands of people will be trained in supporting people to stay safe and signpost local resources.

### **Mental Health First Aiders**

As part of a new initiative developed by the Organisational and Workforce Development team, a number of staff members have completed a two day programme to become Mental Health First Aiders (MHFAs). Their important role will include spotting early signs and symptoms of mental illness and to instigate supportive conversations with those who may be experiencing difficulties.

### **Race Equality Change Agents**

The Race Equality Change Agent Programme (RECAP) was launched by Greater Manchester Combined Authority (GMCA) along with the NHS in Greater Manchester. The programme outlined how research has shown that staff members from black and minority ethnic backgrounds do not progress at the same rate to higher graded posts or leadership positions as their white colleagues; they experience a greater level of bullying behaviour and are more likely to experience disciplinary action.

RECAP aims to create a cohort of 'Change Agents' who will raise the profile of the race equalities in their organisations. Two Change Agents have been nominated in Tameside and have each come up with their own project to promote racial diversity or reduce inequality in their workplace. The two projects involve creating a staff BAME network and increasing the number of people who state ethnicity on their profiles. You can find out more about the RECAP programme [here](#).

## All Equal in Tameside & Glossop

In February 2020, Tameside & Glossop Strategic Commission received accreditation from the Manchester Pride charity as a 'Good Practice' organisation following our implementation of the [All Equals Charter](#). This is a reflection of our commitment as an organisation to providing accessible and good quality services to all residents and members of our workforce - including people of all sexualities and gender identities.

We were the first local authority and CCG to adopt the charter, which sets out a series of principles, values and commitments to inclusion that we must enshrine to support the inclusion and equality of the LGBT+ community, both as employees and residents of the communities we serve.

Representatives from Manchester Pride praised our comprehensive and up to date policies on preventing hate and discrimination; our LGBT+ focus in campaigns and; consideration of the LGBT+ community in change processes. The grade was assigned by the charity, who helped us to devise an action plan on how we can improve the inclusion of people of all sexualities and gender identities.

Tameside & Glossop Strategic Commission were invited to speak on a panel at the Manchester Pride Conference to share learning as a 'good practice' organisation in our commitment to inclusion for LGBT+ staff and residents. We are in a unique position to lead the way for promoting LGBT+ equality across the region and support Pride's goal of making Greater Manchester a welcoming place for everyone.

## Tameside Pride

Tameside Pride lived up to its promise of being the borough's biggest ever celebration of diversity, tolerance and equality. Hundreds made their way to Cheetham Park in Stalybridge to enjoy the sunshine, music and other family fun activities on offer. It was all accompanied by a wide range of stalls from organisations such as the fostering team and the Anthony Seddon Fund, and even one of our road-sweepers decorated in the rainbow colours.



The poster features a vibrant background of colorful flowers in shades of blue, green, yellow, orange, and red. On the left, a white-bordered box contains the text 'TAMESIDE PRIDE 2019' in large, bold, white capital letters. To the right of this box, the event details are listed: 'SATURDAY 6TH JULY' and '12:00 noon till 6:00pm'. Below this, the location is given as 'CHEETHAM PARK, STALYBRIDGE, SK15 2JR'. A line of text follows: 'All welcome! Free family fun day with live entertainment, fairground rides, food stalls and bar. For more information contact Tameside Pride 0161 987 1036 www.tamesidepride.co.uk www.facebook.com/PrideTameside'. At the bottom right, the hashtag '#TamesideLovesPride' is displayed. At the very bottom, a row of logos is shown, including the rainbow flag, The Anthony Seddon Fund, and other local organization logos.

## Pride in Practice

Pride in Practice is a programme run by the LGBT Foundation and is a quality assurance and social prescribing service that strengthens and develops primary care services relationships with their lesbian, gay, bisexual and transgender (LGBT) patients. It aims to ensure that all LGBT people have access to primary care services as well as sharing examples of LGBT inclusion in primary care. Pride in Practice has been successfully promoted for some time within Tameside and Glossop.

The primary care team has been working with the LGBT Foundation for some time by providing a platform for the Pride in Practice Tameside and Glossop Community Involvement Co-ordinator to promote Pride in Practice to Tameside and Glossop practices. As a result of this a 25 out of 37 have completed the training with 10 being awarded gold status. This particularly supports an improvement of the transgender experience of primary care as gold award practices monitor if they have transgendered patients. Once practices are aware of which of their patients are transgender, it means they can have an experience of primary care that respects their dignity and supports improved outcomes.

## Carers Centre

The new Tameside Carers Centre officially opened in March 2020, based on the ground floor of Tameside One in Ashton-under-Lyne. The centre will improve accessibility for residents to the service as it continues to provide information, advice and support to carers across our borough. For information email the [Tameside Carers Centre](#) call 0161 342 3344, or visit the [website](#).

## Mental Health Support in School

Silver Springs Academy in Stalybridge received the nationally recognised AcSEED award following support from our Population Health team and Tameside, Oldham and Glossop Mind. The award recognises the school's work in supporting the mental health and wellbeing of its pupils, staff and parents. To achieve the accreditation, staff at Silver Springs fine-tuned their established approach to supporting mental health and wellbeing. This includes the school's tiered mental health support which features school-wide advice, sessions for groups and therapy sessions for individual students. In addition they are planning to create a wellbeing centre where staff can provide extra support to children and families.

Mottram Primary School was also presented with the AcSEED award. The school developed a new health and wellbeing policy which aims to help children be healthy, attentive and emotionally secure. Sessions have been organised to help parents and carers become more engaged in the education of their children.



## COPD Patient Education Courses

Over the last year we have introduced free patient education courses for anyone in Tameside and Glossop diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The courses are aimed at patients, enabling them to find out more about the services and support available and how they can manage their condition so that they can continue to have a full and active life. **Page 131**

## EDS2

The Equality Delivery System 2 helps NHS organisations improve the services they provide for their local communities and encourages a better working environment, free of discrimination for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The main purpose of EDS2 is to aid discussion with local partners and residents. By using EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS2 is based on the following four goals.

- Better health outcomes
- Improved patient access and experience
- A representative and supportive workforce
- Inclusive leadership.

NHS Tameside & Glossop CCG undertakes EDS2 each year to help review and improve the performance for people with characteristics protected by the Equality Act 2010. An event in November 2019 focussed on Goal 2 (Improved patient access and experience) and for the first time was held jointly between the Strategic Commission and Tameside Hospital (ICFT).

A copy of the report from 2019 can be found [here](#).

## Workforce Race Equality Standard (WRES)

The aim of the WRES is to support NHS organisations to make sure employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Tameside and Glossop Clinical Commissioning Group (T&GCCG) has two roles in relation to the WRES:

- As a commissioner the CCGs Improvement and Assessment framework requires CCGs to give assurance to NHS England that providers are implementing and using WRES, and action plans should be part of the contract monitoring process.
- As an employer each CCG must use and analyse the WRES data to improve workplace experience and representation at all levels for BAME staff as well as other characteristics under the Equality Act 2010. The CCG should also produce and publish a report using the WRES reporting template, and produce a WRES action plan.

In June 2019 a WRES report for NHS Tameside & Glossop Clinical Commissioning Group was submitted to NHS England – a copy of which can be accessed [here](#). An associated action plan has also been produced and is updated on a quarterly basis.

## Time to Talk Day

Time to Talk Day is an annual day to encourage more people to come forward if they are struggling with mental health issues. Originally established by the Time to Change initiative, staff from NHS Tameside and Glossop CCG and Tameside Council have used the day to promote the help available to those living in the area and registered with a GP practice.

Healthy Minds is the local mental health service provided by Pennine Care, giving confidential treatment and support to anyone with low mood, depression, anxiety and many more conditions, including those requiring specialist treatment.

Engage and consult with communities using a variety of methods to shape our services to meet customer need in the most efficient and service user friendly way. Develop engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

## Case Studies

### Engagement and Consultation in 2019/20

- Delivered the joint Budget Conversation exercise for Tameside and Glossop Strategic Commission.
- Facilitated over 30 thematic projects.
- Received over 3000 engagement contacts during 2019/20 (excluding attendance at events/drop-ins).
- Delivered three Partnership Engagement Network (PEN) conferences during the year 2019/20.
- Supported engagement projects at Greater Manchester level.
- Promoted national consultations where the topic was of relevance or could have an impact on Tameside and Glossop.

When the decisions we make have the potential to affect people living in Tameside and Glossop, we may hold a public consultation. This can be a statutory requirement or a matter of best practice, according to proposed changes taking place. A consultation allows people to have their say on a matter that they are affected by or interested in, and we must have due regard to how the public feel about the services which affect them.

Examples of local consultations undertaken by the Strategic Commission in 2019/20 include:

- Bee Network schemes in Tameside
- Council off-street parking review
- Appointee and Deputyship consultation
- Future of health and care services in Hattersley
- Proposed Public Space Protection Order for moorland consultation
- Budget Conversation 2020/21

## Bee Network

The Bee Network is a Greater Manchester-wide project that aims to make the region an easier place for people to get around on foot or by bike. The long term vision is to make Greater Manchester the first city region in the UK to have a fully joined up cycling and walking network. When completed the network will cover over 1800 miles and be the most comprehensive in Britain.

As part of the Bee Network, Tameside Council successfully secured approval and funding for 11 new walking and cycling infrastructure schemes. The **proposed schemes** will make walking and cycling an easier and safer option in Tameside and make them become the natural choice for short journeys.

In order to inform and develop the schemes, extensive engagement exercises were conducted in early 2020 to allow people to have their say and to shape the 11 proposed schemes.

Engagement activities included:

- 11 surveys to allow residents to give their views on the proposals (over 100 completed)
- Eight public events across the borough
- Presentation and workshops at Partnership Engagement Network conferences
- Festival of cycling event held in Ashton Market Square
- Briefing for local councillors
- Distributed over 2700 leaflets to residents and businesses located close to the proposed schemes
- Consultation awareness posters and railing banners in prominent locations across the borough

Feedback gathered across all engagement activities will be collated and analysed, with proposals altered if appropriate.



**Cycling and Walking Infrastructure Improvements in Tameside**

For more information and to have your say visit: **[www.tameside.gov.uk/mcf](http://www.tameside.gov.uk/mcf)**



## The Budget Conversation 2020/21

Together the Council and CCG are responsible for a huge range of services, spending £935 million a year on supporting local people and businesses. For 2020/21 we had to agree a budget that would deliver on our priorities and continue to produce savings.

Before the budget could be agreed, we wanted to find out the public's views on how the organisation should spend the money available. The Budget Conversation was held from December 2019 to January 2020, consisting of an online survey and drop-in sessions. In addition, five dedicated engagement sessions were held with community groups – Ashton Sixth Form College, Tameside College, People First Tameside, Tameside Carers Group and Tameside Youth Council.

The feedback was used to advise the setting of the Council and CCG's budget for 2020/21. Common themes from responses included:

- Education and schools
- Older people social care
- General healthcare services
- Maintenance of roads and highways
- Children's social care

A full breakdown of the Budget Conversation analysis can be found [here](#).

## Co-operative Council Network

Tameside Council is now a member of the Co-operative Councils Innovation Network, demonstrating our continual ambition to transform our public services from a top-down system to an approach involving collective action, co-operation, empowerment and enterprise. To mark the beginning of the Council's membership of the network, a Co-operative Council Summit was held at Dukinfield Town Hall. The summit was a great opportunity to showcase how co-operative working is already improving people's lives in Tameside, as well as identifying other areas where we can embrace this model of collaborative working to draw on the strengths of our local communities.





### Partnership Engagement Network

The Partnership Engagement Network (PEN) exists to provide the public and partners with a structured method of engaging with and influencing the work of public services in Tameside and Glossop. The Network was created by the Council, CCG and Tameside Hospital (ICFT) with the support of individuals from a variety of backgrounds including the voluntary sector and patient participation groups

PEN conferences have been held in June 2019, October 2019 and February 2020, with over 200 partners, members of the public and patients attending. Presentations at the conferences have covered Clean Air, Age Friendly and various 'You said, we did' topics. Over 20 workshops were held across the three conferences, with topics ranging from Active Parks to Co-operative Councils. Monthly update emails are sent to all PEN members to keep them up to date with engagement opportunities at a local, regional and national level. If you would like to sign-up to become a member of the PEN Family, and be kept informed about consultation and engagement opportunities across Tameside and Glossop, you can do so by clicking [here](#).

## LISTENing in Tameside

We know our children and young people are passionate about what is important to them and as a Co-operative Council we have developed a co-production framework. LISTEN is our commitment when commissioning local services and designing individual support with children and young people, complementary to the Tameside Voice of the Child Strategy.



Our children and young people have asked us to:

- Always use our imagination
- Include everybody
- Prioritise the environment
- Be open minded
- Make things look modern
- Help them to understand things better

Children and young people will be engaged and involved in changes to services and policy from the very start. We will let children and young people know about opportunities for them to be involved, for example - local events, groups, workshops, feedback, surveys and volunteering. A Co-production Advisory Group brings professionals and young people together.

## Health Improvement Survey 2019

A Health Improvement Survey ran between October and November 2019 in order to gain an understanding into how people use and experience the support to improve health and wellbeing. Information, views and opinions were gathered from people living and working in the area, including individuals and organisations who work to support communities in Tameside.

The survey was sent to members of the public and professionals in a number of ways, to reach as many people as possible. In particular, the survey was shared via social media, through patient engagement networks, and via networks of people we wanted to reach in particular such as carers, young parents, and the voluntary sector. The results were used to inform plans for the recommissioning of the Health Improvement Service in Tameside, to help us make sure that the new service will meet the needs of local communities.

## Sexual Health Resident Engagement

In late 2019/early 2020, the Population Health team carried out engagement with residents around their sexual and reproductive health choices and experiences to help inform a wider sexual health needs assessment and future decisions to be taken on the model of the wider sexual and reproductive health system. This consisted of a resident survey (online and paper); engagement via the PEN conference; conversations with young people at of the secondary schools in the borough; conversations with residents in specific areas including Hattersley; and discussion with front line services and residents who utilise these services.

The findings of this engagement and conversations will inform further work to develop and improve sexual and reproductive health services across the borough including specialist services, community outreach, hospital-based services and primary care. Some of the key findings show that there are challenges to accessing services due to appointment availability and geography for some residents, as well as a lack of awareness of how and where to access services. Further ongoing engagement with residents around these issues would be useful to ensure they appropriately address and meet needs.

Gathering information and intelligence enables us to have a greater understanding of local need. To use a variety of communication methods to increase the accessibility and understanding of council and CCG services

## Case Studies

An important component of understanding the use and demand on our services is the demographic intelligence which takes place at a ward level across the borough. One key part of this is the periodic production of wellbeing profiles, which are a useful for services to understand where they may need to allocate resources.

Tableau shows how different areas in Tameside and Glossop performed in the English Indices of Deprivation and an interactive scorecard to measure our performance against the Corporate Plan. The transition to a Tableau platform has provided an opportunity to increase the accessibility of intelligence by moving to a 'self-serve' process for services to access demographic and performance information.

## Evidence and Intelligence Based Services

When we are planning and commissioning services we require a strong evidence base. We use various dashboards and scorecards to display relevant dates and to ensure any challenges or inequalities are addressed, and to create profiles for each ward within Tameside & Glossop. Using these profiles allows us to better commission services by focussing on needs identified within a specific area, examples of which include:

- Domestic Abuse
- Early Help
- JSNA
- SEND
- Dementia
- Veterans
- Alcohol
- Pharmacy needs
- Autism needs

These examples can be viewed on the [Life in Tameside & Glossop website](#).

## Peer Review

There are a number of ways the Council and public sector partners can drive improvement in the delivery of services to enhance outcomes for residents. One of these is peer challenge where an external and independent specialist undertakes a review of approach and practice as a critical friend providing fresh insight on strengths and opportunities for further development.

During the past 12 months Tameside Council has commissioned two peer reviews on:

- Domestic abuse services
- Healthy spaces (with a particular focus on air quality)

Delivery methods are considered with regards to equality and inclusion. An example of this was noted in findings from the domestic abuse review with regards to reporting from BME communities, LGBT and disabled groups.

A number of recommendations have been fed back to key service areas and include a need to increase collaboration, agree system narrative and vision, with a view to building on existing strategies and opportunities. This work will require the strengths, knowledge and support of a wider partnership that includes stakeholders such as the Council, health commissioners/providers, social landlords, schools and the Police.

## Purple Wi-Fi

Purple Wi-Fi is a free on-the-go platform that is available to anyone with a device in each of Tameside's nine towns. Users only need to sign up to get online, and can opt in or out of receiving news and updates from the Council.

The platform provides the organisation with the ability to communicate with customers and service users, to share new campaigns, events, and consultations.



Purple Wi-Fi has been used to promote the recent Budget Conversation in our efforts to boost the number of people encouraged to have their say on the Strategic Commission's priority spending areas. We have been able to email around 16,000 users on two occasions, all of which had agreed to receive news and information on Council and CCG projects.

## Communication Campaigns

In order to communicate with residents of Tameside & Glossop, we use traditional methods of communication alongside more innovative methods, including:

- Tameside Citizen – a quarterly publication with all relevant news, events, information and advice delivered to every household in the borough.
- Local newspapers – the Strategic Commission uses local press such as the Tameside Reporter and Glossop Chronicle to make residents aware of appropriate news and updates relating to council and health services.
- Social media – the Strategic Commission operate on a number of social media platforms, with a combined 52,000 followers (March 2020). Social media is used to share information as well as acting as a single point where residents can get in touch with general enquiries and receive advice and support.
- Digital advertising – in order to reach a wider audience, we use digital advertising on campaigns such as recruitment of social workers or foster careers on external sites as well as our own.

Campaigning through special initiatives – sessions were run in local secondary schools commissioned by Tameside Community Safety Partnership to raise awareness of child criminal exploitation. The sessions included drama performances and workshops, forming part of the wider multi-agency [Greater Manchester Week of Action](#).

## Take Control Campaign

Take Control was a campaign that aimed to raise awareness of domestic abuse and the help and support available to victims.

The campaign was developed by Tameside Council, Jigsaw Homes, Diversity Matters North West and women from the local South Asian community. The campaign aimed to highlight controlling behaviours and give women experiencing this type of abuse the confidence and information they need to identify behaviour and seek help.

Domestic abuse is underreported in all groups, but data shows that under reporting can be a bigger issue in South Asian communities. As a result, the Take Control was targeted at specific areas and communities within the borough. Outreach sessions were provided in schools for parents, as well as posters, roadside banners and billboards to raise awareness.



A bilingual helpline was set up for the duration of the campaign through Bridges, the domestic abuse support service run by Jigsaw Homes.

## Health Campaigns Targeting Protected Groups

While running public health campaigns we have recognised that certain people with protected characteristics defined in the Equality Act may be at a disproportionate risk of illness or be less likely to seek help.

The following are some examples of campaigns we have delivered or supported.

- GM That Counts!
- You Can! Quit smoking campaign
- Lung Health Checks
- Open Up – campaign aimed at male victims of domestic abuse
- World Elder Abuse Day
- Tameside Pride Event
- LGBT Awareness month
- Flu vaccination campaign – targeted people eligible for free vaccinations
- Age Friendly Neighbourhoods
- Hate Crime Awareness Week



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**Toddle in the park**  
**That Counts!**

Moving for just 30 minutes a day has all sorts of benefits. But don't fret about the time. Can't do 30 minutes? Try 30 steps more - **it all counts!** So come rain or shine, **get your 30 in!**

**Find the best way to get your 30 in**

[thatcounts.co.uk](http://thatcounts.co.uk)

 @ThatCountsGM #ThatCounts

 **Tameside**  
Tameside and Glossop  
Council

