

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 27 May 2020
Time: 1.00 pm
Place: Skype Meeting

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Panel	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Panel.	
3.	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 22 April 2020 to be signed by the Chair as a correct record	1 - 8
4.	COVID RESPONSE ITEMS	
a)	MINUTES OF COVID RESPONSE BOARD To receive the minutes of the Covid Response Board held on 29 April, 6 May and 13 May 2020.	9 - 24
b)	ACCESS TO END OF LIFE MEDICINES To consider the attached report of CCG Co-Chair/Director of Commissioning.	25 - 30
c)	STARTING WELL REPORT: COVID 19 IMPACT To consider the attached report of the Executive Member (Adult Social Care and Health)/Starting Well Clinical Lead/Director of Commissioning	31 - 42
5.	FINANCIAL CONTEXT	
a)	FINANCE REPORT - OUTTURN 2019/20 AND 2020/21 FORWARD LOOK To consider the attached report of the Executive Member (Finance and Economic Growth)/CCG Chair/Director of Finance	43 - 72
6.	ONE EQUALITY SCHEME ANNUAL REVIEW 2020 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)	73 - 126

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.

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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.

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.**

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:**

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

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:

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

Also in attendance **Dr Asad Ali, 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

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

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 31 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:

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

Also in Attendance

Dr Asad Ali, 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

SERVICE AREA:	Commissioning
SUBJECT MATTER:	ACCESS TO END OF LIFE MEDICINES
DECISION:	That Strategic Commissioning Board be recommended to: <ul style="list-style-type: none">(i) Note the proposed delivery model to improve access and resilience for End of Life medicines;(ii) Support the proposed mechanisms and additional financial investment required.
DECISION TAKER(S):	Strategic Commissioning Board
DATE OF DECISION:	27 May 2020
REASON FOR DECISION:	In COVID 19 situation there is an increased demand for access to End of Life medications. This paper highlights changes made and other changes needing to be made to meet the demand.
ALTERNATIVE OPTIONS REJECTED (if any):	<p>The ICFT was approached as a possible out of hours source but given current workforce pressures in general and on their call out service they were not able to offer help.</p> <p>There are developments around re-use of medicines within care home setting which will help alleviate pressure around EoL medicines in that setting however this option may not be available for several months.</p>
CONSULTEES:	GM Local Pharmaceutical Committee, NHS England, all affected local pharmacies, company pharmacy area managers
FINANCIAL IMPLICATIONS: (Authorised by Section 151 Officer)	<p>HM Government’s guidance: “COVID-19 hospital discharges and out of hospital work” confirms “the Government has agreed to fully fund the cost of extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.”</p> <p>The proposed service outlined in this report meets the criteria of the above and will therefore be included on the CCG submission claim for COVID-19 funding which will be from the CCG share of the £1.3 billion made available by the Government. Notionally the CCG share of this funding is circa £6.2m.</p> <p>The pharmacies chosen to deliver this service are respected providers within Tameside and Glossop. The fee for providing this service is not unreasonable in the current circumstances and is in line with other medical services offering an urgent response for an undefined period. The fees are based on the potential payment of £500 as an annual retainer to the pharmacies agreeing to provide the service; a communications fee of £100 per pharmacy; a nightly on-call cost of £20 and also on a best estimate of the number of call-outs that will be required.</p>

All of the fees have been negotiated across Greater Manchester and have been implemented by other CCGs. As the nature of this service is to meet an urgent requirement under COVID-19 and covered under the COVID-19 Emergency Contract Award Exemption Modification Report, the service will be implemented immediately and reviewed at the end of an initial period of 6 months.

The anticipated costs are:-

- £2,080 for providing an on-call service for 6 months
- £10,400 should the call-outs be at the expected rate
- £700 for providing a protected End of Life communication line
- £3,500 for holding End of Life stock

These figures are based on an assumption the service will run for 6 months. There is potential the figures will double should the service be required for 12 months.

It is also anticipated that the £500 annual cost for each pharmacy holding the End of life medication will continue when we return to business as usual. If as anticipated this reverts to being 6 sites this will create an additional recurrent budget pressure of £3,000.

LEGAL IMPLICATIONS:

(Authorised by Borough Solicitor)

Should it be intended to last longer than 6 months to cover Covid period then appropriate review will need to be undertaken particularly in regard to operational arrangements.

CONFLICT OF INTEREST:

None

DISPENSATION GRANTED BY STANDARDS COMMITTEE ATTACHED:

N/A

ACCESS TO INFORMATION:

The background papers relating to this report can be inspected by contacting Peter Howarth, Head of Medicines Management



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E-mail: peter.howarth@nhs.net

1. BACKGROUND

- 1.1 Under the current Covid 19 situation there is an increase in patients on end of life (EoL) pathways. Under national guidance, many of these will not be admitted to hospital and additional Provider capacity has been commissioned to meet the needs of patients remaining in the community.
- 1.2 There is a requirement to have access to EoL medicines in a timely manner. With the reported rapid rate of deterioration of COVID 19 affected patients, medicines supply systems should aim to be deliverable within one to two hours.
- 1.3 The CCG had existing EoL medicines arrangements in place; in the first week of Covid 19 due to circumstances noted above urgent updates to these arrangements were made as noted in section 2. To develop ongoing resilience as a result of the longer-term impact of Covid 19 within primary care and social care we need to develop new models to transition from emergency arrangements to a 'new normal response'. This is in line with NHS England guidance in order to give assurance at a regional level of robustness of supply around EoL medicines.

2. EXISTING ARRANGEMENTS

- 2.1 The existing CCG arrangements for Out of Hours (OoH) EoL medicines are via six extended hours community pharmacies across Tameside and Glossop. This allows access to a 'traditional' sub-cutaneous route list of EoL medicines. As sub-cutaneous is an injectable route it needs a suitably skilled healthcare professional to administer. The hours of availability cover 11 hours a day Monday to Saturday and 7 hours on Sunday. There is no contract with the pharmacies and no payment is made to the pharmacies for holding the stock. The CCG reimburses the pharmacy on the rare occasion that any EoL medicines that are unused go out of date.
- 2.2 Non-controlled drug EoL medicines are held in stock at Willow Wood Hospice for 24 hour access. Gtd healthcare, as the OOH GP Provider keep a stock of EoL medicines with their on call team. Due to Controlled Drugs regulations the Controlled Drugs can't be carried by the doctor on call and have to be stored at Denton head office.

3. COVID-19 IMPLICATIONS TO PROVISION

- 3.1 In the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID 19 EoL patients three responses are needed;
 - (i) Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This will be oral route medicines some controlled drugs but some non- controlled drugs
 - (ii) Increase in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience.
 - (iii) Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 day a week coverage is provided across T&G.
- 3.2 In line with NICE guidance the 'traditional' sub-cutaneous EoL medicines list has been extended to include first line oral EoL medicines some of which are controlled drugs but some are not. The benefit of this remodelling is that if on assessment by a clinician the patient was able to take medicines orally then the supply of the medicines to them would be sufficient for a relative or carer to administer as opposed to the sub-cutaneous route, which needs a healthcare professional present to administer.

- 3.3 With agreement of representatives from T&G CCG, ICFT, GtD and led by the consultant in palliative care at Willow Wood, the EoL formulary has been expanded to incorporate oral first line options.
- 3.4 **Arrangement 1: maintaining EoL stock:** With the expected increase in demand on services and the pressures community pharmacies were under as Covid-19 emerged the CCG swiftly increased the number of sites holding EoL stock from 6 to 14. This gave better resilience and geographic spread and safeguards the EoL provision within T&G from the impact of individual pharmacies closing or significantly reducing hours or having delays to restock.
- 3.5 Whilst the recruitment of additional stock-holding sites followed the standard model noted above it is an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits we need to formalise these arrangements. The GM Local Pharmaceutical Committee (LPC) have produced a service specification for EoL medicines which is in line with local and regional requirements. The GMLPC proposed a £650 initial setting up fee, which the CCG would not pay as our sites are already established. The proposal also suggests a £500 annual retainer fee per pharmacy. This has been implemented by neighbouring CCGs who were not as prepared as we were locally. All other GM localities are now signed up to or are in the process of signing up to the retainer fee service element. It is recommended that Tameside and Glossop CCG also commits to this.
- 3.6 Due to the potential for Covid patients to deteriorate rapidly there is a need once EoL scenario is identified to move quickly to get the medicines to the patient so that they don't die without access to symptomatic relief. The NW Medicines Cell 'What Good Looks Like' document recommends that patients have access to medicines within 1-2 hours. Given the disruption levels there is a need for a protected communication route to EoL stock holding pharmacies to check stock is available and prompt dispensing occurs. NHS England North West propose that a bespoke mobile phone is provided for all EoL stock holding sites. This line would be reserved solely for EoL communications. NHS England propose a £100 p.a. payment to each pharmacy to allow 24/7 urgent contact.
- 3.7 **Arrangement 2: Extended access:** To ensure 7 day, 24 hour access to EoL medicines within the CCG we would need an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week to bridge the gap where pharmacies are closed. We have coverage via 100 hour sites for other periods. This will need to be commissioned from an extended hours pharmacy.

4. FINANCIAL IMPLICATIONS

- 4.1 An initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000.
- 4.2 It should be noted that at some point in the future when we come out of Covid 19 scenario we will revert to having 6 EoL stock holding sites and would continue the £500 per annum stock-holding fee. This would give a future pressure of £3000 p.a.
- 4.3 The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at end of period to continue for a further 6 months. We would not look to continue this service element post Covid 19.
- 4.4 Additional investment is required for arrangement 2 (24/7 access) as follows:
- 4.5 The fee structure would be £20 per on call (4 nights a week), £350 per call out.

- 4.6 We would utilise the taxi service that carries out the day time medicines deliveries as a first line option, however if this were not available in a timely enough manner and the pharmacy needed to deliver there would be a charge of £50.
- 4.7 The payment offered is in line with LPC service specification. We would utilise the call out service as a last resort where Go to Doc OoH service was overstretched, notwithstanding this it is difficult to predict the extent to which it would be used.
- 4.8 If this approach is agreed and we commission the service then the on call fee per 6 months would be £2080 and based on an average of one call out per week and in locality delivery **we could pay £10,400 per 6 months.**
- 4.9 Additional costs will be funded by the Covid-19 central funding source.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 26 May 2020

Reporting Member /Officer of Strategic Commissioning Board Councillor. Eleanor Wills - Executive Member (Adult Social Care and Health)
 Dr Christine Ahmed, GP and Starting Well Clinical Lead
 Jessica Williams, Director of Commissioning

Subject: **STARTING WELL: CHILDREN AND YOUNG PEOPLES' HEALTH SERVICES RESPONSE DURING COVID-19**

Report Summary: This report provides a summary on the response to the Covid-19 pandemic for children and young peoples' health services across Tameside and Glossop.

The report provides a summary of the work that is currently being undertaken and highlights challenges being faced in a number of different areas and steps in place to mitigate as much as possible. This is a rapidly changing situation and the contents of the report are therefore accurate at the time of submission.

Recommendations: That SCB recognise the efforts of all children and young people's services to maintain service provision throughout this difficult time.

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

Budget Allocation	£25.7m The service budgets referenced in this report are covered by the Community Block Contract total with the ICFT paid for via TMBC.
Integrated Commissioning Fund Section	Section 75
Decision Body	Strategic Commissioning Board
Additional Comments	
<p>The current payment arrangements to NHS providers and in particular the ICFT for services outlined in this report, are under the "command and control" phase of the governments COVID response.</p> <p>In reference to the publication from NHSE/I "CCG Cash Management and Block Payment Guidance April 2020-July 2020" and "2020/21 Block contract Values – Calculation Methodology in Response to COVID-19", it is confirmed that all payments are based on 19/20 Month 9 agreement of balances with 2.5% uplift. Whilst these block arrangements are in place until the end of July, it is highly likely that this will continue until at least Oct 2020.</p> <p>Any shortfall in funding at the provider will be claimed for separately via a top-up calculation that they will receive</p>	

directly from NHSE/I which is not a direct cost of COVID. Any COVID specific costs will be claimed for separately, as Providers are instructed to breakeven during the COVID period.

To conclude, the impact of change in service provision outlined in this paper will not change the financial payments made to the NHS providers.

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

Commissioning need to remain compliant of all relevant government guidance and any further legislative changes as the response to the Covid pandemic progresses.

In addition all decision makers need to be cognisant of the financial position as there is a requirement to deliver a balanced budget.

**How do proposals align with
Health & Wellbeing Strategy?**

The report outlines service provision for children, young people and families so aligns with the prevention and early intervention elements of the Health and Wellbeing Strategy.

**How do proposals align with
Locality Plan?**

As above

**How do proposals align with
the Commissioning
Strategy?**

The report describes how existing services are meeting the needs of the population during the pandemic.

**Recommendations / views of
the Health and Care Advisory
Group:**

This report has not yet been presented at HCAG.

**Public and Patient
Implications:**

The report describes how communications are in pace across services to promote appropriate uptake of all services at this time.

Quality Implications:

All services responsibility to deliver high quality services remain unchanged.

**How do the proposals help
to reduce health
inequalities?**

The report outlines how services are ensuring that particularly vulnerable groups are not adversely affected during the pandemic.

**What are the Equality and
Diversity implications?**

As above.

**What are the safeguarding
implications?**

The report outlines how services are ensuring that they are working in partnership to safeguard children at this time.

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

None specific to this report.

Risk Management:

Commissioners are working in close partnership with service managers across the system to ensure that risks are managed.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey, Head of Mental Health and Learning Disabilities by:



Telephone: 07792 060411



E-mail: pat.mckelvey@nhs.net

1. BACKGROUND TO COVID-19

- 1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China, caused by Coronavirus. On Tuesday 10 February, the WHO named the disease caused by the novel coronavirus COVID-19. This was declared a pandemic by WHO on 12 March 2020.
- 1.2 Tameside had its first confirmed case of Covid-19 identified by the NHS on 8 March 2020.
- 1.3 Given that COVID-19 is a new illness, we are still learning exactly how coronavirus spreads from person to person. The virus is thought to spread mainly from person-to-person:
- Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.
- 1.4 It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- 1.5 In response to rising numbers in the UK, on 18 March the Government issued a statement which included all schools shutting from the end of that week indefinitely and stricter lockdown measures. As a result of the Government guidance and restrictions regarding social distancing (expected to be 12 weeks) the decision was taken to suspend the majority of face to face contact from 20 March 2020, apart from those noted with the NHS England guidance. In line with the NHS England guidance, these arrangements are in place until the 31 July 2020.
- 1.6 There is already a detailed report of the Director of Population Health titled “**SERVICE CHANGES FOR CHILDREN’S COMMISSION POPULATION HEALTH PROGRAMMES IN RESPONSE TO COVID-19 (CORONAVIRUS)**” which is summarised as follows:

“The Community Health Services (Healthy Child Programme) for children, young people and their families in Tameside is commissioned by the Local Authority and is 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 is required to make significant changes to its usual arrangements to ensure the health and safety of residents and staff.

However, to ensure safeguarding measures are 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.

These measures have come in effect from the 20 March 2020 and will be applied to the 31 July 2020, in the first instance, but will be reviewed ongoing, and have been put in place to support Government’s response to COVID-19.

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 will continue to operate differently and will continue to follow safeguarding processes. These are detailed further with the report”.

2. HEALTHY CHILD PROGRAMME AND COMMUNITY SERVICES

- 2.1 Children, young people and families’ community services in Tameside have responded to the national guidance in relation to COVID-19.

2.2 To align to the Government’s response to reduce the risk of COVID-19 and NHS England’s guidance on ‘COVID-19 Prioritisation within Community Health Services’, the following changes to the Healthy Child Programme delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust and commissioned by the Local Authority is proposed:

Stop Full Service	
National Child Measurement Programme (in relation to the school nursing)	Stop programme until further notice
Partial Stop of Service	
Pre-Birth and 0-5 service (in relation to Health Visiting)	<p>Stop except:</p> <ul style="list-style-type: none"> • Antenatal contact (virtual). • New birth visits (or when indicated virtual contact). • Other contacts to be assessed and stratified for vulnerable or clinical need (e.g. maternal mental health) and is likely to include: <ul style="list-style-type: none"> ○ interventions for identified vulnerable families, e.g. Family Nurse Partnership ○ safeguarding work (MASH; statutory child protection meetings and home visits) ○ phone and text advice – digital signposting.
School nursing	<p>Stop except:</p> <ul style="list-style-type: none"> • Phone and text service • Safeguarding • Specialist school nursing
Looked After Child Teams	<p>Stop except:</p> <ul style="list-style-type: none"> • Segmentation to prioritise needs (e.g. increased risk of harm from social isolation). • Safeguarding work – case review not routine checks. • Telephone advice – could be undertaken regionally. • Initial review and assessments.
Continue	
Safeguarding	

2.3 As a result, delivery of care has been prioritised to the most vulnerable, and delivering this care remotely if possible, and by risk-assessed home visiting if required. Other aspects of the services have been reduced or stopped. This advice has been captured in action plans which have been shared with relevant teams. Some staff have been redeployed to adult services within the Trust, and sickness rates have increased. Where possible, staff are remote working, and an action card is in place for this. Staffing numbers are being frequently reviewed, and a capacity and demand analysis, in relation to the above COVID-19 prioritisation guidance, has been completed.

2.4 This risk assessment details the current service delivery for each service area, the risks of not continuing normal service and ways in which risk is being mitigated. Clearly this is a dynamic situation and being regularly reviewed.

Particular concerns include:

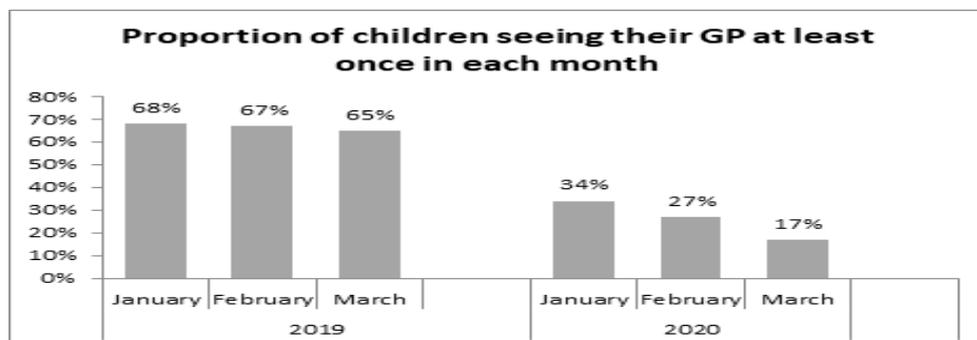
- Health visitors not doing face to face visits routinely for both new-born assessments and routine developmental checks. Potential missed signs of emotional issues and missed early intervention/referral for those children with SEND.
- How to cope with the backlog of work when the situation settles down.
- In relation to safeguarding, most children and families not being visually assessed so potential increase risk of undetected harm at a time when parents are under increased pressure.
- Difficulty in catching up with the backlog of school based immunisation programme, particularly given the uncertainty of how long this situation will continue and whether there will be further “waves” of the COVID 19 pandemic. Risk of having a large cohort of children at risk of contracting diseases due to not being immunised.

Positives:

- Teams have adapted quickly and are finding new ways of communicating with families, for example, the Health Visitor Facebook page has been very useful and popular with parents and a School Nurse one is coming soon.
- Families are being triaged/risk assessed and the most vulnerable families are continuing to have face to face assessments.

3. GENERAL PRACTICE

- 3.1 There has been a significant fall in the number of children accessing primary care in the first 4 months of this year compared to the same time last year. This data includes not only face to face appointments but also telephone appointments. Please see data below.
- 3.2 There is a hypothesis that some of this fall can be explained due to children not being in school, and therefore, there is a fall in the usual viral illnesses that would be circulating at school. However, it is not clear why the numbers had already started to fall in January and February when schools were still open.
- 3.3 Primary care has been using a RAG rated system in order to prioritise work during the pandemic. However throughout this time, primary care has remained open for unwell children and young people, with telephone and video consultations as the first choice, but also continuing to do face to face consultations when there is a clinical indication.
- 3.4 Childhood immunisations have continued throughout this time within our GP practices.
- 3.5 It may be that families have opted not to access primary for routine/annual reviews such as asthma reviews or for when families have not felt they are necessary, due to fear of the services being overwhelmed, or due to fear of coming into contact with the virus.



3.6 Interestingly, during the same period Jan-March there has also been an overall fall in calls to 111 of 11.25% for children. Please see chart below. In the age range 9-11 and 12-14 there was a slight increase, however in all other age groups the calls had fallen.

3.7 Calls to 111 January-March

Age range	2018/19	2019/20	
	Calls	Calls	Variance
0-2	1252	1140	-8.95%
3-5	504	390	-22.62%
6-8	200	174	-13.00%
9-11	120	125	4.17%
12-14	101	102	0.99%
15-17	152	136	-10.53%
Grand Total	2329	2067	-11.25%

4. ACTION TO MITIGATE

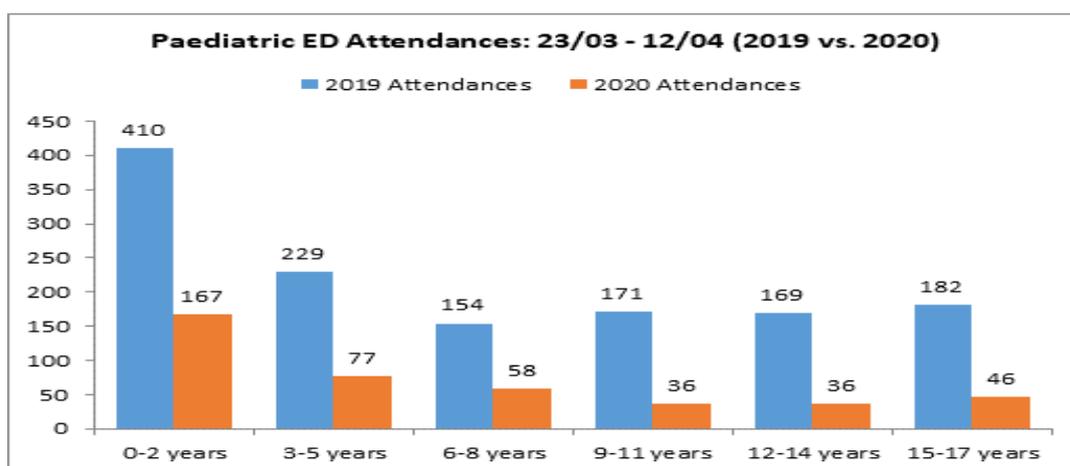
4.1 Over the last few weeks communication has increased nationally, from GM and locally that the NHS open for business and specifically targeted at parents.

4.2 Public health England has also sent out comms via social media “Vaccines Save Lives” highlighting the importance to still attending for immunisations during this time.

4.3 Data is awaited from primary care regarding attendance rates for childhood immunisations over the last 3 months.

4.4 GP practices have been open over the Easter Bank holidays and are open over the May bank holidays, ensuring that there is access for those patients who need to see a doctor or practice nurse during those times.

5. URGENT CARE AND PAEDIATRIC REFERRALS



5.1 At the same time as children and young people accessing primary care and 111 has fallen, so too have the number of Paediatric Emergency Department attendances. As the table above shows, this has been across all age groups. The same pattern is being seen across Greater Manchester.

- 5.2 The Paediatric Emergency Department has temporarily located in the surgical daycase unit, away from the main ED.
- 5.3 Regular contact with the Paediatric colleagues at the ICFT is maintained with open lines of communication and have been having weekly catch ups with Judy Coombes, Directorate Manager for Children, Young People and Families at the ICFT.
- 5.4 Dr David Levy and Dr Jackie Birch, local Paediatricians, have been linking into the Greater Manchester Paediatrics network. They have provided assurance that data is being collected which is part of the wider piece of work by the Royal College of Paediatrics and Child Health (RCPCH) highlighting any cases where it is felt that delayed presentation have caused harm. There is a concern that families may stay at home with an unwell child longer than they would ordinarily do, due to the current COVID-19 pandemic. This is an ongoing piece of work, however to date there have not been any such cases reported locally.
- 5.5 As with many services, Paediatric outpatient clinics have been reduced and routine work has been cancelled. Referrals are being triaged and patients are being contacted over the phone where clinically appropriate. Clinically urgent referrals are being seen as needed.
- 5.6 All GPs have been advised that referrals to Paediatrics should be via Advice and Guidance, which allows the Paediatricians to then triage and respond on the electronic system. This works well given the many GPs and Paediatricians are currently working remotely. The department has had to adjust due to staffing issues, with 2 consultants working remotely due to underlying medical conditions. Other members of the team have changed their working patterns accordingly.
- 5.7 Diabetes and epilepsy specialist nurses continue to be in regular contact with children on the caseload over the phone to provide support when needed.
- 5.8 Community Children's Nursing Team has continued to operate, again adjusting to an increased number of telephone consultations, but still visiting children in their own homes when clinically necessary, with appropriate PPE. This has again been communicated with GP colleagues recently to ensure that GPs are still aware of referring to CCNT.

6. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES - SEND

- 6.1 Shortly before lockdown the CCG commissioned an external review of the health provision for children and young people with special educational needs and disabilities. Although paused at present, the Phase 1 Progress Report is being considered and next steps agreed.
- 6.2 All health services are operational and they are maintaining regular contact with the families they are supporting.
- 6.3 The Community Paediatric Service and therapists are providing support to schools which are required to undertake Risk Assessments of all children with an Education Health and Care Plan. This work will increase as schools prepare to reopen in line with national expectations.

7. MENTAL HEALTH

- 7.1 We are acutely aware that the COVID-19 pandemic will have had a significant impact on the mental health of our residents, both those with a pre-existing mental health condition, but also those not previously known to services.

- 7.2 The impact of social isolation, lack of contact with friends and family, unemployment resulting in financial insecurity and health anxiety are all likely to continue well beyond the acute phase of this viral pandemic.
- 7.3 Of particular concern is impact on babies and their families in the 1001 Critical Days – from pregnancy to the age of two. Parents are essential in a baby’s life. Parents provide the nurturing care to enable their baby to feel safe and secure, and to develop cognitively, physically, socially, and emotionally. Many parents will be providing the physical and emotional care their babies need during this uncertain time however some parents will be struggling and when parents are affected, babies will be affected. It is therefore critical that maternity, health visiting and GP services ensure that all the standard appointments are maintained and there is extra vigilance to connect with parents and identify where additional support is required.
- 7.4 What has been happening locally:
- Children and young peoples’ mental health services have moved quickly to improve their digital offer.
 - KOOTH was launched on 14 April which provides online support to 11-18 year olds across Tameside and Glossop, providing free online counselling and emotional well-being support.
 - Pennine Care have an all age support and advice line, 24/7, for existing service users.
 - Open appointments have been established for parents with concerns to call in and get advice regarding autism and ADHD.
 - The GM Rapid Response Team has brought forward expansion and are actively supporting young people at home where possible, preventing hospital admission.
- 7.5 Going forwards:
- A series of workshops planned during May and June to discuss “moving to recovery and building back better”.
 - Currently in the process of gathering stories from patients and what their experience has been during the pandemic.
 - The Healthy Young Minds service is preparing to re-establish face to face activity where this is essential, such as elements of Autism assessments.

8. MATERNITY SERVICES

- 8.1 Maternity services having continued to work well. Antenatal appointments moved from the community to hospital to allow the services to continue to run, during times where staffing levels may have fallen.
- 8.2 The Acorn Unit (Midwifery led unit) opened at the beginning of March and had seen 16 babies delivered in the unit by the end of April.
- 8.3 “Smoking in Pregnancy” programme is currently being delivered as ‘business as usual’ within our maternity provider, with programme modifications to mitigate COVID-19 risks such as additional support from Be Well Stop Smoking team providing additional virtual/telephone consultation. Other modifications are detailed in the report “Service Changes to the Healthy Child Programme”
- 8.4 Links with Greater Manchester partners ensures connection with ongoing work. The GM & EC Maternity Voices Partnership and the LMS have worked together to develop some information for women and families around COVID-19 and maternity services. These frequently asked questions from service users are published on the My Birth My Choice website and can be found here:
<https://www.mybirthmychoice.co.uk/coronavirus-and-pregnancy/>.

8.5 Early Attachment Service is running “digital drop in service” offering new weekly telephone consultation service for parent and professionals. Available for parents (from pregnancy up to a child’s fifth birthday) and professionals (health visitors, midwives, social workers, teachers, nursery workers etc.) A space to think about and discuss concerns about an infant or young child, or the parent-infant/parent-child relationship, and the impact of the COVID.

8.6 Going forwards:

- Ongoing liaison with maternity services at the ICFT as we enter the recovery and rebuilding phase. It is likely that at some point over the coming months, services may well be moved back to the community.
- Need to ensure that communication is clear and accurate between health professionals and service users.

9. SAFEGUARDING AND LOOKED AFTER CHILDREN

9.1 There is close communication across all agencies regarding children’s safeguarding, ensuring a coherent, effective approach to safeguarding and domestic abuse.

9.2 Feedback suggests that current there is quite a mixed picture with lots of national narrative around increase in helpline calls etc. but local services across the board are not really seeing these increases, indeed there has been a reduction in high risk MARAC cases coming forward from the police.

9.3 There is ongoing work to get to the bottom of these issues as well as supporting our local service to deal with current challenges and plan for a potential spike in demand in the near future.

9.4 Lots of work has been going on within children’s services, in terms of reviewing business continuity plans and re-prioritising to key frontline services, to ensure that critical services are maintained.

- All providers of residential and foster care have been contacted to ensure that they have plans in place to keep the children in their care safe and are following Public Health guidelines to minimize the spread of the virus;
- A review of Looked After Children and the wider “vulnerable group” to identify those who may be particularly vulnerable;
- Within children’s services models of working have been implemented to ensure adequate staff cover
- Revised home visiting guidance and moved arrangements for Child Protection and Looked After meetings to a virtual arrangement;
- Moved our Children’s Centre offer online and through other deliver routes
- Planning work for the provision of on Free School meals
- Established, through daily calls with schools and through the early help team a methodology for appropriately supporting and safeguarding vulnerable children.

9.5 Two Children’s Health and Care groups have been established to monitor and review local response to national guidance and briefings and to ensure there is effective communication between agencies during this time and create escalation routes of any issues. Both groups report to the TSCP weekly meeting via the Designated Nurse Safeguarding, membership includes strategic and operational leads from

- Children’s services
- Education
- GMP

- ICFT
- PCFT
- PHE
- CCG
- Primary Care
- Safeguarding Partnership

Some example of the work undertaken

- Sharing agency updates, briefing and contingency plans to ensure assessment of impact to other agencies
- Improved information sharing of vulnerable children and families
- Shared audit following concerns numbers of CP medicals reduced satisfied that they were appropriately managed.
- Addressed issues regarding lack of partnership involvement at strategy meetings due to with technology issues
- Shared communications and technical applications across partnerships
- Resources aimed specifically at children
- Resources developed for professionals
- Domestic Violence resources
- Roll out of ICON – crying babies programme

9.6 Going forwards:

- Reviewing skills and safeguarding checks of all LA staff so core statutory work can still be maintained with a reduced workforce;
- Continue to work closely with our colleagues in police and in health services regarding vulnerable families, having an awareness that we are likely to see longer term impact over the coming months due to the impact of the pandemic.
- The Integrated Looked After Children's Wellbeing Team will be established by bringing together a range of existing resources.

9.7 Tameside historically sees relatively high levels of domestic abuse across the population but a new pattern is now being experienced. It is currently unclear what lies behind some of these trends but this is being explored by a multi-agency partnership across Tameside which is meeting regularly. Leads are also working closely with other colleagues who commission domestic abuse support services across Greater Manchester.

9.8 Local concerns and working assumptions are that there is a risk of an increase in domestic abuse incidents, as well as increased difficulty for people to access support services in the current climate. On this basis, our local partnership is taking a number of steps to ensure appropriate support is available:

- Increased communications of the issue of domestic abuse and promotion of local support services via universal messaging, targeted social media, and targeted communications at potential points of disclosure including supermarkets and COVID mass testing sites (eg. Manchester Airport)
- Risk register being compiled with local services to determine wider impacts of lockdown including the impact of moving support to remote/phone based in most cases since lockdown
- Capacity assessment with support services to plan for possible spikes in demand in coming months and anticipate resource requirements
- Enhanced working between GM Police and Probation to target repeat offenders and known high risk perpetrators (increased follow ups and home visits)

- Exploring further staff engagement / training around domestic abuse issues
- Local safeguarding partnerships continue to be updated with progress.

10. SUMMARY

- 10.1 This paper gives a snapshot of the impact of COVID 19 to the health services for children and young people in Tameside and Glossop.
- 10.2 There have been significant falls in children accessing primary and secondary care, and 111 for the last 3 months, although data suggests that this is now starting to normalise.
- 10.3 A lot of work has gone into trying to ensure that families know that the NHS is “open for business” and should be accessed for an unwell child and for immunisations for example.
- 10.4 Across the services for children and young people, the most vulnerable/at risk families have continued to be supported to try to minimise the impact of the current situation.
- 10.5 digital solutions have had to be quickly mobilised and utilised across all areas and hope that some of this good work can continue to be built on going forwards.
- 10.6 The longer term impacts need to be continually reviewed, in terms of ensuring that there are provisions to “catch up” for missed assessments and immunisations.

11. RECOMMENDATIONS

- 11.1 As set out at the front of the Report.

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 :

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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**.

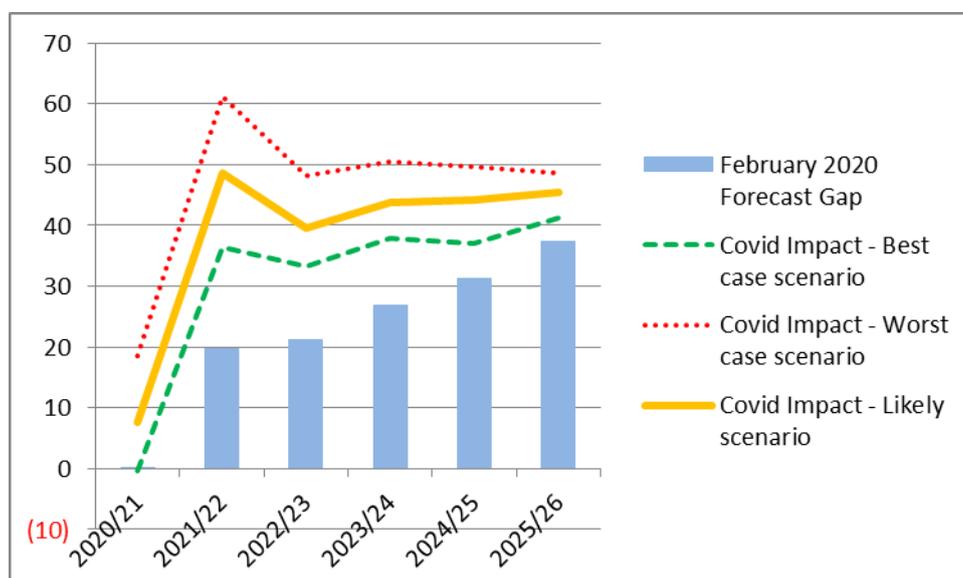
Capital Programme 2019/20

- 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
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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
Integrated Commissioning Fund	619,662	619,675	(13)	(28)	15
ICFT - post PSF Agreed Deficit	(5,686)	(5,686)	0	0	0
Economy Wide In Year Deficit	(5,686)	(5,699)	(13)	(28)	15

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 TEPP 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
Integrated Commissioning Fund	949,048	(329,385)	619,662	619,675	(13)	(28)	15

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
Integrated Commissioning Fund	949,048	(329,385)	619,662	619,675	(13)	(28)	15
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
Integrated Commissioning Fund	949,048	(329,385)	619,662	619,675	(13)	(28)	15

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
Trust 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 **31st 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
Growth					
Investment & Development					
Corporate Landlord	3,626	2,693	933	(933)	0
Estates	810	933	(123)	123	0
	50	0	50	(50)	0
Operations and Neighbourhoods					
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
Children's					
Education	5,958	5,406	552	(785)	(233)
Finance & IT					
Finance	3,733	1,870	1,863	(1,863)	0
Digital Tameside	3,228	1,935	1,293	(1,275)	18
Population Health					
Active Tameside	12,010	12,129	(119)	99	(19)
Adults					
Adults	155	94	61	(69)	(8)
Total	42,013	37,341	4,672	(5,344)	(673)

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
Growth				
Investment & Development	0	2,748	384	933
Corporate Landlord	0	259	0	(123)
Estates	0	64	0	50
Operations and Neighbourhoods				
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
Children's				
Education	773	4,667	6,236	785
Finance & IT				
Finance	0	0	1,867	1,863
Digital Tameside	0	639	532	1,275
Population Health				
Active Tameside	0	5,610	(1,650)	(99)
Adults				
Adults	0	888	185	69
Total	2,468	22,890	12,101	5,344

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
Growth						
Investment & Development		2,511			182	2,693
Corporate Landlord Estates		35			899	933
Operations and Neighbourhoods						
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
Children						
Education		4,045	1,074	287		5,406
Finance & IT						
Finance	1,870					1,870
Digital Tameside		800			1,135	1,935
Population Health						
Active Tameside	10,263	1,554	27	29	257	12,129
Adults						
Adults		86		8		94
Total	12,190	11,602	1,175	848	11,527	37,341

2019/20 Capital Outturn Report

Table 3B: Capital Financing 2019/20

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

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)
Balance at 31 March 2020	0

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)
Balance at 31 March 2020	14,593

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 £
Growth				
Development and Investment	17,031	13,156		3,874
Corporate Landlord Estates	136	274		(139)
	114			114
Operations and Neighbourhoods				
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
Children				
Education	13,955	13,955		
Children	400			400
Finance & IT				
Finance	3,730		3,730	
Digital Tameside	3,282	1,850		1,432
Population Health				
Active Tameside	3,861	10	2,987	863
Adults				
Adults	1,142	1,142		
Total	65,944	38,086	9,066	18,792

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 £
Growth					
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
Operations and Neighbourhoods					
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
Children					
Education	13,955		13,955		
Children	400	550			950
Finance & IT					
Finance	3,730	500		3,730	500
Digital Tameside	3,282		1,850		1,432
Population Health					
Active Tameside	3,861		10	2,987	863
Adults					
Adults	1,142	12,700	1,142	12,000	700
Total	65,944	45,219	38,086	21,066	52,011

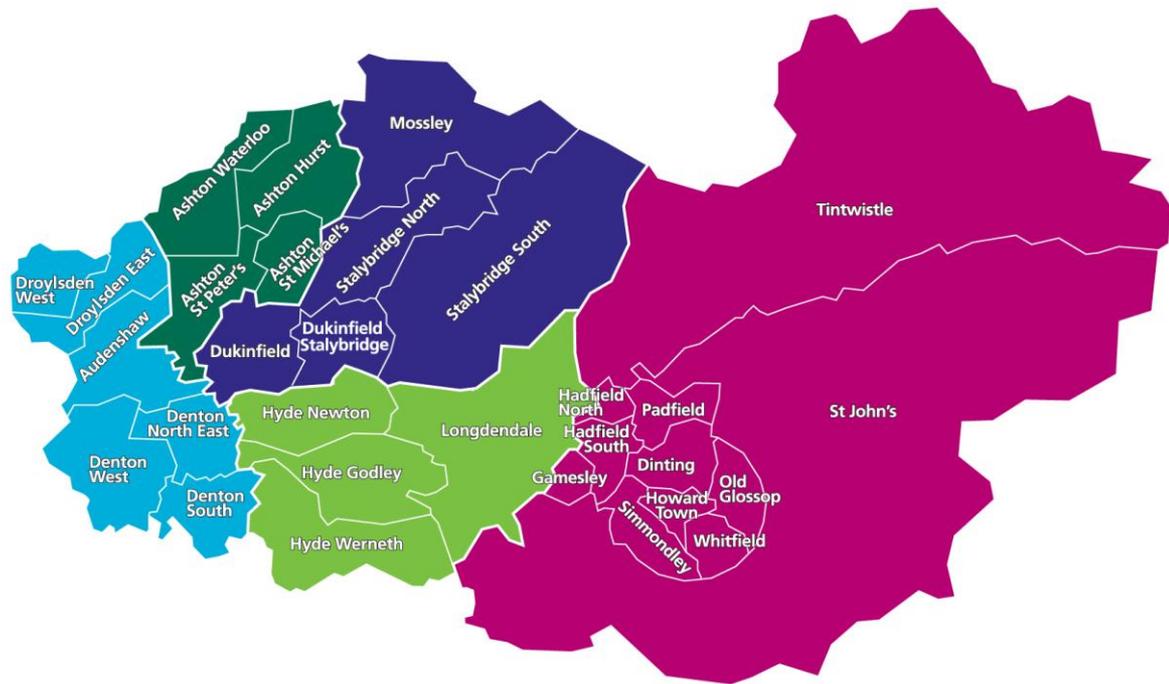
Tameside and Glossop Strategic Commission – Financial Position

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 QEP 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
Integrated Commissioning Fund	619.7	619.7	0.0

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
Total Forecast Gap	3,048	22,732	24,363	32,270	36,792
Which includes:					
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
Covid19 Pressure:						
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
Likely scenario	7,719	48,526	39,595	43,690	44,217	45,378

	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
Covid19 Likely Pressure:						
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
Total Forecast Pressures	27,824	28,866	18,346	16,928	12,939	8,100
COVID Funding	(20,106)	0	0	0	0	0
Revised Gap	7,719	48,526	39,595	43,690	44,217	45,378

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
Balance available	2,158

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)
Balance available	18,600

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
Balance available	20,106

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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Agenda Item 6

Report To:	STRATEGIC COMMISSIONING BOARD EXECUTIVE CABINET
Date:	27 May 2020
Reporting Officer:	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)
Subject:	ONE EQUALITY SCHEME ANNUAL REVIEW 2020 AND GENERAL EQUALITIES UPDATE
Report Summary:	This report forms two parts: Part One <ul style="list-style-type: none">- One Equality Scheme (2018-22) is the joint organisational scheme for Tameside & 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 (Appendix A). Part Two <ul style="list-style-type: none">- 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.
Recommendations:	It is recommended that the Strategic Commissioning Board and Executive Cabinet: Part One <ul style="list-style-type: none">• Note the content of the report.• Approve the attached One Equality Scheme Annual Review 2020 for publication (Appendix A) Part Two <ul style="list-style-type: none">• Note the content of the equalities update
Links to Corporate Plan:	Equality and diversity work of the Strategic Commission is relevant to all priorities outlined in the Corporate Plan.
Financial Implications: (Authorised by Section 151 Officer)	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

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	3442
Food deliveries to households	1631
Prescriptions forwarded	299
Shopping buddy referrals	462
Wellbeing referrals	170

- 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

Improved Patient Access and Experience	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	Developing
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3 People report positive experiences of the NHS	Developing
	2.4 People's complaints about services are handled respectfully and efficiently	Achieving

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.

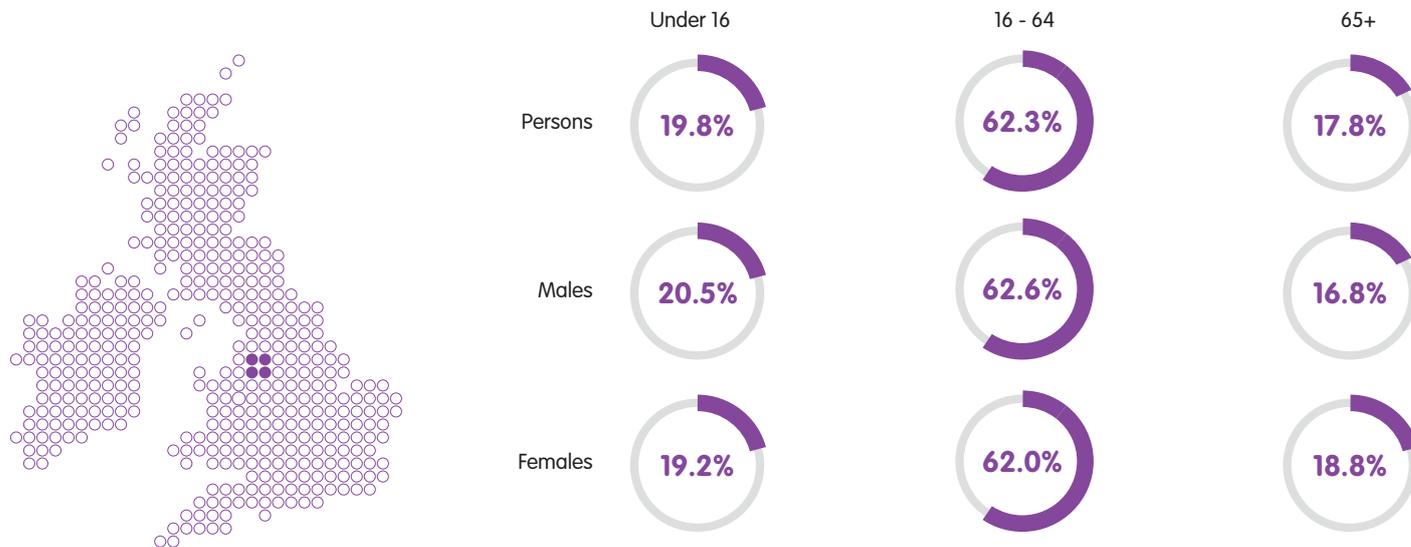
Although the breakdown of our population is in line with the national picture across many protected characteristic groups, there are some groups where our local population differs. For example, in Tameside and Glossop we have a higher proportion of residents who state that their day to day activities 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

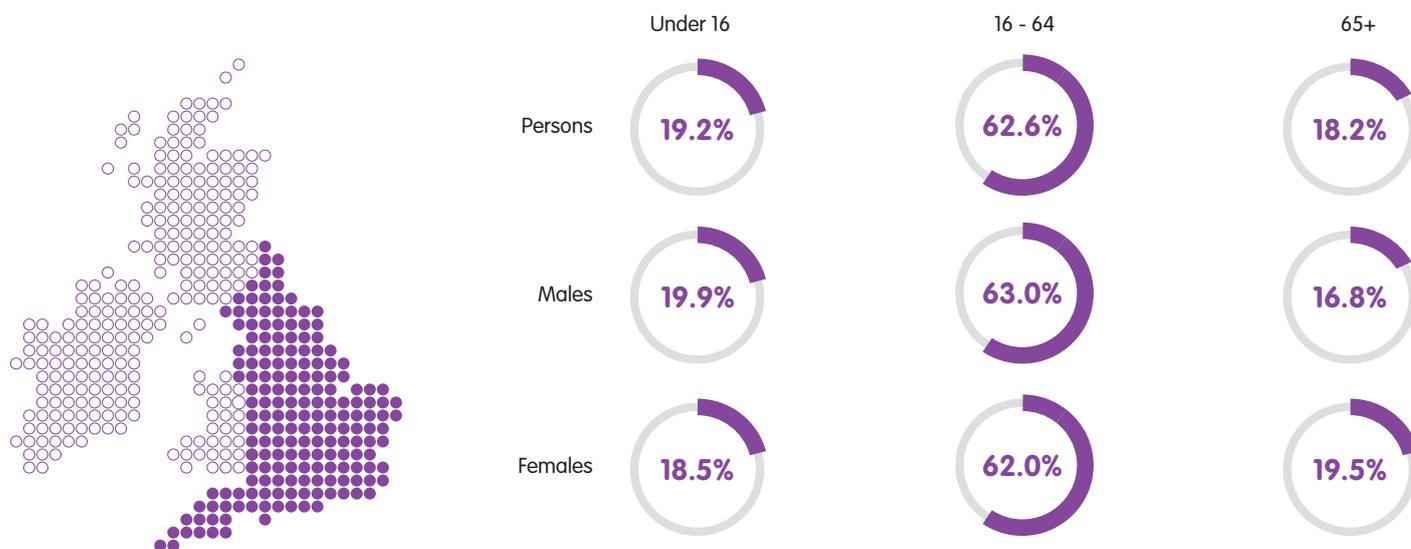
Tameside and Glossop Population by Age Group

Source: 2018 Mid-Year Population Estimates (ONS)



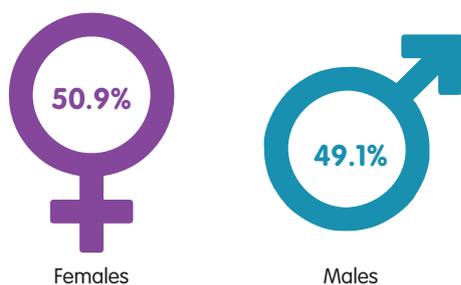
England Population by Age Group

Source: 2018 Mid-Year Population Estimates (ONS)



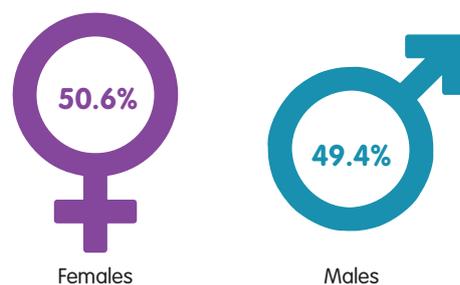
Tameside and Glossop Population by Sex

Source: 2018 Mid-Year Population Estimates (ONS)



England Population by Sex

Source: 2018 Mid-Year Population Estimates (ONS)

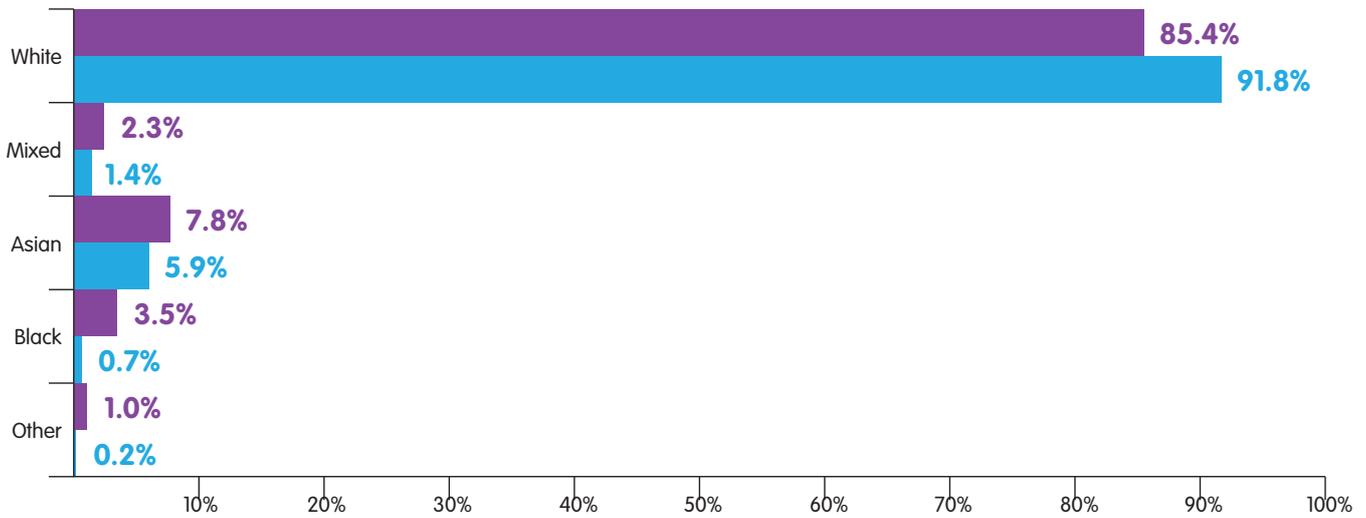


Ethnic Groups

Ethnic Population in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011

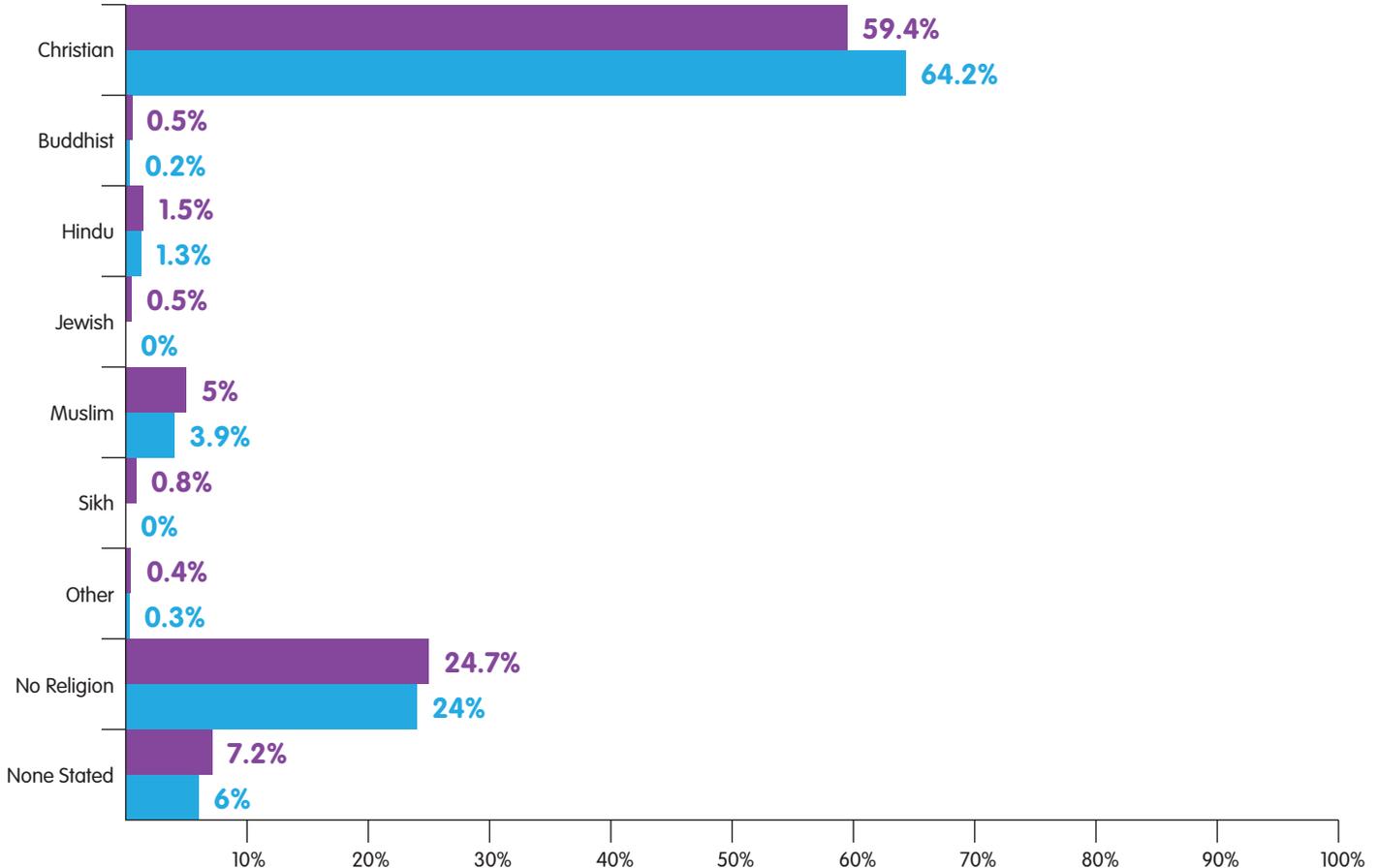


Religion

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



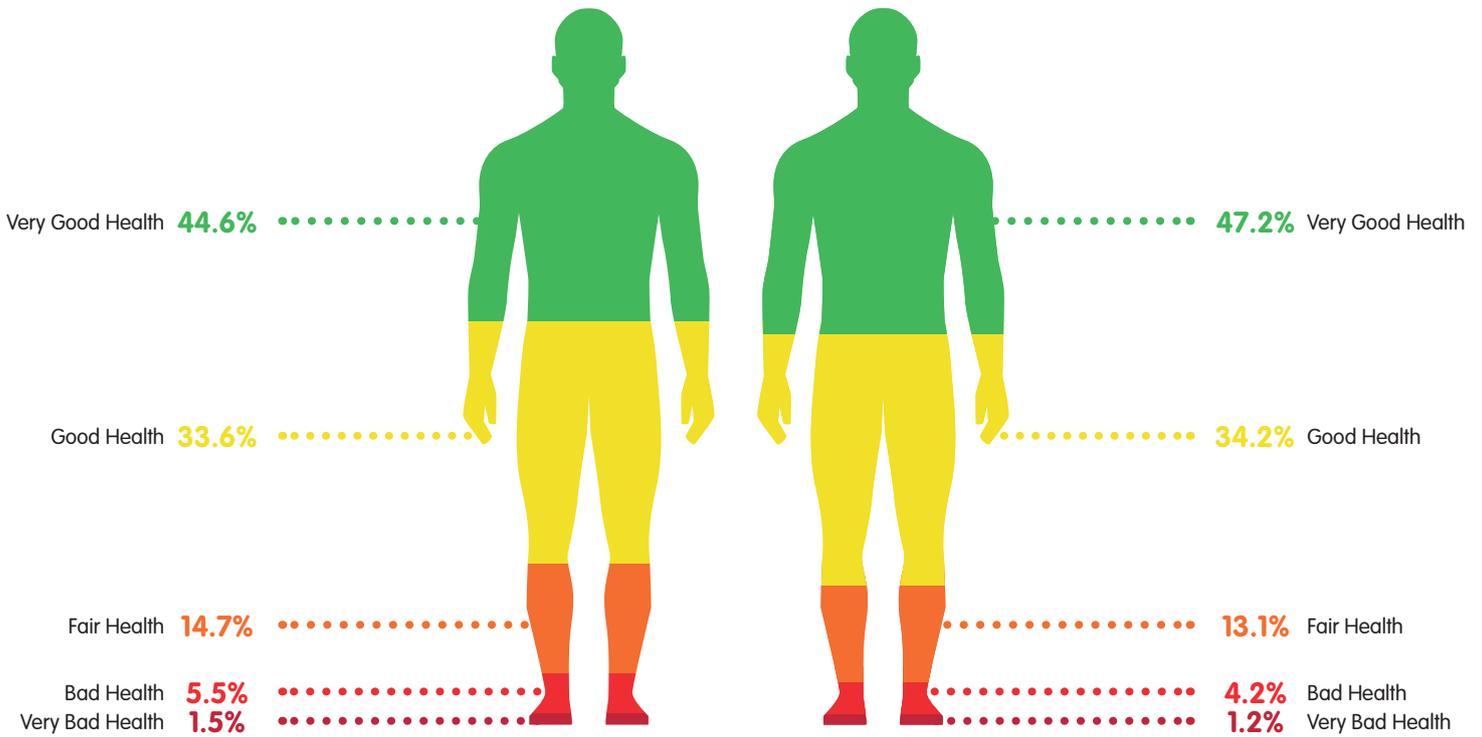
General Health

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)

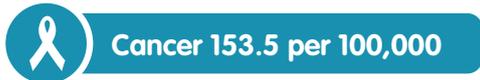
England Healthy Life Expectancy

(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
VERY BEST START 	ASPIRATIONS & HOPE 	RESILIENT FAMILIES & SUPPORTIVE NETWORKS 	WORK SKILLS & ENTERPRISE 	INFRASTRUCTURE & ENVIRONMENT 	NURTURING COMMUNITIES 	LONGER & HEALTHIER LIVES 	INDEPENDENCE & DIGNITY IN OLDER AGE 
Very best start in life where children are ready to learn and encouraged to thrive and develop	Aspiration and hope through learning and moving with confidence from childhood to adulthood	Resilient families and supportive networks to protect and grow our young people	Opportunities for people to fulfil their potential through work, skills and enterprise	Modern infrastructure and a sustainable environment that works for all generations and future generations	Nurturing our communities and having pride in our people, our place and our shared heritage	Longer and healthier lives with good mental health through better choices and reducing inequalities	Independence and activity in older age, and dignity and choice 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.



Digital Healthcare

A few years ago, our Community Response Service, which provides support to almost 4,000 elderly and vulnerable residents in Tameside, joined forces with the hospital and care homes to create a Digital Health Centre. Using Skype to connect care settings with trained medical professionals, this pioneering example of using technology to improve our vital health and social care has freed up 3,500 hospital bed days and saved nearly £2 million (and counting). This great work has not gone unnoticed outside Tameside and Glossop. So far, the Digital Health Centre has won the award "Emergency, Urgent and Trauma Care Efficiency Initiative of the Year", and been commended as an example of "Care and Health Integration" at the MJ Awards 2019

Good Employment Charter

Both the Council and CCG have signed up to the Greater Manchester Good Employment Charter Supporters' Network. The Charter is the first of its kind in the UK and it will raise standards across a number of areas, including secure work, a real living wage, flexibility and progression so that we have increasingly fulfilling, fairly paid and accessible jobs.



The Charter can help to tackle poverty; over half of all people living in poverty are in work, so it's critical that we ensure we are creating jobs that are fair and provide good opportunities to progress and earn more, as well as looking at accessibility and routes into work.

Customer Service Excellence

The Council undertakes an annual customer service excellence (CSE) assessment. Our latest assessment took place in 2019 and resulted in the organisation not only maintaining our 10 areas of compliance plus, but with the addition of five new areas. The new areas of compliance plus were awarded for the culture of the organisation; information and access; taking reasonable steps to make sure our customers have received and understood the information we provide; ensuring our facilities are as clean and comfortable as possible; and developing co-ordinated working arrangements with our partners to ensure customers have clear lines of accountability for quality of service. We were awarded 'Compliance-Plus' for going above and beyond the standard.

Tameside Wellbeing Corner

Tameside Wellbeing Corner (TWC), situated in Ashton Indoor Market, has proved to be a popular place for local residents to visit when they need health related information without having to book an appointment. Advice offered has ranged from mental health guidance to tips on how to quit smoking. For example, over the Christmas period the Minds Matter service offered drop-in sessions for anyone needing support around loneliness and isolation.



Over 50 different services have booked in to use TWC to support Tameside residents, workers and visitors with their health and have created meaningful engagements with around 2,000 people. This figure includes people who have subsequently been signposted or referred to a relevant service as a result of their engagement via the Wellbeing Corner, for example the LGBT Foundation, Anthony Seddon Fund, Be Well Tameside, and Age UK to name a few.

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". 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 the logo, 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 is at 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 reads 'All welcome! Free family fun day with live entertainment, fairground rides, food stalls and bar.' Further down, contact information is provided: 'For more information contact Tameside Pride 0161 987 1036 www.tamesidepride.co.uk www.facebook.com/PrideTameside'. At the bottom, the hashtag '#TamesideLovesPride' is displayed. A horizontal bar at the very bottom contains several logos, 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 115**

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**

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

 @ThatCountsGM #ThatCounts

