

## EXECUTIVE CABINET

27 October 2021

Commenced: 1.35pm

Terminated: 1.45pm

<b>Present:</b>	<b>Councillors Warrington (Chair), Bray, Cooney, Feeley, Gwynne, Kitchen and Ryan</b>	
<b>In Attendance:</b>	<b>Steven Pleasant</b>	<b>Chief Executive &amp; Accountable Officer</b>
	<b>Sandra Stewart</b>	<b>Director of Governance &amp; Pensions</b>
	<b>Kathy Roe</b>	<b>Director of Finance</b>
	<b>Ian Saxon</b>	<b>Director of Place</b>
	<b>Steph Butterworth</b>	<b>Director of Adult Services and Housing</b>
	<b>Debbie Watson</b>	<b>Interim Director of Public Health</b>
	<b>Sarah Threlfall</b>	<b>Assistant Director, Policy, Performance and Communications</b>
	<b>Jordanna Rawlinson</b>	<b>Head of Communications</b>
<b>Apologies for absence:</b>	<b>Councillor Fairfoull – who participated in the meeting virtually</b> <b>Councillor Wills</b>	

### 73. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members.

### 74. MINUTES OF EXECUTIVE CABINET

#### RESOLVED

That the Minutes of the meeting of the Executive Cabinet meeting held on 29 September 2021 be approved as a correct record.

### 75. MINUTES OF STRATEGIC COMMISSIONING BOARD

#### RESOLVED

That the Minutes of the meeting of the Strategic Commissioning Board held on 29 September 2021 be noted.

### 76. MINUTES OF EXECUTIVE BOARD

#### RESOLVED

That the Minutes of the meetings of Executive Board held on: 8 September 2021, be noted.

### 77. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 AUGUST 2021

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The financial monitoring report for 2021/22 financial year reflected actual expenditure to 31 August 2021 (Month 5) and forecasts to 31 March 2022 for the Council and 30 September 2021 for the CCG.

It was explained that overall, the Strategic Commission was facing a total forecast overspend of

£6.317m for the year ending 31 March 2022. £5.670m of this forecast related to ongoing demand pressures in Children's Social Care.

Members were advised that budgets continued to face significant pressures across many service areas. COVID pressures remained as a meaningful factor in this, with pressures arising from additional costs or demand, and shortfalls of Council income. Targeted COVID funding would continue into 2021/22 to address COVID related pressures.

Council Budgets were facing significant pressures, which were not directly related to the COVID-19 pandemic, with significant forecast overspends in Adults and Children's Social Care being the main contributors to a net forecast overspend of £4.861m on Council Budgets. This was an improvement of £1.353m from last month primarily due to the utilisation of one-off reserves to fund pressures in Adults Social Care. A full 12 month forecast was in place for the Council.

It was further explained that there was significant pressure in Adults services and ongoing pressures in Operations and Neighbourhoods and Governance due to income shortfalls resulting from the impact of the Covid pandemic. The forecast position on Adults services had improved since period 4 due to the planned use of £1.273m of iBCF grant currently held in reserves from prior years. The report sought the approval for the use of this reserve for 2021/22.

It was reported that the CCG was reporting a forecast overspend of £1.456m but this was purely presentational to align to the way the CCG must report and reconcile with the formal monthly return submitted to NHS England. Fundamentally, the position was breakeven. The variance related to the Hospital Discharge Programme, which was due to be reimbursed under the COVID protocols by October 2021.

#### **RESOLVED**

- (i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted;**
- (ii) That the use of £1.273m of Improved Better Care Fund (iBCF) grant from previous years to offset pressures in Adults social care in 2021/22, as set out in paragraph 2.3 of the report, be approved;**
- (iii) That the amendments required to published Fees and Charges for 2021/22 be noted and it be RECOMMENDED TO COUNCIL TO APPROVE the revised schedule included in Appendix 2 to the report.**

#### **78. ADULT SERVICES COMMISSIONING INTENTIONS 2022 – 2023**

A report was submitted by the Executive Member, Social Care and Health / Co-Chair for Tameside and Glossop Clinical Commissioning Group / Director of Adult Services / Director of Population Health, detailing the Adult Services commissioning intentions for 2022 – 2023.

The Director of Adult Services reported that the report sought permission to:

- Tender the provision of Support at Home/Homecare Service for a new contract to commence 1 November 2022
- Tender for the provision of a "Through the Night" Service for a new contract to commence 1 November 2022
- Tender the provision of Extra Care Support Services for a new contract to commence 1 November 2022
- Tender the provision of a Specialist Day Service for People With Dementia for a new contract to commence 3 December 2022

It was highlighted that the above were four separate services which formed the Councils approach to keeping people at home. It was explained that it was crucial to enable people to continue to live at home and as the pandemic journey continued and with changing demographics, to continue to change and adapt these services.

Members were advised that the report also sought approval to tender the provision of a Direct Payment Support Service for a new service to commence 1 November 2022. It was explained that the Council provided cash payments for individual service users to purchase services that met their assessed care needs. This gave the person receiving services more choice and control over how their care needs were met. It was further explained that a review of the service, as part of the re tender process would consider the following options, the retender the service, in house management via payment cards and the cease delivery of the service.

The report further sought approval for the Tender for a Framework of Deprivation of Liberty Safeguards Assessors (DoLS) to commence no later than 31 March 2023. It was stated that a DoLS Service was required to meet statutory guidelines by assessing whether a person's care or treatment amounted to a Deprivation of Liberty and was in that person's Best Interest. At present the DoLS Assessments were performed by a number of qualified assessors through a spot purchasing mechanism operated by the Council. However, this was not a formal procurement route.

The report explained how the Council had supported Action Together with core funding to support the delivery of their roles as the only infrastructure support agency for the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE). The 'core infrastructure offer' was funded by both the Council, Clinical Commissioning Group and Population Health. Members were advised that Action Together had continued to develop the delivery of the overall aims throughout the life of the agreement that had supported the Council's Corporate Plan in relation to Starting Well, Living Well and Ageing Well.

It was highlighted that the Council faced significant budgetary challenges over the coming years. The VCFSE sector was an important element in helping the Council deliver savings and looking at delivering support in different ways to ensure people are able to live well at home. The report sought approval to award a new agreement for 3 years to end 31 March 2025.

The Director of Adult Services detailed the proposal for the re-contracting the pre-placement agreement for the care homes contract in Tameside and the development of more specialist dementia care home beds for older people within the current framework providers. It was explained that the level of need for service users entering residential provision had over time increased considerably. The success of the living well at home service had meant individuals remained supported in the community for longer, only requiring residential care at a point when needs were more complex and there were at increased risk of remaining at home.

Members were reminded that Tameside Adult Services operates an in-house 24 hour 7 days a week telecare service. Staff were employed to provide an emergency response service 24 hours a day, 365 days a year to people of Tameside who were clients of the Community Response Service (CRS) The service had 2 contractual elements, a call handling system which was delivered by Tunstall and a range of equipment currently purchased directly from suppliers with Tyntec (Legrand) one of those most utilised. STAR Procurement had advised that the purchase of equipment directly from suppliers was outside of Procurement Standing Orders regulation in relation to spend equating to over £25,000 and that this would now require consideration to the route to market. The report sought approval to enter into a Framework Agreement in order to access the delivery of effective telecare and assistive technology equipment to commence no later than 1 April 2022

The report set out the Councils responsibility under the Care Act 2014 to carry out an assessment of anyone who appeared to require care and support regardless of their likely eligibility for state-funded care. Adult Services, in line with the Care Act had four locality teams covering the neighbourhoods across the borough who were responsible for carrying out social care assessments for those directed to those teams. In order for teams to fully support individuals and their families to undertake an assessment and determine any eligibility, the need for an interpreting service could be required and this could often be in an emergency or crisis situation.

Current arrangements were made directly by the four locality teams to a variety of providers with spend per annum at approximately £6,000. It had been identified that there was a need to have in place access to interpreting services that were responsive and were delivered within procurement

standing order requirements. The report sought approval to enter into a Framework Agreement in order to access Interpreting Services to commence no later than 1 April 2022

The Interim Director of Population Health reported that the current contract for the Public Health Clinical Lead was due to expire on 31 March 2022. A new role was required for a duration of five (5) years commencing on 1 April 2022. The plan was to procure 24 sessions per annum at a cost of £350 per session at a total cost of £8,400 per annum. Over a five (5) year period the cost of the service would be £42,000. The report sought approval to tender the provision of a Clinical Lead for Primary Care Sexual Health.

The report explained how Breastfeeding was an identified route of vertical transmission (VT) of HIV. It was recommended by the British HIV Association 2018 that infants be fed breast or formula milk for the first 12 months. However there was a risk that some women with insufficient finances would forgo their own nutritional needs in order to afford formula for their infant, thus compromising their own health and potentially compromising the effectiveness of their HIV treatment. It was explained that the provision of free formula milk, and the appropriate equipment to use it, alleviated any financial burden attached to this key prevention tool.

Members were advised that the estimated lifetime treatment costs for an infant contracting HIV in the first months of life was £622,800.

The report proposed the establishment of a scheme for the provision of free formula milk for babies born to women living with HIV who were a resident in Tameside. The scheme was open to all women regardless of income or immigration status and operates on an agreed 'spot purchase' basis. The cost per individual supported was £799.20, which included the cost of a starter steriliser kit and formula milk for the first 12 months of the life of the baby.

## **RESOLVED**

**That the overall commissioning intentions be approved noting that each individual recommissioning exercise be subject to their own due diligence including legal and financial, governance and decision-making in line with the Council's Contract Procedure Rules and Financial Standing Orders approved by Council on the 5 October 2021:**

### ***Adult Services***

- (i) Tender the provision of Support at Home/Homecare Service for a new contract to commence 1 November 2022;**
- (ii) Tender for the provision of a "Through the Night" Service for a new contract to commence 1 November 2022;**
- (iii) Tender the provision of Extra Care Support Services for a new contract to commence 1 November 2022;**
- (iv) Tender the provision of a Specialist Day Service for People With Dementia for a new contract to commence 3 December 2022;**
- (v) Provision of a Direct Payment Support Service for a new service to commence 1 November 2022;**
- (vi) Tender for a Framework of DoLS Assessors to commence no later than 31 March 2023;**
- (vii) Extend the core funding with Action Together to act as the local infrastructure organisation to the voluntary, community, faith and social enterprise sector (VCFSE) to commence 1 April 2022;**
- (viii) Re-contracting the Pre-Placement Agreement for Care Homes Contract in Tameside**
- (ix) Provision of Specialist Dementia Care Home beds within the current Framework of Care Home Providers;**
- (x) Enter into a Framework Agreement in order to access the delivery of effective telecare and assistive technology equipment to commence no later than 1 April 2022; and**
- (xi) Enter into a Framework Agreement in order to access Interpreting Services to commence no later than 1 April 2022.**

### ***Population Health***

- (xii) Tender the provision of a Clinical Lead for Primary Care Sexual Health; and**
- (xiii) Tender for the provision of Formula Milk for Women Living With HIV.**

## **79. CORPORATE PLAN SCORECARDS UPDATES**

Consideration was given to a report of the Executive Leader / Co Chairs for the Tameside and Glossop CCG / Assistant Director for Policy, Performance and Communications, which gave details of the corporate plan outcomes scorecard (attached to the report) providing evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality.

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

The Assistant Director for Policy, Performance and Communications highlighted indicators from within Appendix 1. It was reported that the rate of fixed term exclusions from secondary schools fell by over 6 percentage point's year-on-year, down to 10.22% in 2019. This remained significantly higher than the national average of 7.43%. The rate of first time entrants into the youth justice system had also fallen drastically from 211 per 100,000 under-18s to 99; this drop was attributable to the Covid-19 pandemic.

It was reported that a number of wider health metrics had improved recently, with pregnant women smoking at the time of delivery down and below the national average. Healthy life expectancy at birth had increased for both men and women, but remained worse than the national average for both.

Members were advised that there were a number of similarities between the indicators on the scorecard and the proposed indicators for the refreshed draft Greater Manchester Strategy (GMS) discussed at the Greater Manchester Combined Authority (GMCA) Leaders Strategy Group. For example, priority indicators such as healthy life expectancy, the quality of educational settings and social care providers, and the activity level of residents were GMCA proposals that were already reported in this scorecard.

In addition, a number of these proposals had been added to the outcomes scorecard to align performance tracking more closely with that of Greater Manchester, where it fit with the priorities of the Corporate Plan. Examples of indicators which had been added include Carbon Dioxide emissions (in addition to existing air pollution metric, particulate matter) and trees planted by the authority annually.

### **RESOLVED**

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

## **80. PERMISSION TO CONSULT ON DRAFT REVISED NON-RESIDENTIAL CHARGING POLICY**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Adult Services seeking permission to consult with the public on the revised Non-Residential Charging Policy. The current Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.

It was explained that there were a number of discretionary elements proposed within the revised Charging Policy for Adult Social Care. The report sought permission to carry out a public consultation exercise using the Council's Big Conversation website and via focus groups following (health and safety guidance) across to determine people's views on the questions being asked in the consultation.

It was proposed that the consultation exercise would run from 28 October 2021 to 23 December 2021.

It was highlighted that one of the elements that the report proposed consultation on was the level of Minimum Income Guarantee (MIG). It was highlighted that the Council provided a MIG that was more generous than the level of MIG set by the Care and Support Regulations 2014.

Members were advised that the report proposed consulting on the Level of Income that was disregarded. Members were advised that the Council had the power to disregard aspects of income received by individuals when carrying out a financial assessment. Two options would be proposed the first was the current arrangement, while the second option recognised that more severely disabled people could have a higher level of spend to meet their enhanced needs, therefore it was proposed that the additional benefit they received was disregarded in recognition of this.

The report also proposed consulting on an arrangement fee for setting up care for self-funders. It was proposed that the Council introduced an arrangement fee of between £50 and £250 to cover the costs of setting up care for individuals who had been determined to have funds above the upper limit of £23,250 and therefore fund the full cost of their care.

#### **RESOLVED**

- (i) That permission be given to consult on the following elements of the revised Adult Services Charging Policy:**
  - **The Minimum Income Guarantee level the Council uses;**
  - **The level of disregarded Disability living Allowance (DLA) / Personal Independence Payment (PIP);**
  - **Introducing an arrangement fee for setting up care for self-funders and an annual fee for managing the account; and**
  - **General feedback on the Charging Policy.**
- (ii) That permission also be given to carry out a wider review of the charges for Adult Social Care services to ensure the Council is charging in line with other local authorities. This exercise will involve a further consultation exercise once the review has been completed;**
- (iii) That the Council continues with its current policy not to charge for Care services for informal carers;**
- (iv) That permission be granted for a separate consultation exercise to be undertaken regarding the implementation of Housing Benefit regulations in Shared Lives, on receipt of Counsel advice, should this be required.**

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

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

**CHAIR**