

# Public Document Pack



## TRAFFORD COUNCIL

17 March 2015

Trafford Town Hall  
Talbot Road  
Stretford  
M32 0TH

Dear Councillor,

Your attendance is requested at a meeting of the Council of the Borough of Trafford on **WEDNESDAY, 25 MARCH 2015, at 7.00 PM (or at the rising of the Executive meeting)** in the **COUNCIL CHAMBER, TRAFFORD TOWN HALL, TALBOT ROAD, STRETFORD**, for the transaction of the business set out below:

- |  | <b>Pages</b> |
|--|--------------|
| <b>1. Minutes</b>  |              |
| To approve as a correct record the Minutes of the Meeting of the Council held on 18 February 2015 for signature by the Mayor as Chairman.  | 1 - 8        |
| <b>2. Announcements</b>  |              |
| To receive any announcements from the Mayor, Leader of the Council, Members of the Executive, Chairmen of Scrutiny Committees and the Head of Paid Service.                                |              |
| <b>3. Questions By Members</b>   |              |
| This is an opportunity for Members of Council to ask the Mayor, Members of the Executive or the Chairman of any Committee or Sub-Committee a question on notice under Procedure Rule 10.2. |              |
| <b>4. Trafford Council's Pay Policy Statement for 2015/16</b>  |              |
| To consider a report of the Acting Director of Human Resources following a referral from the Employment Committee meeting held on 9 March 2015.  | 9 - 16       |
| <b>5. Old Trafford Lodge Hotel Redevelopment Assistance</b>  |              |
| To consider a joint report of the Executive Member for Finance and the Director of Finance which is expected to be referred from the Executive Meeting held prior on 25 March 2015.        | 17 - 28      |

## **Council - Wednesday, 25 March 2015**

### **6. Greater Manchester Devolution**

To consider the following joint reports of the Leader of the Council and the Chief Executive:

- |     |   |         |
|-----|---|---------|
| (a) | <b>Memorandum of Understanding: A Framework for the Devolution of Health and Social Care Responsibilities to Greater Manchester</b> | 29 - 36 |
| (b) | <b>GM Devolution - Memorandum of Understanding</b><br>(for information - report presented to the Executive on 25 March 2015)        | 37 - 72 |

### **7. Greater Manchester Spatial Framework Joint Development Plan Document: Decision Making Process**

To consider a report of the Executive Member for Economic Growth and Planning which is expected to be referred from the Executive Meeting held prior on 25 March 2015. 73 - 80

### **8. Six Month Corporate Report on Health and Safety - 1 April - 30 September 2014**

To note a report of the Executive Member for Transformation and Resources following a referral from the Executive Meeting held on 26 January 2015. 81 - 94

### **9. Motions**

To consider the following motions submitted in accordance with Procedure Rule 11:

#### **(a) Motion Submitted by the Conservative Group - Reshaping Trafford Council**

This Council recognises and welcomes the Reshaping Trafford initiative that details how services will be sustained in the medium-term in the light the need to secure additional financial savings for the period 2015-2018.

Through having a detailed plan, the Council is clear on its purpose and has outlined how it expects to deliver services, secure greater value for money and become outcome focused for residents and businesses of the Borough.

The Council notes:

- strong public services are only sustainable if they are based on a sound financial footing
- the track record of the Council in meeting its fiscal targets and delivering good services to residents

*continued ...*

## **Council - Wednesday, 25 March 2015**

- the need for the Council to maximise income to support public services through economic growth and development
- the focus on improving outcomes for residents and businesses across the Borough
- the lack of any viable alternative from the opposition Labour party, which would bring chaos to the Council

The Council therefore endorses the Reshaping Trafford Council blueprint as a clear plan to secure and sustain services for residents and businesses of Trafford.

### **(b) Motion Submitted by the Conservative Group - Supporting Young People**

This Council continues to be committed to ensuring every young person in Trafford gets off to the best possible start in life and therefore welcomes continued progress towards that aim.

Consequently, using the latest figures for 2014, the Council notes:

- Trafford outperformed every single Labour-controlled Council in Greater Manchester in ensuring that free early education and childcare is accessed by those two-year olds who are eligible for it.
- 94% of pupils attend Ofsted rated good or outstanding schools in Trafford, compared to 79% nationally, and 57% of pupils attend schools graded outstanding which is approaching three times the national average of 21%.
- at Early Years Foundation Stage 69% children achieved a “Good” level of development which places Trafford 7th out of 150 authorities nationally.
- 87% of year six pupils achieved the expected Key Stage 2 standard of level four or above in Reading, Writing and Maths in 2014, placing Trafford the joint top performing authority in England.
- at Key Stage 4 Trafford was the only Borough in Greater Manchester to show an increase to 71.4% of pupils achieving at least five GCSEs, or equivalent, at A\* to C including English and Maths. The national average of 55% demonstrates the value of our selective Grammar and High school system which does so much to improve social mobility.

*continued ...*

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- that performance at Key Stage 5 bucked the national trend of slight reductions in top grade A-Levels as Trafford pupils attained increases in categories A\*, A\*-A, and A\*-B grades.
- that Children in Care achieved their best ever GCSE results, with the key indicator of 5 or more A\*-C including English and Maths, showing Trafford pupils achieved more than double the national average. In addition to the hard work by the pupils and others this is also testament to the support from the Local Authority in its role as Corporate Parent.
- outcomes for pupils with Special Educational Needs were also very positive at all levels. Trafford pupils at Key Stage 4 were well above the national average at the key indicator of 5 or more A\*-C including English and Maths.
- the recent independent inspection of Youth Offending Services, led by the Deputy Chief Inspector of Probation, secured the highest rating provided nationally and Trafford became the first authority to achieve a 4\* rating in three of the inspected criteria - Protecting the Public, Ensuring the Sentence is Served, and Interventions.
- the Early Help Delivery Model and establishment of a Youth Trust that will target resources at securing youth service provision across the Borough and providing an integrated service for 0-18 year olds.
- figures for young people Not In Education Employment or Training (NEET) show that Trafford has the lowest rate in Greater Manchester, the third lowest in the North West, and is therefore well below the Greater Manchester, Regional and National averages.

The Council therefore congratulates all pupils, parents, teaching and non-teaching staff, school governors, and Trafford officers for their achievements, and recognises the substantial steps being taken by a Conservative-controlled Council to support the children and young people of our Borough.

### (c) **Motion Submitted by the Conservative Group - Securing a Strong Economy for Trafford**

The Council recognises the efforts of this Conservative administration to grow and support our economy, to increase employment opportunities and to create wealth across the Borough.

In particular, Council welcomes:

*continued ...*

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- the increase in Gross Value Added (GVA) of the Trafford economy from £5.8 billion to £6.6 billion being a 14% increase over the last year, evidencing the strength and importance of the Trafford economy to the rest of Greater Manchester, and the need to maintain the environment for this to continue
- the joint highest employment levels in Greater Manchester with employment at a level of 94.5% in February 2015, outperforming every Labour-controlled Council in the region
- that youth unemployment has fallen by a record 80% over the last 12-months, helping to ensure our young people are economically active and contributing to their community
- the success of the Trafford Pledge that has supported businesses to create 110 apprenticeships and job opportunities for local people over the last year
- the work of the Council in securing apprenticeships for young people with disabilities and children in the care of the local authority
- that the Greater Manchester Agreement secures a £350 million investment to extend the Metrolink Line through Trafford Park and onto the Trafford Centre

The Council commits to being a long term pro-growth, open for business authority, that will use necessary resources to continue to support the economic growth and infrastructure demands of the Borough that ultimately will bring sustained prosperity to the people and businesses of Trafford.

### (d) **Motion Submitted by the Conservative Group - Value For Money, Business Rates and Low Council Tax**

This Council endorses the approach adopted by this Conservative administration to maintain a low Council Tax and ensure value for money in all that we do as part of our commitment to securing the financial sustainability of the Council and to support the people and businesses of Trafford.

Council notes:

- that Trafford maintains the lowest Council Tax charge in the North West and the 19<sup>th</sup> lowest in the country
- that the Council's budget will balance for the tenth successive year, a stark contrast to previous Labour overspends

*continued ...*

## Council - Wednesday, 25 March 2015

- that an unqualified value for money statement was received from the district auditor for the last financial year
- that collection rates for Council Tax and Business Rates are the highest in Greater Manchester, supporting public services
- the work of this Conservative-controlled Council to lobby the Government for the sustainable reform of business rates, so critical to the future of local authority funding, and this is lobbying initiative that has the potential for a favourable outcome

Council is aware that the Labour party have committed to the same level of austerity funding reductions for local government should it win the general election, and is critical of the approach adopted by the Labour opposition in Trafford for not presenting viable alternative to the people of this Borough and the ensuing chaos that would bring this Council.

Therefore, Council agrees that it is only a Conservative-controlled Trafford that has a long term plan to ensure value for money and good services for the people of this Borough delivered at low cost to the taxpayer.

### (e) **Motion Submitted by the Labour Group - Barton Renewable Energy Plant**

In light of the recent extremely misleading and confusing publicity statements issued by the Conservative Group claiming that they had secured a halt to the Barton Renewable Energy Plant, whilst Peel explored the possibility of producing heat as well as electricity. And, in light of the subsequent communication issued by the Breathe Clear Air Group stating that the incinerator is not on hold, that Peel already have planning permission to build a plant which is capable of producing heat as well as electricity and that plans are on schedule with work due to commence on the plant within three years.

This Council now seeks to reaffirm its opposition to the proposed Biomass Incinerator, in a genuine and meaningful way.

Therefore in light of current press statements, where the Peel Group has said that BREP is planning to provide heat as well as electricity, the Council resolves to:

Write to Peel calling for them to permanently scrap plans to build a Biomass Incinerator in Davyhulme and to inform Peel that the Council accepts that burning biomass produces more carbon dioxide than burning coal and much more than burning gas per unit of electricity produced; burning wood produces masses of dangerous Particulate Matter; burning biomass with refuse derived fuel such as plastics, at

*continued ...*

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the relatively low temperature of 850 degrees C, as proposed by BREP, is likely to produce deadly dioxins and other organic chemicals as well as masses of nitrogen oxides. Burning wood with preservatives from construction and demolition sites will release heavy metals such as arsenic.

And clearly state to Peel that the proposed plant is out-dated and its emissions are likely to cause ill-health amongst Trafford residents and to affirm that Trafford Council does not want or need a high carbon-based electricity and heat production plant within its boundary.

### **(f) Motion Submitted by the Labour Group - Crime and Policing**

This Council reaffirms its appreciation of all the work done locally and nationally by Greater Manchester Police and all its employees.

The Greater Manchester Police Budget 2015/16 has been cut by a further £41 million and it is noted that if the current trend of cutting the Police Budget continues, the budget by 2020 will be almost half of what it was in 2010.

This Council notes that over 1100 warranted Police Officers have already been lost to GMP since 2010 with further losses to come in the next 12 months, whilst crime has risen by 8% in the past year, particularly violent crime, domestic violence and hate crime.

Council recognises that partnership working with Greater Manchester Police is a key driver to ensuring Trafford remains the safest place to live in Greater Manchester.

Concern is therefore noted in respect of the March 2015 Safer Trafford Partnership Executive Performance Report and the clear effects of the strain, cuts to the Trafford Council Budget are placing on partnership working.

This Council notes that the rate of hate crime incidents are on the increase, should this current rate continue there will be an increase of 75 more incidents which is 63% up on last year. Yet the Hate Crime post is dis-established.

Greater Manchester Police are trying to cope with the financial challenges they face by transforming how policing is delivered and making sure vulnerable people are to the best of their ability protected. This is being delivered by a dedicated Leadership Team and a Labour Police and Crime Commissioner not afraid to speak the truth about rising crime and the need for policing resources to be better protected.

This Council boasts that Trafford is the safest place to live in Greater Manchester. The continued support for austerity pursued by the Conservatives nationally and locally puts this in jeopardy.

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Yours sincerely,



**THERESA GRANT**  
Chief Executive

### Membership of the Council

Councillors E. Malik (Mayor), J. Holden (Deputy Mayor), D. Acton, S. Adshead, S. Anstee, Dr. K. Barclay, J. Baugh, J. Bennett, Miss L. Blackburn, R. Bowker, C. Boyes, H. Boyle, Mrs. A. Bruer-Morris, Mrs. J.E. Brophy, B. Brotherton, D. Bunting, D. Butt, C. Candish, K. Carter, R. Chilton, Mrs. L. Cooke, M. Cordingley, M. Cornes, J. Coupe, L. Dagnall, Mrs. P. Dixon, A. Duffield, Mrs. L. Evans, N. Evans, T. Fishwick, M. Freeman, P. Gratrix, J. Harding, D. Higgins, M. Hyman, C. Hynes, D. Jarman, P. Lally, J. Lamb, J. Lloyd, A. Mitchell, P. Myers, D. O'Sullivan, I. Platt, K. Procter, J.R. Reilly, Mrs J. Reilly, B. Rigby, T. Ross, M. Sephton, B. Sharp, B. Shaw, J. Smith, E.W. Stennett, S. Taylor, L. Walsh, Mrs. V. Ward, A. Western, D. Western, M. Whetton, A. Williams, M. Young and Mrs. P. Young

### Further Information

For help, advice and information about this meeting please contact:

Ian Cockill, Democratic Services Officer  
Tel: 0161 912 1387  
Email: [ian.cockill@trafford.gov.uk](mailto:ian.cockill@trafford.gov.uk)

This Summons was issued on **Tuesday, 17 March 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH

Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting.

Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.



## TRAFFORD BOROUGH COUNCIL

18 FEBRUARY 2015

### PRESENT

The Worshipful the Mayor (Councillor Ejaz Malik), in the Chair.

J. Holden	M. Cordingley	P. Myers
D. Acton	M. Cornes	D. O'Sullivan
S. Adshead	J. Coupe	K. Procter
S. Anstee	L. Dagnall	Mrs J. Reilly
Dr. K. Barclay	Mrs. P. Dixon	B. Rigby
J. Baugh	A. Duffield	T. Ross
J. Bennett	Mrs. L. Evans	M. Sephton
Miss L. Blackburn	N. Evans	B. Sharp
R. Bowker	T. Fishwick	B. Shaw
C. Boyes	M. Freeman	J. Smith
H. Boyle	P. Gratrix	E.W. Stennett
Mrs. A. Bruer-Morris	J. Harding	S. Taylor
Mrs. J.E. Brophy	D. Higgins	L. Walsh
B. Brotherton	M. Hyman	Mrs. V. Ward
D. Bunting	C. Hynes	A. Western
D. Butt	D. Jarman	D. Western
C. Candish	P. Lally	M. Whetton
K. Carter	J. Lamb	A. Williams
R. Chilton	J. Lloyd	M. Young
Mrs. L. Cooke	A. Mitchell	

### In attendance

Chief Executive	Ms. T. Grant
Corporate Director Children, Families and Wellbeing	Mrs. D. Brownlee
Corporate Director Economic Growth, Environment and Infrastructure	Mrs. H. Jones
Acting Corporate Director Transformation and Resources	Ms. J. Hyde
Director of Finance	Mr. I. Duncan
Director of Legal and Democratic Services	Ms. J. Le Fevre
Acting Director of Human Resources	Ms. L. Hooley
Head of Human Resources Business Partnering	Ms. D. Lucas
Head of Legal (Community)	Mr. H. Khan
Interim Head of Financial Management	Mr. G. Bentley
Democratic and Performance Services Manager	Mr. P. Forrester
Marketing and Communications Team Leader	Mrs. K. Dooley
Democratic Services Officer	Mr. I. Cockill

### APOLOGIES

Apologies for absence were received from Councillors I. Platt, J.R. Reilly and Mrs. P. Young.

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**70. MINUTES**

That the Minutes of the Meeting of the Council held on 21 January 2015, be approved as a correct record and signed by the Chairman.

**71. QUESTIONS BY MEMBERS**

The Mayor reported that no questions had been received under Procedure Rule 10.2.

**72. REVISED CORPORATE MANAGEMENT TEAM (CMT) AND SENIOR MANAGER ARRANGEMENTS**

The Chief Executive submitted a report seeking to review Corporate and Senior Management Team arrangements following the resignation of the Corporate Director Transformation and Resources. The proposals had been considered and recommended to the Council by the Employment Committee at its meeting on 11 February 2015.

RESOLVED:

- (1) That the content of the report in the context of the revised Corporate and Senior Management arrangements and the arrangements for salaries, as outlined in the Pay Policy, be approved and the proposals set out in Section 3 of the report be endorsed.
- (2) That, noting the disestablishment of the post under the proposals, the Council places on record it's thanks to Ian Duncan, Director of Finance for all his hard work on behalf of the Council over many years.

**73. BUDGET 2015/16**

(Note: PROCEDURAL ARRANGEMENTS - In respect of the main item of business on the agenda, the Mayor announced that the Leader of the Council (or his nominee) would have a maximum of 15 minutes to make the initial speech and a further maximum of 15 minutes to finish the debate. The Leaders of the Labour and Liberal Democrat Groups (or their respective nominees) would each have a maximum of 15 minutes to make their initial speeches and a further maximum of 5 minutes to wind up on behalf of their respective Groups. The Mayor also outlined the approach for dealing with amendments, should any be made to the main motion, and indicated that the mover of an amendment would have 5 minutes, whilst the time for all other speeches would be restricted to 3 minutes.)

The Executive Member for Finance presented a number of reports setting out the proposed budget for the forthcoming year, together with the recommendations from the Executive meeting held earlier that evening.

It was moved and seconded that the Executive's recommendations for the budget, circulated to Members at the meeting, be approved, subject to the revisions to page 26 of the 2015/16 Schedule of Fees, Charges and Allowances, also

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circulated, in respect of the fees for renewal of a Hackney Vehicle Licence and Hackney Carriage Driver.

Councillors Ross and Bowker responded to the Motion on behalf of the Labour and Liberal Democrat Groups respectively, after which the budget proposals were then debated by the Council.

(Note: Councillor Mrs. Brophy declared a personal interest in the item, insofar as it relates to the Adult Social Care proposals, since a member of her family accesses the services.)

In accordance with procedures agreed at the outset of the debate, the Political Group Leaders summarised the essential views of their respective group and responded to some of the issues that had arisen from the debate.

The Motion was then put to a recorded vote, in accordance with the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2014. The result was as follows:

Those in favour of the Motion: Councillors Anstee, Dr. Barclay, Miss Blackburn, Bowker, Boyes, Mrs. Bruer-Morris, Bunting, Butt, Candish, Chilton, Mrs. Cooke, Cornes, Coupe, Mrs. Dixon, Mrs. Evans, N. Evans, Fishwick, Higgins, Holden, Hyman, Lally, Lamb, Mitchell, Myers, Mrs. Reilly, Rigby, Sephton, Sharp, Shaw, Mrs. Ward, Whetton, Williams and M. Young.

Those against the Motion: Councillors Acton, Adshead, Baugh, Bennett, Boyle, Brotherton, Carter, Cordingley, Dagnall, Duffield, Freeman, Gratrix, Harding, Hynes, Jarman, Lloyd, Malik, O'Sullivan, Procter, Ross, Smith, Stennett, Taylor, Walsh, A. Western and D. Western.

Those abstaining from voting: Councillor Mrs. Brophy.

With the result of the vote being 33 in favour and 26 against, with 1 abstention, the Motion was declared carried.

RESOLVED –

(A) That the Council approves:

- (1) The net Revenue Budget for 2015/16 at £148.914 million, a decrease of £(5.638) million, or (3.6)%, when compared to the 2014/15 base budget of £154.552 million.
- (2) The calculation of the Council Tax Requirement as detailed in Section 10 of the budget report and summarised in the Appendix A of the Executive's recommendations circulated at the meeting.
- (3) The formal Council Tax Resolution, as required under statute and set out in (D) below.

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- (4) That there is no increase in the proposed Council Tax level for Trafford related services in 2015/16 (valuation bands are detailed at Annex E of the budget report);
- (5) The Fees and Charges for 2015/16, as set out in the booklet available on the Council's web site, including specifically:
- delegation to the Corporate Director, Economic Growth, Environment and Infrastructure jointly with the Director of Finance of authority to amend fees and charges in line with commercial negotiations with the Joint Venture Partner(s) (if approved);
  - delegation to Corporate Directors jointly with the Director of Finance of authority to amend fees and charges during 2015/16 in the event of any change in the rate of VAT, as appropriate

subject to the following amendment to Page 26, 1. Taxis – Private Hire & Hackney:

	VAT (V) /Code	2014/15 £	2015/16 £	% change
<u>Taxi Licences – Vehicles &amp; Drivers</u>				
Hackney Vehicle Licence (Renewal)*	D/D	236.00	297.40	26.0%
Renewal (Hackney Carriage Driver)*	D/D	81.00	101.55	25.4%
* Includes charge to cover the cost of unmet demand survey				

- (6) That the minimum level of General Reserve for 2015/16 be set at £6 million, the same as in 2014/15, Section 5 of the budget report.
- (7) The overall Capital Investment Programme level of £79.7 million be approved (as detailed in the Capital Investment Programme 2015/18 report) of which £41.8 million relates to 2015/16.
- (8) The Prudential Borrowing Indicators as set out in Appendix 3, page 14, of the Treasury Management Strategy.
- (B) That, in approving the above, it is noted that the Council has taken into consideration:
- (1) The objective assessment by the Director of Finance of the robustness of budget estimates and adequacy of the General Reserve (Section 5 and Annex M).
  - (2) The Executive's response to the Scrutiny Committee's recommendations to the budget proposals.
  - (3) The detailed report on the outcomes of the Staff and Trade Union Consultation which were submitted to the Executive on 26 January 2015.

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- (4) The Equality Impact Assessments in relation to the budget proposals and the Public Sector Equality duty.
- (C) That in addition, the Council notes the following:
- (1) The approval on 30 January 2015 under delegated powers by the Director of Finance of the Council Tax Base for 2015/16 at 72,669 Band D equivalents. Along with the calculation of the estimated Council Tax surplus, sufficient to release £(300) thousand to support the Council's 2015/2016 revenue budget and a distribution of £(41.3) thousand and £(15.6) thousand representing the respective shares of the Greater Manchester Police and Crime Commissioner and Greater Manchester Fire and Rescue Authority.
  - (2) That the Capital Investment Programme for 2016/17 and 2017/18 is to be set at an indicative £23.5 million and £14.4 million respectively.
  - (3) The Treasury Management Strategy 2015/18.
  - (4) The writing down of the Learning Disability pool deficit of £3.0 million.
  - (5) The base budget assumptions as set out in the Medium Term Financial Outlook as detailed in Annex A of the Executive's Revenue Budget Proposals 2015/2016.
  - (6) That final decisions with regard to some services will not be taken until March 2015. As a result, the allocation of resources set out in the budget report may vary, including the use of reserves. All reports will be presented at the appropriate time.
- (D) That, as referred to in A3 above, the Council calculates the formal Council Tax Resolution as follows:
1. It be noted that on 30 January 2015 the Council calculated:
    - (a) the Council Tax Base 2015/16 for the whole Council area as 72,669 [Item T in the formula in Section 31B(3) of the Local Government Finance Act 1992, as amended (the "Act")] and;
    - (b) 1,422 for dwellings in the Parish of Partington to which Parish Precepts relates.
  2. That the Council approve the Council Tax Requirement for the Council's own purposes for 2015/16 (excluding Parish precepts) is £80,315,959.
  3. That the Council agrees the calculation of the Aggregate Amounts for the year 2015/16 in accordance with Sections 31 to 36 of the Act:

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- (a) £423,358,968 being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(2) of the Act taking into account all precepts issued to it by Parish Councils.
- (b) £342,982,574 being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(3) of the Act.
- (c) £80,376,394 being the amount by which the aggregate at 3(a) above exceeds the aggregate at 3(b) above, calculated by the Council in accordance with Section 31A(4) of the Act as its Council Tax requirement for the year. (Item R in the formula in Section 31A(4) of the Act).
- (d) £1,106.06 being the amount at 3(c) above (Item R), all divided by Item T (1(a) above), calculated by the Council, in accordance with Section 31B(1) of the Act, as the basic amount of its Council Tax for the year (including Parish precepts).
- (e) £60,435 being the aggregate amount of all special items (Parish precepts) referred to in Section 34(1) of the Act, as detailed below:

**PARISH COUNCIL PRECEPT**

Parish/Town Council	2014/15			2015/16			Council Increase
	Tax Base	Precepts £	Council Band D (£)	Tax Base	Precepts £	Council Band D (£)	
Partington	1,354	57,545	42.50	1,422	60,435	42.50	0.0%
<b>TOTAL / AVERAGE</b>	<b>1,354</b>	<b>57,545</b>	<b>42.50</b>	<b>1,422</b>	<b>60,435</b>	<b>42.50</b>	<b>0.0%</b>

- (f) £1,105.23 being the amount at 3(d) above less the result given by dividing the amount at 3(e) above by Item T (1(a) above), calculated by the Council, in accordance with Section 34(2) of the Act, as the basic amount of its Council Tax for the year for dwellings in those parts of its area to which no Parish precept relates.
- (g) £1,147.73 Parish of Partington being the amounts given by adding to the amount at 3(f) above the amounts of the special item or items relating to dwellings in those parts of the Council's area mentioned at 3(e) above divided by the amount at 1(b) above, calculated by the Council, in accordance with section 34(3) of the Act, as the basic amounts of its council tax for the year for dwellings in those parts of its area to which one or more special items relate.

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4. That it be noted that for the year 2015/16 the Office of the Police and Crime Commissioner for Greater Manchester and Greater Manchester Fire and Rescue Authority have issued precepts to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each category of dwellings in the Council's area as indicated in the table below.
5. That the Council, in accordance with Sections 30 and 36 of the Local Government Finance Act 1992, hereby sets the aggregate shown in the tables below as the amounts of Council Tax for 2015/16 for each part of its area and for each of the categories of dwellings.

**Valuation Bands**

<b>Council Tax Schedule 2015/16</b>	<b>Band A £</b>	<b>Band B £</b>	<b>Band C £</b>	<b>Band D £</b>	<b>Band E £</b>	<b>Band F £</b>	<b>Band G £</b>	<b>Band H £</b>
<b>Trafford Council</b>	736.82	859.62	982.43	1,105.23	1,350.84	1,596.44	1,842.05	2,210.46
<b>Office of Police and Crime Commissioner for GM</b>	101.53	118.46	135.38	152.30	186.14	219.99	253.83	304.60
<b>GM Fire &amp; Rescue Authority</b>	38.42	44.83	51.23	57.64	70.44	83.25	96.06	115.28
<b>Sub total</b>	<b>876.77</b>	<b>1,022.91</b>	<b>1,169.04</b>	<b>1,315.17</b>	<b>1,607.42</b>	<b>1,899.68</b>	<b>2,191.94</b>	<b>2,630.34</b>
<b>Partington</b>								
Parish only	28.33	33.06	37.78	42.50	51.94	61.39	70.83	85.00
Parish & District only	765.15	892.68	1,020.21	1,147.73	1,402.78	1,657.83	1,912.88	2,295.46
<b>Aggregate of Council Tax requirements (incl. Police &amp; Fire)</b>	<b>905.10</b>	<b>1,055.97</b>	<b>1,206.82</b>	<b>1,357.67</b>	<b>1,659.36</b>	<b>1,961.07</b>	<b>2,262.77</b>	<b>2,715.34</b>

The meeting commenced at 7.00 p.m. and finished at 9.22 p.m.

#### **74. INFORMAL MEETING OF THE COUNCIL**

(Note: At the conclusion of the formal meeting of the Council, an informal meeting was held to extend an invitation to:

Councillor John Holden to be the Mayor of the Borough of Trafford for 2015/16;

and

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18 February 2015**

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Councillor Judith Lloyd to be the Deputy Mayor of the Borough of Trafford for 2015/16.

The informal meeting concluded at 9.26 p.m.)



## TRAFFORD COUNCIL

**Report to:** Council  
**Date:** 25th March 2015  
**Report for:** Approval  
**Report of:** Acting Director of Human Resources

### Report Title

Trafford Council's Pay Policy Statement for 2015/16.

### Summary

This paper provides Council with information relating to Trafford's pay policy for 2015/16 in line with the requirements for the Localism Act 2011.

### Recommendation(s)

To note and approve the 2015/16 Pay Policy statement as set out in the attached report.

### Contact person for access to background papers and further information:

Name: Angela Beadsworth  
Extension: 1291

### Background Papers:

The Code of Recommended Practice for Local Authorities - Department for Communities and Local Government

Openness and accountability in local pay: Guidance under section 40 of the Localism Act 2011 - Department for Communities and Local Government

Local Authorities (data transparency) code 2013

Relationship to Policy Framework/Corporate Priorities	The information provided within the report aligns with the Council's corporate priority of 'Low Council Tax and Value for Money'
Financial	The report information ensures that we comply with financial regulations in respect of data transparency and accounts and audit regulations.
Legal Implications:	Compliance with all relevant employment legislation is a critical and a key component of this strategy to ensure that our legal governance structure is robust and can defend employment claims should the need arise.

Equality/Diversity Implications	The pay policy will ensure that we remunerate our employees fairly and with due respect to all equality policies and strategies.
Sustainability Implications	Not applicable
Staffing/E-Government/Asset Management Implications	Not applicable
Risk Management Implications	Not applicable
Health & Wellbeing Implications	Not applicable
Health and Safety Implications	Not applicable

## 1.0 Background

The Pay Policy Statement sets out the Council's approach to pay policy in accordance with the requirements of Section 38 of the Localism Act 2011. The purpose of the Pay Policy Statement is to increase accountability in relation to payments made to senior employees in the public sector, in particular those in local authorities, by enabling public scrutiny.

The requirements of the Localism Act in respect of transparency about senior pay builds on the Accounts and Audit (England) Regulations 2011 with which the Council is also compliant; published details of the Council's remuneration of its Chief Executive and Corporate Directors can be found on the Council's public website.

The Pay Policy Statement articulates the Council's own policies towards a range of issues relating to the pay of its workforce, in particular its Chief Officers, as defined by the Local Government and Housing Act 1989 and to its lowest paid employees.

As specified in the Act, this requirement does not extend to schools and this Statement does not therefore include school based employees.

In summary, the Pay Policy Statement identifies:

- ❖ The method by which salaries and severance payment are determined;
- ❖ The detail and level of remuneration of the Council's most senior managers i.e. Chief Executive, Corporate Management Team, Service Directors;
- ❖ The committee responsible for ensuring that the Pay Policy Statement is applied consistently, the Employment Committee, which has delegated powers in relation to senior manager employment;
- ❖ The detail and level of remuneration for the lowest level of post/employee;
- ❖ The ratio of pay of the top earner and that of the median earner.

## 2.0 Recommendation

Council is recommended to note and approve the 2015/16 Pay Policy statement as set out in the attached report.

## TRAFFORD PAY POLICY STATEMENT 2015/16

### 1. Introduction

1.1 Under section 112 of the Local Government Act 1972, the Council has the “power to appoint officers on such reasonable terms and conditions as the authority thinks fit”. This Pay Policy Statement (the ‘statement’) sets out the Council’s approach to pay in accordance with the requirements of Section 38 of the Localism Act 2011.

1.2 The purpose of the statement is to provide transparency with regard to the Council’s approach to setting the pay of its employees (excluding teaching staff and employees working in local authority schools) by identifying;

- the methods by which salaries of all employees are determined;
- the detail and level of remuneration of its most senior staff i.e. ‘Chief Officers’, as defined by the relevant legislation;
- the Committee responsible for ensuring the provisions set out in this statement are applied consistently throughout the Council and recommending any amendments to Full Council.

1.3 Once approved by Full Council, this policy statement will come into immediate effect and will be subject to review as a minimum on an annual basis.

### 2. Legislation relevant to pay and remuneration

2.1. In determining the pay and remuneration of all of its employees, the Council will comply with all relevant employment legislation. This includes legislation such as the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000 and where relevant, the Transfer of Undertakings (Protection of Earnings) Regulations.

2.2 The Council ensures there is no pay discrimination within its pay structures and that all pay differentials can be objectively justified through the use of NJC and Hay job evaluation mechanisms, which directly establish the relative levels of posts in grades according to the requirements, demands and responsibilities of the role.

### 3. Accountability and Decision Making

3.1 In accordance with the Constitution of the Council, the Employment Committee is responsible for decision making in relation to the recruitment, pay, terms and conditions and severance arrangements in relation to employees of the Council.

3.2 Decisions relating to salary packages for new posts above £100k are subject to full Council approval. In addition, any severance arrangements agreed in line with the relevant policies that exceed £100k are subject to full Council approval.

## **4. Pay Structure**

4.1 The Council uses the nationally negotiated pay spine(s) (i.e. a defined list of salary points) as the basis for its local pay structure, which determines the salaries of the large majority of its (non-teaching) workforce together with the use of locally determined rates where these do not apply.

4.2 All other pay-related allowances are the subject of either nationally or locally negotiated rates, having been determined from time to time in accordance with collective bargaining machinery.

4.3 In determining its grading structure and setting remuneration levels for any posts, which fall outside its scope, the Council takes account of the need to ensure value for money in respect of the use of public expenditure, balanced against the need to recruit and retain employees who are able to meet the requirements of providing high quality services to the community, delivered effectively and efficiently and at times at which those services are required.

4.4 New appointments will normally be made at the minimum of the relevant pay scale for the grade, although from time to time it may be necessary to take account of the external pay levels in the labour market in order to attract and retain employees with particular experience, skills and capacity. Where necessary, the Council will ensure the requirement for such is objectively justified by reference to clear and transparent evidence of relevant market comparators, using data sources available from within the local government sector and outside, as appropriate.

4.5 To meet specific operational requirements, it may be necessary for an individual to temporarily take on additional duties to their identified role. The Council's arrangements for authorising any additional remuneration relating to temporary additional duties are set out in the Act-up and Additional Payments Policy.

4.6 Any temporary supplement to the salary scale for the grade is approved in accordance with the Council's Market Rates Supplement Policy.

4.7 An organisation chart covering staff in the top three levels of the organisation provides information on the senior salary pay structure for the Council.

## **5. Senior Management Pay Arrangements**

5.1 For the purposes of this statement, senior management means 'Chief Officers' as defined within the Localism Act. The posts falling within the statutory definition are set out in the data published for the Code of Recommended Practice for Local Authorities on Data Transparency and Accounts and Audit (England) Regulations.

5.2 The Chief Executive and Chief Officers receive minimal additions to salary. These include Returning Officer fees for local and other elections as they arise from time to time.

5.3 The Chief Officer car allowance scheme was deleted as part of the 2014/15 budget proposals along with the general essential car user scheme and replaced by a critical car user scheme. The Chief Executive or any Chief Officer does not qualify to access the revised arrangements.

5.4 In December 2014, a report was agreed at Employment Committee that streamlined the Chief Officer pay scales into a linear structure into three separate bands replacing the former 13 grades. This will be implemented with effect from 1<sup>st</sup> April 2015.

5.5 We will continue to consider how we can introduce more transparent performance arrangements at a senior management level. Salary progression within the range is linked to attainment of pre-determined objectives and targets as set out in the Performance Development Review process.

## **6. Recruitment of Chief Officers**

6.1 The Council's policy and procedures with regard to recruitment of Chief Officers is set out within the Council constitution Part 4 Officer Employment procedure rules.

6.2 When recruiting to all posts, the Council will take full and proper account of all provisions of relevant employment law and its own Equality, Recruitment and Redeployment Policies as approved by Council.

6.3 The determination of the remuneration to be offered to any newly appointed Chief Officer will be in accordance with relevant job evaluation methodology, market factors and recruitment policies in place at the time. For new posts, with recommended salary packages in excess of £100k, approval of Full Council is required.

6.4 Where the Council is unable to recruit Chief Officer posts, or there is a need for interim support to provide cover for a substantive Chief Officer post, the Council will, where necessary, consider engaging individuals under a 'contract for service'. These will be sourced through a relevant procurement process ensuring the council is able to demonstrate the maximum value for money benefits, from competition, in securing the relevant service.

6.5 In assessing such, it should be noted that in respect of such engagements, the Council is not required to make either pension or national insurance contributions for such individuals.

6.6 The Council has had 3 interim appointments in place at Chief Officer level throughout 2014/15. This is due in part, to restructuring activities across the Council following a significant review of services and the need to bring in time-limited and specialist skills requirements to support the Council to re-design services with a commercial orientation.

6.7 Due to the specialist nature of the skills set needed in these roles and linked to the time-limited development of the council's new organisational model, we have engaged individuals on an interim basis through the procurement process described in paragraph 6.4 above.

## **7. Pension Contributions**

7.1 Where employees have exercised their statutory right to become members of the Local Government Pension Scheme, the Council is required to make a contribution to the scheme representing a percentage of the pensionable remuneration due under the contract of employment of that employee.

7.2 The rate of contribution is set by Actuaries advising the Greater Manchester Pension Fund and reviewed on a triennial basis in order to ensure the scheme is appropriately funded. The current rate is set at 18.9% and this will change to 19.7% with effect from 1 April 2015.

## **8. Payments on Termination**

8.1 The Council's approach to statutory and discretionary payments on termination of employment of Chief Officers, prior to reaching normal retirement age, is set out within its policy statement in accordance with Regulations 5 and 6 of the Local Government (Early Termination of Employment) (Discretionary Compensation) Regulations 2006 [and if appropriate] Regulation 12 of the Local Government Pension Scheme (Benefits, Membership and Contribution) Regulations 2007.

8.2 Any payments falling outside of these provisions or the relevant periods of notice within the contract of employment shall be subject to a formal decision made by the Employment Committee. Payments on termination in relation to the policy set out above that exceed £100k are subject to approval of Full Council.

## **9. Re-employment / Re-engagement of former Chief Officers**

9.1 The Organisational Change Framework sets out the arrangements and restrictions by which Chief Officers are re-employed or re-engaged on a contract for services following termination of employment.

## **10. Lowest Paid Employees**

10.1 The lowest paid employees employed under a contract of employment with the Council are employed on full time [36.25 hours] equivalent salaries in accordance with the minimum spinal column point (scp) currently in use within the Council's grading structure.

10.2 As at 1<sup>st</sup> April 2015, the lowest entry level spinal column point is equivalent to £13,614 per annum and this is equivalent to the Trafford Living Wage of £7.20 per hour. We track the current national and local initiatives regarding low paid staff, benchmarking with our regional counterparts to ensure pay parity.

10.3 The Council employs Apprentices who are not considered within the definition of 'lowest paid employees' as they are employed under the national minimum Apprentice wage rates.

10.4 The relationship between the rate of pay for the lowest paid and Chief Officers is determined by the processes used for determining pay and grading structures as set out earlier in this policy statement.

10.5 The current pay levels within the Council define the multiple between the median (average) full time equivalent earnings and the Chief Executive as 1:8.4 and; between the lowest paid employee and average Chief Officer as 1:6.7.

10.6 As part of its overall and ongoing monitoring of alignment with external pay markets, both within and outside the sector, the Council will use available benchmarking information as appropriate. In addition, upon the annual review of this statement, it will also monitor any changes in the relevant 'pay multiples' and benchmark against other comparable Local Authorities.

## **11. Trade Unions**

11.1 The Council recognises two trade unions – UNISON and GMB, for collective bargaining purposes and there are currently two full time equivalent UNISON officials in employment.

## **12. Publication**

12.1 Upon approval by the Full Council, this statement will be published on the Council's Website.

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## TRAFFORD BOROUGH COUNCIL

**Report to:** Exective 25 March 2015  
Council 25 March 2015  
**Report for:** Decision  
**Report of:** The Executive Member for Finance and the Director of Finance

### Report Title

## OLD TRAFFORD LODGE HOTEL REDEVELOPMENT ASSISTANCE

### Summary

Lancashire County Cricket Club (LCCC) has recently made an approach to the Council to request loan finance for a proposed replacement of the existing Lodge facilities with a new purpose built 150 room hotel.

Initial due diligence work has been undertaken including a hotel demand study by GVA which has been positive about the proposal and also a financial assessment by KPMG with further financial due diligence work to be undertaken around the updated financial forecasts.

The redevelopment is estimated to cost £12m and funding has been secured from a retail bond of £3m and approved conditional funding from the GM Combined Authority (GMCA) of £5m. GMCA funding is conditional on further due diligence being completed by KPMG on the updated financial forecasts of LCCC and also the Council agreeing a loan to the club for the balance of the funding of £4m.

### Recommendation(s)

The Executive is requested to:-

1. approve a loan of £4m to Lancashire County Cricket Club for its planned redevelopment;
2. delegate authority to the Director of Legal and Democratic Services in conjunction with the Deputy Chief Executive and Director of Finance to agree and complete all documentation;
3. request the Council to approve:
  - a. the addition of £4m to the Capital Programme in 2015/17 by way of prudential borrowing;
  - b. approve the updated prudential indicators as detailed in Appendix 1.
4. deem the decision as urgent and therefore not subject to call-in.

**Contact person for access to background papers and further information:**

Name:	Ian Duncan	Helen Jones	Jane Le Fevre
Extension:	1886	1915	4215

Relationship to Policy Framework/Corporate Priorities	Economic Growth and development
Financial	<p>The loan advance of £4m would be classed as capital expenditure. This would be financed by borrowing.</p> <p>LCCC would be charged a commercial rate of interest rate on the loan. This would be more than the Council's own borrowing costs and therefore a surplus will accrue to the Council, as detailed in the report.</p> <p>Other revenue streams have been agreed with LCCC as outlined in the report.</p> <p>A one-off arrangement fee of 1% will be charged to LCCC.</p>
Legal Implications:	Agreement of the terms of the loan and conditions will be included in a new legal agreement with LCCC.
Equality/Diversity Implications	N/A
Sustainability Implications	N/A
Risk Management Implications	There are risks associated with the proposal. Mitigation against the risks are set out in the report.
Staffing/E-Government/Asset Management Implications	N/A
Health and Wellbeing Implications	N/A
Health and Safety Implications	N/A

**Other Options Considered**

Alternative funding sources have been considered by LCCC and these are detailed in the report. The Council could decide not to approve the loan support but this would mean the conditional funding approved by the Combined Authority would be withdrawn, putting the overall development at risk.

**Consultation**

Not Applicable

**Reasons for Recommendation**

The new proposals at LCCC would complete the redevelopment at the cricket club and provide significant benefits in terms of economic regeneration and additional local jobs.

**Key Decision**

This is a key decision currently on the Forward Plan: No

**Finance Officer Clearance** .....ID.....

**Legal Officer Clearance** .....JL.....

**CORPORATE DIRECTOR'S SIGNATURE**



To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

## **Background**

### **Proposal**

1. LCCC is considering the opportunity to replace its existing 68 room lodge accommodation with a new 150 bed branded franchised hotel to complement the redeveloped ground. The Club has commissioned an external economic impact assessment which concludes that the redeveloped hotel will create 76 new jobs in Trafford and additional GVA impact of £2.3m per annum.
2. The estimated capital cost of the scheme is £12m and the Council has been approached to provide an element of loan support towards the financing of the project. This report details the benefits of the scheme that will be realised both locally and regionally and outlines the financial implications for the Council and how they will be covered by the cricket club. The project benefits include:-
  - Creating new jobs, the skill sets for which are accessible by the wider local community;
  - Enhancing the profile of the cricket ground as a globally renowned sporting arena reflecting positively on the city and local community;
  - Providing dining and retail conveniences lacking in the local area; and
  - Creating the opportunity for attracting both national and international conferences to Manchester by supporting and growing the potential already in place and provided by the existing world class facilities at Emirates Old Trafford.
3. Specialist advice has been procured from KPMG and GVA to provide due diligence reports to support the viability of the proposal, with a hotel demand study concluding positively about the scheme. The GVA report executive summary includes the following key points and strengths for the location:-
  - The benefit from multiple tourism and business drivers – Trafford Park and Media City;
  - The position proximity to Old Trafford football ground in addition to the cricket ground providing a large base for sports tourism;
  - The market area demonstrates strength and the ability to absorb new hotel supply;
  - Old Trafford Metrolink is very close to the site providing easy access to the site;
  - Accessibility from core transport arteries;
  - A strong brand;
  - A stable growth trend;
  - Historic performance of existing hotel;
  - Strong base of conference and events business at the Club;
  - The area is subject to a number of regeneration schemes which is expected to business tourism, e.g. the Quays.
4. The project is an important part of the Club's strategic approach to improve its financial returns on its off-field activities so that it is much less reliant on the less certain fortunes of success on the playing side of the business.

## Financing of the Project

5. The estimated capital cost of the scheme is £12m, including contingencies and the Club has actively explored a number of options in determining what sources of funding are available to support the project. These included additional bank funding but given the existing exposure their existing bankers have with the Club they consider the existing leverage is at a level where they cannot go higher. This also, realistically, rules out any other senior debt from an alternative mainstream Bank. This is not uncommon following the banking crisis. The Greater Manchester Pension Fund has been considered but an indicative offer of a £5million loan was rejected because the fees were significant, the interest rate was excessive at 9% (pension fund is seeking equity returns) and the repayment terms did not suit the needs of the Club's financial model. Therefore because of the lack of appropriate finance LCCC has approached the GM Combined Authority (GMCA) and the Council to seek loan assistance towards the scheme to complement the £3m already secured from a retail bond in October 2014.
6. On 27 February 2015 GMCA approved support toward the scheme of £5m comprising up to £1.5m from Regional Growth Funds (RGF) and the balance from Growing Places funding. RGF is to generate private sector investment to create sustainable growth and Growing Places Fund was established by the government to invest in infrastructure to generate economic growth, build houses and create jobs. Both were established as the market would not have generated this investment quickly enough; banks still appear nervous in their approach to lending. This hotel proposal meets these objectives.
7. These funding sources normally involve an element of support from the respective district, in the form of underwriting, but in order to reduce the exposure to the Council, officers have been successful in negotiating with GMCA who are willing to advance the Growing Places portion of the funding direct to the Club; the funding from the RGF and Growing Places Fund will be a loan made by GMCA. Also any interest payments due to the Council would rank ahead of the CA support.
8. The CA support is conditional on further due diligence work to be undertaken by KPMG on the financial forecasts and also on the Council agreeing loan support of £4m, being the balance of the funding.
9. The assumptions by LCCC for debt repayment include for:-
  - **Retail Bond** - £3m at a 5% interest rate plus 2% retail discount, launched in October 2014 to be repaid after five years.
  - **Growing Places/RGF** - £5m to be drawn between Sept 2015 - Sept 2016, interest to be charged at 4.5% above the European Reference Rate (currently would result in a interest rate to LCCC of 5.52%) and secured as a second charge over the Club assets and ranked similar to any advance from the

Council. Full repayment to be made by December 2021 with a series of bullet repayments from December 2018.

- **Prudential Borrowing** - £4m to be drawn down across 2016/17 and 2017/18, secured as a second charge (see above) and repaid over 10 years. The period of the loan is commented upon below.

### **LCCC Financial Projections**

10. The projections have already been subject to due diligence work undertaken by KPMG with previous projections showing an increase in Events income and Hotel revenues with significant increases in Net Income (EBITDA) projections for the period 2015 – 2019. Since then the English Cricket Board has made announcements on international cricket matches over the next few years and LCCC has been successful in securing a number of lucrative matches, including the Ashes in 2019. This gives more certainty to future years' projections which show a marked increase on previous years. Net revenues from the existing Lodge have been approximately £0.5m a year and these are projected to rise considerably. EBITDA (net income) is forecast to grow over the medium term which should allow debt costs to be afforded.
11. The financial projections include for the repayment of interest on the entirety of the debt and retail bond. At the time the projections were made, no repayments were included in respect of the Council debt until at least 2021 although the projections indicate that resources will be available for debt repayment from 2017.
12. The above figures include for repayment of the retail bond and GMCA debt of £3m and £5m respectively; the maximum loan period for GMCA loans is 5 years. The redevelopment could not stand to repay the entire project finance within a five year period and therefore a loan of 10 years is requested from the Council.
13. These updated financial projections will be the subject to further due diligence by KPMG and this is a requirement of the funding from the CA and also the Council.

### **Negotiations with LCCC**

14. Since GMCA made its loan offer, negotiations have taken place between officers of the Council and LCCC. The main heads of terms agreed include:
  - a) within two years of the completion of the projects LCCC will secure naming rights of the Cricket School for 10 years in the minimum net sum of £50k per annum. The annual receipt will be paid over to the Council for support youth outreach provision. If naming rights are not secured, LCCC will pay the Council £25k per annum for 10 years. Until such time as the naming rights are sold, the Council can require that the naming rights are assigned to the Council free of charge; the Cricket Centre will be named "Trafford Council Cricket Centre";

- b) the Club will be released from its obligation under the Funding Agreement made between the Council and the Club and dated 30 November 2010 as varied by the MOU made between the Council and the Club and dated 19 October 2011 to complete the extension to the Cricket Centre and will instead be obliged to maintain the Cricket Centre in good condition such that will ensure that it is fit for purpose and so that the Club will be able to continue to deliver its S111 obligations in relation to community and educational users;
- c) the Club will increase the current provision in the S111 Agreement in relation to the Players and Media Centre for the duration of the loan and will make available free of charge (but otherwise on the same terms and conditions as other users) the Players & Media centre for 50 days per year (an equivalent of 1 day per week (other than Christmas and Easter)) to be used as the Council sees fit for the benefit of the community or for educational purposes. This facility could be used to enhance Gorse Hill Studio offer and other schools. The additional obligations will cease at the termination of the loan and thereafter the Club will comply with the obligations in relation to the Players and Media Centre as set out in the S111 Agreement;
- d) the Club will provide or fully fund the provision of an individual to support delivery of projects at Gorse Hill Studios 1 day per week – with a mentoring/support agreement in place similar to Stretford High School. This obligation will apply throughout the term of the loan;
- e) the Club will make The Point and the Pavilion available to the Council free of charge (but otherwise on the same terms and conditions as other users) for 3 days each per year (in relation to The Point this will be in addition to the 1 day a year which it will continue to provide free of charge for the Council's annual staff awards ceremony);
- f) the Club will provide to the Council free of charge 100 tickets for each cricket match (domestic or international) hosted at the Ground, such tickets to be used by the Council for Community invitations or sold to raise funds for youth outreach work;
- g) The Club will provide to the Council free of charge a hospitality table for 10 guests each year at a day of international cricket of the Council's choosing to be used by the Council to support inward investment to the Borough;
- h) The Club will pay to the Council all income from advertising generated from a specified high level perimeter board (to be agreed between the Council and the Club) during all domestic and international cricket matches together with 50% of any future revenue from all new commercial advertising opportunities at the Ground;

- i) the existing provisions in the S111 Agreement with regard to the payment to the Council of a portion of the net annual receipt from International matches will be varied under the proposed agreement to:-
  - a. provide for the payment to the Council of an annual sum equivalent to 5% of the net annual receipt from International matches in each corresponding year up to a maximum of £100k in each year except those years when the Club hosts the Ashes Tests when the maximum payable will be £150k but with a guaranteed minimum payment of £35k in each year when there are no test matches or £75k in each year when the Club hosts any test match; and
  - b. to delete the provision in the S111 agreement which requires only 50% of that sum to be paid to the Council such that the whole of the sum realised is paid to the Council.
- j) The Legal Charge will be for a term of 10 years and will be a second charge secured against the Ground. The Club will secure a Deed of Priority in order to ensure that the proposed Second Charge in favour of the Council cannot be postponed to further borrowing under the First Charge;
- k) that once the GMCA loan has been repaid, the club will use 100% of profits received as a result of the Club overachieving against the operating forecasts which have been agreed by the Council in relation to the business case for these development proposals and the loans to repay the outstanding amounts due to the Council in respect of the loan to secure earlier repayment of the loan.

### **Financial Impact on the Council**

- 15. If the Council was minded to approve the support towards the scheme it would involve additional borrowing of £4m. The Council is able to borrow from the Public Works Loans Board, part of the UK Debt Management Office and the current borrowing rate is 2.65%. This will result in an annual interest cost of £106k.
- 16. The Club will be charged a commercial rate of interest (see para 9). This will result in a payment of approximately £221k, which is £115k per annum more than the Council's cost of borrowing.
- 17. The Council currently earns an average return on its cash holdings of 0.7%. The Director of Finance will determine, as part of the usual treasury management operations, whether to borrow from the PWLB or call on the Council's cash holdings. Therefore the actual return to the Council could be higher than outlined in para 16.
- 18. There are risks attached to any lending and therefore it would be prudent to set aside the return on interest to help protect the Council from any default. The need for this provision would be kept under review each year.



19. Whilst the Council would not be required to budget for principal repayments, in accordance with the policy on Minimum Revenue Provision (MRP) included in the Treasury Management Strategy, it must be cognisant of the risk of granting a 10 year loan. So that risks of the two funding bodies are shared it has been agreed with the GM Combined Authority for each body to take an equal share second charge on the assets of the Club behind their current bankers.
20. Para 14 outlines other funding streams to be paid to the Council. In addition an arrangement fee of 1% i.e. £40k has been agreed with the Club.

### **Prudential Indicators**

21. The Council support would be classed as capital expenditure and as such the decision would need to be taken in line with the Prudential Code. These indicators are designed to support and record decisions taken on affordability and sustainability. There is also a requirement to impose *limits* on the Council's treasury management activities to ensure decisions are made in accordance with professional good practice and risks are appropriate (These are included in the Treasury Management Strategy Report). The Director of Finance will monitor these and report on them at appropriate times. Details of the updated indicators are included at Appendix 1.

### **Conclusion**

22. The hotel redevelopment offers an opportunity for first class conference facilities to be available within the borough and complement those available in the centre of Manchester. Importantly it also helps LCCC to secure their future by having less reliance on success on the playing field, ensuring that international cricket will feature in the North West region for a long time to come. The importance of such facilities to the sub-region are reflected in the GM Combined Authority offer of a £5m loan to LCCC. If the Council is unable to complete the funding package with a loan of £4m then the redevelopment would not be able to proceed.
23. Due diligence has been carried out by KPMG and GVA on the viability of the proposed development. Greater financial certainty exists than in previous years following the English Cricket Board's (ECB) allocation of future international cricket matches.
24. There are risks attached to the provision of a loan but these are mitigated by: a second charge over the assets of LCCC; a commercial rate of interest being applied to the loan; additional income streams being negotiated with the Club and; due diligence work by KPMG and GVA.

### **Urgency**

25. It is not possible for this decision to be subject to call in because negotiations with LCCC have only recently concluded. The decision cannot reasonably be deferred because the GMCA has agreed to provide a further loan but it is

conditional on Trafford Council agreeing its loan; GMCA must commit its funding by 31 March 2015. If call in was to apply the GMCA will not be able to commit its funding by 31 March 2015.

## Appendix 1

### Prudential Indicators – Estimates 2015/18

Capital Prudential Indicators	2014/15 Estimate £m	2015/16 Estimate £m	2016/17 Estimate £m	2017/18 Estimate
<b>Capital Expenditure</b>	<b>42.9</b>	<b>41.8</b>	<b>25.2</b>	<b>16.7</b>
<b>Capital expenditure</b> - the table above shows the estimated capital expenditure to be incurred for 2013/14 and the following three years. (incs £1.6m in 2016/17 & £2.4m in 2017/18 in respect of Lancashire CCC)				
<b>Capital Financing Requirement as at 31 March</b>	<b>139.7</b>	<b>138.4</b>	<b>139.8</b>	<b>137.2</b>
<b>Capital Financing Requirement (CFR)</b> - this reflects the estimated need to borrow for capital investment (i.e. the anticipated level of capital expenditure not financed from capital grants and contributions, revenue or capital receipts).				
<b>Financing Cost to Net Revenue Stream</b>	<b>7.0%</b>	<b>7.3%</b>	<b>7.1%</b>	<b>7.2%</b>
<b>Financing costs to net revenue stream</b> - this indicator shows the trend in the cost of capital (borrowing and other long term obligation costs net of investment income) against the Council's net revenue stream.				
<b>Incremental Impact on Band D Council Tax (£)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Incremental impact on band D council tax</b> – reflects the incremental impact on the Council Tax arising from new borrowing undertaken in order to finance the capital investment decisions taken by the Council during the budget cycle. The figures above, reflects the movement away from borrowing to grant funding for future years spend. The advance to LCCC would be classed as a service debt arrangement and would not have an impact on council tax.				

All the prudential indicators are monitored on a regular basis. If the situation arises that any of the prudential indicators appear that they will be breached for a sustained period, then this will be reported to the Council at the earliest opportunity.

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## TRAFFORD COUNCIL

Report to: Council  
Date: 25/3/15  
Report for: Information  
Report of: Leader of the Council and Chief Executive

### Report Title

**Memorandum of Understanding: A framework for the devolution of health and social care responsibilities to Greater Manchester**

### Summary

**This report provides a briefing for Members of council on the Memorandum of Understanding between all local authorities within GMCA, all Greater Manchester Clinical Commissioning Groups (CCGs) and NHS England (NHSE). The briefing outlines the background and context to the MoU, provides a summary of the scope, principles and objectives of the MOU, the proposed timetable for development and agreement of the MOU and key milestones for 2015/16.**

### Recommendation(s)

**Council is asked to note the content of this report**

Contact person for access to background papers and further information:

Name: Deborah Brownlee  
Extension: 1901

Background Papers: None

## Introduction

1. Integrating health and social care is a vitally important component of GM's Economic growth and public service reform programme. The GM Devolution Agreement, agreed with Government in November 2014, created a platform for greater freedoms and flexibilities regarding the delivery of health and social care services, and invited the GMCA and GM Clinical Commissioning Groups and acute trusts to develop a business plan for the integration of health and social care across Greater Manchester, making best use of existing budgets and including specific targets for reducing pressure on A&E and avoidable hospital admissions.
2. NHS England's 5 Year Forward View, which was published last year, articulates why change is urgently required, what change might look like and how it can be achieved. Collaboration between different stakeholders within the NHS and with social care providers and funders is at the heart of this strategy. NHS England sees GM as a test bed for new approaches to delivering new models of integrated care which reflect the needs of the local population. Through a new partnership approach involving local and national stakeholders greater freedoms and flexibilities and new place-based organisational models can be explored and developed to make the best use of total resources and deliver better outcomes for people. Such an approach will address the fundamental challenges of how the GM health and social care system can become financially sustainable over time, and how health and wellbeing can support and enhance GM's priority of reducing worklessness, supporting people back into employment and providing growth through innovation.
3. A Memorandum of Understanding has therefore been worked up by the GM Local Authorities and CCGs, with support from GM NHS providers, which responds to this invitation. It is intended to provide the essential broader framework within which NHS England working with a wide GM partnership of local authorities, CCGs and other stakeholders can prepare for the full devolution of relevant NHS funding to GM and for GM to become the trailblazer for the objectives set out in the NHS 5 Year Forward View.
4. The MoU has been in development for several weeks between all of the relevant GM bodies. It has the support of the NHS Providers (NHS Trusts) which is key to the successful delivery of devolution and integration. The GMCA and AGMA have now endorsed the MOU and have recommended the endorsement of the MOU to all ten local authorities in order to progress the Road Map to full devolution which is described within the MoU and which is due to commence from the 1<sup>st</sup> April 2015. GM CCGs which have agreed the overall direction of the strategy will also be requested to take the MoU through their own decision making processes.
5. It should be noted that, as a MoU, the document sets out the broad principles that the parties have agreed, the objectives, a proposed governance structure and a timeline for implementation all of which are explained in more detail below. It does not make any changes to the statutory accountabilities or duties of local authorities or CCGs nor will the accountabilities or existing financial flows to CCGs or local authorities be affected.

## THE CASE FOR CHANGE IN GREATER MANCHESTER

6. Health and social care services represent a significant proportion of the total public services costs incurred in GM and are central to GM's growth and reform agenda. It is estimated that under the "business as usual" model the GM health and social care economy faces a fiscal challenge of £1.1bn pa by 2017/18.

7. The on-going challenge of securing financial sustainability is made all the more difficult by a number of factors;

- Artificial barriers between primary care, secondary care, social care, self-care and social support;
- Hospital services which are fragmented and expensive; and which tend to focus more on organisational priorities than those of the places they are intended to serve.
- Mental Health services which fail to address community requirements, particularly in supporting people into work;
- Primary Care Providers who are not empowered or incentivised to make intensive intervention at the earliest stages to prevent ill – health which is resulting in rising levels of health inequalities;
- Inadequate focus on public health prevention;
- A social care system that does not link with health providers to support people to independence;
- National Delivery Models which fail to prioritise local partnerships with academic institutions to drive innovation, improvement and large scale change.

8. The impact of these constraints is intensified by fragmented leadership structures which creates an inability to focus on place, and regulation that focuses on institutional outcomes not systems and communities.

9. GM is seen to have the leadership capacity to develop the partnership structures to create stronger collaboration across public services; the opportunity to place integration of health and social care services at the heart of a wider reform agenda for public services; to create the framework where new incentives and flexibilities can help address many of these challenges; and to harness the activities of academic and research institutions to support the transformation which is required.

10. Through the CA/AGMA and the CCGs working with other stakeholders it has been possible to develop shared priorities for some time; the need to improve the health and wellbeing of the residents of GM from early age to elderly and to move from having some of the worst health outcomes to having some of the best; to close the health inequalities gap within GM and between GM and the UK faster; to contribute to growth and connect people to growth; to address the issue of financial sustainability; to enable effective integrated health and social care across GM; to ensure people are helped to take more control over their own health and care; to redress the balance of care to move it closer to home where possible; forge new partnerships on health based activities within Universities and Science; and strengthen the focus on prevention and public health.

11. It is GM's collective leadership capacity on public services and it's active pursuit of clear and shared objectives which the MoU seeks to build upon to address the challenges facing the health and social care system within Greater Manchester.

12. This agreement will address those challenges by bringing both decision making and resources closer to GM residents with more direct local control over services which were previously commissioned nationally or regionally. It will ensure false boundaries between hospital care and neighbourhood care and support are removed to ensure residents receive better joined up care. It will also prioritise early help and support to ensure people are able to take more control over their health and prevent existing illnesses from getting worse. Residents should therefore see better health and social care outcomes and have an improved experience of services across GM.

### **SCOPE OF MEMORANDUM OF UNDERSTANDING (MoU)**

13. The scope of the MoU is comprehensive and involves the entire health and social care system in GM as follows;

- Acute Care
- Primary Care
- Community Services
- Mental Health Services
- Social Care
- Public Health and
- Health Education

It also encompasses the key enablers of change, including changes to;

- Governance and Regulation
- Resources and Finance
- Capital and Estates
- Workforce, and
- Information Sharing and Systems

14. The scope and nature of the Agreement embodied in the MoU is ground-breaking and unprecedented, and provides the health and social sector in GM with the essential platform to optimise our potential and re-shape the way in which health and social care services are delivered to reflect the needs of, and outcomes for, our local populations.

15. The MoU does not change the position of NHS services in GM in relation to the NHS Constitution and Mandate, all of the services will remain firmly part of the National Health Service. The MoU does however set the groundwork for GM to exercise freedoms and flexibilities to provide innovative approaches focused on the needs of the residents of GM.

### **ROAD MAP TO FULL DEVOLUTION**

16. A Road Map will be developed which sets out the key changes which need to be delivered by GM and its national partners to enable the devolution of responsibilities and resources from NHS England to GM in a phased manner. This process will be supported by robust governance arrangements and a clear delivery plan.

17. The Road Map is considered essential to the management of risk and to enable GM to take more control of its own future and responsibilities in a way that is safe for



patients and citizens and to ensure that the duties of the NHS constitution and all national accountability arrangements can continue to be delivered.

18. The financial year 2015/16 is depicted as a transition year with actions being planned and agreed with all parties with the objective of achieving full devolution from April, 2016. The Road Map to full devolution includes stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and the alignment of formal GM governance arrangements. These governance arrangements will affect a partnership between local authorities, CCGs, other NHS stakeholders – which for the purpose of this report is labelled “GM”.

The key milestones include the following;

- April, 2015 ; all decisions about GM will be taken with GM
- April, 2015 ; the process for the establishment of shadow governance arrangements agreed including the Strategic Partnership Board
- By October, 2015 ; initial elements of the Business Case to support the CSR agreed, including a specific investment fund proposal to further support primary and community care
- During 2015; production of the final agreed GM Health and Social Care Strategic Sustainability Plan and related transformation case.
- December 2015; in preparation for devolution, GM and NHS England will have approved details on the funds to be devolved and supported governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements.
- April 2016; Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 arrangements in place.

Workstreams have already been identified to progress all of this work – the principles, initial areas of work and potential achievements will be agreed by the Project Board and published separately.

## **APPROACH TO GOVERNANCE**

19. One of the most significant areas of work will relate to the development of clear, transparent and accountable governance arrangements that reflect the genuine partnership between local authorities and NHS bodies. These will be shaped by CCGs and the local authorities in accordance with existing accountability arrangements whilst recognising that over time different ways of working will be required to deliver the transformation ambitions of GM.

20. To guide this work a number of principles have been agreed. These include the acknowledgement that local authorities and CCGs will retain their statutory functions and that accountability for resources will remain as now for 2015/16 with the partnership between the organisations reflecting the contributions and competencies of all the parties. Importantly, these principles also underline the critical role of inclusivity – commissioners, providers, patients and the public having a role in shaping the future of GM health and social care together.

21. There are currently seen to be several components of new governance arrangements which will be developed over the coming months.

- Greater Manchester Strategic Health and Social Care Partnership Board (the Strategic Partnership Board)

From April 2015 this Board will be formed to include local authorities and CCGs, Providers, NHS England and the regulatory bodies. It is proposed that this is the body that will include elected member representation from the local authorities. It will oversee the strategic development of the GM health economy, and will have specific responsibilities for the GM Health and Social Care Strategic Sustainability Plan and related investment funding proposals. The intention is that during 2015/16 work will be undertaken to explore with CCGs and Government whether the Board should become a statutory body as part of the enactment of legislation to give effect to the Devolution Agreement.

- GM Joint Commissioning Board

From April, 2015 a Shadow Board will be created including local authorities, CCGs and NHS England to agree decisions on all GM spend which is currently directly held by NHS England (there cannot however be any change in legal responsibility for decision making or financial responsibility at the present time). NHS England have agreed that the Board will be engaged in all decisions affecting GM health and social care and that financial plans, budget proposals and current performance will be shared across the GM health and social care economy. During 2015/6 the shadow board will move to a formal structure operating under agreed S75 arrangements; there will need to be agreement reached on details of financial accounting arrangements within the current NHS accountability framework for GM wide funds devolved from NHS England. The intention is to have all of these arrangements in place from April 2016 so that the formal GM Joint Commissioning Board is in place – one of the key triggers to full devolution.

- Locality Arrangements

During 2015/6 each locality (for each of the local authorities in GM) will build on their current integration work and agree a MoU between the local authority and local CCG (s) which fairly reflects the responsibilities of CCG's and local authorities and supports how the parties wish to see working arrangements operate in each locality. This is where appropriate local authority health and social care funding should be pooled; the opportunities for further alignment of CCG resource management arrangements will be explored, and where the details for integrating health and social care, public health / prevention etc. will be developed. There will be 10 plans and it will be important to ensure that all deliver a consistent approach to service delivery and spend across GM. One of the responsibilities of the Strategic Partnership Board will be to work with localities to ensure this is the case so that investment funds held at that level are deployed effectively. The existing role of local authorities and their local CCGs to determine the priorities and relevant spend for their areas will remain unchanged.

- NHS Providers

During 2015/6 providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the GM Commissioning Board building on previous joint working arrangements. They will contribute to the principle of co-design and act accordingly. They will also develop a formal agreement with the regulatory authorities so that this becomes operational as soon as possible within 2015/16. The NHS providers have produced a letter confirming their support for the overall strategy.

- National Bodies

NHS England will facilitate links with the various national bodies and arrangements for the formal involvement of national bodies other than NHS England will proceed during 2015/6 to ensure these are operational by April, 2016.

## **SUPPORT ARRANGEMENTS**

22. There will be a requirement to establish technical support requirements to enable these new arrangements to function effectively with value for money at the heart of the process.

23. A Programme Board will be established to oversee all the various workstreams. To progress the workstreams at the pace required will require considerable investment in capacity by all of the partners to the MoU and it is agreed that a more detailed programme and resourcing plan will be finalised by mid-March. This will include the recruitment of a full time Chief Officer and a finance director.

## **TRAFFORD PERSPECTIVE**

24. Trafford already has a history of strong partnership working between health and social care. We already have in place a S75 agreement between Trafford CCG and the council to ensure integrated commissioning of community based education, health and social care services for children and young people and we have also agreed a new S75 agreement with Trafford CCG to support integrated commissioning of Adult Health and Social Care Services as part of the national Better Care Fund. Our existing S75 partnership agreement with Penine Care also supports the delivery of integrated community based health and social care services for both children and young people and adults.

25. This new development has the potential to extend that joined up approach to the whole of GM and at the same time to broaden it to include the acute and specialist health sectors.

26. As well as developing GM wide approaches to governance arrangements, the MOU also requires the development of new, locality level, governance structures during 2015/16. It is proposed in the MoU that the principle of subsidiarity will apply, thus ensuring that decisions are made at the lowest appropriate level. It is therefore important that we develop robust Trafford based governance arrangements to be ready to make decisions as and when duties and budgets are devolved to the Trafford level.

27. During 2015/16 we will be expected to agree a MoU between Trafford council and Trafford CCG to support our locality working arrangements. We will need to continue to build on existing arrangements (e.g. Better Care Fund and CYP Integrated commissioning Unit) and agree final arrangements for integration of health and social care within Trafford from April 2016, including exploring further alignment of CCG resource management arrangements.

28. By April 2016 we will have an agreed locality plan (approved by the Trafford Health and Well Being Board) to deliver integrated health, social care and public health in the context of the GM wide strategy and local priorities. This plan will be the focus for joining up health and social care services and ensure a consistent approach to service delivery and spend across GM and will be submitted to the GMHSPB to ensure strategic coherence and consistency across Greater Manchester.

29. Trafford Council will be expected to pool relevant health and social care funds with NHS E and Trafford CCG and to form a Local Joint Commissioning Board (building on existing arrangements) to commission services in line with the Trafford locality plan.

30. Discussions are underway with Trafford CCG and the Trafford HWBB to agree a review of the Trafford HWBB and of existing joint commissioning arrangements to ensure they are fit for purpose in the context of the GM wide arrangements.

## CONCLUSIONS

31. Since the Devolution Agreement was endorsed considerable progress has been made in charting a new strategic direction for health and social care within GM. The MoU builds on this and provides an unprecedented opportunity for a new partnership structure not only to take active control over the shape and direction of health and social care within Greater Manchester, but to make significant progress in underpinning the long term financial sustainability of the entire system. In so doing there is potential to oversee the transformation of services, close the inequalities gap within GM and between GM and the rest of the country.

32. GM is now in a position where the scope of proposed collaboration is ground breaking and unprecedented allowing GM to reshape the way that health and social care services are delivered with a current estimated budget of £6 billion pa.

33. The affected health and social care services will still stay as part of the NHS or Councils but they will be tailored to reflect the needs of the people of Greater Manchester. CCGs and Councils will keep their existing accountabilities, legal obligations and funding flows.

34. Integrating health and social care is a vitally important component of Greater Manchester's economic growth and public service reform programme. It also makes best use of existing budgets, including targets around reducing pressure on A&E and avoiding hospital admissions, where appropriate.

35. Integrated care is a more holistic, co-ordinated approach which treats a person as a whole for all of their health, care and support needs. It puts the experience of the patient, carer and families at the centre of how services are organised and delivered. The proposed framework is set out in a Memorandum of Understanding. This framework will be underpinned by firstly – the development of a Roadmap that will clearly articulate what is to be achieved and by when as a result of all parties to the MoU working together.

## TRAFFORD COUNCIL

**Report to:** Executive  
Council (for information)  
**Date:** 25 March 2015  
**Report for:** Decision  
**Report of:** Leader and  
Chief Executive

### Report Title

**GM Devolution – Memorandum of Understanding**

### Summary

This report provides information on the Memorandum of Understanding developed between GM local authorities, GM CCGs and NHS England which creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester. It also sets out the actions required by this Council to meet the requirement of the MoU.

### Recommendation(s)

The Executive is requested to:

- I. Note the report considered and agreed at the joint GMCA and AGMA Executive Board meeting on 27<sup>th</sup> February 2015 attached at Appendix A.
- II. Agree and endorse the MOU signed by representatives of AGMA, GM CCGs and NHS England and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Greater Manchester.
- III. Authorise the Chief Executive to bring a report to the Executive in June 2015 setting out how the authority will meet the locality requirements of the MoU.

Contact person for access to background papers and further information:

Name: Jane Le Fevre  
Extension: 4215

Background Papers: None

*Implications:*

Relationship to Policy Framework/Corporate Priorities	The proposals would support all key priorities and policies.
Financial	None at this stage
Legal Implications:	The MoU does not propose any changes in legal responsibilities or accountabilities of any local authority or CCG. It confirms that the NHS Constitution and Mandate will still apply and services will remain as part of the NHS or councils. However it also recognises that this will provide the opportunity for those services to be tailored to meet the needs of the residents of GM and each local district.
Equality/Diversity Implications	None as a result of this report
Sustainability Implications	None as a result of this report
Staffing/E-Government/Asset Management Implications	None as a result of this report
Risk Management Implications	None as a result of this report
Health & Wellbeing Implications	None as a result of this report
Health and Safety Implications	None as a result of this report

**1.0** Introduction

1. As set out in the attached report to AGMA/GMCA the integration of health and social care within and across Greater Manchester has been a major priority of GM's growth and reform strategies for some time.
2. This is also recognised in the Reshaping Trafford Programme and the Trafford Better Care Fund which focus on the integration of health and social care and integrated commissioning at a local level to ensure that services are effectively targeted, thereby reducing dependency and supporting residents to be economically active.

Memorandum of Understanding (MOU)

3. The MOU agreed in February will support and enable the authority, working with its partners, to make this a reality; particularly as it has the support of the Trafford CCG, all of the NHS Trusts and Foundation Trusts that operate within the Borough and the NW Ambulance Service.
4. The local authorities, CCGs and NHS England have agreed that the next step in the process is the development of a Road Map which will set out what is required from all parties to progress to full devolution of NHS England powers and funding to Greater Manchester by April 2016. The Road Map will also include the development of plans for all localities to work with their local CCGs to produce whole system local area plans by April 2016.

5. It should be noted that the MoU does not propose any changes in legal responsibilities or accountabilities of any local authority or CCG. It confirms that the NHS Constitution and Mandate will still apply and services will remain as part of the NHS or councils. However it also recognises that this will provide the opportunity for those services to be tailored to meet the needs of the residents of GM and each local district.
6. The report to AGMA/GMCA summarises the agreement with NHS England and the governance proposals. It includes the following objectives and principles:
  - Improving the health and well-being of all of the residents of Greater Manchester from early age to elderly, recognising that this will only be achieved with a focus on the prevention of ill health and the promotion of well-being.
  - We want to move from having some of the worst health outcomes to having some of the best.
  - We aim to close the health inequalities gap within GM and between GM and the rest of the UK faster
  - GM will remain firmly within the NHS and social care system, uphold the standards set out in national guidance and continue to meet statutory duties including those of the NHS Constitution and Mandate and those that underpin the delivery of social care and public health services.
  - Decisions will be focused on the interests and outcomes of patients and people in GM and organisations will collaborate to prioritise those interests.
  - Decision making will be underpinned by transparency and the open sharing of information.
  - There will be a principle that 'all decisions about GM will be taken with GM'. This will start on 1<sup>st</sup> April 2015.

#### Implications for Trafford

7. As members are aware, Trafford already has a history of strong partnership working between health and social care. We already have in place a S75 agreement between Trafford CCG and the council to ensure integrated commissioning of community based education, health and social care services for children and young people and we have also agreed a new S75 agreement with Trafford CCG to support integrated commissioning of Adult Health and Social Care Services as part of the national Better Care Fund. Our existing S75 partnership agreement with Penine Care also supports the delivery of integrated community based health and social care services for both children and young people and adults.
8. This new development has the potential to extend that joined up approach to the whole of GM and at the same time to broaden it to include the acute and specialist health sectors.
9. Members are requested to endorse the MoU, which will bring devolution of health powers to GM partners and support and enable the authority to progress the integration aspirations as outlined in the Reshaping Trafford Blueprint with pace; and agree that a further report on implementation will be considered at the June Executive.

**Key Decision** - No

**Finance Officer Clearance** ID  
**Legal Officer Clearance** JL

**[CORPORATE] DIRECTOR'S SIGNATURE**

A handwritten signature in cursive script, appearing to read "Theresa Grant".

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.



**JOINT GREATER MANCHESTER COMBINED AUTHORITY  
& AGMA EXECUTIVE BOARD MEETING**

Date: 27<sup>th</sup> February 2015

Subject: GM Health and Social Care

Report of: Sir Howard Bernstein, Head of the Paid Service and Steven Pleasant  
Lead Chief Executive for Health

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**PURPOSE OF REPORT**

This report provides an analysis of a Memorandum of Understanding that has been developed between GM local authorities, GM CCGs and NHS England in consultation with other stakeholders including GM NHS Providers. The MoU creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester as part of a new partnership between local authorities, CCGs, NHS England and other stakeholders.

A Road Map starting in April 2015 and leading to full devolution in April 2016 is part of the MoU.

**RECOMMENDATIONS:**

1. To welcome the MoU as representing an important and significant step in the development of a new collaborative partnership model for GM health and social care leading to the full devolution of responsibilities in April 2016.
2. To reinforce the commitment of the GMCA/AGMA to work constructively and in partnership with all NHS stakeholders so that together all organisations create the best possible platform for improving the outcomes for local people and the long term sustainability of the health and social care system.
3. To endorse the MoU and commend it to all ten AGMA local authorities and request that it is considered and endorsed by each authority by 30<sup>th</sup> March 2015
4. To authorise officers to bring back a report following consultation with NHS colleagues on an Implementation Plan.

## CONTACT OFFICERS:

Sir Howard Bernstein,  
[h.bernstein@manchester.gov.uk](mailto:h.bernstein@manchester.gov.uk)

Liz Treacy  
[l.treacy@manchester.gov.uk](mailto:l.treacy@manchester.gov.uk)

Steven Pleasant  
[Steven.pleasant@tameside.gov.uk](mailto:Steven.pleasant@tameside.gov.uk)

## BACKGROUND PAPERS:

None

## INTRODUCTION

1. The integration of health and social care within and across Greater Manchester has been a major priority for some time as it is a key component of GM's growth and reform strategies. This was reflected in the GM Devolution Agreement agreed with the Government in November 2014, which secured access to a range of functions to drive growth and reform, and in which GMCA, working with GM CCGs and other stakeholders, was invited to bring forward a business plan for the integration of health and social care across Greater Manchester.
2. Since that Agreement officers have been working with CCGs, Providers and other stakeholders to bring forward such a plan. Discussions have also taken place with NHS England whose support for such an approach would be crucial. In the light of these further discussions GM local authorities and the full range of NHS stakeholders have been invited to develop ambitious plans for a new partnership between Greater Manchester health and social care bodies and NHS England which would significantly widen the platform for collaboration from that identified in the Devolution Agreement; and crucially, bring into sharp focus and deliver the devolution of all current funding and decision making for health and social care within Greater Manchester.
3. NHS England's 5 Year Forward View, which was published last year, articulates why change is urgently required, what change might look like and how it can be achieved. Collaboration between different stakeholders within the NHS and with social care providers and funders is at the heart of this strategy. NHS England sees GM as a test bed for new approaches to delivering new models of integrated care which reflect the needs of the local population. Through a new partnership approach involving local and national stakeholders greater freedoms and flexibilities and new place-based organisational models can be explored and developed to make the best use of total resources and deliver better outcomes for people. Such an approach will address the fundamental challenges of how the GM health and social care system can become financially sustainable over time, and how health and well being can support and enhance GM's priority of reducing worklessness, supporting people back into employment and providing growth through innovation.

4. A Memorandum of Understanding has therefore been worked up by the GM local authorities and CCGs, with support from GM NHS providers, which responds to this invitation. It is intended to provide the essential broader framework within which NHS England working with a wide GM partnership of local authorities, CCGs and other stakeholders can prepare for the full devolution of relevant NHS funding to GM and for GM to become the trailblazer for the objectives set out in the NHS 5 Year Forward View.
5. The MoU has been in development for several weeks between all of the relevant GM bodies. It has the support of the NHS Providers (NHS Trusts) which is key to the successful delivery of devolution and integration. This report requests the endorsement of GMCA and AGMA to the MOU and requests GMCA and AGMA to recommend the endorsement of the MOU to all ten local authorities in order to progress the Road Map to full devolution which is described within the MoU and which is due to commence from the 1<sup>st</sup> April 2015. GM CCGs which have agreed the overall direction of the strategy will also be requested to take the MoU through their own decision making processes.
6. It should be noted that, as a MoU, the document sets out the broad principles that the parties have agreed, the objectives, a proposed governance structure and a timeline for implementation all of which are explained in more detail below. It does not make any changes to the statutory accountabilities or duties of local authorities or CCGs nor will the accountabilities or existing financial flows to CCGs or local authorities be affected.

## **THE CASE FOR CHANGE IN GREATER MANCHESTER**

7. Health and social care services represent a significant proportion of the total public services costs incurred in GM and are central to GM's growth and reform agenda. It is estimated that under the "business as usual" model the GM health and social care economy faces a fiscal challenge of £1.1bn pa by 2017/18.
8. The ongoing challenge of securing financial sustainability is made all the more difficult by a number of factors;
  - Artificial barriers between primary care, secondary care, social care, self-care and social support;
  - Hospital services which are fragmented and expensive; and which tend to focus more on organisational priorities than those of the places they are intended to serve.
  - Mental Health services which fail to address community requirements, particularly in supporting people into work;
  - Primary Care Providers who are not empowered or incentivised to make intensive intervention at the earliest stages to prevent ill – health which is resulting in rising levels of health inequalities;
  - Inadequate focus on public health prevention;
  - A social care system that does not link with health providers to support people to independence;

- National Delivery Models which fail to prioritise local partnerships with academic institutions to drive innovation, improvement and large scale change.

The impact of these constraints is intensified by fragmented leadership structures which creates an inability to focus on place, and regulation that focuses on institutional outcomes not systems and communities.

9. GM is seen to have the leadership capacity to develop the partnership structures to create stronger collaboration across public services; the opportunity to place integration of health and social care services at the heart of a wider reform agenda for public services; to create the framework where new incentives and flexibilities can help address many of these challenges; and to harness the activities of academic and research institutions to support the transformation which is required.
10. Through the CA/AGMA and the CCGs working with other stakeholders it has been possible to develop shared priorities for some time; the need to improve the health and well being of the residents of GM from early age to elderly and to move from having some of the worst health outcomes to having some of the best; to close the health inequalities gap within GM and between GM and the UK faster; to contribute to growth and connect people to growth; to address the issue of financial sustainability; to enable effective integrated health and social care across GM; to ensure people are helped to take more control over their own health and care; to redress the balance of care to move it closer to home where possible; forge new partnerships on health based activities within Universities and Science; and strengthen the focus on prevention and public health.
11. It is GM's collective leadership capacity on public services and its active pursuit of clear and shared objectives which the MoU seeks to build upon to address the challenges facing the health and social care system within Greater Manchester.
12. This agreement will address those challenges by bringing both decision making and resources closer to GM residents with more direct local control over services which were previously commissioned nationally or regionally. It will ensure false boundaries between hospital care and neighbourhood care and support are removed to ensure residents receive better joined up care. It will also prioritise early help and support to ensure people are able to take more control over their health and prevent existing illnesses from getting worse. Residents should therefore see better health and social care outcomes and have an improved experience of services across GM.

## **SCOPE OF MEMORANDUM OF UNDERSTANDING (MoU)**

13. A copy of the MoU is enclosed as Appendix 1. Its scope is comprehensive and involves the entire health and social care system in GM as follows;
  - Acute Care
  - Primary Care

- Community Services
- Mental Health Services
- Social Care
- Public Health and
- Health Education

It also encompasses the key enablers of change, including changes to;

- Governance and Regulation
- Resources and Finance
- Capital and Estates
- Workforce, and
- Information Sharing and Systems

14. The scope and nature of the Agreement embodied in the MoU is ground breaking and unprecedented, and provides the health and social sector in GM with the essential platform to optimise our potential and re-shape the way in which health and social care services are delivered to reflect the needs of, and outcomes for, our local populations.
15. The MoU does not change the position of NHS services in GM in relation to the NHS Constitution and Mandate, all of the services will remain firmly part of the National Health Service. The MoU does however set the groundwork for GM to exercise freedoms and flexibilities to provide innovative approaches focused on the needs of the residents of GM.

## **ROAD MAP TO FULL DEVOLUTION**

16. A Road Map will be developed which sets out the key changes which need to be delivered by GM and its national partners to enable the devolution of responsibilities and resources from NHS England to GM in a phased manner. This process will be supported by robust governance arrangements and a clear delivery plan.
17. The Road Map is considered essential to the management of risk and to enable GM to take more control of its own future and responsibilities in a way that is safe for patients and citizens and to ensure that the duties of the NHS constitution and all national accountability arrangements can continue to be delivered.
18. The financial year 2015/16 is depicted as a transition year with actions being planned and agreed with all parties with the objective of achieving full devolution from April, 2016. The Road Map to full devolution includes stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and the alignment of formal GM governance arrangements. These governance arrangements will effect a partnership between local authorities, CCGs, other NHS stakeholders – which for the purpose of this report is labelled “GM”

The key milestones include the following;

- April, 2015 ; all decisions about GM will be taken with GM
- April, 2015 ; the process for the establishment of shadow governance arrangements agreed including the Strategic Partnership Board
- By October, 2015 ; initial elements of the Business Case to support the CSR agreed, including a specific investment fund proposal to further support primary and community care
- During 2015; production of the final agreed GM Health and Social Care Strategic Sustainability Plan and related transformation case.
- December 2015; in preparation for devolution, GM and NHS England will have approved details on the funds to be devolved and supported governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements.
- April 2016; Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 arrangements in place.

Workstreams have already been identified to progress all of this work - the principles, initial areas of work and potential achievements will be agreed by the Project Board and published separately.

## **APPROACH TO GOVERNANCE**

19. One of the most significant areas of work will relate to the development of clear, transparent and accountable governance arrangements that reflect the genuine partnership between local authorities and NHS bodies. These will be shaped by CCGs and the local authorities in accordance with existing accountability arrangements whilst recognising that over time different ways of working will be required to deliver the transformation ambitions of GM.
20. To guide this work a number of principles have been agreed. These include the acknowledgement that local authorities and CCGs will retain their statutory functions and that accountability for resources will remain as now for 2015/16 with the partnership between the organisations reflecting the contributions and competencies of all the parties. Importantly, these principles also underline the critical role of inclusivity – commissioners, providers, patients and the public having a role in shaping the future of GM health and social care together.
21. There are currently seen to be several components of new governance arrangements which will be developed over the coming months.
  - Greater Manchester Strategic Health and Social Care Partnership Board (the Strategic Partnership Board)

From April 2015 this Board will be formed to include local authorities and CCGs, Providers, NHS England and the regulatory bodies. It is proposed that this is the body that will include elected member representation from the local authorities. It will oversee the strategic development of the GM health economy, and will have specific responsibilities for the GM Health and Social Care Strategic Sustainability Plan and related investment funding proposals. The intention is that during 2015/16 work will be undertaken to explore with CCGs and Government whether the Board should become a statutory body

as part of the enactment of legislation to give effect to the Devolution Agreement.

- GM Joint Commissioning Board

From April, 2015 a Shadow Board will be created including local authorities, CCGs and NHS England to agree decisions on all GM spend which is currently directly held by NHS England (there cannot however be any change in legal responsibility for decision making or financial responsibility at the present time). NHS England have agreed that the Board will be engaged in all decisions affecting GM health and social care and that financial plans, budget proposals and current performance will be shared across the GM health and social care economy.

During 2015/6 the shadow board will move to a formal structure operating under agreed S75 arrangements; there will need to be agreement reached on details of financial accounting arrangements within the current NHS accountability framework for GM wide funds devolved from NHS England. The intention is to have all of these arrangements in place from April 2016 so that the formal GM Joint Commissioning Board is in place – one of the key triggers to full devolution.

- Locality Arrangements

During 2015/6 each locality (for each of the local authorities in GM) will build on their current integration work and agree a MoU between the local authority and local CCG (s) which fairly reflects the responsibilities of CCG's and local authorities and supports how the parties wish to see working arrangements operate in each locality. This is where appropriate local authority health and social care funding should be pooled; the opportunities for further alignment of CCG resource management arrangements will be explored, and where the details for integrating health and social care, public health / prevention etc will be developed.

There will be 10 plans and it will be important to ensure that all deliver a consistent approach to service delivery and spend across GM. One of the responsibilities of the Strategic Partnership Board will be to work with localities to ensure this is the case so that investment funds held at that level are deployed effectively.

The existing role of local authorities and their local CCGs to determine the priorities and relevant spend for their areas will remain unchanged.

- NHS Providers

During 2015/6 providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the GM Commissioning Board building on previous joint working arrangements. They will contribute to the principle of co-design and act accordingly. They will also develop a formal agreement with the regulatory authorities so that this becomes operational as soon as possible within 2015/16.

The NHS providers have produced a letter confirming their support for the overall strategy and this is enclosed at Appendix 2.

- National Bodies

NHS England will facilitate links with the various national bodies and arrangements for the formal involvement of national bodies other than NHS England will proceed during 2015/6 to ensure these are operational by April, 2016.

## **SUPPORT ARRANGEMENTS**

22. There will be a requirement to establish technical support requirements to enable these new arrangements to function effectively with value for money at the heart of the process.
23. A Programme Board will be established to oversee all the various workstreams. Progressing the workstreams at the pace required will also require considerable investment in capacity by all of the partners to the MoU and it is agreed that a more detailed programme and resourcing plan will be finalised by mid March. This will include the recruitment of a full time Chief Officer and a finance director.

## **CONCLUSIONS**

24. Since the Devolution Agreement was endorsed considerable progress has been made in charting a new strategic direction for health and social care within GM. The MoU appended to this report builds on this and provides an unprecedented opportunity for a new partnership structure not only to take active control over the shape and direction of health and social care within Greater Manchester, but to make significant progress in underpinning the long term financial sustainability of the entire system. In so doing there is potential to oversee the transformation of services, close the inequalities gap within GM and between GM and the rest of the country.

Detailed recommendations appear at the front of this report.

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# Greater Manchester Health and Social Care Devolution Memorandum of Understanding

## 1 Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM). This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.

To facilitate this, the Memorandum of Understanding creates a framework for achieving the delegation and ultimate devolution of health and social care responsibilities to accountable, statutory organisations in Greater Manchester (GM)<sup>i</sup>. It sets out the process for collaborative working in shadow form from 1<sup>st</sup> April 2015 and identifies the areas for further detailed work during the remainder of the year leading to full devolution in April 2016<sup>ii</sup>. It signposts the medium and longer term outputs and impacts anticipated from this process.

All parties agree to act in good faith to support the objectives and principles of this MoU for the benefit of all Greater Manchester patients and citizens.

## 2 Parties

The Parties to the agreement are:

- All local authority members of the Association of Greater Manchester Authorities (AGMA) and all Greater Manchester Clinical Commissioning Groups (CCGs) (together known as GM)
- NHS England (NHSE)<sup>iii</sup>

Letters of support from Greater Manchester NHS Trusts, Foundation Trusts and NW Ambulance Service are annexed to this MoU at Appendix 2.

## 3 The Memorandum of Understanding

The MoU sets out the ambition for full devolution of funding and decision making<sup>iv</sup> for health and social care within GM.

It should be read in conjunction with the commitments of the Greater Manchester Combined Authority (GMCA) Devolution Agreement; it builds upon the invitation to GMCA and Greater Manchester CCGs and Trusts to develop a business plan for the integration of health and social care across Greater Manchester. This will include the development of a GM Business Case (known as the GM Strategic Sustainability Plan), a comprehensive strategic plan to underpin a sustainable health and social care system which will inform submissions to the forthcoming Comprehensive Spending Review.

This MoU focuses on the elements of devolution relating to NHSE, the CCGs and AGMA, and their relationship with the GM provider community. It constitutes a roadmap, with initial undertakings which can be agreed by each constituent party now and further anticipated steps which will require ratification in the light of experience and developments in the future.

NHSE will engage with GM, the Department of Health and other national bodies on further phases of the work including on research & development, workforce and estates<sup>v</sup>. The outcome of all related discussions with other national bodies on potential areas for devolution and/or changes to their interaction with the GM community will, where relevant, be reflected in separate agreements.

The MoU, in establishing the framework, sets out:

- Context: **why** we are doing this
- Detail: **what** we want to deliver
- The principles we will follow and the processes by which we will implement the changes, with timescales: **how** we will deliver

## 4 Context and Objectives

The parties share the following objectives:

- To improve the health and wellbeing of all of the residents of Greater Manchester (GM) from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing. We want to move from having some of the worst health outcomes to having some of the best;
- To close the health inequalities gap within GM and between GM and the rest of the UK faster;
- To deliver effective integrated health and social care across GM;
- To continue to redress the balance of care to move it closer to home where possible;
- To strengthen the focus on wellbeing, including greater focus on prevention and public health;
- To contribute to growth and to connect people to growth, e.g. supporting employment and early years services; and
- To forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

We recognise that integrating health and social care is vitally important for improving the efficiency of our public services and delivering improved health and wellbeing for our population. A digitally integrated health economy with strong partnerships with research institutions and industry can support GM's economic growth strategy. GM has many assets, strengths and capabilities that allow the economy, its residents, industry and commerce to develop and grow. This includes world class academic institutions which deliver health research and innovation as a contributor to growth.

The NHS Constitution sets out clearly what patients, the public and staff can expect from the NHS. GM wants to build upon the rights and pledges of the constitution and provide further opportunities for patients and the public to be involved in the future of their NHS.

The NHS Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Furthermore, it sets out the development of new organisational models. GM is committed to being an early implementer and a test bed for new, innovative approaches of delivering new models of integrated health and social care which reflect the needs of local populations.

GM now needs the freedoms and responsibilities to optimise its potential. This MoU builds on the Devolution Agreement which created the platform for greater freedoms and flexibilities through the invitation to GMCA and Greater Manchester Clinical Commissioning Groups and trusts to develop a strategic plan for the integration of health and social care across Greater Manchester, making best use of existing budgets to transform outcomes for local communities and including specific targets for reducing pressure on A&E and avoidable hospital admissions. This work will now form part of a much broader framework where NHSE are working with GM to prepare for the full devolution of relevant NHS funding to GM and for GM to be a trailblazer for the objectives set out in the Five Year Forward View.

## 5 Overarching Principles

The agreement is underpinned by the following principles which will support the objective of implementing a strategic sustainability plan for GM to assume full responsibility for NHS funding streams for Greater Manchester:

- GM will still remain part of the National Health Service and social care system, uphold the standards set out in national guidance and will continue to meet statutory requirements and duties, including those of the NHS Constitution and Mandate and those that underpin the delivery of social care and public health services<sup>vi</sup>;
- Decisions will be focussed on the interests and outcomes of patients and people in Greater Manchester, and organisations will collaborate to prioritise those interests;
- In creating new models of inclusive governance and decision-making, the intention is to enable GM commissioners, providers, patients, carers and partners to shape the future of GM together. There will be regular communication and engagement with patients, carers and the public during the different stages of devolution;
- Commissioning for health and social care will be undertaken at a GM level where the GM place-based approach is optimum for its residents, rather than at a regional or national level;
- A principle of *subsidiarity* will apply within GM, ensuring that decisions are made at the most appropriate level;

- Decision making will be underpinned by transparency and the open sharing of information;
- There will continue to be clear accountability arrangements for services and public expenditure;
- The delivery of shared outcomes will drive changes to organisational form where necessary;
- Any changes to accountabilities and responsibilities for commissioning health and care services will be carefully evaluated, agreed with the DH where necessary and phased to achieve the benefits of devolution at the maximum speed consistent with safe transition and strong governance. The risks associated with transition of health commissioning responsibilities to GM will be shared with NHSE;
- There will be a transfer of skills and resources to support the commissioning functions being transferred, and we will ensure that neither duplication of activity nor an increase in total cost arises from these changes;
- The principle of new burdens should also apply, such that where GM is expected to take on a new responsibility during this period, the funding to cover the associated costs will transfer, to the extent where there is such national funding available;
- We commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care. This aligned with the 5 Year Forward View will describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent 5 years, subject to the resource expectations set out in the 5 Year Forward View<sup>vii</sup>, appropriate transition funding being available and the full involvement and support of national and other partners.
- We will aim to address any funding inequalities for the benefit of all residents in GM;
- A radical approach will be taken to optimising the use of NHS and social care estates<sup>viii</sup>;
- GM will be able to access any new or additional health and/or social care funding streams that become available during the CSR period<sup>ix</sup>;
- There will be a principle that *“all decisions about Greater Manchester will be taken with Greater Manchester”<sup>x</sup>*;
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities.

## 6 Scope

The parties will work together during 2015/16 (the Build-Up Year) to agree the mechanisms and timescales to devolve powers and resources from NHS England and local authorities to GM to achieve the aims and achievements set out below.

The scope is comprehensive and will involve the whole health and care system:

- Acute care (including specialised services<sup>xi</sup>);
- Primary care<sup>xii</sup> (including management of GP contracts);
- Community services;
- Mental health services;
- Social care;
- Public Health<sup>xiii</sup>;
- Health Education\*
- Research and Development\*

\*subject to discussion with the relevant bodies

The key enablers of transformation will include changes to:

- Governance and regulation;
- Resources and Finance;
- Capital and Estate;
- Workforce;
- Communication and Engagement;
- Information sharing and systems, including the potential for digital integration across GM.

A road map will be developed which sets out the key changes to be delivered by GM and its national partners, and specifically for the devolution of responsibilities and resources from NHS England to GM in agreed phases of change. This will be supported by robust governance arrangements and a clear delivery plan.

By working together, NHS England and GM will be able to fully understand and manage risk together. GM will take more control of its own future and responsibilities, in a phased way that is safe for patients and ensures the duties in the NHS constitution and all national NHS accountabilities continue to be delivered.

## 7 Roadmap

A significant amount of work will be completed during 2015/16, which is recognised as a Build-Up Year. A clear roadmap and supporting delivery plan will be developed and agreed with all parties with the objective of achieving full devolution from April 2016. The roadmap from delegation to full devolution will include stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and aligned development of GM governance arrangements. It will specifically enable regular reviews of progress against the key milestones drawn from the agreed aims and achievements:

- April 2015- *“All decisions about Greater Manchester will be taken with Greater Manchester”*;
- April 2015- Process for establishment of shadow governance arrangements agreed and initiated;
- By October 2015 – Initial elements of the Business Case to support the CSR agreed, including a specific investment fund proposal to further support primary and community care;
- During 2015 – Production of the final agreed GM Strategic Sustainability Plan and related transformation funding case;
- December 2015 – In preparation for devolution, GM and NHSE will have approved the details on the funds to be devolved and supporting governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements;
- April 2016 – Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 agreements in place.

A programme of work will be agreed by the parties and completed between now and October 2015. This will include consideration of the legislative framework and any changes required to implement GM NHS devolution and ensuring the work programme as a whole is fully aligned with the CSR process.

In addition to the work already being undertaken between parties, a number of additional high priority workstreams have been identified:

- Governance;
- Resource and Finance;
- Clinical and Financial Sustainability;
- Primary Care;
- Specialised Services;
- Capital and Estates;
- Research and Innovation.

Additional workstreams and cross-cutting themes will be identified and agreed between the parties over the coming weeks, and these are likely to include:

- Prevention and Wellbeing
- Integrated Care
- Information and Data Sharing;
- Workforce.

## 8 Governance and financial pathway

### General

The governance arrangements will be based on the principle of *subsidiarity*, i.e. that decisions will be taken at the most appropriate level. The governance arrangements will be shaped by the CCGs and local authorities in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of GM. These arrangements will be underpinned by the following principles:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate;
- Clinical Commissioning Groups and local authorities will retain their statutory functions and their existing accountabilities for current funding flows;
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements;
- GM commissioners, providers, patients and public will shape the future of GM health and social care together;
- All decisions about GM health and social care to be taken within GM and by GM as soon as possible;

- Accountability for resources currently directly held by NHS England during 2015/16 will be as now, but with joint decision making with NHSE in relevant areas to reflect the principle of “all decisions about GM will be taken with GM”;
- There will be a new partnership reflecting the contributions and competencies of all parties.

The governance arrangements will be regularly reviewed to ensure the programme aims are delivered within the required timeline.

### **April 15 to April 16**

#### **Greater Manchester Strategic Health and Social Care Partnership Board (GMHSPB)**

- In order to fulfil the ambition of Greater Manchester there is need to build upon the existing partnership arrangements and strengthen them both at local and GM level. A key step in facilitating the latter will be the development of a new body, the GMHSPB;
- **From April 2015** the GMHSPB will oversee the strategic development of the GM health and care economy, and will specifically steer the development of the GM Strategic Sustainability Plan and related investment funding proposals, which will be underpinned through local area plans. Commissioners and providers will be represented, plus NHS England and potentially other national bodies (e.g. Monitor/TDA);
- **During 2015/16** the process will be progressed through the GM devolution agreement for the formal establishment of the GMHSPB **by April 2016** with the same membership and function.
- A Chief Officer will be appointed to lead, manage and deliver the programme with appropriate staffing.

#### **GM Joint Commissioning Board**

- **From April 2015** there will be a Shadow Joint Commissioning Board (JCB) of GM local authorities, CCGs and NHSE. The shadow JCB will discuss and agree recommended decisions on all GM wide spend, but there will be no change in legal responsibility for decision making or financial accountability<sup>xiv</sup>;
- The shadow Joint Commissioning Board will be engaged in all decisions affecting GM health and social care;
- Financial plans, budget proposals and current performance will be shared across the GM health and social care economy;
- **During 2015/16** the Shadow JCB will move to formal JCB operating under agreed s75 arrangements, and agreement will be reached on the financially accountable body within the current NHS accountability framework. An approved form of governance and fundholding will be agreed;
- **From April 2016** a Joint Commissioning Board of local authorities, CCGs and NHSE will be in place.



## Locality arrangements

- **During 2015/16** each locality will agree an MoU between the local authority and CCG(s) to support the locality working arrangements, which accurately and fairly reflects their respective responsibilities for health and social care in their areas
- Opportunities for further alignment of CCG resource management arrangements will be explored;
- Each locality will continue to build on existing arrangements (e.g. Better Care Fund) and agree a local area plan for integration of health, social care and public health/prevention to be implemented **from April 2016**. Local area plans will be the focus for joining up health and social care services and ensure a consistent approach to service delivery and spend across GM.

## Providers

- **During 2015/16** providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the shadow JCB, building on previous experience of successful joint working across the conurbation;
- They will support the proposals to include in the GM devolution arrangements a clear principle of co-design and act accordingly;
- They will develop with Monitor and TDA<sup>xv</sup> a Memorandum of Agreement to underpin the operation of the provider element of the governance structure, to be formalised as soon as possible in 2015/16.

## National Bodies

- Arrangements for formal involvement of national bodies other than NHSE in the development and ongoing delivery of the programme will be discussed and agreed with those bodies **during 2015**, with initial agreements on any changes to arrangements for 2015/16 being agreed **by April 2015**.

## April 2016 Onwards

Our shared aim is to proceed to full devolution of relevant budgets and commissioning responsibilities as outlined below by 2016/17. This will include NHSE delegating or devolving all relevant funds to appropriate bodies in GM. These changes will require formal decision-making by relevant statutory bodies in the light of progress, learnings and developments in the Build-Up Year (2015/16).

## Greater Manchester

- GMHSPB will set GM strategies and priorities. It will drive and facilitate the implementation of GM strategic priorities in the context of the NHS five year forward view and the GM Strategic Sustainability Plan<sup>xvi</sup>;

- It will provide system-wide management to ensure the strategic priorities are achieved;
- It will support locality health and social care plans to be strategically aligned and determine any allocations required of the available investment funds;
- GM Joint Commissioning Board will commission GM-wide services.

### **Local**

- Local HWBs will agree strategies and priorities for delivery of integrated health and social care (including prevention) within their districts and in the context of the GM wide strategy and local priorities;
- GMHSPB will work with local areas to ensure strategic coherence and consistency across Greater Manchester;
- NHSE, CCGs and local authorities will pool relevant health and social care funds to a local Joint Commissioning Board, building from existing arrangements (e.g. Better Care Fund);
- Each local area will commission services in line with the relevant local area plan (e.g. Integrated Care).

Appendix 1 includes a draft Governance Overview.

### **Support Services**

GM CCGs, working together with wider partner colleagues, will determine the scale, style and configuration of technical commissioning and business support services and ensure that they align with the wider three-level business strategies within GM to further support the devolution programme. In doing so, they will ensure that transition plans maximise value for money and that future arrangements fulfil the principle regarding transfer of skills and resources set out in section 5 above.

### **Delivery**

A Programme Board will be created to oversee the development of the programme through the agreed workstreams and milestones.

## **9 NHS England Support to GM**

NHSE will actively lead and facilitate the links to other national bodies/ALBs (e.g. DH, Monitor, TDA and HEE) to help all key bodies align to achieve the outcomes described in this MoU.

In this context, NHSE is committed to working with GM in pursuit of the following:

- GM to be responsible for designing and creating the provider structure and form to support its commissioning intentions in collaboration with the relevant regulators/ALBs<sup>xvii</sup>;
- GM to play a clearly defined leadership role in the oversight of its provider community<sup>xviii</sup>, working in close partnership with Monitor, TDA and CQC;
- GM to be responsible for determining its skilled workforce, capacity, education and training needs<sup>xix</sup>.

## 10 GM Commitments to NHS England

GM will:

- Continue to deliver the NHS Constitution and Mandate requirements and expectations;
- Commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care (as described above);
- Seek to play a leading role in designing and delivering innovative new models of care as set out in the Five Year Forward View. It will use the opportunities resulting from its GM-wide scale and integration to create ground-breaking innovation in areas of mutual GM/NHSE strategic focus to be agreed and to be an exemplar for the national whole system efficiency initiative;
- Ensure clear accountability, exemplary governance and excellent value for money in relation to the health funds delegated or devolved to it.

## 11 Delivery

### 11.1 Programme Governance

Section 8 outlines the proposed governance arrangements to support the Build-Up Year and subsequent years. However, it is recognised that additional programme governance will need to be put in place to support the key workstreams. A Health and Social Care Devolution Programme Board will provide overall strategic oversight and direction to the programme. It is anticipated that the Board will consist of:

- AGMA/CA Sir Howard Bernstein, Steven Pleasant, Liz Treacy
- CCGs: Dr Hamish Stedman, CCG Clinical Leader, Ian Williamson, Su Long
- Trusts Provider Representatives
- NHS England Simon Stevens, Paul Baumann, Graham Urwin
- Department of Health John Rouse

Further discussions will take place to finalise and confirm the membership. The Programme Board will provide strategic management at programme and workstream level. It will provide assurance to the parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by this MoU. It will ensure that the transition from the current system architecture is managed effectively, ensuring that associated costs are minimised, risks are understood and managed and that appropriate governance and accountability is maintained.

The Programme Board will have responsibility for the creation and execution of the plan and deliverables, and therefore it can draw technical, commercial, legal and communications resources as appropriate into the Programme. The Chief Officer referred to in section 8 above will be accountable to the Programme Board. The first meeting of the Programme Board will agree the key workstreams of the programme.

## **11.2 Governance Principles for the Programme Board**

- Provide strategic oversight and direction;
- Be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level;
- Align decision-making authority with the criticality of the decisions required;
- Be aligned with Project scope and each Programme Phase, recognising that changes will be agreed over the life cycle;
- Leverage existing organisational, group and user interfaces;
- Provide coherent, timely and efficient decision-making in respect of the programme
- Reflect the key features of the wider programme governance arrangements set out in this MoU.

## **11.3 Support Structure**

The Programme will need to be supported by full time resources in order to be delivered within the required time scales. This will include a full time Chief Officer, a full time Finance Director and such other staff as the parties agree.

## **11.4 Resources**

It is anticipated that all parties will contribute to the resourcing of the programme in cash and/or in kind. Furthermore, it is recognised that the identified key workstreams will also require additional funding to support the transformation process. A programme and resourcing plan will be agreed with all parties by 13<sup>th</sup> March 2015.

## **12 Parties' commitments to patient engagement**

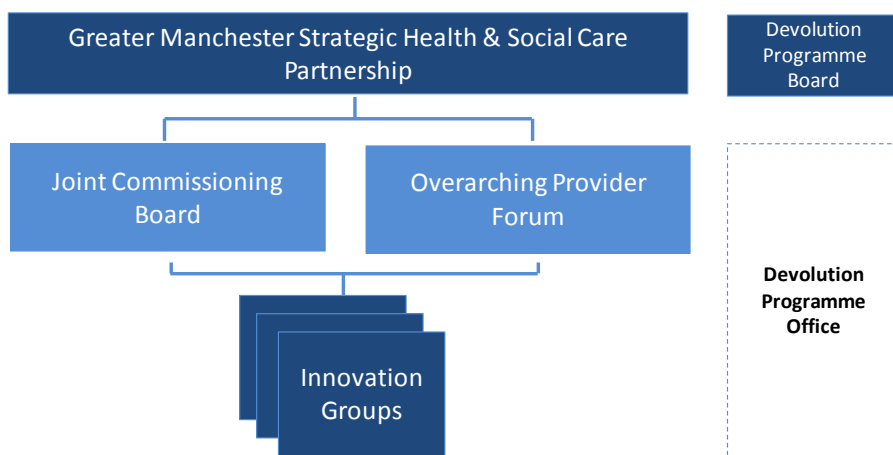
All parties acknowledge their various requirements to engage with patients, service users, carers and members of the public at relevant points and will cooperate to do so in a co-ordinated way.

## **13 Roles and Responsibilities**

Following signature, GM partners will formally ratify this MoU through Boards and Councils and consult on its content with stakeholders as appropriate.

## Appendix 1: Proposed Governance

The proposed governance structure below will exist in shadow form from April 2015, with the final structure being determined during the Build-Up year.



### Proposed Membership:

Greater Manchester Strategic Health & Social Care Partnership	12 CCGs, 10 LAs, Providers, NHS England, Regulators, Healthwatch, GMCVO
Joint Commissioning Board	12 CCGs, LA, NHS England
Overarching Provider Forum	Acute, Community, Mental Health, Ambulance, Primary Care (LMCs) Social Care, Public Health,
Innovation Groups	Joint Commissioner and Provider – Task & Finish Groups to support identified workstreams
Devolution Programme Office	TBC

Note: role of third sector and private sector providers in the arrangements outlined above remains to be determined.

All parties welcome the principles set out in this MoU and recognises the benefits it will bring to the patients and citizens of Greater Manchester. The following explanatory notes are provided for further clarity.

#### Explanatory Notes:

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<sup>i</sup> This will mean NHS England, CCGs and local authorities delegating relevant commissioning functions to joint commissioning boards, in line with the Government's policy of promoting joint commissioning between the NHS and local government. As stated elsewhere in this MoU, NHS England and CCGs, as statutory NHS organisations, would remain accountable for meeting the full range of their statutory duties.

<sup>ii</sup> This will require collaboration with national government, led by the Department of Health, to ensure that the proposed new arrangements continue to support the accountability of CCGs and NHS England for improving quality and health outcomes, delivering core operational standards, and ensuring the effective use of NHS resources. There will need to be agreement as to the precise scope and extent of the commissioning functions that can lawfully be delegated.

<sup>iii</sup> The NHS Commissioning Board operates under the name of NHS England (NHSE) and will be referred to as such throughout the remainder of this document.

<sup>iv</sup> All references to "devolution" of responsibilities or funding to GM would currently imply, in formal terms, the delegation of commissioning functions and associated financial resources to joint commissioning boards set up under section 75 of the 2006 Act.

<sup>v</sup> This recognises, in particular, that some of the areas described in the MoU go beyond the statutory powers of NHS England and CCGs, and are often commissioned nationally.

<sup>vi</sup> The proposed new commissioning arrangements will need to support CCGs and NHS England in continuing to meet the full range of their statutory responsibilities. There will need to be continued reporting against relevant national performance metrics to enable CCGs and NHS England to be held to account for core operational standards, progress in improving quality and outcomes and in other areas in a manner which is consistent and comparable to the rest of the NHS.

<sup>vii</sup> Funding for the NHS beyond 2015/16 will be agreed at the next spending review.

<sup>viii</sup> Options for more radical approaches in relation to NHS estates will need to be considered through engagement with relevant national partners.

<sup>ix</sup> Access to any new NHS funding streams will clearly depend on the extent to which those funding streams are made available to the GM CCGs (or to NHS England) and their relevance to the delegated commissioning functions.

<sup>x</sup> Where national policies apply, decisions about the implementation of those policies that are made about Greater Manchester will be made with Greater Manchester. As set out in the MoU national government will continue to set overall policy for health services, including setting the Mandate for NHS England. National policies, inspection regimes, guidance and regulations, and the standing rules for NHS commissioners will continue to apply to the whole NHS, including GM. Where there are decisions that cannot legally be delegated, these will continue to be taken by the relevant bodies.

<sup>xi</sup> This refers to those specialised services that can be commissioned appropriately and effectively at a Greater Manchester level.

<sup>xii</sup> Any delegation of primary care commissioning responsibilities will need to be consistent with the relevant enabling legislation. The main focus will be on primary medical care, i.e. general practice (GP) services.

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<sup>xiii</sup> This covers those public health services for which local authorities are responsible, subject to the statutory ringfence, together potentially (and subject to discussion with the Department of Health) with those public health services commissioned by NHS England on behalf of the DH.

<sup>xiv</sup> Any changes to the underlying statutory accountabilities of NHS England and CCGs would need to be agreed with DH taking into account the advice of the National Audit Office. In the absence of such changes, then the intention is that the relevant joint commissioning boards will exercise functions on behalf of NHS England and CCGs.

<sup>xv</sup> This remains subject to further discussion with Monitor, TDA and the Department of Health.

<sup>xvi</sup> These strategic priorities will also need to reflect the Government's Mandate to NHS England and other relevant national policies.

<sup>xvii</sup> The relevant provider Boards (or equivalent) will remain ultimately responsible for decisions on provider structure and form, but GM will work with existing providers – and with any potential new providers of health and care services – to help shape the provider response to local commissioning intentions.

<sup>xviii</sup> This will ensure that the role of GM commissioners in shaping and stimulating the development of local provider arrangements complements the role of the relevant regulatory bodies.

<sup>xix</sup> There will be further discussion with Health Education England about how best to take this forward.

Simon Stevens  
Chief Executive  
NHS England

25 February 2015

Dear Simon

### **Greater Manchester Devolution**

We are writing as the Chief Executives of the Acute Trusts in Greater Manchester to confirm our support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

It is important to recognise that a number of processes for working collaboratively across the GM footprint are already in place, and this includes the regular monthly meeting of the Greater Manchester Acute Chief Executives. The group is long established, having been in existence for more than ten years, and has its own chairmanship and secretariat functions. Over the years the GM Acute Chief Executives group has come to be recognised as the legitimate source of advice and opinion from the Acute providers in Greater Manchester, and in this respect the group has developed close working relationships with GM Commissioners and other key players in the GM health and social care system.

The GM Acute CEOs group has played a significant role in a number of important strategic programmes in the past, including in the areas of women's and children's service (the "Making it Better" project), service performance (eg facilitating agreement on cancer breach sharing) and specialist cancer services (functioning as a reference group for Manchester Cancer). The group also now plays an important role in the "Healthier Together" programme, which is overseeing the restructuring of acute and emergency care in Greater Manchester.

Much of the work of the GM Acute CEOs group has been undertaken through a period when the prevailing ethos did not encourage Acute providers to work collaboratively, or to cooperate to achieve strategic change and improved outcomes for service users across the wider conurbation. Our experience is that collaborative working is essential to how an integrated community like Greater Manchester can grow and develop, not least in respect of health and social care. Devolution offers the possibility to build on and formalise many of the vibrant working arrangements that have already been established, such that strategic change can be progressed more rapidly and more effectively.

The GM Acute CEOs' group recognises and supports the need to maintain the formal distinction between commissioners and service providers. We believe this is required to ensure clarity of purpose, not least for the Boards of provider organisations. We are also clear that the Memorandum of Understanding that is intended to underpin the health and social care aspects of GM devolution will be focused on the commissioner responsibilities, and needs to reflect the devolution of powers and resources from NHS England to GM CCGs and local authorities.

Having noted this, we strongly welcome the inclusion in the proposed GM health and social care governance arrangements of a formally established Provider Forum, and the centrality of a Co-design approach to the strategic transformation agenda. The Provider Forum will ensure that the voices of service providers can properly be heard on all relevant service



issues, not just in the context of major service change programmes. Emphasising a Co-design principle from the outset will ensure that whilst there is still an important role for competition between providers (as appropriate), there are clearer mechanisms for cooperation between providers and with commissioners, to achieve the best outcomes for the people of Greater Manchester.

The new arrangements will also require the development of a new set of relationships with the regulatory and inspection bodies within health and social care, including Monitor, the Trust Development Authority and the Care Quality Commission. It has been proposed that a Memorandum of Agreement should be developed to define the new relationship. The GM Acute CEO's group strongly welcomes this proposal and would want to play an important role in developing this agreement. The key objective of the agreement must be to create a GM sub-regional focus for the regulatory and inspection functions, whilst maintaining proper consistency. This will allow the regulators to gain a far clearer understanding of the strategic and transformational agenda in Greater Manchester, and to provide advice and support that facilitates rather than impedes change.

The health and social care system in Greater Manchester faces many challenges, but the conurbation is strong and robust, and has many effective, high quality provider organisations. There is considerable potential to make faster and more substantial progress with transformational change across the conurbation, and GM devolution can support this. The GM Acute CEOs' group supports the principle of GM devolution, and the approaches that are being developed to future governance arrangements. These approaches must be developed to facilitate an effective role for provider organisations, including working in an increasingly collaborative manner, in concert with commissioners, and with integrated input from sector regulators and inspectors.

In summary, the Greater Manchester Acute CEOs' group:

- supports the principle of Greater Manchester Devolution
- committed to collaborative working, which is increasingly delivering greater benefits and faster progress than competitive approaches
- believes there is considerable potential to build on previous experience of successful joint working across the conurbation
- strongly supports the proposals to include in the GM Devolution arrangements a clear principle of Co-design
- strongly supports the proposed creation of a Provider Forum to act as a conduit for provider engagement and participation
- strongly supports the approach to developing a new relationship with regulatory and inspection bodies, and would want to contribute to establishing a Memorandum of Agreement that would ensure a clear sub-regional focus for these functions
- strongly supports information sharing

We hope that this letter will be a constructive and useful contribution to the development of the Greater Manchester Devolution proposals.

Yours sincerely



**Mrs Ann Barnes**

**Chief Executive, Stockport NHS FT**



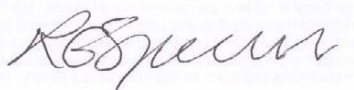
**Dr Jackie Bene**

**Chief Executive, Bolton NHS FT**



**Sir Mike Deegan**

**Chief Executive, Central Manchester University Hospitals NHS FT**



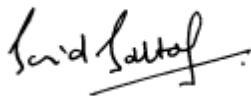
**Mr Roger Spencer**

**Interim Chief Executive, The Christie NHS FT**



**Dr Gillian Fairfield**

**Chief Executive, Pennine Acute Hospitals NHS Trust**




**Sir David Dalton**

**Chief Executive, Salford Royal NHS FT**



**Mrs Karen James**

**Chief Executive, Tameside Hospital NHS FT**



**Dr Attila Vegh**

**Chief Executive, University Hospitals of South  
Manchester NHS FT**



**Mr Rob Forster**

**Acting Chief Executive, Wrightington, Wigan  
and Leigh NHS FT**

Cc David Bennett – Chief Executive, Monitor  
David Flory – Chief Executive, Trust Development Agency  
David Behan – Chief Executive, Care Quality Commission



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26 February 2015

Mr Simon Stevens  
Chief Executive  
NHS England

Dear Mr Stevens

**Re: Greater Manchester Devolution**

Subsequent to the release of the letter from the Chief Executives of the Acute Trusts in Greater Manchester and discussion at our Trust Board yesterday, I wish to confirm NWAS support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

We would echo many of the comments made in the GM Acute CEOs' letter, particularly in terms of recognising and supporting the need to maintain the formal distinction between commissioners and service providers. Although the Memorandum of Understanding is intended to underpin the health and social care aspects of GM devolution by focusing on the commissioner responsibilities, formally establishing a Provider Forum is vital for a consistent approach to the strategic transformation agenda. I believe that it is imperative that NWAS are also deemed to be included in this forum alongside the Acute providers.

This is particularly important as NWAS is a regionally commissioned service for the provision of 999 Emergency and Urgent Care across the whole of the North West and is not constrained within the Greater Manchester footprint, unlike the Acute providers and the other two blue-light services.

Yours sincerely

**Mr Bob Williams**  
**Chief Executive Officer**

cc Ann Barnes, Chief Executive Stepping Hill Hospital. Acute Provider CEO Group Chair.  
Warren Heppolette, Strategic Director – Health & social Care reform, Greater Manchester.

Simon Stevens  
Chief Executive  
NHS England

20 February 2015

Dear Simon

### **Greater Manchester Devolution**

We are writing as the Chief Executives of the Mental Health and Community Trusts in Greater Manchester to confirm our support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

It is important to recognise that a number of processes for working collaboratively across the GM footprint are already in place, and this includes the extensive involvement of provider organisations in strategic planning processes such as the “Healthier Together” programme, which is overseeing the development of integrated care and the restructuring of hospital services in Greater Manchester.

As providers of community and mental health services, we would make the following comments on the new and emerging arrangements;

- The national drive for parity of esteem for mental health will need to be embraced and even further advanced in the proposed devolution arrangements
- We welcome the proposal for an independently chaired provider forum to ensure an equity of voice in health and social care planning

There has been a considerable amount of positive joint working in the past, and this has often been undertaken when the prevailing ethos did not encourage providers to work collaboratively, or to cooperate to achieve strategic change and improved outcomes for service users across the wider conurbation. Our experience is that collaborative working is essential to how an integrated community like Greater Manchester can grow and develop, not least in respect of health and social care. Devolution offers the possibility to build on and formalise many of the vibrant working arrangements that have already been established, such that strategic change can be progressed more rapidly and more effectively.

The need to maintain the formal distinction between commissioners and service providers is still recognised and supported. We believe this is required to ensure clarity of purpose, not least for the Boards of provider organisations. We are also clear that the Memorandum of Understanding that is intended to underpin the health and social care aspects of GM devolution will be focused on the commissioner responsibilities, and needs to reflect the devolution of powers and resources from NHS England to GM CCGs and local authorities.

As noted, we strongly welcome the inclusion in the proposed GM health and social care governance arrangements of a formally established Provider Forum, and the centrality of a Co-design approach to the strategic transformation agenda. The Provider Forum will ensure that the voices of service providers can properly be heard on all relevant service issues, not just in the context of major service change programmes. Emphasising a Co-design principle from the outset will ensure that whilst there is still an important role for competition between providers (as appropriate), there are clearer mechanisms for cooperation between providers and with commissioners, to achieve the best outcomes for service users.

The new arrangements will also require the development of a new set of relationships with the regulatory and inspection bodies within health and social care, including Monitor, the

Trust Development Authority and the Care Quality Commission. It has been proposed that a Memorandum of Agreement should be developed to define the new relationship. We strongly welcome this proposal and would want to play an important role in developing the agreement. The key objective of the agreement must be to create a GM sub-regional focus for the regulatory and inspection functions, whilst maintaining proper consistency. This will allow the regulators to gain a far clearer understanding of the strategic and transformational agenda in Greater Manchester, and to provide advice and support that facilitates rather than impedes change.

The health and social care system in Greater Manchester faces many challenges, but the conurbation is strong and robust, and has many effective, high quality provider organisations. There is considerable potential to make faster and more substantial progress with transformational change across the conurbation, and GM devolution can support this. We support the principle of GM devolution, and the approaches that are being developed to future governance arrangements. These approaches must be developed to facilitate an effective role for provider organisations, including working in an increasingly collaborative manner, in concert with commissioners, and with integrated input from sector regulators and inspectors.

In summary, as the Chief Executives of the Mental Health and Community Trusts in Greater Manchester, we:

- support the principle of Greater Manchester Devolution
- recognise that collaborative working is increasingly delivering greater benefits and faster progress than competitive approaches
- believe there is considerable potential to build on previous experience of successful joint working across the conurbation
- strongly support the proposals to include in the GM Devolution arrangements a clear principle of Co-design
- strongly support the proposed creation of a Provider Forum to act as a conduit for provider engagement and participation
- strongly support the approach to developing a new relationship with regulatory and inspection bodies, and would want to contribute to establishing a Memorandum of Agreement that would ensure a clear sub-regional focus for these functions.

We hope that this letter will be a constructive and useful contribution to the development of the Greater Manchester Devolution proposals.

Yours sincerely



**Mr Simon Barber**

**Chief Executive, Five Borough Partnership NHS Foundation Trust**




**Dr Kathleen Fallon**

**Chief Executive, Bridgewater Community Healthcare NHS FT**



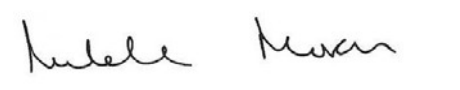
**Mrs Beverley Humphrey**

**Chief Executive, Greater Manchester West Mental Health NHS FT**



**Mr Michael McCourt**

**Chief Executive, Pennine Care NHS FT**



**Mrs Michele Moran**

**Chief Executive, Manchester Mental Health and Social Care NHS Trust**

Cc David Bennett – Chief Executive, Monitor  
David Flory – Chief Executive, Trust Development Agency  
David Behan – Chief Executive, Care Quality Commission

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## TRAFFORD COUNCIL

**Report to:** Executive / Council  
**Date:** 25th March 2015  
**Report for:** Decision  
**Report of:** Executive Member for Economic Growth and Planning

### Report Title

**Greater Manchester Spatial Framework Joint Development Plan Document:  
Decision Making Process**

### Summary

The Greater Manchester Combined Authority (GMCA) agreed that the ten districts should bring forward a Spatial Framework focusing on identifying Greater Manchester's (GM) future housing and employment land requirements based on an analysis of forecasted economic activity.

GM leaders at the Association of Greater Manchester Authorities (AGMA) Executive Board meeting on the 29 August 2014 agreed to the production of a statutory joint Greater Manchester Spatial Framework Development Plan Document (GMSFDPD) for GM. This report considers the necessary resultant steps required in relation to the decision making process and the impact of the preparation of the Trafford Local Plan: Land Allocations document (LAP).

### Recommendation(s)

That the Executive: -

1. Note the decision of the AGMA Executive Board (Joint Committee) to produce a Greater Manchester Spatial Framework (GMSF), covering housing and employment land requirements and associated infrastructure,
2. Recommends to the Council that it delegates responsibility for all stages in the production of the GMSFDPD, other than publication/submission and adoption (which will remain the responsibility of each individual GM Council), to the AGMA Executive Board (Joint Committee),
3. Agrees a delay in the production of the LAP until such time that the production of the GMSF is further advanced together with an amendment to the Trafford Local Development Scheme (LDS) indicating this; and
4. Agree the proposed amendment of the LDS to include reference to the production of the GMSFDPD (as set out in Appendix A).

Contact person for access to background papers and further information:

Name: Rob Haslam (Head of Planning Services)

*Implications:*

Relationship to Policy Framework/Corporate Priorities	The GMSF contributes to a number of corporate themes, particularly Corporate Priority: Economic Growth and Development.
Financial	Work is underway to identify the level of resource required to undertake the preparation of the GMSF. It is likely that there will be a call on district resources (through either financial and/or staff secondees) to support the small central resource within the AGMA core team, charged with preparing the plan. Additional resources will be required to procure external capacity for specific pieces of work together with costs associated with the consultation and examination stages. At present it is envisaged that these costs will be met through existing resources, but a review may be necessary should AGMA funding not be forthcoming.
Legal Implications:	The GM authorities procured legal advice that detailed the GMSF should be produced as a statutory development plan document. Although a non-statutory document would have some material weight, as a written agreement between the 10 authorities, it would not have been independently tested and would therefore be at risk of challenge. It was also considered that there would be a significant risk that the evidence base underpinning the GMSF would be subject to challenge and scrutiny at each individual district's local plan examination. Therefore, in order to manage the scale and distribution of development collectively, to maximise delivery, it is agreed that the most secure route to achieve this would be the preparation of a joint Development Plan Document. Not proceeding with the LAP could increase the risk of challenge in relation to the Council's ability to demonstrate a 5 year housing land supply and consequential pressure for development from landowners.
Equality/Diversity Implications	An Equality Impact Assessment will be applied to the preparation of the GMSF.
Sustainability Implications	In accordance with Government Guidance and individual district priorities, the underlying principle of the GMSF will be to ensure that development in the conurbation will be sustainable. It will ensure that sufficient land is allocated across Greater Manchester to allow the City Region to develop sustainably. GMSF will also be subjected to independent sustainability appraisal.
Resource Implications e.g. Staffing	Work is underway to identify the level of resource

/ ICT / Assets	<p>required to undertake the preparation of the GMSF. It is likely that there will be a call on district resources to support the small central resource capacity which may include secondment(s) from the Council's Strategic Planning Team.</p> <p>The GMSF will be available to view electronically via the AGMA website.</p> <p>The Plan will not include specific site allocations although may identify broad areas of search; therefore there will be minimal direct impact on land or property owned by the Council or the delivery of its Land Sales' Programme.</p>
Risk Management Implications	<p>The GMSF DPD will be a key document in the Trafford Local Plan, providing Greater Manchester's future housing and employment land requirements. If the DPD is not progressed collectively, and in a timely manner, it may impact on the scope and delivery of the Trafford Local Plan Review.</p>
Health & Wellbeing Implications	<p>The level of new growth to be proposed in the Plan will need to be supported by the provision of sufficient community infrastructure, including the provision, where necessary of new health and education facilities.</p>
Health and Safety Implications	<p>Not applicable</p>

## 1.0 Background

- 1.1 GM has a long history of collaboration through AGMA. This has been strengthened by the establishment of the Greater Manchester Combined Authority, Local Enterprise Partnership (LEP), and Transport for Greater Manchester (TfGM) and the GM Combined Authority Devolution Agreement. Policy making is underpinned by the shared ambition to increase the prosperity of the people of GM. Over time GM has become increasingly interconnected, including labour, housing and retail markets, transport networks, cultural attractions, education and training opportunities and the provision of public services. It is becoming increasingly clear from work connected with the Growth Deal and One North that the ability to manage GM's land supply in an effective way is a key lever to maximise growth potential, and in particular to drive housing supply across GM.
- 1.2 It is within this context that the GMCA agreed that a Spatial Framework should be prepared for GM, focusing on identifying future housing and employment land requirements based on an analysis of forecasted economic activity. There needs to be a clear spatial and sectoral understanding of current and emerging occupier demand to support a market facing strategy for housing and employment growth. The Spatial Framework would provide the basis for an informed and integrated approach to spatial planning across the city region, through a clear understanding of the role of our places and the relationships and connections between them.
- 1.3 The GMSF will ensure an appropriate supply of land to meet the market requirements of GM's growth sectors and will support the market to deliver, as well as providing the context districts need to progress their Local Plans. It is clear that there is a need to go

beyond establishing purely the overall housing and economic targets and identify the type of housing and jobs needed, and how, over time, the housing which is provided will retain and attract the skilled workforce needed for the businesses providing the future jobs.

- 1.4 Initially the GMSF was to be prepared as an informal, non-statutory document because of the relative ease of its initial production and future updates. However, legal advice has been received that whilst the evidence base would be appropriate as a framework for future Local Plan work at the district level, and would have “weight” as a written agreement between the 10 authorities, it would be subject to challenge and scrutiny at each district’s examination; this could undermine the GMSF over time. As such given that GM wants to manage the scale and distribution of development collectively, the advice is that the most secure route to achieve this would be the preparation of a joint Development Plan Document. Consequently the AGMA Executive Board has agreed to the production of a statutory joint Greater Manchester Spatial Framework Development Plan Document.
- 1.5 Although the document will be produced collaboratively across GM, with the approval of documentation for the initial consultation stages delegated to the AGMA Executive Board (Joint Committee), the responsibility for the Publication and Submission versions of the GMSF and its ultimate Adoption, will remain the responsibility of each individual Greater Manchester Council. This will ensure the timely production of the plan, but also importantly the ability of each individual Council to retain control over the contents of the GMSF.

## **2.0 Scope**

- 1.1 The GMSF will express the long term spatial vision for GM and be a pro-active tool for managing growth, providing the ‘roadmap’ for the type of place(s) to be created.
- 1.2 There is a balance to be struck between what is needed at the GM strategic level to support growth and reform objectives and which matters are best addressed at the local level.
- 1.3 It is not possible or desirable to be entirely prescriptive about the scope at this stage. It may be necessary to expand, or reduce, the scope of the GMSF as work progresses, depending on the results of technical assessments, consultation and stakeholder engagement.
- 1.4 At this stage it is proposed that the following principles should underpin the production of the GMSF and as such it should:
  - Address strategic planning and infrastructure matters
  - Add value
  - Leave locally specific /detailed issues to individual district Local Plans
  - Make sense as a standalone document
  - Set out a coherent, understandable spatial strategy, providing clarity regarding GM’s future development
  - Support the delivery of agreed strategic priorities
- 1.5 In addressing matters of strategic importance the GMSF will provide Trafford with an overall structure within which to review its Local Plan; it will enable many of the complex issues, once dealt with at the regional level, to be resolved at the City Region level in collaboration with the other nine GM districts.

## **2.0 Resources**

2.1 Work is underway to identify the level of resource required to undertake this work. It is likely that there will be a call on district resources to support the small central capacity but also there will be a requirement to procure external capacity for specific pieces of work, and there will be costs associated with the consultation and examination processes. Currently, it is envisaged that this resource will be met from the existing Strategic Planning budget (see section 5.0).

## **3.0 Timescale**

3.1 The following timetable assumes that there are no significant delays.

Stage	Timetable
Initial consultation on the objectively assessed development need (stage completed)	September – November 2014
Consultation on SHMA/principles to underpin option development	July 2015
Consultation on full draft GMSF and period for representations	July 2016
Publication of the GMSF and period for representations	May 2017
Submission of the GMSF to the Secretary of State	September 2017
Examination in public	January 2018
Adoption of the GMSF by GMCA/AGMA	September/October 2018

## **4.0 Implications for the Trafford Local Plan: Land Allocations**

- 4.1 Before the announcements around the GMSF, work was well advanced in Trafford on the LAP, and it had been anticipated that the second draft of the LAP would be published for public consultation in January/February 2015. Following the clarification of the scope and role of the GMSFDPD, legal advice was sought to understand the risks of proceeding with the LAP, given the production of the GMSFDPD.
- 4.2 It is considered that there is a possible procedural issue in the Council actively promoting two development plan documents that may be based on different levels of growth, particularly given that it is anticipated that the LAP is scheduled for Examination at a time that the GM DPD would be reaching its pre-submission stage. The advice is that any discrepancy between levels of growth is likely to bring into question the land targets set out in Policy L1 and W1 of the Core Strategy, which form the basis from which the LAP is derived and ultimately that there may be a risk of the LAP being found unsound by the Planning Inspector. This view has been reached in the context of recent decisions in Cheshire East and Doncaster council's.
- 4.3 Not proceeding with the LAP will mean that the Council will not have a complete and up to date development plan and that there would need to be a continued reliance on the Trafford Core Strategy (2012) and those remaining aspects of the Revised Trafford Unitary Development Plan (2006), until such time that the development plan is comprehensively reviewed. It should also be noted that advice suggests it would not be appropriate to publish a first consultation draft of a Revised Trafford Local Plan in advance of the GMSF being "published", prior to its submission for independent examination. The above timetable would suggest this would be around mid-2017.

- 4.4 Not proceeding with the LAP should not prevent development taking place in the Borough until such time that a Local Plan review can take place. The Trafford Local Plan: Core Strategy provides a strategic framework within which decisions can be determined in relation to the five strategic locations, (Pomona, Wharfside, Lancashire County Cricket Ground, Trafford Centre Rectangle (Trafford Quays) and Carrington); Trafford's town centres and its priority regeneration areas, together with other key policies such as affordable housing. Indeed, much of the work carried out to date, in relation to the LAP, particularly that relating to matters such as the Sustainability Appraisal (SA) and transport modelling will have value in determining planning applications in advance of a revised Trafford Local Plan being produced and will provide a good foundation for both the GMSF DPD and a revised Trafford Local Plan.
- 4.5 Not proceeding with the LAP at this stage would also enable Trafford to resource and play a much more active role in the preparation of the GMDPD, which is considered to be vital to ensure that that Plan meets all the Council's expectations and will therefore be deliverable at the local level. At present it is anticipated that the cost of producing the GMSF will be met from the existing Strategic Planning budget, however should additional work be required or funding identified then this position will need to be revisited.
- 4.6 Should Executive agree to the production of the GMSF, procedurally it will be necessary to amend the Trafford Local Development Scheme (LDS), as proposed in Appendix A of this report, detailing the proposed timetable for the production GMSF DPD. Similarly, the LDS will be revised to indicate the position in relation to the production of the LAP.

### **Other Options**

The following alternative options have been considered:

- Continue work on the Trafford Local Plan: Land Allocations based on the targets established within the Trafford Local Plan: Core Strategy alongside the preparation of the GMSF. It is considered that there is possible procedural issue in the Council actively promoting two development plan documents that may be based on different levels of growth and as such there is a possible risk of the LAP being found unsound. This approach would see the LAP prepared following the housing requirement contained within the Core Strategy whereas the Greater Manchester DPD would represent an up-to-date assessment of the full, objective assessment of housing need in accordance with Paragraph 47 of NPPF.
- Carry out a review of the Trafford Local Plan outside, and separate to, the framework of the GMSF. It is considered that undertaking a unilateral review of the Trafford Local Plan would not demonstrate that the authority is meeting its requirements under the duty to cooperate and would also undermine the extensive joint working and collaboration to date across GM. Additionally it is considered that because Trafford has a number of housing market areas within it, crossing district boundaries, to identify the borough's objectively assessed in isolation would undermine the robustness of the LAP and therefore the consideration of its soundness at the examination.
- Support the preparation of the GMSF as an informal planning document. Although this would require fewer resources than the production of a statutory DPD, the legal advice was clear that it would be subject to challenge and scrutiny at each district's examination into their Local Plan DPDs.

### **Consultation**

As detailed in section four of this report, an initial consultation has been held in relation to the objectively assessed development need (both economic and residential). There will be a number of additional periods of consultation prior to the consideration of the Plan by an independent examiner. Although these periods of public consultation will need to comply with regulations governing the production of DPDs, a GM wide statement of consultation on joint development plans is to be produced by the GM Planning and Housing Team. As appropriate/necessary elements of the GM wide consultation statement will be incorporated into Trafford's Statement of Community Involvement, to ensure a proportionate and consistent approach to consultation and engagement on the GMSF across GM.

**Reasons for Recommendation**

To enable the AGMA Executive Board (Joint Committee) to proceed with the preparation of the draft GMSF DPD up to the point of publication and submission to DCLG.

**Key Decision** Yes

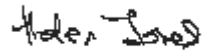
**If Key Decision, has 28-day notice been given?** Yes

**Finance Officer Clearance** ... PC.....

**Legal Officer Clearance** ... JL.....

**CORPORATE DIRECTOR'S SIGNATURE**.....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.



## Appendix A

### GMSF - PROPOSED WORDING FOR TRAFFORD'S LOCAL DEVELOPMENT SCHEME

<b>Role and subject</b>	<p>The GMSF will:</p> <ul style="list-style-type: none"> <li>• set out the long-term spatial vision for the sub region (up to 2035) and the overall strategy for delivering the vision;</li> <li>• identify the overall level of housing and employment development that is envisaged and the geographical distribution of that development;</li> <li>• define the sub region's hierarchy of regional, city and town centres;</li> <li>• identify the main improvements in infrastructure that are required to support that scale and distribution of development;</li> <li>• set out the strategic spatial policies for the sub region;</li> <li>• set out the main development management policies for the sub region, and</li> <li>• support the delivery of other key strategies and plans</li> </ul>
<b>Coverage</b>	Greater Manchester wide
<b>Status</b>	DPD
<b>Conformity</b>	With NPPF and having regard to the Greater Manchester Strategy, Greater Manchester Growth and Reform Plan.

Stage	Timetable
Initial consultation on the objectively assessed development need	September – November 2014
Consultation on SHMA/principles to underpin option development	July 2015
Consultation on full draft GMSF and period for representations	July 2016
Publication of the GMSF and period for representations	May 2017
Submission of the GMSF to the Secretary of State	September 2017
Examination in public	January 2018
Adoption of the GMSF by GMCA/AGMA	September/October 2018



## TRAFFORD COUNCIL

**Report to:** Council  
**Date:** 25<sup>th</sup> March 2015  
**Report for:** Information  
**Report of:** Executive Member for Transformation and Resources

### Report Title

**6-month Corporate Report on Health and Safety – 1 April to 30 September 2014**

### Summary

**This report provides information on council-wide health and safety performance and trends in workplace accidents and provides a summary of other key developments in health and safety over the 6-month period.**

### Recommendation(s)

**1. That the report is noted.**

Contact person for access to background papers and further information:

Name: Lisa Hooley  
 Extension: 4670

Background Papers: None

Relationship to Policy Framework/Corporate Priorities	Improving the health and safety of staff relates to the Council's Health and Wellbeing strategy. Health and safety arrangements are set out in the Corporate Health and Safety Policy.
Financial	There are no foreseeable financial implications arising out of this report.
Legal Implications:	The programme of audits carried out by the Health and Safety Unit within Trafford schools, together with on-going policy developments and training arrangements will ensure compliance with health and safety legislation.
Equality/Diversity Implications	None
Sustainability Implications	None
Resource Implications e.g. Staffing / ICT / Assets	None
Risk Management Implications	The increase in the number of accidents over the 6-month period may result in slightly higher levels of risk to the Council in terms of civil claims and the risk of prosecution.
Health & Wellbeing Implications	The health, safety and wellbeing of all staff involved in any accident is of the upmost

	importance and support is offered, as appropriate i.e. counselling, Occupational Health provision and physiotherapy.
Health and Safety Implications	See Legal Implications section above. There is an emphasis placed on continuous improvement through the Corporate Health and Safety Improvement Plan.

## **1.0 Background**

This report covers the 6-month period from 1<sup>st</sup> April 2014 to 30<sup>th</sup> September 2014. It highlights changing trends in accidents and major activities and points of interest in relation to health and safety. In addition to this report, separate reports on Directorate health and safety performance will be made available to the relevant Corporate Directors and local Health and Safety or Joint Consultative Committees.

Please note that this report provides a direct comparison of the total number of accidents that occurred between 2011 and 2014 only. Previous years' figures are not directly comparable due to changes in accident reporting arrangements for non-Community schools in line with statutory requirements. Pre 2011, all schools were included in the council-wide accident statistics, whereas now, only community schools (where the Council is the employer) are included in the statistics.

## **2.0 Accident Statistics: April to September 2014**

Overall, the total number of accidents reported to the Health and Safety Unit (HSU) involving staff has shown an increase of 36% in the first 6 months of 2014, compared to the same period in 2013.

Appendix 1 provides details of the accident statistics, broken down by Directorate and service area for staff for the period 1<sup>st</sup> April 2014 to 30<sup>th</sup> September 2014. A summary of the findings is detailed below.

### **2.1 Overall Numbers and Rates of Accidents**

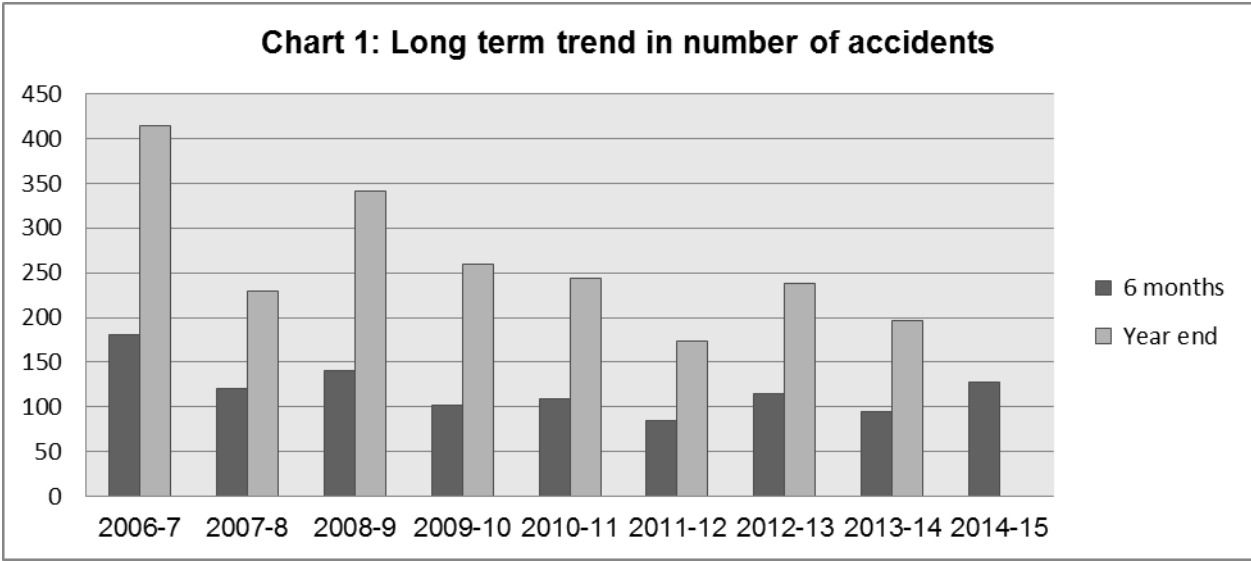
The overall total number of accidents to staff reported to the HSU has increased by 36%, up by 34 from 94 in the same period of 2013, to 128 in 2014 (see Table 1 and Chart 1 below). The overall rate of accidents has also increased, up from 1.60 per hundred staff in the same period in 2013, to 2.22 per hundred in 2014. Although there were 128 reports of accidents made, 4 of these accidents involved two or more people, so in fact these accident reports relate to 123 incidents.

Much of this increase can be accounted for by a rise in the number of occurrences of violence and aggression involving one service user who has a learning disability (see section 2.3.1 for more details).

**Table 1: Overall number and rate of accidents to staff – 5 year trend**

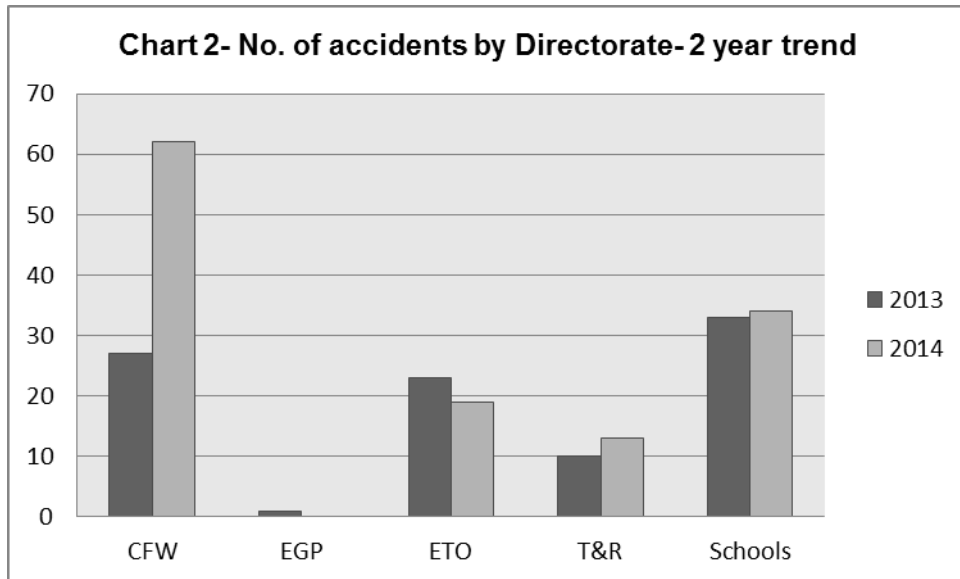
Indicators - first 6 months results	2010	2011	2012	2013	2014
Total number of accidents to employees (as reported to the HSU)	109	84	115	94	<b>128</b>
Overall rate of accidents to employees/100 employees	1.43	1.14	1.96	1.60	<b>2.22</b>

*Rate based on number of staff as at 1<sup>st</sup> April at the start of each reporting period.*



**2.2 Numbers of Accidents by Directorate**

Compared to the same period last year, the total number of reported accidents has increased within the Children Families and Wellbeing (CFW) and Transformation and Resources (T&R) Directorates and community schools, see Chart 2 below. The number of reported accidents has reduced in the Economic Growth and Prosperity (EGP) and Environment, Transport and Operations Directorates (ETO). Please note that the Economic Growth, Environment and Infrastructure Directorate had not been formed during the period of this report.



Whilst this information gives an indication of the number of reported accidents within each Directorate, a better indicator is the rate of accidents in each Directorate, as this takes into account differences in the number of staff. These rates are explored in the sections below for each Directorate.

Analysis by service area (see Appendix 1) shows that a few service areas account for a large proportion of the accidents in each Directorate. These are generally the areas where we would expect higher numbers of accidents, due to the nature of the work undertaken in these services. Patterns at service level will be reviewed in more detail in separate Directorate Health and Safety reports.

### 2.2.1 Children, Families and Wellbeing

The overall number of accidents reported in CFW has risen by 129%, up by 35 from 27 in the same period of 2013 to 62 in the first 6 months of 2014. Twenty-six of the 62 reported accidents can be accounted for by an increase in occurrences of violence and aggression. In 2014, the number of occurrences of violence and aggression has increased to 43 (25 of these involving the same service user as reported in 2012), from 17 in the same period in 2013.

The rate of accidents in CFW in 2014 is 3.7 per hundred employees, compared to 1.59 in the same period of 2013, so the rate of accidents has also significantly increased.

### 2.2.2 Environment, Transport and Operations

The overall number of accidents reported within ETO has decreased (down from 23 in 2013, to 19 in 2014), back to the level that accidents were at in the same period of 2012. The rate of accidents in ETO is 1.57 per hundred employees, compared to 1.96 in the same period of 2013. Therefore, the rate of accidents has decreased, as well as the number of accidents.

### 2.2.3 Economic Growth and Prosperity

There were no reported accidents within EGP in the reporting period, compared to 1 accident for 2013. Within EGP, the rate of accidents is zero accidents per hundred employees in 2014, compared to 0.74 per hundred for the same period in 2013.

**2.2.4 Transformation and Resources**

The overall number of accidents reported in T&R has increased by 3, from 10 in 2013 to 13 in the same period of 2014. The rate of accidents in T&R is 2.09 per hundred employees, compared to 1.60 in the same period of 2013. Therefore, the rate of accidents has increased as well as the numbers of accidents.

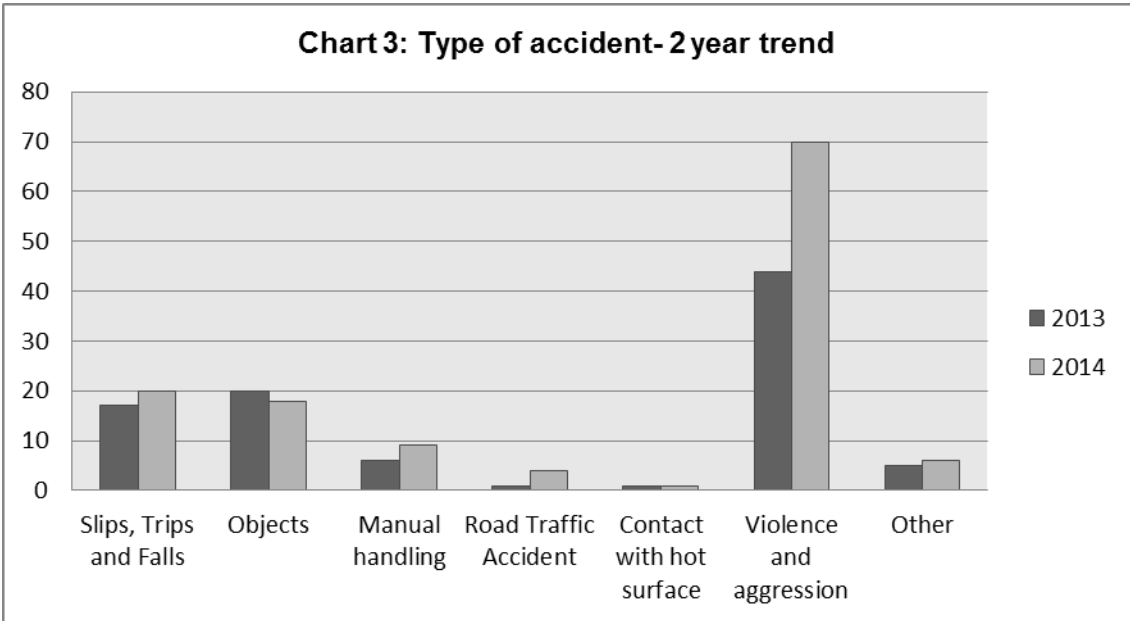
**2.2.5 Community Schools**

The overall number of accidents reported in community schools has seen a slight increase by 1 accident, from 33 accidents in the same period of 2013, to 34 in 2014. The rate of accidents in schools is 1.6 per hundred employees, compared to 1.56 in the same period of 2013. Therefore, the rate of accidents has also slightly increased.

**2.3 Types of accidents**

The most common types of reported accidents involving staff are occurrences of violence and aggression (responsible for 55% of all accidents - see section 2.3.1 below). The next most common types of accidents are those involving slips, trips and falls (16% - see section 2.3.3), followed by objects (14%- see section 2.3.2) and manual handling (7%- see section 2.3.4). Taken together, these account for 92% of all accidents.

Chart 3, below, shows a summary of the main types of accidents, compared to the same period in 2013.



Occurrences of violence and aggression were the most common type of accident reported involving Council staff and these have increased this year by 59%. The majority (57%) of these occurred within the Provider Services part of the CFW Directorate and within special schools (20%), where clients and pupils often display challenging behaviour. Slips, trips and falls were the next most common type of accident with 20 occurring, up from 17 in the same period last year. Manual handling injuries have also increased since last year, up 50% from 6 to 9.

There has been a slight decrease in the number of accidents reported involving objects, which have dropped from 20 to 18, compared to the same period last year, see section 2.3.2 for more information. The numbers of all other types of accidents reported this year

are lower than last year, with the exception of “other” accidents, which has risen slightly; see section 2.3.5 for more information.

Appendices 2 and 3 show a detailed breakdown of the types of accidents and a breakdown for each Directorate by accident type.

### **2.3.1 Violence and Aggression**

There has been a significant increase in the number of reported occurrences of violence and aggression; up from 44 in the same period 2013 to 70 in 2014, which is a 59% increase. It should be noted that the number of incidents of violence and aggression is actually lower than this, since 3 of the 70 recorded occurrences involved 2 or more members of staff, making this 66 incidents.

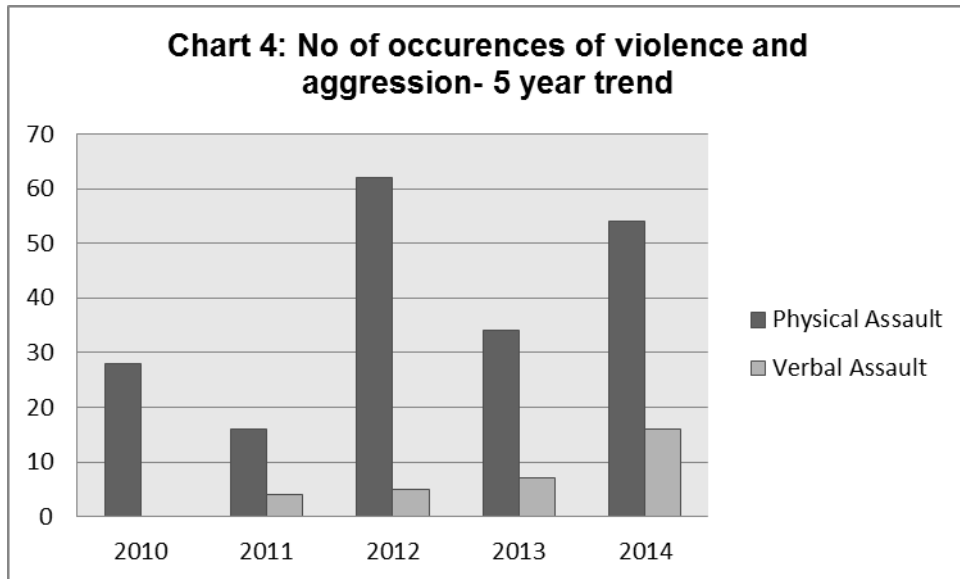
The number of reported occurrences of violence and aggression against staff is subject to a wide degree of fluctuation year on year, as it is very sensitive to issues in managing individual client’s behaviour within social care and special school settings. The general trend is that these fluctuations relate to one or two service users; as did the significant increase in 2012, where 27 occurrences were due to violence and aggression involving one service user. The total dropped in 2013 to 17, as the occurrences of violence and aggression involving this service user reduced to 2 at the 6 month point in 2013.

There has been a significant increase in the number of incidents reported within Provider Services (30 in total, compared to 4 last year). Twenty-six of these incidents involved the same service user as in 2012. The behavioural incidents involving this service user have fluctuated over recent years, and the Service has worked in conjunction with the Community Learning Disability Team (CLDT) to identify the triggers, which resulted in a reduction in incidents in these areas.

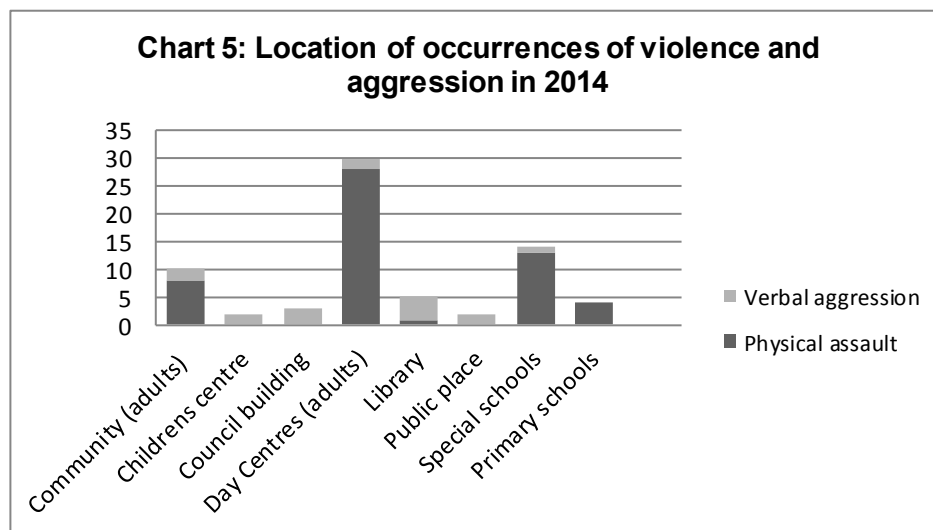
Over recent months, the number of incidents involving this service user has increased significantly, and the Service has continued to work with CLDT to identify the triggers. In addition, the CLDT have been investigating if there are any underlying health issues, which may also be affecting their behaviour.

However, following the most recent serious incident, it was agreed at a professionals’ meeting that this individual required one to one support. Arrangements were made for the service user to transfer to an external provider, which is known to the individual and specialises in accessing community activities. A support plan has been developed for the individual. To date, there have been no incidents reported by the provider. On-going monitoring and regular reviews of the strategies in place will ensure they remain effective.

The majority of the reported occurrences of violence and aggression in 2014 were physical violence; occurrences of physical violence have increased 58%; up from 34 in 2013, to 54 in the same period of 2014. The number of reported occurrences of verbal aggression has also increased, with 7 reported in 2013 and 16 reported in the same period of 2014. See Chart 4 below for more details.



None of the occurrences of violence and aggression led to an injury severe enough to be reportable to the HSE under RIDDOR (see Section 3.1). Chart 5 (below) provides more details of the locations where the physical occurrences of violence and aggression took place.



The highest number of reported occurrences of violence and aggression (42%) occurred within the learning disability day care setting. This was an increase of 650%, up from 4 occurrences in 2013 to 30 in 2014. Twenty five out of the 30 reported assaults in this setting were involving the same service user who was involved in 27 incidents in the same period in 2012, as described above. The 5 other incidents involved 4 other service users.

The next most common setting was in the council's special schools, where 20% (14) of occurrences of violence and aggression were reported. However, compared to the same period in 2013, the number of occurrences in special schools has reduced slightly, down by 3, from 17 to 14 occurrences. All of these occurrences involved children with challenging behaviour; none involved parents, as has been the case in previous years. A more detailed analysis of these will be contained within the separate (community) schools' report.

The next most common setting for violence and aggression was within the community, whilst working with vulnerable adults in Provider Services. These residential and

community-based occurrences fall across two different services; 6 incidents within the Supported Living Learning Disability Service and 1 incident within the Reablement Service and three in service users' homes. Taken together, these involve 6 different premises and 5 different service users.

There have been some slight increases in other areas, such as some libraries and other Council buildings, but after initial analysis, these seem mainly to be isolated incidents across a number of locations and with no common themes. The libraries involved are 4 different libraries and involved different perpetrators, except in one case where there were two incidents involving the same person.

All of these will continue to be monitored by the HSU, together with the service, to ensure that appropriate mitigation strategies are in place to minimise the risk of further incidents.

### **2.3.2 Slips, Trips and Falls**

Slips, trips and falls were the second most commonly reported cause of accident, responsible for 16% of all accidents. The numbers of reported slips, trips and falls have increased slightly compared to the same period in 2013, up 3 from 17 to 20. These occurred in a variety of settings, including 6 in primary or special schools.

There were 3 falls from a height, two from ladders and one from step ladders. None of these were reportable under RIDDOR.

There were 9 slips. A few slips occurred at the entrance to Urmston Library, which were investigated further by the HSU using a slip assessment tool and remedial action was recommended. Three were slips on wet floors (different premises), 2 involved falling down stairs and the remainder had a variety of causes, including a few slips off curbs, on equipment and food spills. One of these was reportable under RIDDOR.

There were 6 trips, three of these involved tripping over objects and there were several accidents involving missed footing. One of these was reportable under RIDDOR.

### **2.3.3 Objects**

There has been a slight decrease in the number of reported accidents involving objects, which are down to 18 from 20, compared to the same period in 2013. Accidents involving objects are responsible for 14% of the accidents reported; this makes them the third most common cause of accident in this period of 2014. This category includes being struck by objects, striking against objects, stepping or kneeling on objects and contact with sharp objects. These occurred in a variety of settings and services.

Accidents involving staff being hit by a moving, flying or falling object have reduced this year, from 12 to 9. These occurred across all Directorates and schools, in a variety of circumstances. Accidents involving hitting something fixed or stationary are up 150%, up from 2 in 2013, to 5 this year.

Accidents involving contact with sharp objects have decreased by 50% this year (down from 8 in 2013 to 4 accidents this year). Two of these were reportable under RIDDOR.

### **2.3.4 Manual Handling**

The number of reported manual handling accidents has increased from 6 accidents in 2013 to 9 in 2014. This number remains low, from a high point of 31 in 2008. The majority (5) of



these accidents occurred within operational services within ETO. Three of these occurred in the Ground-force team and 2 were in highways maintenance. These staff all received refresher training in object handling in April and May of 2013. The HSU will monitor this situation and if the number of these accidents occurring within these services continues to cause concern, a decision will be made about whether additional training is required.

The remaining 4 accidents all occurred in a variety of situations and settings, including moving a piano in a school, moving boxes and hoisting a child. Three of these were reportable under RIDDOR.

**2.3.5 Other Accidents**

Within the “other” category, only road traffic accidents (RTAs) and accidents as a result of an animal or insect are higher in numbers in 2014, compared to the same period in 2013. The number of road traffic accidents has risen this year compared to last year (up from 1 to 4).

Three of the 4 RTAs were staff who were travelling whilst at work in their private cars and were hit by other road users. The remaining RTA involved a member of staff driving a Road Sweeper, which was also hit by another road user.

**3.0 Health and Safety Performance**

**3.1 Rate of Reportable Injuries to Staff**

Over this reporting period, there were 7 reportable accidents to staff (those which have to be notified to the National Accident Contact Centre, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), see Table 2 below:

**Table 2: Rate of reportable injuries to staff at the 6 month point - 5 year trend**

<b>Local performance indicator- First 6 months (April to September)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total Number of reportable accidents	9	9	7	4	<b>7</b>
6 month target for rate of reportable accidents/100 employees	0.19	0.18	0.17	0.16	<b>0.15</b>
Actual rate of reportable accidents/100 employees	0.12	0.15	0.12	0.07	<b>0.12</b>

This represents an increase in the total number of reportable injuries from last year (2013), up from 4 to 7, which is at the same level as the previous year. The rate of reportable injuries per hundred employees has also increased, to 0.12, which remains below the 6 month performance indicator target for this year of 0.15 accidents per hundred employees. Three of these injuries occurred while Handling, Lifting or Carrying. Two were slips, trips and falls and one involved a collision with another person and finally a member of staff was hit by a table, which collapsed.

*It should be noted that from April 2012, the criteria for reporting accidents under RIDDOR changed and now accidents involving staff absences of over 7 days are reportable, whereas previously only those over 3 days were reportable, so only figures for 2012, 2013 and 2014 are directly comparable.*

#### **4.0 Conclusion**

The overall total number of accidents to staff reported to the HSU has increased by 36%, up by 34 from 94 in the same period of 2013, to 128 in 2014. Much of this increase can be accounted for by a rise in the number of occurrences of violence and aggression, which has increased by (26 accidents) or 59% from the same period last year. Nearly all of this increase can be accounted for by one service user who has a learning disability, which accounts for 25 of these additional accidents.

However, there have also been increases in accidents due to Slips, Trips and Falls, Manual Handling and Road Traffic Accidents. The only area where accidents have decreased is those involving objects.

More school and service audits scheduled to take place in 2014-15 should lead to further improvements, by highlighting what is being done well and where further improvements are needed.

Guidance for managers has been issued on managing violence and aggression and first aid has been reviewed since April, which should assist managers in managing these areas. Training is ongoing for staff involved in manual handling, working at height and first aid.

Senior managers must continue to focus on maintaining quality standards in the management of health and safety and the HSU will continue to work to support services in managing on-going health and safety risks.

#### **5.0 Recommendation**

Council is recommended to note the content of the report.

**Appendix 1: Numbers of accidents (including occurrences of Violence and Aggression) by Directorate and Service Area (April to September 2014)**

<b>Directorate</b>	<b>Service Area</b>	<b>No of accidents</b>
	Commissioning, Performance & Strategy	1
	Nexus Education Centre	1
	Services For Children Young People & Families	6
	Provider services	54
<b>CFW</b>	<b>Total</b>	<b>62</b>
	Highways Bridges & Structures	2
	Catering operations	3
	Greenspace & Streetscape Operations	10
	Public Protection	3
	Trafford Transport Provision	1
<b>ETO</b>	<b>Total</b>	<b>19</b>
	Primary schools	11
	Special schools	23
<b>Schools</b>	<b>Total</b>	<b>34</b>
	Customer Services	10
	Communications and marketing	1
	Legal and Democratic	1
	Human Resources	1
<b>T&amp;R</b>	<b>Total</b>	<b>13</b>
<b>Overall</b>	<b>Total</b>	<b>128</b>

**Appendix 2: Type of accident 2010- 2014 (5 year trend)**

<b>Accident Type</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Occurrences of violence and aggression</b>					
Physical Assault	28	16	62	37	54
Assault, Threats or Intimidation	0	4	5	7	16
<b>Total Occurrences of violence and aggression</b>	<b>28</b>	<b>20</b>	<b>67</b>	<b>44</b>	<b>70</b>
<b>Manual handling (lifting, moving, manoeuvring etc.)</b>					
<b>Manual handling</b>	<b>17</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>9</b>
<b>Slips, Trips and Falls</b>					
Slipped, Tripped or Fell on the Same Level	18	15	18	12	15
Fall down steps/stairs	3	3	1	4	2
Fall from height	2	0	0	1	3
<b>Total Slips, Trips and Falls</b>	<b>23</b>	<b>18</b>	<b>19</b>	<b>17</b>	<b>20</b>
<b>Accidents involving objects</b>					
Hit by a Moving, Flying or Falling Object	9	12	5	12	8
Striking against object	9	4	3	2	6
Contact with sharp object	7	4	2	4	4
Stepping/kneeling on object	1	0	0	1	0
<b>Total Objects</b>	<b>26</b>	<b>20</b>	<b>10</b>	<b>19</b>	<b>18</b>
<b>Others</b>					
Another kind of accident	4	6	1	3	2
Road Traffic Accident	8	4	4	1	4
Animal/Insect	1	3	2	1	3
Contact with hot surface/substance	2	3	4	1	1
Collision with a moving person	0	0	0	1	1
Trapped	0	1	0	0	0
Plant, machinery, tools or electricity	0	1	1	1	0
Contact with chemical agent	0	1	0	0	0
<b>Total Others</b>	<b>15</b>	<b>19</b>	<b>12</b>	<b>8</b>	<b>11</b>
<b>Overall Total</b>	<b>109</b>	<b>84</b>	<b>115</b>	<b>94</b>	<b>128</b>

**Appendix 3: Type of accident by Directorate (April to September 2014)**

Type of accident	CFW	ETO	Schools	T&R	Total
Animal/Insect	3				3
Collision with Moving Person			1		1
Contact with hot surface/substance		1			1
Contact with sharp object		2	2		4
Fall down steps/stairs			1	1	2
Fall from height	1	1	1		3
Manual handling- lifting, moving, manoeuvring	1	5	2	1	9
Another kind of accident		1	1		2
Physical Assault	37		17		54
Road Traffic Accident	3	1			4
Slip or trip on the same level	5	4	4	2	15
Striking against object	2	1	2	1	6
Struck by moving object	4	1	2	1	8
Verbal Assault	6	2	1	7	16
<b>Total</b>	<b>62</b>	<b>19</b>	<b>34</b>	<b>13</b>	<b>128</b>

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