SINGLE COMMISSIONING BOARD

Day: Thursday
Date: 22 June 2017
Time: 2.00 pm
Place: Lesser Hall 2 - Dukinfield Town Hall

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

6. URGENT ITEMS

To consider any items which the Chair is of the opinion shall be considered as matter of urgency in accordance with legal provisions as set out in the Local Government Act 1972 (as amended).

7. DATE OF NEXT MEETING

To note that the next meeting of the Single Commissioning Board will take place on Thursday 11 July 2017 commencing at 2.00 pm.

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

TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD

25 May 2017

Commenced: 11.00 am **Terminated: 12.40 pm**

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Steven Pleasant – Tameside Council Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Christina Greenhough – Tameside and Glossop CCG

IN ATTENDANCE: Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Stephanie Butterworth – Executive Director (People)
Sandra Whitehead – Assistant Executive Director (Adults Services)
Anna Moloney – Consultant in Public Health Medicine
Gideon Smith – Consultant in Public Health Medicine

APOLOGIES: Councillor Gerald Cooney – Tameside MBC
Alison Lea – Tameside and Glossop CCG
Jamie Douglas – Tameside and Glossop CCG

1. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting the Chair made reference to the terrorist incident at Manchester Arena on the evening of 22 May 2017 and his thoughts and those of the Board were with the victims and the families of those who had been affected. He paid tribute to the bravery and dedication of emergency services who responded so swiftly to this tragic event.

He advised that the Governing Body meeting of the Clinical Commissioning Group on 24 May 2017 had signed of its accounts and annual report 2016/17 and had received the Health and Social Care Partnership leadership rating as 'Good''.

2. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Alan Dow and Christina Greenhough	Item 6(d) – 2017-18 Commissioning Improvement Scheme	Prejudicial	Tameside GPs

* Dr Dow and Dr Greenhough left the room during consideration of this item and took no part in the decision thereon.

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 11 April 2017 were approved as a correct record.

4. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy 2016/17. The

report also provided detailed of the savings realised in 2016/17 together with the significant level of savings required in 2017/18 to ensure control totals were delivered and financial sustainability achieved on a recurrent basis thereafter. It was acknowledged that the delivery of additional savings beyond 2017/18 would also be required, the details of which would be reported to future meetings.

The 2016/17 positon in all three organisations had now been finalised and the process of completing year end accounts and annual reports as separate statutory organisations were being completed and the audit process was underway.

All three organisations had met financial control totals in 2016/17. Tameside and Glossop Clinical Commissioning Group had delivered a 1% surplus. The movement was detailed and explained in the report and as was in line with the guidance on treatment of national system risk reserve. The net deficit outturn relating to the three Council services included within the Integrated Care Foundation Trust would be financed form Council reserves. The significant deficit primarily arose within Children's Services and was due to exceptional additional demand during the year and details of the variations for each service were provided. The Integrated Care Foundation Trust had an authorised deficit of £17.3m for 2016/1. The actual normalised deficit was £13.3m, so exceeding the target by £4m.

Whilst the financial control totals had been met across the economy, the Director of Finance emphasised that this had only been possible because of non-recurrent actions. On a recurrent basis there remained an underlying deficit across the economy which increased in future years.

RESOLVED

(i) That the 2016/17 financial year update on the month 11 financial position at 28 February 2017 and the projected outturn at 31 March 2017 be noted.

(ii) That the significant level of savings delivered in 2016/17 and required during 2017/18, detailed in section 4 of the report, to achieve confirmed control totals and the financial sustainability of the economy on the recurrent basis thereafter be acknowledged.

(iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.

5. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health providing an update on quality and performance data. Assurance was provided for the NHS Constitutional Indicators. In addition, Clinical Commissioning Group information on a range of other indicators were included to capture the local health economy position. This was based on the latest published data at the end of February 2017. The following were highlighted as exceptions:

- Diagnostic standard improving but still failing the standard;
- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Ambulance response times were not met at a local or at North West level;
- Improving Access to Psychological Therapies performance for recovery remained the same;
- 111 Performance against key performance indicators; and
- MRSA Bacteraemia.

Attached for information was the draft Greater Manchester Partnership dashboard and the latest NHS England improvement and Assessment Framework dashboard. Also appended to the report was a presentation on improving urgent care compiled by Tameside and Glossop Care Together.

RESOLVED

That the content of the performance and quality report be noted.

6. ADULT SOCIAL CARE TRANSFORMATION PROPOSALS

Consideration was given to a report of the Head of Assessment and Care Management, Adults, outlining the funding that had been made available to local authorities for Adult Social Care, and Tameside Metropolitan Borough Council's share of the monies. Proposals for the most effective use of the funding was highlighted, identifying projects for consideration in line with priority service areas, with indicative costs over three years (where it was possible to identify them).

It was reported that Adult Services had seen significant reductions in its budget since 2010/11 as a result of cuts to government funding. This had placed pressure on the Council to continue to deliver good outcomes for local people who accessed Adult Services, with the available finances. In order to mitigate against the reductions in funding, there had been a number of responses, which were outlined in the report.

The Chancellor of the Exchequer presented his Spring Budget on 8 March 2017, which included an additional £2.0 billion of funding for Adult Social Care, to be made available to local authorities over the period 2017/18 to 2019/2020. For Tameside this equated to a total of £10.296 million through to 2019/20. An analysis of the funding profile over this three year period was provided in the report.

There were three broad themes locally that would be the focus of our programme to impact on service quality and outcomes:

- Quality assurance across community based services, particularly care homes and home care services;
- Transformation of services that help people to live at home, including home care, Reablement, Community Response Service (Telecare, Telehealth);
- Asset based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.

Each of the themes would be underpinned with an Organisational Development programme that would embed the transformation, ensuring mainstreaming beyond the funding timescale.

The proposals described would be delivered within the next three years, and would require additional resources to manage delivery. A Programme Manager and several Project Co-ordinators would be required to form a small Programme Management Office, and where relevant, would work with the Care Together Programme Management Office to ensure economy wide processes were met. Details of anticipated costs identified against the additional funding, were appended to the report.

Specific funding had been identified for voluntary sector organisations to support them at a time where funding had been seriously challenged, at the same time that the development of the community offer was a mainstay of the Care Together programme. Many organisations were reporting that they were facing significant financial challenges, amongst them Age UK, who had reported that they had had to review, redefine and significantly reduce their offer locally in order to stabilise the business.

One the proposals in the programme was to grant fund £127,000 to Age UK for one year only, to stabilise the business and give them some capacity to re-structure and embed their new local offer. Age UK did receive funding from Adult Services to core fund the service, but due to other reductions in funding, they were re-structuring and re-scoping their business model to ensure their continued presence in the market.

The report sought permission to grant fund for one year to the value of £127,000 to ensure the viability of the business, Age UK were a very well recognised and well established voluntary sector organisation, the failure of which and withdrawal from the local community would be a great concern and would question the economy's commitment to a thriving voluntary sector as described in the Care Together programme. Whilst grant funding was proposed to underpin the business for

a transition year, Age UK had provided clear plans on how they would invest the funding to maximise the impact of the funding on their new offer.

It was reported that information of Derbyshire Country Council plans for Adult Social Care spend in Glossopdale had not yet been confirmed. There had been initial conversations with the Head of Service for Adults in Derbyshire, who was arranging to meet with Tameside colleagues to look to align schemes and investments. This would not impact or influence the plans described in the report.

It was concluded that the report had provided an overview of the schemes that were proposed to contribute to the three key priorities that had been identified as key to improving system efficiency and would improve outcomes for people accessing services. The proposals were intended to meet unmet need, to tackle a backlog of work, and also to transform services to improve outcomes for individuals, to benefit the wider economy by promoting resilience, self-management and supporting people to remain independently at home. Additional benefits were also expected with regards to step up and step down community capacity to reduce A&E attendances and hospital admissions.

RESOLVED

(i) That the content of the report be noted.

(ii) That the further development of proposals contained within the report be supported in principle.

(iii) That the proposed approach to manage the programme of proposals which included the Programme Management Office Care Together oversight of the programme be approved.

(iv) That the payment of on recurrent grant funding to Age UK of £127,000 for one year only be approved.

7. YOUNG PEOPLE'S EMOTIONAL WELLBEING SERVICE

Consideration was given to a report seeking authorisation to extend the contract for the provision of a young people's emotional wellbeing service for a period of 24 months.

The current contract price for the financial year 2016/17 was £91,500. This was a reduction of the previous annual sum of £106,785 for the financial year of 2014/15 as part of the council's budget strategy. In addition, at the time of national in year Public Health grant saving (October 2015), this contract was further reviewed. It was considered that this service could not sustain an additional saving without a significant detrimental impact on children and young people Tier 1 and Tier 2 mental health interventions. This would have implications for the whole system approach in transformation for young people's mental health services as set out in the Children and Young People Emotional Wellbeing and Mental Health Local Transformation Plan.

This contractual service provision offer was a significant part of Tameside's ambition to provide high quality, seamless services to children, young people and their families and reduce demand on high-cost reactive services. The offer was integral to the system integration outlined in the Local Transformation Plan for children and young people's mental wellbeing.

RESOLVED

That authorisation be given to extend the current contract for a period of 24 months from 1 October 2017 to 30 September 2019.

8. DRUG AND ALCOHOL RECOVERY SERVICE

Consideration was given to a report of the Director of Public Health advising that the Lifeline Project Ltd would transfer their business and assets to CGL (Change, Grow, Live) on 31 May 2017. Lifeline had developed a close relationship with CGL in order to secure the continuity of its

services to the community. The transfer had progressed to the stage of legal, contractual and workforce transference that was necessary for the handover from Lifeline to CGL to occur.

In order to take all necessary steps to continue to protect the care of service users and employees it was proposed to novate the current contract held between Tameside MBC and Lifeline Project Ltd to a contract to be held between Tameside MBC and CGL Plc. The novated contract would be completed on the existing contractual terms agreed for the remainder of the contractual term which included the necessary protection of staff in all areas of the contract, the value of which was provided within the report.

In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service tender, the results of which were detailed in **Appendix 1** to the report.

Board Members discussed the proposed transfer and raised concerns regarding the short notice of the change, the limited knowledge of the new provider and the absence of the tender process. In noting the comments of the Chief Finance Officer, the Board requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender was necessary to be submitted to the next meeting.

RESOLVED

(i) That approval be given to vary the contract for the Drug and Alcohol Recovery Service by the novation of the contract to a new provider who would take on the obligations of the original contractor.

(ii) That in view of the short notice of the change, the limited knowledge of the new provider and the absence of a tender process, a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender was necessary, be submitted to the next Board meeting.

9. COMMISSIONING IMPROVEMENT SCHEME

Consideration was given to a report outlining a proposal for a Commissioning Improvement Scheme for 2017/18 based on the learning from the 2016/17 scheme and preparatory discussions at Finance and Quality, Innovation, Productivity and Prevention Programme Group. Achievement under the parameters of the 2016/17 Commissioning Improvement Scheme had been calculated and the engagement and innovative thinking of practices and neighbourhoods acknowledged. There was, however, also learning from the framework of that scheme which needed to be reflected whilst maintaining the spirit in which the initial outline was drafted and the positive engagement and creative thinking the scheme had supported.

The principles of the Commissioning Improvement Scheme were to remain, to recognise the performance of practices against their devolved unified commissioning budget in comparison to the prior year and therefore maintain and further develop engagement in delivering Quality, Innovation, Productivity and \prevention and securing best use of resources across the economy.

The proposal for achievement under the Commissioning Improvement Scheme in 2017/18 was proposed to following the same principles as 2016/17 of recognising underspends against budget in year and recognising improvements again 2016/17 when comparing the variance position of each year. The proposal for 2017/18 would see practices achieving one of four outcomes which were highlighted in the report. Reference was also made to the following:

- Budget setting;
- Achievement calculations timescales and payment timescales;
- Utilisation of achievement payments;
- Risks and communication

RESOLVED

(i) That the 2017/18 Commissioning Improvement Scheme proposal be supported.

(ii) Continuation of the continuation of the high cost patient risk pool with the change for 2017/18 to apply 50% of each high cost episode to the pool.

(iii) Adjustment from 15% to 20% in respect of any improvement achieved.

10. URGENT ITEMS

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

11. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Thursday 22 June 2017 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR

Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Reporting Member / Officer of Single Commissioning Board	Angela Hardman, Executive Director, Public Health and Performance Anna Moloney, Consultant in Public Health.
Subject:	**DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE**
Report Summary:	This report provides the Single Commissioning Board with a quality and performance report for comment. Assurance is provided for the NHS Constitutional indicators. In addition Clinical Commissioning Group information on a range of other indicators are included to capture the local health economy position. This is based on the latest published data (at the time of preparing the report). This is as at the end of April 2017. The format of this report will include elements on quality from the Nursing and Quality directorate. As this report evolves. This report also includes Adult Social Care indicators. This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports. The following have been highlighted as exceptions: • A&E Standards were failed at Tameside Hospital Foundation Trust; • Ambulance response times were not met at a local or at North West level; • Improving Access To Psychological Therapies (IAPT) performance for Recovery remains a challenge; • 111 Performance against Key Performance Indicators. Attached for information is the Draft Greater Manchester Partnership dashboard and the latest NHS England Improvement And Assessment Framework (IAF) Dashboard.
Recommendations:	The Single Commissioning Board are asked to note: • The contents of the performance and quality report, and comment on the revised format. • That there will be no Performance and quality report available for next month's meeting because of the timing of the meeting. The report in the following month (August) will include the latest position.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and

	QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.
Legal Implications: **(Authorised by the Borough Solicitor)**	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account and understanding best where to focus resources and oversight. This report and framework continues to be developed to achieve this.
How do proposals align with Health & Wellbeing Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
How do proposals align with Locality Plan?	Should provide check & balance and assurances as to whether meeting plan.
How do proposals align with the Commissioning Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
Recommendations / views of the Professional Reference Group:	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.
What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None reported related to the performance as described in report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no Information Governance implications. No privacy impact assessment has been conducted.
Risk Management:	Delivery of NHS Tameside and Glossop's Operating Framework commitments 2016/17
Access to Information :	The background papers relating to this report can be inspected by contacting, Ali Rehman, Telephone: 01613663207 e-mail: alirehman@nhs.net

1. INTRODUCTION

1.1 The purpose of this iterative report is to provide the Board with a quality and performance report for comment. The quality and performance report format aims to provide a dashboard view of indicators and provide exception reporting as appropriate. This evolving report will align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.

1.2 The format of this report will include further elements on quality from the Nursing and Quality Directorate as this report evolves.

1.3 It should be noted that providers can refresh their data in accordance with national guidelines and this may result in changes to the historic data in this report.

2. CONTENTS – QUALITY AND PERFORMANCE REPORT

2.1 NHS Tameside & Glossop CCG: NHS Constitution Indicators (April 2017).

2.2 Adult Social services indicators. (Quarter 4 16/17). These will be further expanded on in future iterations of this report.

2.3 Exception Report - the following have been highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Ambulance response times were not met at a local or at North West level;
- Improving Access To Psychological Therapies (IAPT) performance for Access and Recovery remain a challenge;
- 111 Performance against Key Performance Indicators.

The exception reports in future reports will evolve as clarity is provided on the comparators.

2.4 Greater Manchester Combined Authority (GMCA)/NHS Greater Manchester (NHSGM) Performance Report

- Better Health;
- Better Care;
- Sustainability;
- Well Led.

2.5 NHS England Improvement and Assessment Framework (IAF) dashboard

2.6 There are a number of indicators where the CCG is deemed to be in the lowest performance quartile nationally. These indicators have been highlighted in light orange on the dashboard and are as follows:

2.7 **Better Health**

- Maternal Smoking at delivery.
- People with diabetes diagnosed less than a year who attend a structured education course.
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral.
- People with a long-term condition feeling supported to manage their condition(s).
- Inequality in emergency admissions for urgent care sensitive conditions.
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- Quality of life of carers.

2.8 **Better Care**

- One-year survival from all cancers.
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Choices in maternity services.
- Emergency admissions for urgent care sensitive conditions.
- Delayed transfers of care per 100,000 population.
- Population use of hospital beds following emergency admission.
- Management of long term conditions.

2.9 **Sustainability**

- Digital interactions between primary and secondary care

3. KEY HEADLINES-HEALTH

3.1 Below are the key headlines from the quality and performance dashboard.

Referrals

3.2 GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. Other referrals have decreased compared to last month and have decreased compared to the same period last year. Year to date GP referrals have decreased by 23.75% compared to the same period last year and other referrals have decreased by 14.0% compared to the same period last year for referrals at the Tameside and Glossop Integrated Foundation Trust. Referrals to all providers have decreased by 27.4% compared to the same period last year and other referrals have decreased by 14.1%.

18 Weeks RTT Incomplete Pathways

3.3 Performance continues to be above the national standard of 92%, currently achieving 92.4% during April. The specialties failing are Urology 88.78%, Trauma and Orthopaedics 89.54%, ENT 88.36%, Neurosurgery 86.96%, Plastic Surgery 68.47% and Cardiothoracic Surgery 91.11%. There were 3 patients waiting longer than 52 weeks during April. 2 at Central Manchester Trust and 1 at South Manchester Trust. The patient at South Manchester Trust has been treated, we await a response from Central Manchester Trust on the other 2.

Diagnostics 6+ week waiters

3.4 This month the Clinical Commissioning Group achieved the 1% standard with a 0.86% performance. However, there were 37 breaches 22 occurred at Central Manchester (CT, colonoscopy, gastroscopy and MRI), 6 at Tameside and Glossop Integrated Foundation Trust (audiology assessments and colonoscopy), 4 at Pioneer healthcare (Neurophysiology), 2 at North West CATS Inhealth (MRI) 2 at South Manchester (MRI and Urodynamics) and 1 at Salford Trust (MRI). Central Manchester performance is due to an ongoing issue with endoscopy which GM are aware of. Tameside and Glossop Integrated Foundation Trust performance is primarily due to audiology struggling with capacity.

A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Foundation Trust

3.5 The A&E performance for April was 81.7% which is below the target of 95% nationally. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need.

Ambulance Response Times Across North West Ambulance Service Area

3.6 In April the North West position (which we are measured against) was not achieved against the standards. Locally we also did not achieve any of the standards. Increases in activity have placed a lot of pressure on the North West Ambulance Service and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

111

3.7 The North West NHS 111 service is performance managed against a range of Key Performance Indicators reported as follows for April:

- Calls Answered (95% in 60 seconds) = 80.88%;
- Calls abandoned (<5%) = 5.69%;
- Warm transfer (75%) = 46.27%;
- -Call back in 10 minutes (75%) = 38.27%.

3.8 The benchmarking data shows that the North West NHS 111 service was ranked 39th out of 40 for calls answered in 60 seconds (81%). This is compared to Norfolk including Great Yarmouth and Waveney NHS 111 which is the highest ranked for calls answered in 60 seconds (99%).

3.9 Looking at the dispositions we are also ranked 39th out of 40 for % recommended to dental/pharmacy (3%) compared to the highest ranked provider York and Humber (12%). Percentage recommended home care (3%) we are ranked 39 out 40 compared to the highest ranked provider, South East London (8%).

3.10 In April the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four Key Performance Indicators. Performance was particularly difficult to achieve over the weekend periods.

Cancer

3.11 All of the cancer indicators achieved the standard during April.

Improving Access to Psychological Therapies

3.12 Performance continues to be above the Quarterly Standard for the Improving Access to Psychological Therapies (IAPT) access rate (75%) achieving 3.90% during Quarter 3. However, the Quarter 3 performance for IAPT recovery rate remains below the standard at 42.20%. In terms of IAPT waiting times the Quarter 3 performance is above the standard against the 18 week standard (95%) which was reported as 100%. The Quarter 3 performance for the 6 week wait standard (75%) was reported as 78.4%.

Healthcare Associated Infections

3.13 Clostridium Difficile: The number of reported cases during April was above plan. Tameside & Glossop Clinical Commissioning Group had a total of 6 reported cases of clostridium difficile against a monthly plan of 5 cases. For the month of April this places Tameside and Glossop Clinical Commissioning Group 1 over plan. Of the 6 reported cases, 2 were apportioned to the acute (2 at Tameside and Glossop Integrated Foundation Trust) and 4 to the non-acute. To date (April 2017) Tameside and Glossop Clinical Commissioning Group had a total of 6 cases of clostridium difficile against a year to date plan of 5 cases. This places Tameside and Glossop Clinical Commissioning Group 1 case over plan. Of the 6 reported cases, 2 were apportioned to the acute (2 at Tameside and Glossop Integrated Foundation Trust) and 4 to the non-acute. In regards to the 2017/18 financial year, Tameside and Glossop Clinical Commissioning Group have reported 6 cases of clostridium difficile against an annual plan of 97 cases. This currently places the Clinical Commissioning Group 91 cases under plan with 11 months of the financial year remaining.

3.14 MRSA: In April 2017 Tameside and Glossop Clinical Commissioning Group have reported no cases of MRSA against a plan of zero tolerance. To date (April 2017) Tameside and Glossop Clinical Commissioning Group have reported no cases of MRSA against a plan of zero tolerance.

Mixed Sex Accommodation

3.15 This month there were no breaches reported against the Mixed Sex Accommodation standard of zero breaches for Tameside and Glossop Clinical Commissioning Group patients.

Dementia

3.16 We continue to perform well against the estimated diagnosis rate for people aged 65+ for April which was 83.8% against the 66.7% standard.

4. ADULT SOCIAL CARE INDICATORS

Introduction

4.1 Performance in Adult Social Care is supported by the Adult Social Care Outcomes Framework (ASCOF). The framework contains nationally published qualitative and quantitative indicators. The qualitative indicators are informed by the completion of an annual national survey of a selection of service users and a biannual survey of a selection of Carers- both surveys are administered locally.

4.2 It is widely recognised that the quantitative indicators in the ASCOF do not adequately represent the service delivery of Adult Social Care, therefore in response, data sets have been developed regionally and locally in order to provide performance data that supports service planning and decision making for Adult Social Care in Tameside.

Proportion Of People Using Social Care Who Receive Direct Payments
Performance Summary

4.3 This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

4.4 Performance in Tameside in 2015/2016 was 15.43% compared to 23.5% regionally and 28.1% nationally.

4.5 Tameside performance in 2016/2017 was 12.47%, which is a reduction of 47 people since 2015/2016.

4.6 **Actions**

- Additional Capacity to be provided within the Neighbourhood Teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the Adult Social Care transformation funding.

People with Learning Disabilities In Employment
Performance Summary

4.7 The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

4.8 Performance in Tameside in 2015/2016 was 2% compared to 4.1% regionally and 5.8% nationally.

4.9 Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average for 2015/2016 – we await published Regional and National figures for 2016/2017 to be able to get a true comparison.

4.10 In 2015/2016, six GM authorities had less than 3% of People with Learning Disabilities in Employment, with only Trafford, Stockport and Rochdale achieving above 4%.

4.11 Nationally and regionally, we are seeing a steady decline in this indicator - 2012/2013 region 5.5%, national 7%.

4.12 Performance in this area has been a concern for some time and has been impacted upon the reduction of the Learning Disabilities Employment Support Team due to financial restraints.

4.13 **Actions**

- We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base.
- In order to improve performance, additional resource is required to increase capacity. An additional post has been funded through the ASC transformation funding and a vacant post that was held in the team has also been released to increase capacity in the team with an expectation that more people will be supported into paid employment.
- Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

4.14 The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds.

5. CONSIDERATIONS OF THE QUALITY AND PERFORMANCE ASSURANCE GROUP

5.1 The Quality and Performance group recommended a systematic review of quality and performance reporting. This is essential to clarify reporting requirements and expectations across the Single Commissioning Board, Clinical Commissioning Group Governing Body and Council Board governance, with a view to minimising duplication and providing assurance at the most appropriate system level.

6. RECOMMENDATIONS

6.1 As set out on the front of the report.

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Key Messages

Positive trends

18 Weeks RTT Incomplete Pathways: Performance continues to be above the national standard of 92%, currently achieving 92.4% during April.
Cancer: All of the cancer indicators achieved standard during April.
IAPT Access Rate: Performance continues to be above the Quarterly standard (3.75%) achieving 3.90% during Quarter 3.
IAPT Waiting Times: Quarter 3 performance is above standard for 18 week waiting times and 18 week waits is reported as 100% (Standard 95%)
IAPT Waiting Times: Quarter 3 performance is above the standard for 6 week waiting times. IAPT 6 week waits is reported as 78.4% (standard 75%).
Dementia: Estimated diagnosis rate for people aged 65+ for April was 83.8% against the 66.7% standard.
Referrals: GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. Other referrals have decreased compared to last month and have decreased compared to the same period last year.
Diagnostics 6+ Week Waiters: Performance was lower (better than) the national standard of 1.00%, currently achieving 0.86% during April.
Healthcare Associated Infections MRSA: There have been no reported cases of MRSA during April.

Challenges

Please note a more detailed exception report is available for each of these indicators later in this report.

A&E Waits Total Time Within 4 Hours At T&G ICFT: April performance at Tameside And Glossop Integrated Care NHS FT (T&GICFT) is below the 95% target, at 81.7%. A total of 6,965 patients attended A&E in the month, of which 1279 did not leave the department within 4 hours.
Ambulance Response Times Across NWAS Area: Performance against all three response times across the North West Ambulance Service (NWAS) area are worse than the national standards in April. Responses to Red1 and Red2 calls within 8 minutes were below the 75% standard, at 70.08% and 68.94%, respectively. Responses to all Red calls within 19 minutes were also below the 95% standard, at 92.54%.
111: The North West NHS 111 service is performance managed against a range of KPIs reported as follows for April:- Calls Answered (95% in 60 seconds) = 80.88%- Calls abandoned (<5%) = 5.69%- Warm transfer (75%) = 46.27% Call back in 10 minutes (75%) = 38.27%
IAPT Recovery Rate: Quarter 3 performance was below the standard (50%) achieving 42.20%.
Healthcare Associated Infections Clostridium Difficile: The number of reported cases during April (6) was above plan.
18 Weeks RTT 52+ Week Waits: There were 3 patients waiting longer than 52 weeks during April.

NHS Tameside & Glossop CCG: NHS Constitution Indicators (June 2017)

Key: H=Higher L=Lower <> =N/A

Better Health

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	M	T&G CCG	H		11.8%	11.6%	11.2%	11.1%	11.6%	10.4%	10.7%	10.0%	10.1%	11.1%	13.3%	11.4%	13.4%			51.1% (Sept)	
	Number of women Smoking at Delivery.	Q	T&G CCG	L	England	13.6%			16.9%			15.3%			15.7%					13.3% (Q3)	10.60%	
	Personal health budgets	Q	T&G CCG	H		4.0			4.1			3.6			5.8					30 (Q2)	18.7 (Q2)	
	Percentage of deaths which take place in hospital	Q	T&G CCG	<>		47.6%			49.0%			50.4%								50% (Q4 15/16)	47.1% (Q1 16/17)	
	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q	T&G CCG	L																	929	
	Inequality in emergency admissions for urgent care sensitive conditions	Q	T&G CCG	L																	2168	
	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Q	T&G CCG	<>					1.1												1.1	
	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Q	T&G CCG	<>					7.8%												9.10%	
	Injuries from falls in people aged 65 and over	A	T&G CCG	L				2159													1985	

Description	Indicator		Level	Better is...	Threshold	12/13	13/14	14/15	15/16					Exceptions	GM	England	Trend
	Percentage of children aged 10-11 classified as overweight or obese	A	T&G CCG	L			33.3%	34.1%							34.6% FY 14/15	33.2% FY 14/15	
	Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	A	T&G CCG	H				46.8%							41.8% FY 14/15	39.8% FY 14/15	
	People with diabetes diagnosed less than a year who attend a structured education course	A	T&G CCG	H				0.0%							1.9% FY 14/15	5.7% FY 14/15	
	People with a long-term condition feeling supported to manage their condition(s)	A	T&G CCG	H		63.9%	62.9%	62.4%	61.4%							64.30%	
	Quality of life of carers	A	T&G CCG	H		80.7%	77.70%	80.00%	77.5%						90.5% (2015)	80.0% (2016)	

Key: H=Higher L=Lower <> =N/A

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
Cancer 2 Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	M	T&G CCG	H	93%	95.8%	97.1%	96.1%	94.3%	94.6%	95.4%	96.5%	97.5%	98.1%	94.4%	95.6%	95.3%	95.9%		96.90%	92.80%	
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	M	T&G CCG	H	93%	93.9%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%	100.0%	98.8%	100.0%	93.6%	98.3%	98.0%		96.30%	89.80%	
Cancer 31 Day Wait	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	M	T&G CCG	H	96%	100.0%	98.9%	100.0%	100.0%	98.8%	98.9%	98.0%	98.2%	100.0%	98.9%	100.0%	97.7%	100.0%		97.80%	97.40%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.60%	95.40%	
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Breach due to deferred treatment in Jan-16.	99.60%	99.40%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%		100%	96.80%	
Cancer 62 Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	M	T&G CCG	H	85%	89.7%	88.6%	91.5%	89.6%	91.3%	74.4%	91.1%	90.4%	88.0%	89.1%	87.3%	82.4%	98.4%	There were 10 breaches out of a total of 39 seen in Sept 16.	88.30%	82.70%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	M	T&G CCG	H	90%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%		90.00%	93.20%	
	Maximum 62 day wait for first treatment following a consultants decision to upgrade the priority of the patients (all cancer)	M	T&G CCG	H	85%	83.3%	86.7%	94.4%	82.4%	100.0%	53.8%	78.3%	94.4%	78.6%	75.0%	87.5%	85.2%	86.7%	For Jan 17 20 patients treated with 4 being treated over the target. For Dec 16 14 patients treated with 3 being treated over the target. For Sept 16 there were 13 patients treated with 6 being treated over the target	86.50%	88.30%	
18 Weeks RTT	Patients on incomplete non emergency pathways (yet to start treatment)	M	T&G CCG	H	92%	92.4%	92.5%	92.4%	92.4%	92.1%	92.1%	92.1%	92.7%	92.6%	93.0%	92.6%	92.6%	92.4%	CCG target (92%) achieved. Failing specialties are Urology (88.78%), Trauma & Orthopaedics (89.54%), Ear, Nose & Throat (ENT) (88.36%), Neurosurgery (86.96%), Plastic Surgery (68.47%), Cardiothoracic Surgery (91.11%)	92.30%	89.90%	
	Patients waiting 52+ weeks on an incomplete pathway	M	T&G CCG	L	Zero Tolerance	1	0	1	1	1	0	1	0	0	0	0	0	3	In Apr 17 we have 3 over 52 week waiters on an incomplete pathway. 1 at University Hospital South Manchester for 160 plastic surgery and 2 at Central Manchester for X01 Other. The patient waiting under the speciality plastic surgery has now been seen. We are awaiting an update on the other 2.		0.04	
Diagnostics < 6 Weeks	Patients waiting for diagnostic tests should have been waiting less that 6 weeks from referral	M	T&G CCG	L	1%	2.55%	1.55%	2.36%	1.70%	1.20%	1.24%	1.34%	1.29%	1.85%	1.88%	1.40%	0.70%	0.86%		1.50%	1.80%	
Dementia	Estimated diagnosis rate for people aged 65+	M	CCG	H	66.70%	69.60%	69.80%	70.50%	70.3%	71.3%	72.8%	75.3%	74.4%	74.9%	74.8%	75.3%	75.1%	83.8%		77.20%	67.90%	
A&E < 4 Hours	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - THFT	M	THFT	H	95%	92.5%	92.2%	86.5%	85.0%	90.5%	82.7%	84.1%	86.6%	76.2%	76.7%	86.9%	88.3%	81.7%	2015-16 performance shows that 12,737 patients waited more than 4 hours (denominator 84,303). Breached by 8,522 patients. June 2016 performance is 86.54% breached by 967 patients. July 2016 performance is 84.98% breached by 1143 patients. August 2016 performance is 90.5% breached by 646 patients. September performance is 82.7% breached by 1224 patients. October performance is 84.1% breached by 1,176 patients. November performance is 86.6% breached by 943 patients. December performance is 76.2% breached by 1703 patients. January performance is 76.7% breached by 1638 patients. February performance is 86.85% breached by 835 patients. March performance is 86.27% breached by 867 patients. 2016-17 performance shows that 12,263 patients waited more than 4 hours (denominator 85,638). April performance is 81.6% breached by 1,279 patients (6,965).	86.00%	90.50%	
	Delayed transfers of care per 100,000 population	M	T&G CCG	L						21.2			24							16.3	15	
	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	M		H		33.3%	45.5%	62.1%	65.4%	66.7%	73.3%	75.0%	89.0%							78.0%	77.20%	
	Achievement of milestones in the delivery of an integrated urgent care service	M		H						4												
IAPT-Improving Access to psychological services	Access	Q	T&G CCG	H	3.75%	3.95%			3.92%			3.90%									4.00%	
	Recovery	Q	T&G CCG	H	50%	45.75%			46.00%			42.20%								47.50%	48.40%	
	Waiting times less than 6 weeks	Q	T&G CCG	H	75%	62.75%			73.40%			78.40%								79.30%	84.82%	
	Waiting times less than 18 weeks	Q	T&G CCG	H	95%	91.50%			98.60%			100.0%								95.40%	97.47%	
	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q		L		62														62 (Q1)	58 (Q1)	
	Emergency admissions for urgent care sensitive conditions	Q		L																	2359	
	Population use of hospital beds following emergency admission	Q		L		1.2															1.0	
	Management of long term conditions	Q		L																	795 Q4 15/16	
	People eligible for standard NHS Continuing Healthcare	Q		H		63.9			62.7											53.5	46.2	

Description	Indicator		Level	Better is...	Threshold	2012	2013	2014	2015						Exceptions	GM	England	Trend
	Cancers diagnosed at early stage	A	T&G CCG	H		44.1	43.7	44.2								48.90%	50.70%	
	One-year survival from all cancers	A	T&G CCG	H		67.6	67.6									69.50%	70.20%	
	Cancer patient experience	A	T&G CCG	H				9.1	8.7							9 (2014)	8.9 (2014)	
	Women's experience of maternity services	A	T&G CCG	H					77.6								79.7	
	Choices in maternity services	A	T&G CCG	H					61.4%									
Description	**Indicator**		**Level**	**Better is...**	**Threshold**	**12/13**	**13/14**	**14/15**	**15/16**						**Exceptions**	**GM**	**England**	**Trend**
	Neonatal mortality and stillbirths	A	T&G CCG	L		6.4	7.8	7.8								8.0 fy 14/15	7.1 FY 14/15	
	Dementia Care Planning and Post-Diagnostic Support	A	T&G CCG	H				79.4%								79.6% FY 14/15	77.0% FY 14/15	
	Patient experience of GP services	A	T&G CCG	H		85.7%	83.4%	81.2%	83.2%							85.40%	83.20%	
	Proportion of people with a learning disability on the GP register receiving an annual health check	A	T&G CCG	H			44.6%	34.0%								47.5% FY 13/14	37.1% FY 15/16	
Description	**Indicator**		**Level**	**Better is...**	**Threshold**	**2013**		**2014**		**2015**	**2016**				**Exceptions**	**GM**	**England**	**Trend**
	Primary care workforce	A	T&G CCG	H						0.9	1.0						1.0	

Key: H=Higher L=Lower <> =N/A

Better Care - Adult Social Care

Description	Indicator	F	Level	Better is...	Threshold	1st Quarter 2016-17			2nd Quarter 2016-17			3rd Quarter 2016-17			4th Quarter 2016-17			Exceptions			
						Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		GM	England *	Trend
ASCOF 1C - Proportion of people using social care who receive self-directed support, and those receiving direct payments.	**Part 1a - % of service users who receive self directed support**	Q	LA	H	86.9	97.59%			97.51%			96.63%			96.15%			Cumulative year to date performance reported	-	86.9	
	Part 1b - % of carers who receive self directed support	Q	LA	H	77.7	99.57%			99.79%			100.00%			100.00%			Cumulative year to date performance reported	-	77.7	
	Part 2a - % of service users who are in receipt of direct payments	Q	LA	H	28.1	14.91%			14.74%			13.62%			12.47%			Cumulative year to date performance reported	-	28.1	
	Part 2b - % of carers who are in receipt of direct payments	Q	LA	H	67.4	77.87%			73.43%			75.93%			95.61%			Cumulative year to date performance reported	-	67.4	
ASCOF 1E - Proportion of adults with learning disabilities in paid employment.	**Total number of Learning Disability service users in paid employment**	Q	LA	H	5.8	1.99%			1.92%			1.89%			4.95%			Cumulative year to date performance reported	-	5.8	
ASCOF 1G - Proportion of adults with learning disabilities who live in their own home or with their family.	**Total number of Learning Disability service users in settled accomodation.**	Q	LA	H	75.4	94.69%			93.80%			93.90%			93.27%			Cumulative year to date performance reported	-	75.4	
ASCOF 2A - Permanent admissions to residential and nursing care homes, per 100,000 population.	**Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64**	Q	LA	L	13.3	1.49 (2 Admissions)			2.98 (4 Admissions)			7.44 (10 Admissions)			12.65 (17 Admissions)			Cumulative year to date performance reported	-	13.3	
	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	Q	LA	L	628.2	153.87 (59 Admissions)			307.75 (118 Admissions)			453.8 (174 Admissions)			628.54 (241 Admissions)			Cumulative year to date performance reported	-	628.2	
	Total number of permanent admissions to residential and nursing care homes aged 18+	Q	LA	H	-	61			122			184			258			Cumulative year to date performance reported	-	-	
ASCOF 2B - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/ rehabilitation services.	**Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital**	Q	LA	H	82.7	-			-			-			-			Based on a sample period of discharges from hospital between October - December each year.	-	82.7	
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital compared against the HES data (hospital episode stats)	Q	LA	H	2.9	-			-			-			-			Based on a sample period of discharges from hospital between October - December each year.	-	2.9	
Early Help	**Number of people supported outside the Social Care System with prevention based services.**	Q	LA	H	-	8406			8308			8180			7536			Cumulative year to date performance reported	-	-	
Helped To Live At Home	**Number of people helped to live at home and remain independent with support from Adult Services in community based services**	Q	LA	H	-	3027			3000			3008			2977			Cumulative year to date performance reported	-	-	
Early Help - Re-ablement Services	**% of people completing re-ablement who leave with either no package or a reduced package of care.**	Q	LA	H	-	85.98%			87.76%			87.94%			86.14%			Cumulative year to date performance reported	-	-	
REVIEWS D40 - Proportion of service users with a completed review in the financial year	**Service users needs change and frequent reviews ensure that they receive services which are suitable for their needs, and that LA's can utilise resources in the most efficient and appropriate way.**	Q	LA	H	-	22.39%			41.09%			62.78%			70.49%			Cumulative year to date performance reported	-	-	

* Rag ratings are based on thresholds where appropraite otherwise based quarter on quarter and year on year comparisons. England data is 15/16.

Key: H=Higher L=Lower <> =N/A

Sustainability

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
Referrals	GP Referrals-Total	M	T&G CCG	L		6018	5494	5724	5359	5142	5310	5086	5192	4421	5132	4951	5564	4369	Variance from Monthly plan			
	Other referrals- Total	M	T&G CCG	L		2904	2748	2730	2751	2853	2786	3060	3085	2434	2822	2508	3004	2496	Variance from Monthly plan			
	GP referrals- T&G ICFT	M	T&G CCG	L		4088	3971	4053	3766	3452	3611	3566	3673	3142	3615	3469	3824	3117	Variance from previous year			
	Other referrals - T&G ICFT	M	T&G CCG	L		1640	1428	1521	1637	1670	1612	1836	1854	1431	1626	1412	1725	1411	Variance from previous year			
Activity	Outpatient Fist Attend	M	T&G CCG	L	Plan	6852	7137	7441	6755	6903	7205	7265	7606	6394	6620	6406	7259	5846	Variance from Monthly plan			
	Elective Inpatients	M	T&G CCG	L	Plan	2799	2890	3022	2871	2876	2915	2956	3201	2624	2778	2766	3054	2611	Variance from Monthly Plan			
	Non-Elective Admissions	M	T&G CCG	L	Plan	2361	2409	2314	2267	2336	2244	2337	2431	2444	2470	2256	2390	2284	Variance from Monthly Plan			
	In-year financial performance	Q		H																		
	Outcomes in areas with identified scope for improvement	Q		H																	58.30%	
	Digital interactions between primary and secondary care	Q		H					52.6			53.7										
	Local strategic estates plan (SEP) in place	A		H		Yes																
	Financial plan	A		H		AMBER																

Well Led

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
	Quality of CCG leadership	Q		H																		

Description	Indicator		Level	Better is...	Threshold	2012		2013		2014		2015							Exceptions	GM	England	Trend
	Staff engagement index	A		H								3.9									3.8	
	Progress against workforce race equality standard	A		L								0.3									0.2	

Description	Indicator		Level	Better is...	Threshold	12/13		13/14		14/15		15/16							Exceptions	GM	England	Trend
	Effectiveness of working relationships in the local system	A		H								66.9										

Indicates the lowest performance quartile nationally.

Key: H=Higher L=Lower <> =N/A

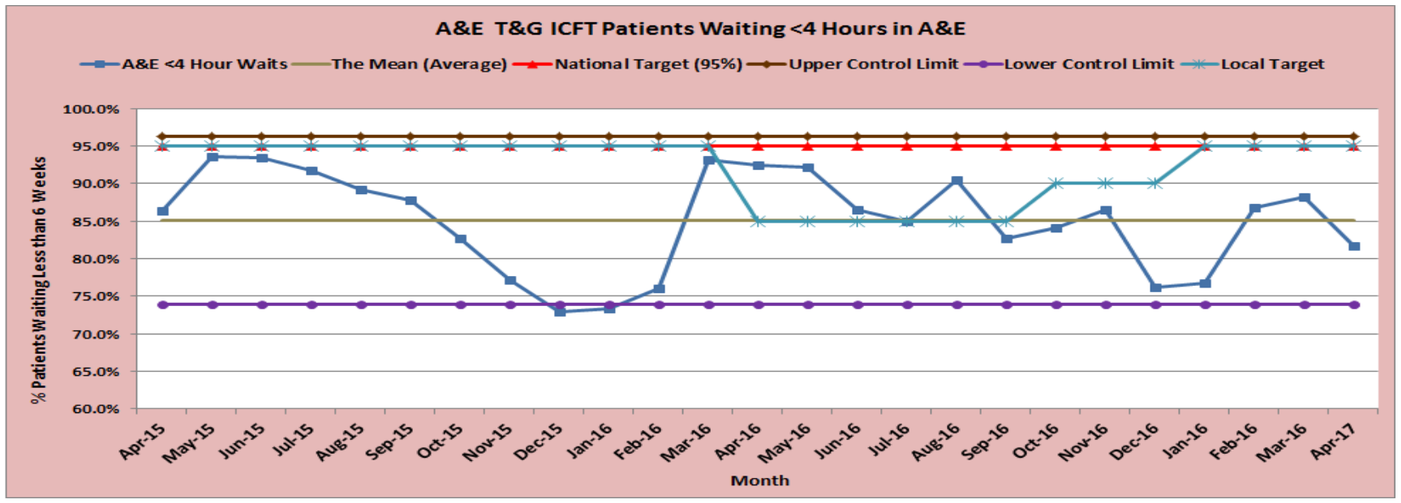
Other Indicators

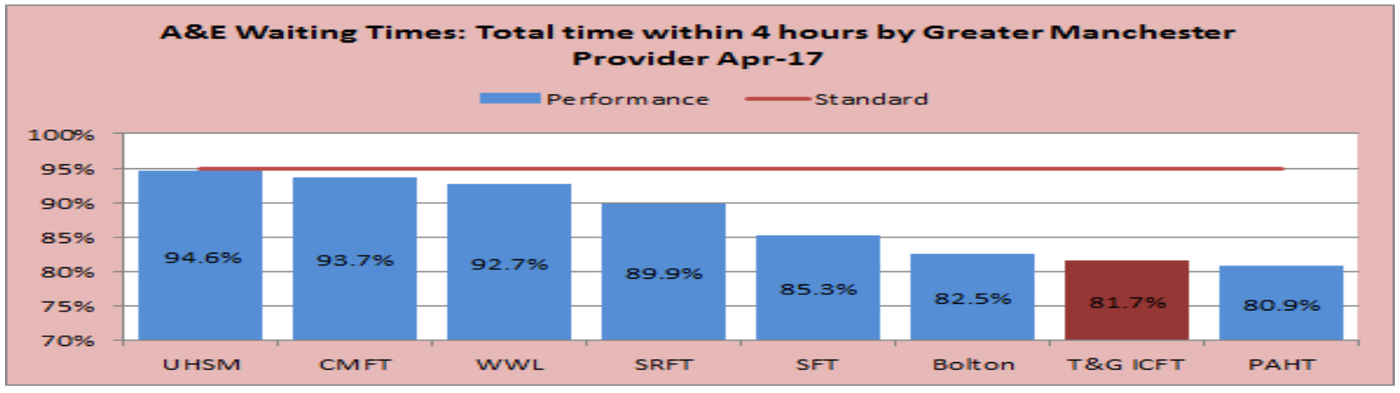
Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions	GM	England	Trend
Mixed Sex Accommodation	MSA Breach Rate	M	T&G CCG	L	0	0	0	0.1	0.2	0	0	0	0.1	0	0.3	0.0	0.0	0.0	Total of 1 breach in June 16, 2 breaches in July 16, 1 breach in Nov 16 and 2 breaches in Jan17 for T&G CCG. This is an unjustified mixing in relation to sleeping accommodation. Data shows the breach rate per 1,000 finished consultant episodes.		0.44	
Cancelled Operations (Elective)	The number of last minute cancelled elective operations in the quarter for non-clinical reasons where patients have not been treated within 28 days of last minute elective cancellation	Q	THFT	L	0	2			0			0			0				Number of last minute cancellations at THFT; 15-16 Q1 = 63, Q2 = 54, Q3 = 86, Q4 = 96 16-17 Q1 = 85, Q2 = 60, Q3 = 78		1229	
Care Programme Approach (CPA)	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	Q	T&G CCG	H	95%	94.5%			96.7%			100.0%			92.9%				16-17 Q1 52 patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care out of a total of 55 patients = 94.5%		96.70%	
	Other Indicators																					
Other Indicators	Avoidable admissions- People		T&G CCG	L																		
	Avoidable admissions-Cost		T&G CCG	L																		
	Re admissions		T&G CCG	L																		
	Average LOS	M	T&G CCG	L			5.38	5.22	5.00	4.20												
	DTOCS (Patients)	M	LA	L		38	49	37	47	42	47	71	52	61	55	54	31					
	DTOCS (Patients)	M	Trust	L		26	38	25	32	29	38	61	45	50	42	35	27					
	Other Indicators-111																					
111 KPIs	Calls answered (60 Seconds)	M	NW	H	95.00%	80.00%	85.00%	90.00%	83.0%	90.0%	89.0%	71.4%	67.5%	64.7%	77.5%	79.5%	81.9%	80.9%			90.60%	
	Calls abandoned	M	NW	L	<5%	6.00%	4.00%	2.00%	4.0%	2.0%	2.0%	6.4%	6.9%	10.8%	7.1%	6.2%	5.7%	5.7%			2.30%	
	Warm Transfer	M	NW	H	75%	35.0%	33.0%	32.0%	33.0%	35.0%	36.0%	33.2%	35.0%	31.3%	32.9%	29.3%	32.8%	46.3%			50.10%	
	Call back in 20 mins	M	NW	H	75%	39.00%	41.00%	40.00%	38.0%	39.0%	34.0%	34.7%	36.0%	33.5%	38.4%	37.1%	38.1%	38.3%			43.40%	
	Ambulance																					
Ambulance	Red 1 < 8 Minutes (75% Target)	M	T&G CCG	H	75.00%	81.50%	71.10%	69.50%	75.6%	66.7%	65.9%	68.3%	60.4%	61.3%	59.4%	63.6%	66.0%	66.4%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	T&G CCG	H	75%	64.90%	58.00%	63.10%	58.60%	65.80%	60.00%	60.48%	54.76%	53.50%	54.50%	56.91%	60.20%	67.44%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	T&G CCG	H	95%	90.7%	89.9%	91.1%	89.9%	91.0%	89.1%	86.4%	83.1%	82.9%	83.3%	88.4%	90.8%	92.1%	High levels of demand and lengthening turn around times.		92.30%	
	Red 1 < 8 Minutes (75% Target)	M	NWAS	H	75%	76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%	61.8%	64.7%	65.6%	70.1%	High levels of demand and lengthening turn around times.	63.00%	73.00%	
	Red 2 < 8 Minutes (75% Target)	M	NWAS	H	75%	67.5%	66.3%	66.2%	62.7%	65.3%	61.8%	63.0%	60.4%	57.3%	58.8%	61.0%	63.4%	68.9%	High levels of demand and lengthening turn around times.	57.10%	66.20%	
	All Reds <19 Minutes (95% Target)	M	NWAS	H	95%	92.00%	91.50%	91.50%	89.8%	91.1%	89.0%	88.2%	86.8%	85.4%	85.7%	88.4%	90.2%	92.5%	High levels of demand and lengthening turn around times.		92.30%	
	Quality																					
Quality	Clostridium Difficile-Whole Health Economy	M		L	Plan	4	7	3	9	10	5	13	6	6	5	4	9	6			1004	
	Clostridium Difficile-Acute	M		L	Plan	2	2	2	4	5	2	8	5	4	2	3	5	2			410	
	Clostridium Difficile-Non-Acute	M		L	Plan	2	5	1	5	5	3	5	1	2	3	1	4	4			594	
	MRSA-Whole Health Economy	M		L	0	0	0	2	1	3	0	0	0	0	2	2	0	0		4	92	
	MRSA-Acute	M		L	0	0	0	2	0	2	0	0	0	0	1	1	0	0			39	
	MRSA-Non Acute	M		L	0	0	0	0	1	1	0	0	0	0	1	1	0	0			53	

Exception Report

Tameside & Glossop CCG- June

A&E: Patients waiting < 4 hours | **Lead Officer:** Elaine Richardson | **Lead Director:** Clare Watson | **Governance:** A&E Delivery board





April Performance: 81.65%

16/17 ytd: 92.46%

17/18 ytd: 81.65%

Key Risks and Issues:

The A&E performance for April was 81.65% which is below the target of 95%.
Late assssment is the main reason for breaches.
Issues include middle grade capacity.
The level of acute beds occupied by people who should have been discharged is higher than it should be which reduces Medical bed capacity.

National and local shortage s of medical and nursing cover.

Overall the system has little resilience and so increased demand or reduced capacity in any one of the component Health and Social Care services can quickly reduce the A&E performance.

The local trjectory submitted to get back to the 90s in 1917/18 is Q1, Q2 and Q3 90% and 95% in March 18.

Actions:

Actions include:
NHSI's Head of Service Improvement 'significantly assured' about the Trust's response to the challenges relating to emergency flow;
Silver Command, including the deployment of Ward Liaison Officers, in place during February;
Additional medical staffing resources deployed, especially on days of expected increased activity (Monday/Tuesday);
Continuation of the Emergency Flow Service Improvement Project
NHSI to offer focused support concerning ED streaming
'Back to 90s' programme to reset performance at 90%

Operational and Financial implications:

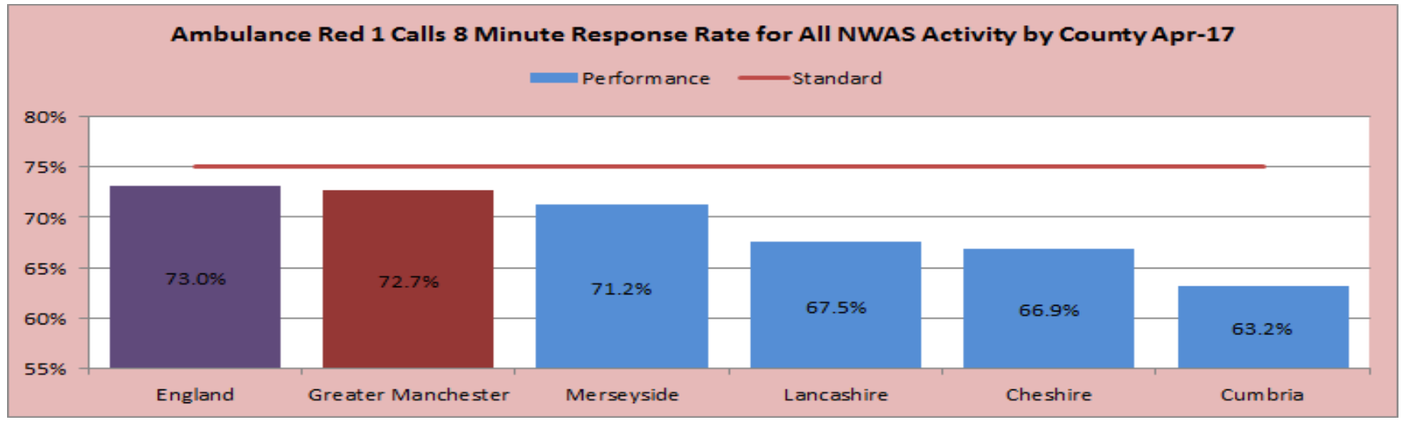
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).
STP

Next month FORECAST

* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.

Ambulance performance- **Lead Officer: Elaine Richardson** **Lead Director:** Clare Watson **Governance: A&E Delivery Board**



Ambulance Red 1 Calls 8 Minute Response Rate for All NWAS Activity by CCG

	Apr-17			
CCG	**<8 Mins**	**Total**	**Performance**	**Standard**
NHS Central Manchester CCG	74	92	80.0%	75%
NHS Bolton CCG	88	114	77.5%	75%
NHS North Manchester CCG	196	254	77.2%	75%
NHS Stockport CCG	84	112	74.8%	75%
NHS Heywood Middleton & Rochdale CCG	59	81	73.4%	75%
NHS Oldham CCG	69	95	72.6%	75%
NHS South Manchester CCG	43	60	71.9%	75%
NHS Wigan Borough CCG	93	132	70.5%	75%
NHS Salford CCG	74	108	68.5%	75%
NHS Trafford CCG	52	78	66.7%	75%
NHS Tameside and Glossop CCG	78	118	66.4%	75%
NHS Bury CCG	41	65	63.1%	75%
Data source; NWAS PES report				

April Performance: 70.08%

16/17 ytd: 76.5%

17/18 ytd: 70.08%

Key Risks and Issues:

In April the north west position (which we are measured against) was 70.08% however locally we achieved 66.37% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
Working with identified care homes that are high users of 999.
Working with acute trusts with handover delays to identify opportunities to reduce them.
An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

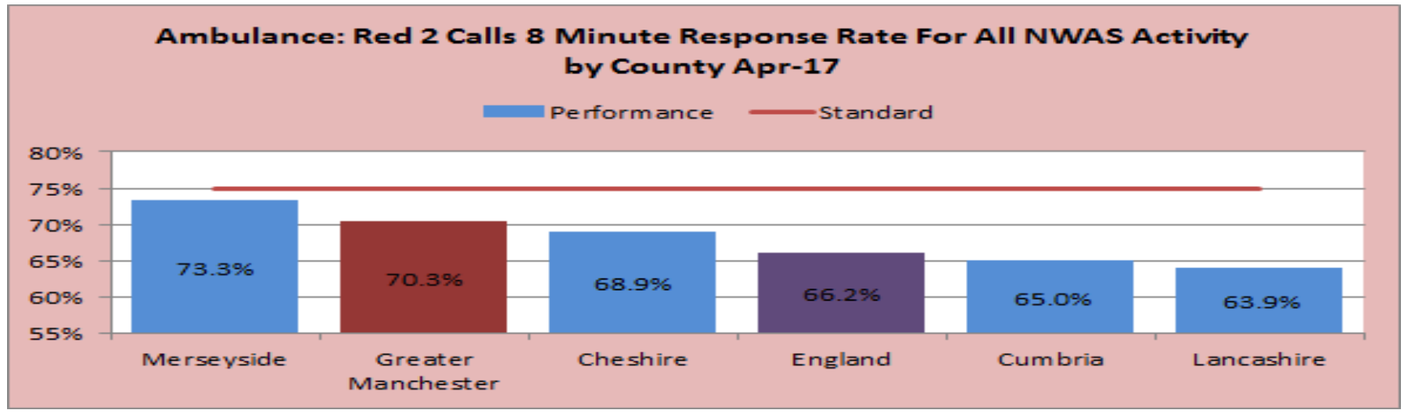
Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating.
The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

Unvalidated next month FORECAST

*

Ambulance performance- | **Lead Officer: Elaine Richardson** | **Lead Director:** Clare Watson | **Governance: A&E Delivery Board**



Ambulance: Red 2 Calls 8 Minute Response Rate For All NWAS Activity by CCG

	Apr-17			
CCG	**<8 Mins**	**Total**	**Performance**	**Standard**
NHS South Manchester CCG	808	1013	79.7%	75%
NHS North Manchester CCG	1228	1586	77.4%	75%
NHS Central Manchester CCG	711	977	72.7%	75%
NHS Bolton CCG	1076	1503	71.6%	75%
NHS Oldham CCG	922	1312	70.3%	75%
NHS Bury CCG	704	1003	70.2%	75%
NHS Stockport CCG	1046	1497	69.9%	75%
NHS Wigan Borough CCG	1051	1524	69.0%	75%
NHS Tameside and Glossop CCG	968	1436	67.4%	75%
NHS Salford CCG	878	1323	66.4%	75%
NHS Heywood Middleton & Rochdale CCG	798	1226	65.1%	75%
NHS Trafford CCG	696	1077	64.7%	75%
Data source; NWAS PES report				

April Performance: 68.94%

16/17 ytd: 67.50%

17/18 ytd: 68.94%

Key Risks and Issues:

In April the north west position (which we are measured against) was 68.94% however locally we achieved 67.44% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
Working with identified care homes that are high users of 999.
Working with acute trusts with handover delays to identify opportunities to reduce them.
An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating.
Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

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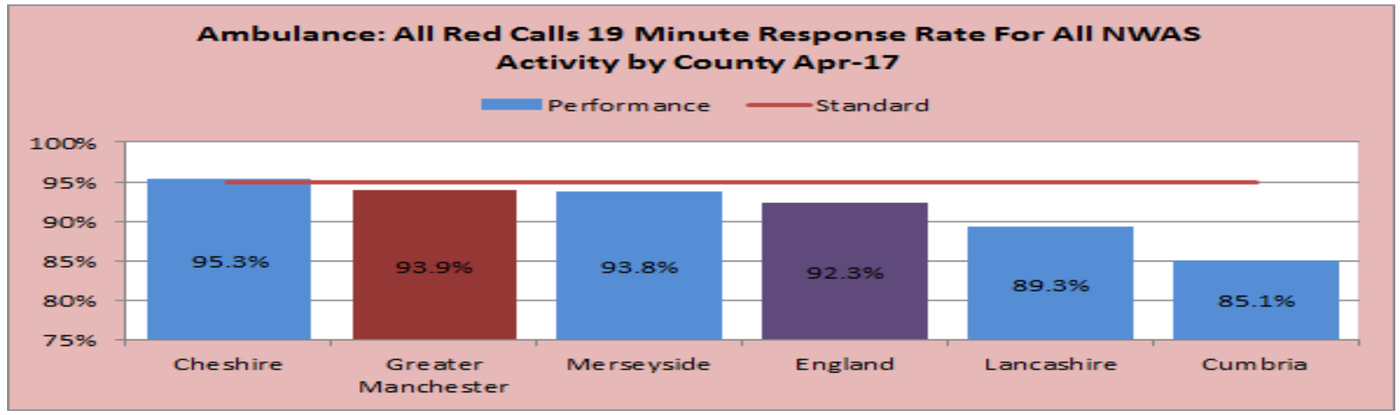
Ambulance performance-

Lead Officer: Elaine Richardson

Lead Director: Clare Watson

Governance: A&E Delivery Board



Ambulance: All Red Calls 19 Minute Response Rate For All NWAS Activity by CCG

	Apr-17			
CCG	<19 Mins	Total	Performance	Standard
NHS Central Manchester CCG	1029	1069	96.2%	95%
NHS South Manchester CCG	1024	1073	95.5%	95%
NHS North Manchester CCG	1755	1840	95.4%	95%
NHS Oldham CCG	1341	1407	95.3%	95%
NHS Stockport CCG	1523	1609	94.7%	95%
NHS Salford CCG	1344	1431	93.9%	95%
NHS Wigan Borough CCG	1547	1656	93.4%	95%
NHS Trafford CCG	1070	1155	92.7%	95%
NHS Heywood Middleton & Rochdale CCG	1211	1307	92.6%	95%
NHS Bolton CCG	1495	1617	92.5%	95%
NHS Bury CCG	985	1068	92.2%	95%
NHS Tameside and Glossop CCG	1431	1554	92.1%	95%
Data source; NWAS PES report				

April Performance: 92.54%

16/17 ytd: 92.00%

17/18 ytd: 92.54%

Key Risks and Issues:

In April the north west position (which we are measured against) was 92.54% however locally we only achieved 92.08% Increases in activity have placed a lot of pressure on NWAS and ambulances have experienced delays in handovers at acutes which together have impacted on its ability to achieve the standards.

Actions:

Blackpool CCG have agreed to support NWAS in implementation of its remedial action plan.

NWAS have agreed the following actions including :

Working with Health Care Professionals to ensure ambulances are dispatched appropriate to priority of need e.g. non urgent used when suitable.
Working with identified care homes that are high users of 999.
Working with acute trusts with handover delays to identify opportunities to reduce them.
An additional 700 hours added to the Urgent Care Desk to support decision making process and reduce activity to ED.
Additional areas of support are also being identified including working more closely with 111.

The Contracting and Strategic Partnership Board will maintain scrutiny on NWAS to ensure agreed actions are implemented.

Locally a hospital ambulance liaison officer and a community specialist paramedic are in place to support effective use and turnaround of ambulances.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating.
Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

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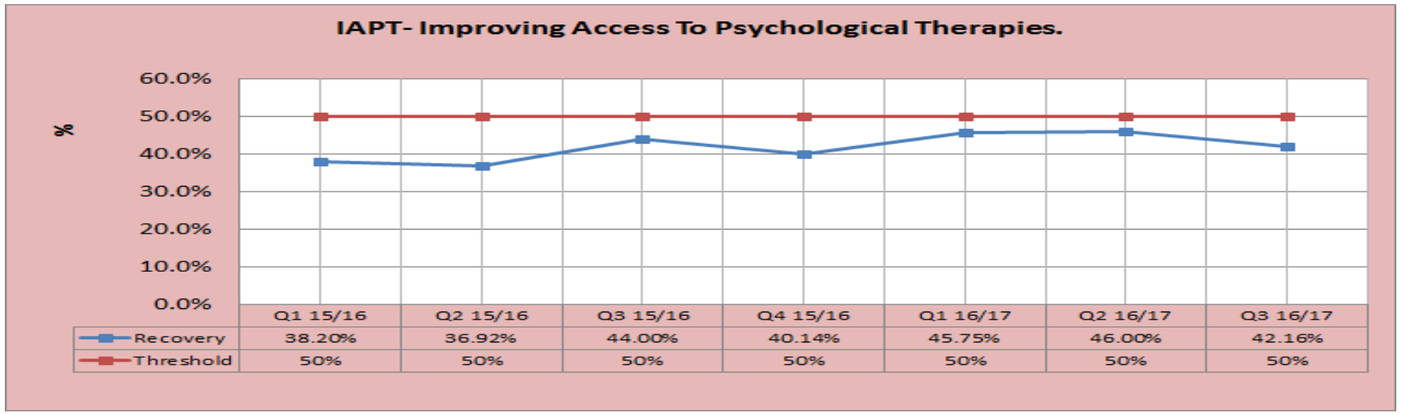
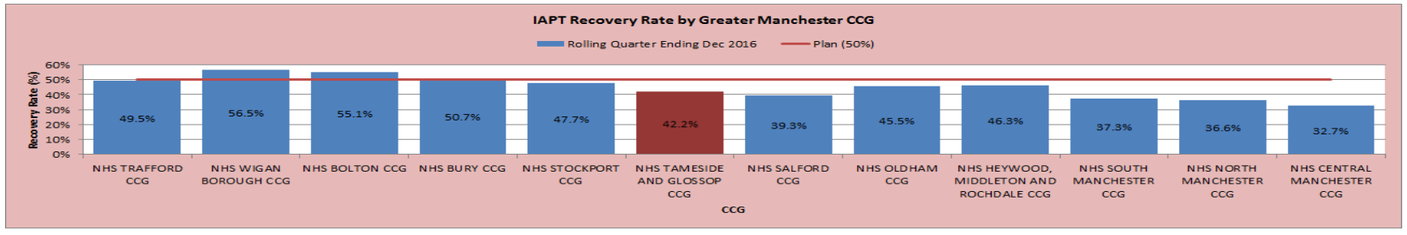
Improving Access To Psychological Therapies (IAPT)- **Lead Officer: Pat McKelvey** **Lead Director:** Clare Watson **Governance: Contracts**



	IAPT Recovery Rate	
Greater Manchester CCG	Rolling Quarter Ending Dec 2016	Plan (50%)
NHS TRAFFORD CCG	49.49%	50.00%
NHS WIGAN BOROUGH CCG	56.54%	50.00%
NHS BOLTON CCG	55.15%	50.00%
NHS BURY CCG	50.71%	50.00%
NHS STOCKPORT CCG	47.66%	50.00%
NHS TAMESIDE AND GLOSSOP CCG	42.16%	50.00%
NHS SALFORD CCG	39.33%	50.00%
NHS OLDHAM CCG	45.53%	50.00%
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	46.34%	50.00%
NHS SOUTH MANCHESTER CCG	37.25%	50.00%
NHS NORTH MANCHESTER CCG	36.56%	50.00%
NHS CENTRAL MANCHESTER CCG	32.65%	50.00%



Key Risks and Issues:
Recovery.
A drop in October brought down Q3 overal. Provider reported Q4 position show trajectory has recovered.

Actions:
Recovery.
A range of improvement measure are having an impact. Monthly monitoring meetings are in place.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. Information is awaited from provider regarding growth required to meet the standards in 2017/18 and going forward.

Unvalidated next QTR FORECAST

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111-

Lead Officer: Elaine Richardson **Lead Director:** Clare Watson **Governance: Contracts**

Indicators - access & quality		NW inc. Blackpool	Scoring out of 40 Areas: NW inc. Blackpool	Highest		Lowest	
Calls per month per 1,000 people		25.0	24	Isle of Wight	49.2	East London and City	13.4
Calls per month via 111 per 1,000 people		25.0	22	Isle of Wight	48.9	East London and City	13.4
Of all calls offered, % abandoned after at least 30 seconds[1]		6%	2	Luton & Bedfordshire	12%	North West London	0%
Of calls answered, % in 60 seconds		81%	39	Norfolk inc Great Yarmouth & Waveney NHS 111	99%	Luton & Bedfordshire	65%
Of calls answered, % triaged		90%	11	North Central London	107%	East London and City	66%
Of answered calls, % transferred to clinical advisor		21%	29	East Kent	40%	Lincolnshire	9%
Of transferred calls, % live transferred		46%	12	Isle of Wight	95%	York & Humber	17%
Average NHS 111 live transfer time[1]		00:00:05					
Average warm transfer time		NCA					
Of calls answered, % passed for call back		11%	27	Devon	19%	Lincolnshire	1%
Of call backs, % within 10 minutes		38%	22	Cambridge and Peterborough	79%	North Central London	11%
Average episode length		00:14:23					
Of answered calls, % calls to a CAS clinician		31%	26	North Central London	66%	SEC exc. East Kent	20%

Dispositions as a proportion of all calls triaged	T&G CCG	NW inc. Blackpool	Scoring out of 40 Areas: NW inc. Blackpool	Highest		Lowest	
111 dispositions: % Ambulance dispatches	14%	14%	5	Cornwall	16%	South Essex	8%
111 dispositions: % Recommended to attend A&E	8%	8%	27	East London and City	14%	Lincolnshire	5%
Recommended to attend primary and community care	59%	59%	33	Cambridge and Peterborough	68%	Lincolnshire	52%
Of which - % Recommended to contact primary and community care		45%	19	SEC exc. East Kent	51%	Nottinghamshire	37%
- % Recommended to speak to primary and community care		12%	24	Cambridge and Peterborough	19%	East London and City	8%
- % Recommended to dental / pharmacy		3%	39	York & Humber	12%	Devon	1%
111 dispositions: % Recommended to attend other service	3%	3%	28	Lincolnshire	20%	SEC exc. East Kent	0%
111 dispositions: % Not recommended to attend other service	17%	17%	6	Inner North West London	18%	Mainland SHIP	8%
Of which - % Given health information		4%	1	NW inc. Blackpool	4%	Somerset	0%
- % Recommended home care		3%	39	South East London	8%	Lincolnshire	1%
- % Recommended non clinical		9%	10	York & Humber	11%	Cambridge and Peterborough	2%

Key Risks and Issues:

The North West NHS 111 service is performance managed against a range of KPIs reported as follows for April:
- Calls Answered (95% in 60 seconds) = 80.88%
- Calls abandoned (<5%) = 5.69%
- Warm transfer (75%) = 46.27%
Call back in 10 minutes (75%) = 38.27%

In April the NW NHS 111 service experienced a number of issues which lead to poor performance in the month against the four KPIs. Performance was particularly difficult to achieve over the weekend periods.

Actions:

NWAS has agreed a further remedial action plan with commissioners.
NWAS has continued to deploy all available staff, and is actively managing staff absence and attrition in order to best meet the service needs.
A range of process changes are being implemented this includes patients using telephone key pads to identify the most appropriate call handler e.g. call regarding children automatically go to a nurse and issues such as coughs and colds receive self care and advise.
Greater Manchester is working with NWAS and Out Of Hours providers to implement the clinical assessment service that will help ensure A&E and primary care dispositions are correct.

Operational and Financial implications:

Poor patient experience could impact on willingness to use the service and increase A&E and primary care presentations.
Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

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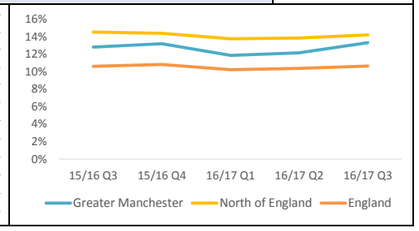
Better Health

Fewer GM Babies Will Have a Low Birth Weight Resulting in Better Outcomes For The Baby & Less Costs To The Health System

Maternal Smoking at Delivery

13.3% ▲ Better Is **Lower**

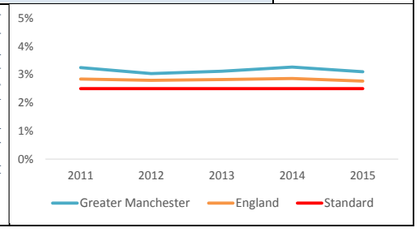
Central	6.6%
Trafford	7.4%
Bury	10.9%
Stockport	11.2%
Bolton	13.9%
Oldham	14.2%
Salford	15.0%
South	15.2%
T&G	15.3%
Wigan	15.9%
North	16.6%
HMR	16.8%



Low Birth Weight of Term Babies

3.1% ▼ Better Is **Lower**

Stockport	2.2%
Bury	2.5%
Rochdale	2.9%
Salford	2.9%
Trafford	2.9%
Wigan	3.1%
Bolton	3.2%
Mancheste	3.3%
Oldham	3.5%
Tameside	4.1%

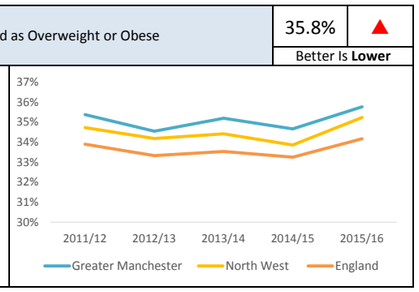


More GM Children Will Reach a Good Level of Development Cognitively, Socially & Emotionally

Children Aged 10-11 Classified as Overweight or Obese

35.8% ▲ Better Is **Lower**

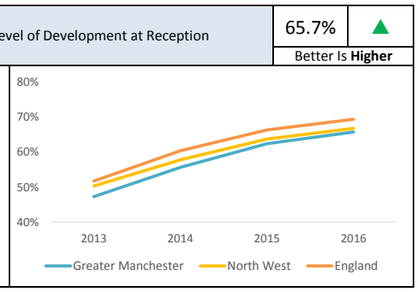
Stockport	30.3%
Trafford	30.9%
Tameside	33.9%
Bury	34.5%
Bolton	35.4%
Rochdale	35.7%
Oldham	36.7%
Salford	39.6%
Wigan	35.7%
Mancheste	40.2%



Percentage Achieving Good Level of Development at Reception

65.7% ▲ Better Is **Higher**

Trafford	73.8%
Stockport	69.6%
Bury	68.9%
Salford	65.3%
Bolton	64.6%
Mancheste	63.7%
Wigan	67.0%
Tameside	63.0%
Rochdale	63.3%
Oldham	60.5%



(Placeholder) - Combine Flu Imms Aged 2-4??

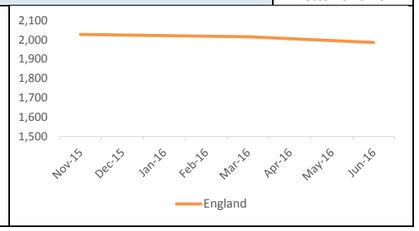
Better Is **Higher**

More People Will Be Supported To Stay Well and Live at Home for as Long as Possible

Injuries From Falls in People Aged 65 and Over

66.2% ▲ Better Is **Lower**

Bolton	1,610
Bury	1,910
Central	2,821
HMR	2,326
North	2,899
Oldham	2,375
Salford	3,328
South	2,743
Stockport	2,563
T&G	2,159
Trafford	2,175
Wigan	2,776



(Placeholder) - Excess Winter Deaths (Over 65's?)

Better Is **Lower**

(Placeholder) - Fuel Poverty

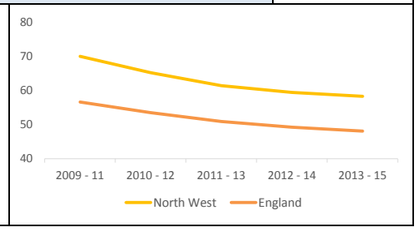
Better Is **Lower**

Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease

Under-75 Mortality Rate Considered Preventable - CVD

Better Is **Lower**

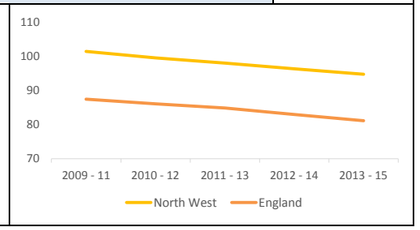
Stockport	43.1
Trafford	45.2
Bury	55.8
Wigan	59.8
Bolton	60.5
Rochdale	70.6
Oldham	74.5
Salford	75.4
Tameside	80.5
Mancheste	89.5



Under-75 Mortality Rate Considered Preventable - Cancer

Better Is **Lower**

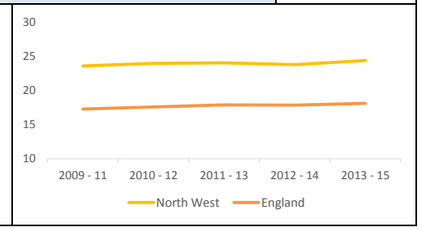
Trafford	84.0
Stockport	84.7
Bury	89.9
Wigan	91.8
Bolton	92.9
Rochdale	101.2
Tameside	103.5
Oldham	105.9
Salford	118.7
Mancheste	129.3



Under-75 Mortality Rate Considered Preventable - Respiratory

Better Is **Lower**

Stockport	16.7
Trafford	19.1
Wigan	22.7
Bury	23.9
Tameside	24.8
Oldham	26.9
Bolton	27.6
Rochdale	31.3
Salford	33.9
Mancheste	45.9



Diabetes Patients That Have Achieved All The NICE-Recommended Treatment Targets: Three (Hba1C, Cholesterol And Blood Pressure) For Adults And One (Hba1C) For Children

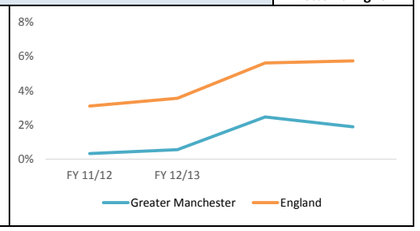
41.0% ▼ Better Is **Higher**

Bolton	40.4%
Bury	41.4%
Central	36.6%
HMR	40.5%
North	40.1%
Oldham	40.7%
Salford	40.7%
South	38.7%
Stockport	43.7%
T&G	42.5%
Trafford	37.8%
Wigan	45.6%

People With Diabetes Diagnosed Less Than A Year Who Attend A Structured Education Course

1.9% ▼ Better Is **Higher**

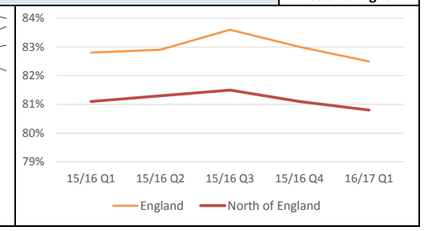
Bolton	0.1%
Bury	0.0%
Central	0.0%
HMR	0.0%
North	2.5%
Oldham	0.8%
Salford	1.0%
South	0.6%
Stockport	1.6%
T&G	0.0%
Bury	0.0%
HMR	0.0%



Diabetic Eye Screening

Better Is **Higher**

Bolton	85.0%
Wigan	89.9%
North East	79.9%
South Man	77.9%

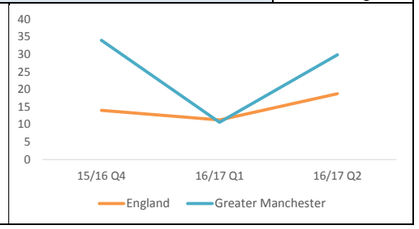


(Placeholder TBC)

Personal Health Budgets Per 100,000 Population

30 ▲ Better Is **Higher**

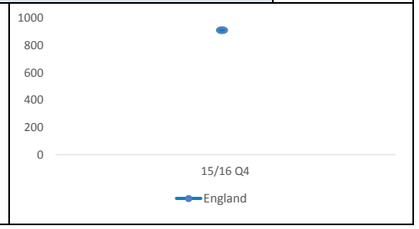
HMR	222
Trafford	25
North	24
Central	24
South	24
Wigan	20
Bury	17
Stockport	8
T&G	7
Bolton	7
Oldham	4
Salford	0



Inequality In Unplanned Hospitalisation For Chronic Ambulatory Care Sensitive Conditions

Better Is **Lower**

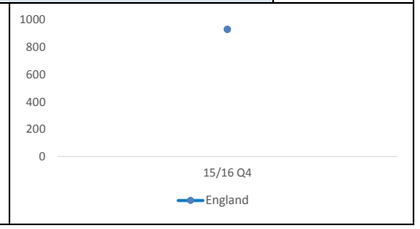
Bury	1,837
Trafford	1,939
Oldham	2,354
Bolton	2,418
HMR	2,479
Wigan	2,762
T&G	3,144
Salford	3,156
Central	3,409
South	3,422
North	3,583
Stockport	3,735



Inequality In Emergency Admissions For Urgent Care Sensitive Conditions

Better Is **Lower**

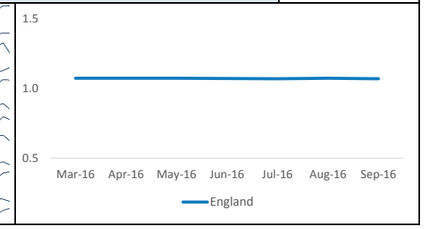
Bury	904
Wigan	1,048
Oldham	1,057
Bolton	1,103
Trafford	1,126
HMR	1,185
Salford	1,386
Stockport	1,422
T&G	1,475
North	1,700
Central	1,834
South	1,922



Anti-Microbial Resistance: Appropriate Prescribing Of Antibiotics In Primary Care

Better Is **Lower**

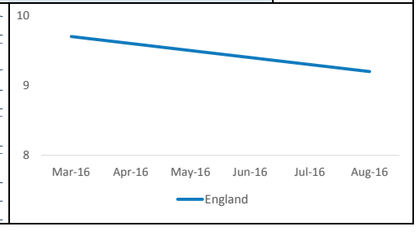
Bolton	1.2
Bury	1.2
Central	1.1
HMR	1.3
North	1.3
Oldham	1.4
Salford	1.2
South	1.2
Stockport	1.2
T&G	1.1
Trafford	1.1
Wigan	1.1



Anti-Microbial Resistance: Appropriate Prescribing Of Broad Spectrum Antibiotics In Primary Care

Better Is **Lower**

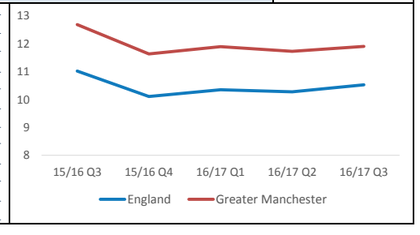
Bolton	8.2
Bury	6.0
Central	8.0
HMR	7.9
North	7.8
Oldham	9.0
Salford	9.7
South	7.9
Stockport	5.0
T&G	7.7
Trafford	12.2
Wigan	8.1



Prescribing Costs per ASTRO-PU

11.9 ▲ Better Is **Lower**

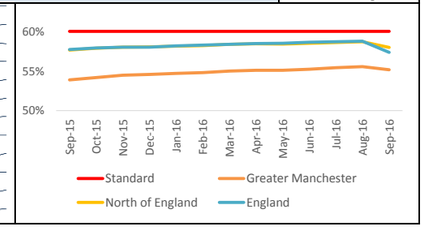
Bury	9.8
Stockport	10.4
Trafford	11.3
Central	11.3
Salford	11.4
Bolton	11.5
HMR	12.1
Wigan	12.2
South	12.3
T&G	12.5
Oldham	12.8
North	13.6



Bowel Screening Uptake Aged 60-74

55.2% ▼ Better Is **Higher**

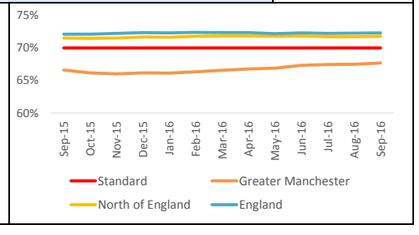
Trafford	56.4%
Stockport	58.2%
Wigan	57.5%
Bolton	56.7%
Bury	58.7%
HMR	56.2%
Salford	53.9%
T&G	55.5%
Oldham	57.3%
South	45.9%
North	45.9%
Central	42.1%



Breast Screening Coverage Aged 50-70

67.7% ▲ Better Is **Higher**

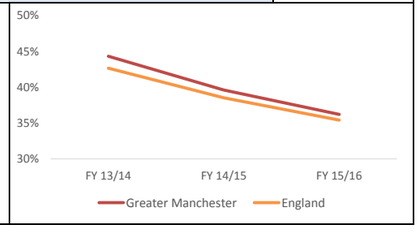
Bury	73.8%
Bolton	73.1%
Wigan	71.8%
HMR	69.8%
Oldham	69.3%
Stockport	68.4%
Trafford	66.0%
T&G	65.1%
South	64.2%
Salford	63.7%
Central	59.7%
North	54.6%



Flu Immunised 2 Year Olds

36.2% ▼ Better Is **Higher**

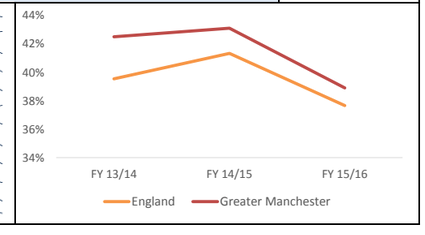
Bolton	32.4%
Bury	35.7%
Central	32.8%
HMR	36.9%
North	32.6%
Oldham	34.7%
Salford	32.3%
South	25.2%
Stockport	41.2%
T&G	40.0%
Trafford	49.1%
Wigan	38.8%



Flu Immunised 3 Year Olds

38.9% ▼ Better Is **Higher**

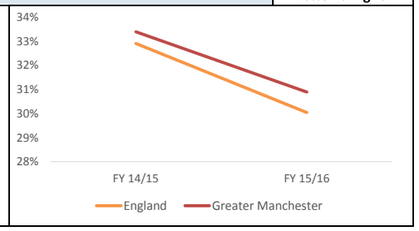
Bolton	34.1%
Bury	39.6%
Central	35.4%
HMR	39.3%
North	34.8%
Oldham	40.0%
Salford	32.3%
South	29.9%
Stockport	46.8%
T&G	42.4%
Trafford	47.6%
Wigan	41.3%



Flu Immunised 4 Year Olds

30.9% ▼ Better Is **Higher**

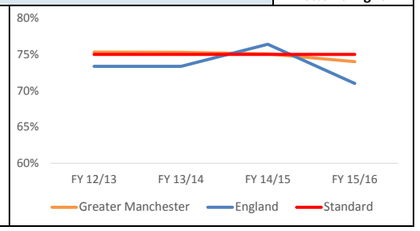
Bolton	27.2%
Bury	28.6%
Central	27.4%
HMR	32.3%
North	28.0%
Oldham	31.1%
Salford	28.3%
South	20.2%
Stockport	37.1%
T&G	32.1%
Trafford	41.8%
Wigan	32.7%



Flu Immunised aged 65 and over

74.0% ▼ Better Is **Higher**

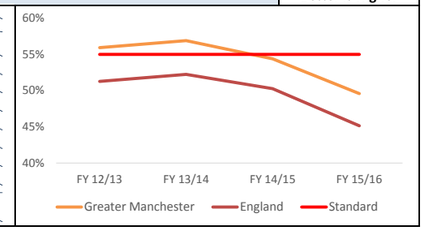
Bolton	73.3%
Bury	75.1%
Central	70.4%
HMR	74.6%
North	70.6%
Oldham	73.2%
Salford	73.8%
South	69.2%
Stockport	76.8%
T&G	75.0%
Trafford	77.4%
Wigan	72.0%



Flu Immunised in clinical risk groups

49.6% ▼ Better Is **Higher**

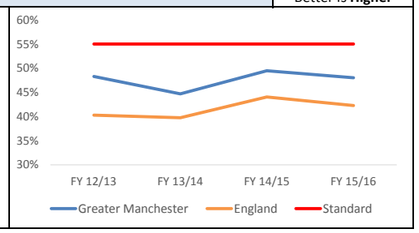
Bolton	49.6%
Bury	47.9%
Central	48.1%
HMR	54.1%
North	49.2%
Oldham	49.6%
Salford	42.8%
South	46.3%
Stockport	56.5%
T&G	52.8%
Trafford	51.7%
Wigan	45.2%



Flu Immunised in pregnant women

48.0% ▼ Better Is **Higher**

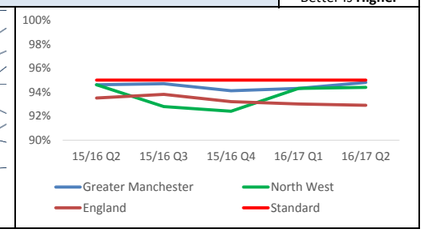
Bolton	46.1%
Bury	48.3%
Central	44.1%
HMR	50.4%
North	41.7%
Oldham	50.6%
Salford	37.7%
South	47.1%
Stockport	63.7%
T&G	52.3%
Trafford	50.3%
Wigan	45.4%



Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) 12 months

94.8% ▲ Better Is **Higher**

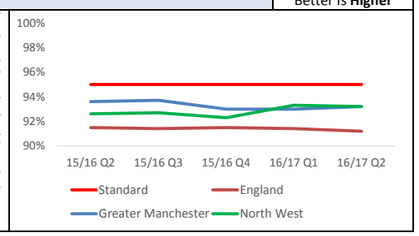
Wigan	97.4%
T&G	97.3%
Trafford	96.8%
Oldham	96.6%
Bolton	96.5%
Salford	95.7%
HMR	95.6%
Bury	94.7%
Stockport	94.4%



Mumps, Measles & Rubella (MMR)

93.2% ▲ Better Is **Higher**

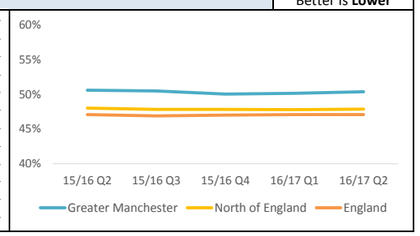
T&G	97.3%
HMR	95.8%
Salford	95.2%
Wigan	95.1%
Trafford	94.7%
Bolton	94.6%
Oldham	94.4%
Stockport	93.5%
Bury	90.8%
Manchester	87.8%



Percentage Of Deaths Which Take Place In Hospital

50.4% ▲ Better Is **Lower**

Bury	45.8%
HMR	46.2%
Oldham	47.4%
Bolton	47.5%
Stockport	49.8%
Salford	50.1%
T&G	50.4%
North	52.1%
Wigan	52.5%
South	54.7%
Central	56.1%
Trafford	56.4%



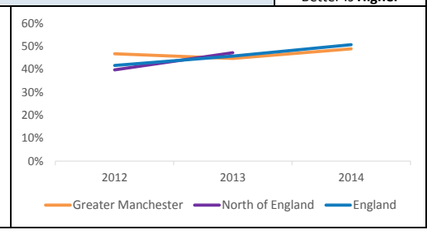
Better Care

Fewer People Will Die Early From: Cardio-Vascular (CVD); Cancer; and Respiratory Disease

Cancers Diagnosed at Early Stage

48.9% ▲ Better Is **Higher**

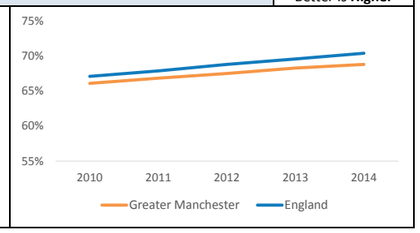
Bury	53.7%
Wigan	51.7%
Bolton	51.5%
Stockport	50.8%
HMR	50.1%
Oldham	49.4%
North	48.2%
Trafford	47.3%
South	47.2%
Salford	46.3%
T&G	44.2%
Central	37.4%



One-Year Survival From All Cancers

68.8% ▲ Better Is **Higher**

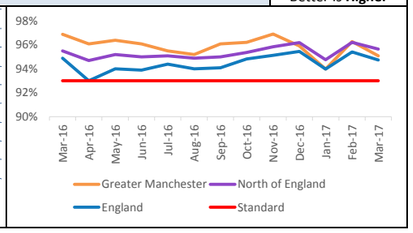
Stockport	71.9%
Trafford	71.7%
Bury	70.4%
HMR	69.3%
South	69.2%
Wigan	68.9%
Bolton	68.3%
Oldham	68.0%
Central	67.2%
T&G	67.1%
Salford	65.9%
North	64.8%



Cancer - Two week wait from cancer referral to specialist appointment

95.1% ▼ Better Is **Higher**

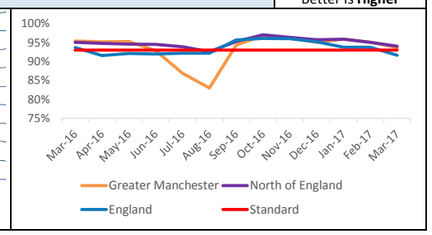
Bolton	98.6%
Stockport	97.9%
Wigan	97.2%
Trafford	95.7%
T&G	95.3%
HMR	94.7%
Mancheste	93.9%
Oldham	93.5%
Salford	93.2%
Bury	90.6%



Cancer - Two week wait (breast symptoms - cancer not suspected)

93.7% ▼ Better Is **Higher**

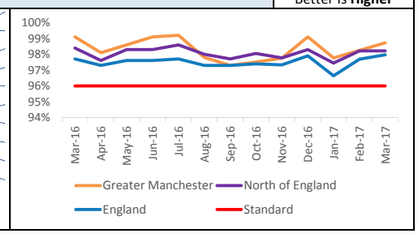
T&G	98.3%
Oldham	97.9%
HMR	97.5%
Trafford	96.2%
Stockport	94.8%
Salford	93.3%
Wigan	93.0%
Mancheste	91.6%
Bolton	90.3%
Bury	89.5%



Cancer - 31-day wait from decision to treat to first treatment

98.7% ▲ Better Is **Higher**

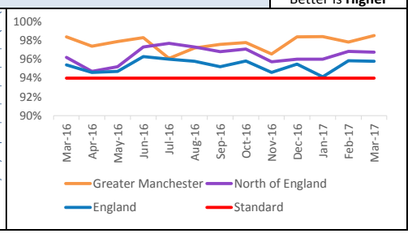
Stockport	100.0%
Wigan	99.4%
Mancheste	99.4%
Bolton	99.2%
Salford	99.0%
Trafford	98.3%
Bury	98.1%
HMR	97.7%
T&G	97.7%
Oldham	96.6%



Cancer - 31-day wait for subsequent surgery

98.5% ▲ Better Is **Higher**

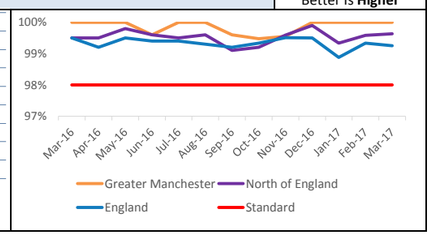
Mancheste	100.0%
Trafford	100.0%
T&G	100.0%
Bury	100.0%
Wigan	100.0%
HMR	100.0%
Bolton	100.0%
Stockport	96.4%
Salford	96.4%
Oldham	95.2%



Cancer - 31-day wait for subsequent anti-cancer drug regimen

100.0% ◀▶ Better Is **Higher**

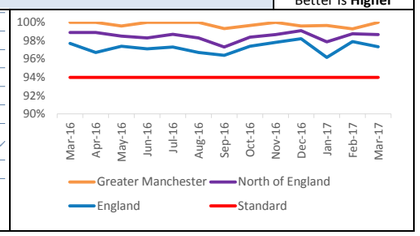
Trafford	100.0%
Stockport	100.0%
Mancheste	100.0%
Bury	100.0%
T&G	100.0%
HMR	100.0%
Wigan	100.0%
Oldham	100.0%
Bolton	100.0%
Salford	100.0%



Cancer - 31-day wait for subsequent radiotherapy

100.0% ▲ Better Is **Higher**

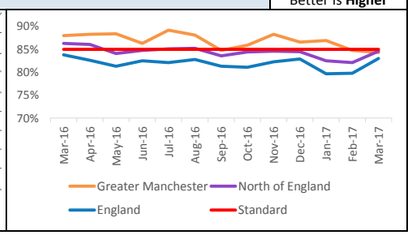
Trafford	100.0%
Stockport	100.0%
Mancheste	100.0%
Bury	100.0%
T&G	100.0%
HMR	100.0%
Wigan	100.0%
Oldham	100.0%
Bolton	100.0%
Salford	100.0%



Cancer - 62-day wait from referral to treatment

84.3% ▼ Better Is **Higher**

Wigan	98.4%
Bolton	93.8%
Trafford	90.0%
Stockport	89.0%
T&G	82.9%
Bury	81.6%
Salford	79.5%
Mancheste	78.7%
HMR	75.9%
Oldham	67.3%

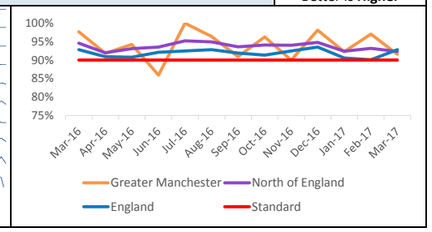


Decreased Variation In Quality Of Care Health Outcomes Across GM Localities

Cancer - 62-day wait for treatment following a referral from a screening service

91.6% ▼ Better Is **Higher**

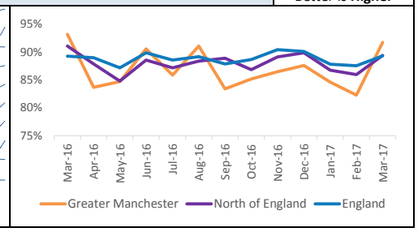
Wigan	100.0%
Trafford	100.0%
T&G	100.0%
Bolton	100.0%
Mancheste	93.8%
Oldham	83.3%
Stockport	83.3%
Bury	81.8%
HMR	66.7%
Salford	0.0%



Cancer - 62-day wait for treatment following a consultant upgrade

91.7% ▲ Better Is **Higher**

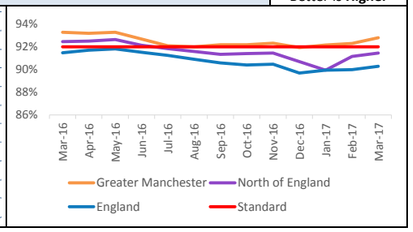
Trafford	100.0%
HMR	100.0%
Wigan	93.8%
Stockport	92.6%
Salford	92.6%
Mancheste	91.3%
Bolton	90.9%
Bury	85.7%
T&G	85.2%
Oldham	75.0%



Referral to Treatment - 18 weeks

92.8% ▲ Better Is **Higher**

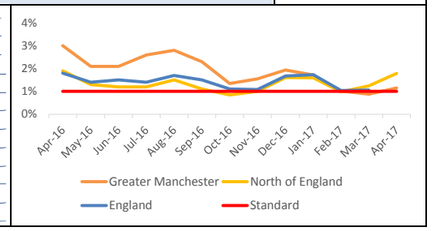
Wigan	94.6%
Oldham	94.1%
Salford	93.7%
HMR	93.6%
Stockport	93.0%
Central	92.8%
T&G	92.6%
Bolton	92.6%
North	92.4%
Trafford	91.3%
Bury	91.2%
South	90.2%



Diagnostics Test Waiting Times

1.2% ▲ Better Is **Lower**

North	0.0%
Central	0.0%
South	0.0%
Stockport	0.8%
T&G	0.9%
HMR	1.0%
Wigan	1.0%
Trafford	1.0%
Bury	1.1%
Salford	1.2%
Bolton	1.2%
Oldham	1.3%



Improved Patient/Carer Experience Of Care And Increased Patient Empowerment

Primary Care Access (Placeholder)

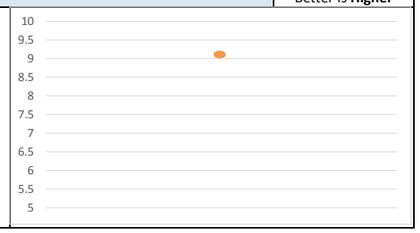
Better Is **Higher**

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Cancer Patient Experience

9.0 Better Is **Higher**

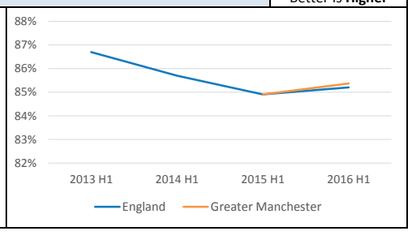
Bolton	8.8
Bury	8.7
Central	8.6
HMR	8.8
North	8.7
Oldham	8.7
Salford	9.0
South	8.7
Stockport	8.7
T&G	8.7
Trafford	8.6
Wigan	8.8



Patient Experience Of GP Services

85.4% ▲ Better Is **Higher**

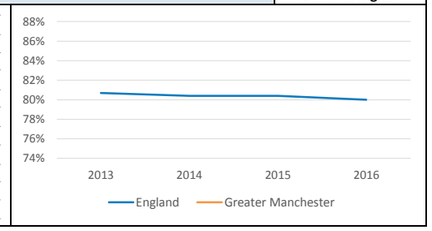
Bolton	87.2%
Bury	86.9%
Central	81.8%
HMR	82.3%
North	81.5%
Oldham	84.7%
Salford	85.3%
South	84.0%
Stockport	88.9%
T&G	83.2%
Trafford	86.5%
Wigan	88.2%



Quality Of Life Of Carers - Health Status Score (EQ5D)

Better Is **Higher**

Trafford	79.0%
Bury	77.8%
Wigan	77.0%
Stockport	81.1%
Bolton	76.7%
South	79.9%
Central	77.2%
Oldham	77.3%
North	75.6%
HMR	76.5%
Salford	78.2%
T&G	77.5%

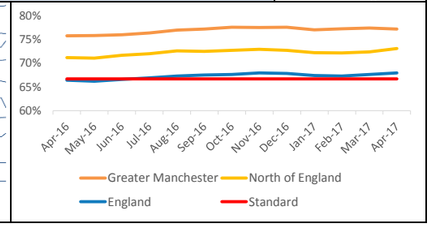


Improved Outcomes For People With Learning Disabilities/Mental Health Needs

Estimated Diagnosis Rate For People With Dementia

77.2% ▼ Better Is **Higher**

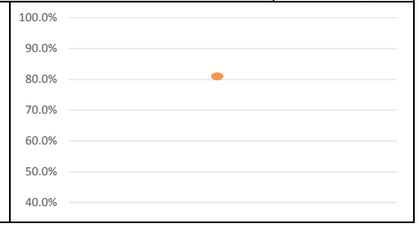
Salford	88.0%
Bury	85.3%
T&G	83.8%
Oldham	82.1%
Bolton	79.6%
Mancheste	75.4%
Stockport	75.2%
Trafford	74.0%
Wigan	68.6%
HMR	67.0%



Dementia Care Planning and Post-Diagnostic Support

0.0% ▼ Better Is **Higher**

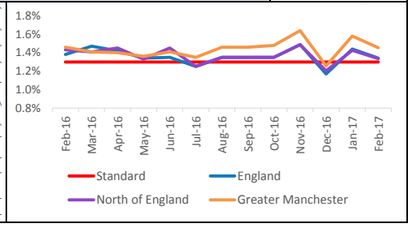
Bolton	83.4%
Bury	84.3%
Central	84.8%
HMR	77.5%
North	81.4%
Oldham	77.0%
Salford	79.0%
South	79.1%
Stockport	80.5%
T&G	80.6%
Trafford	80.2%
Wigan	77.3%



Improving Access to Psychological Therapies Access Rate

1.40% ▼ Better Is **Higher**

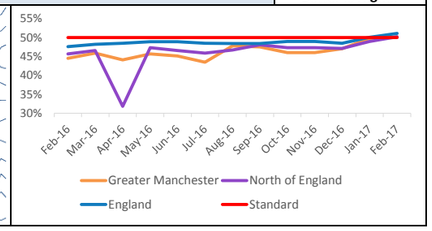
Oldham	2.34%
Salford	1.87%
Bury	1.71%
Wigan	1.49%
Trafford	1.38%
Stockport	1.28%
T&G	1.26%
North	1.21%
South	1.16%
Central	1.14%
HMR	1.06%
Bolton	0.96%



Improving Access to Psychological Therapies Recovery Rate

50.2% ▲ Better Is **Higher**

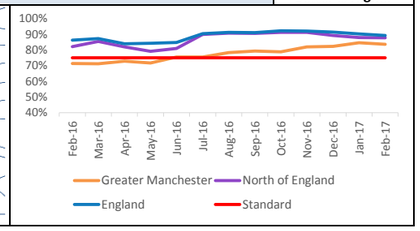
Trafford	68.8%
Oldham	61.8%
Stockport	54.1%
Wigan	53.2%
Bolton	52.6%
HMR	51.5%
T&G	51.4%
Bury	48.4%
Salford	42.0%
South	39.1%
North	38.7%
Central	34.5%



Improving Access to Psychological Therapies Seen Within 6 Weeks

83.7% ▼ Better Is **Higher**

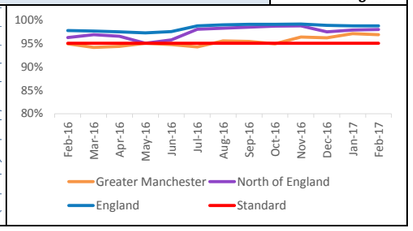
Wigan	100.0%
Oldham	91.2%
HMR	90.9%
Trafford	88.9%
Stockport	87.8%
Bury	87.1%
Salford	87.0%
Bolton	78.0%
T&G	77.1%
South	65.2%
North	59.4%
Central	58.1%



Improving Access to Psychological Therapies Seen Within 18 Weeks

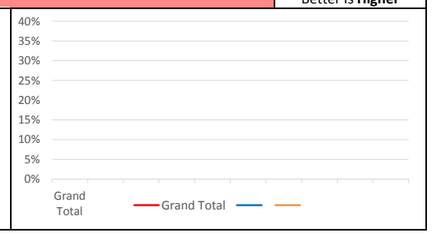
96.8% ▼ Better Is **Higher**

Bury	100.0%
Wigan	100.0%
Oldham	100.0%
Salford	98.1%
Stockport	97.6%
Bolton	97.6%
Trafford	97.2%
T&G	97.1%
HMR	97.0%
Central	93.5%
North	87.5%
South	87.0%



People with 1st Episode of Psychosis Starting Treatment With a NICE-Recommended Package of Care Treated Within 2 Weeks of Referral

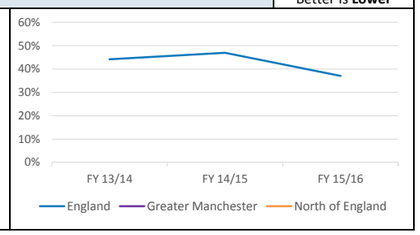
Better Is **Higher**



Proportion of People With a Learning Disability on the GP Register Receiving an Annual Health Check

35.3% ▲ Better Is **Lower**

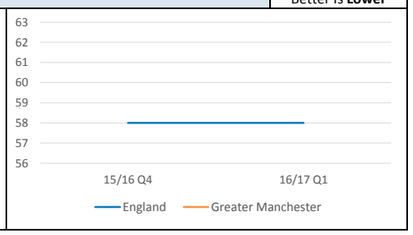
Bolton	64.1%
Bury	47.4%
Central	14.8%
HMR	28.8%
North	40.6%
Oldham	38.7%
Salford	23.1%
South	19.9%
Stockport	27.4%
T&G	41.4%
Trafford	31.9%
Wigan	41.2%



Reliance on Specialist Inpatient Care for People With a Learning Disability and/or Autism

62 ▲ Better Is **Lower**

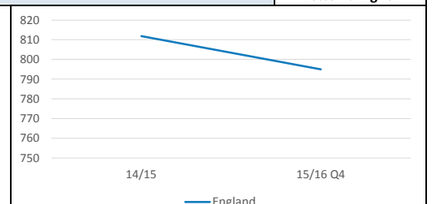
Bolton	63
Bury	63
Central	63
HMR	63
North	63
Oldham	63
Salford	63
South	63
Stockport	63
T&G	63
Trafford	63
Wigan	63



Management Of Long Term Conditions

Better Is **Higher**

Bolton	880
Bury	859
Central	1,536
HMR	1,151
North	1,563
Oldham	1,027
Salford	1,210
South	1,467
Stockport	1,100
T&G	1,279
Trafford	955
Wigan	919



Out Of Area Placements For Acute Mental Inpatient Care - Transformation

Better Is **Higher**

Bolton	100.0%
Bury	100.0%
Central	50.0%
HMR	25.0%
North	50.0%
Oldham	50.0%
Salford	100.0%
South	50.0%
Stockport	87.5%
T&G	100.0%
Trafford	50.0%
Wigan	50.0%

Children And Young People's Mental Health Services Transformation

Better Is **Higher**

Bolton	85.0%
Bury	85.0%
Central	80.0%
HMR	85.0%
North	70.0%
Oldham	90.0%
Salford	75.0%
South	70.0%
Stockport	0.0%
T&G	0.0%
Stockport	DQ Issue
Tamside	DQ Issue

Crisis Care And Liaison Mental Health Services Transformation

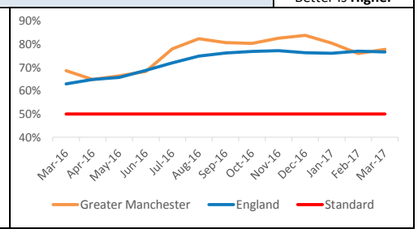
Better Is **Higher**

Bolton	87.5%
Bury	72.5%
Central	67.5%
HMR	70.0%
North	67.5%
Oldham	80.0%
Salford	97.5%
South	67.5%
Stockport	65.0%
T&G	80.0%
Trafford	82.5%
Wigan	60.0%

Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral

77.7% ▲ Better Is **Higher**

North	96.7%
South	94.7%
Stockport	90.0%
Bolton	89.5%
Central	89.3%
Bury	83.3%
Wigan	78.3%
Trafford	76.2%
Salford	75.6%
HMR	55.6%
T&G	52.9%
Oldham	44.8%

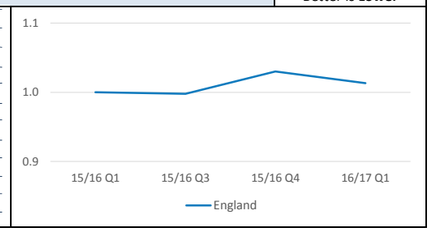


Decreased Need For Hospital Services With More Community Support

Population Use Of Hospital Beds Following Emergency Admission

Better Is **Lower**

Bolton	1.0
Bury	0.9
Central	1.4
HMR	0.9
North	1.2
Oldham	0.9
Salford	1.2
South	1.3
Stockport	1.2
T&G	1.2
Trafford	1.5
Wigan	0.9



Emergency Admissions For Urgent Care Sensitive Conditions

Better Is **Lower**

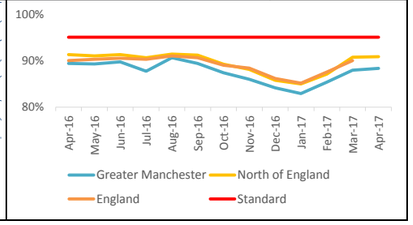
Bolton	2,523
Bury	2,229
Central	3,271
HMR	2,814
North	3,271
Oldham	2,753
Salford	3,503
South	3,234
Stockport	3,022
T&G	3,269
Trafford	2,336
Wigan	2,671

Percentage Of Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours

88.3% ▲

Better Is **Higher**

UHSM NHS	94.6%
CM NHS FT	93.7%
WWL NHS	92.7%
Salford Roy	89.9%
Stockport N	85.3%
Bolton NHS	82.5%
Tameside N	81.7%
Pennine Ac	80.9%

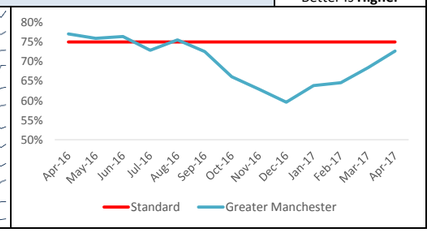


Ambulance in Red 1 in 8 mins

72.7% ▲

Better Is **Higher**

Central	80.0%
Bolton	77.5%
North	77.2%
Stockport	74.8%
HMR	73.4%
Oldham	72.6%
South	71.9%
Wigan	70.5%
Salford	68.5%
Trafford	66.7%
T&G	66.4%
Bury	63.1%

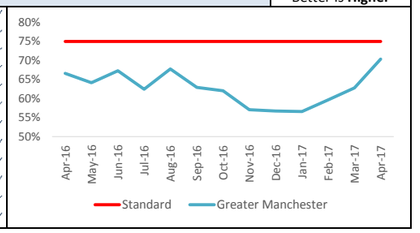


Ambulance in Red 2 in 8 mins

70.3% ▲

Better Is **Higher**

South	79.7%
North	77.4%
Central	72.7%
Bolton	71.6%
Oldham	70.3%
Bury	70.2%
Stockport	69.9%
Wigan	69.0%
T&G	67.4%
Salford	66.4%
HMR	65.1%
Trafford	64.7%



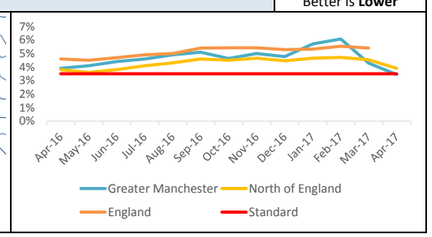
Improved Transition Of Care Across Health And Social Care

Delayed Transfers of Care - Bed Days

3.4% ▼

Better Is **Lower**

WWL NHS	1.3%
CM NHS FT	2.6%
Pennine Ac	2.9%
Salford Roy	3.3%
Stockport N	4.2%
Tameside N	5.2%
Bolton NHS	5.5%
UHSM NHS	6.7%

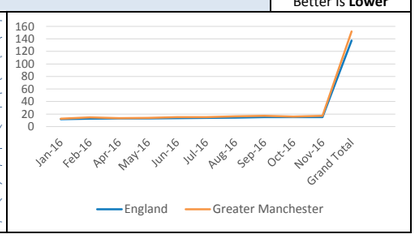


Delayed Transfers of Care per 100,000 Population

17.0 ▲

Better Is **Lower**

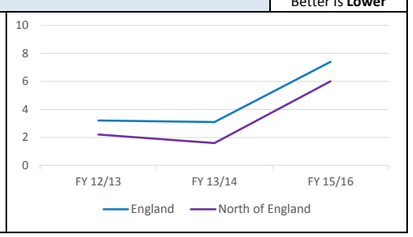
Bolton	16.1
Bury	11.3
Central	19.4
HMR	4.8
North	17.7
Oldham	8.4
Salford	12.2
South	16.7
Stockport	29.6
T&G	24.2
Trafford	37.7
Wigan	5.5



Delayed Transfers Of Care From Hospital, And Those Which Are Attributable To Adult Social Care Per 100,000 Population

Better Is **Lower**

Bolton	4.4
Bury	5.5
Central	7.5
HMR	4.6
North	7.5
Oldham	2.3
Salford	4.2
South	7.5
Stockport	3.6
T&G	6.4
Trafford	14.5
Wigan	4.9

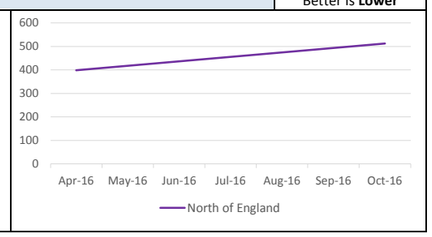


No Of Bed Days - Delayed Transfers Of Care Aged 18+ Per 100,000 Population

495.1 ▲

Better Is **Lower**

Bolton	496.0
Bury	297.0
Central	473.0
HMR	99.0
North	473.0
Oldham	214.0
Salford	175.0
South	473.0
Stockport	963.0
T&G	1065.0
Trafford	989.0
Wigan	178.0

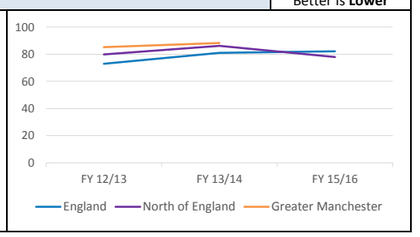


Proportion Of People Using Social Care Who Receive Self-Directed Support, And Those Receiving Direct Payments

0.0 ▼

Better Is **Lower**

Bolton	97.2
Bury	85.9
Central	65.2
HMR	99.0
North	65.2
Oldham	96.0
Salford	77.7
South	65.2
Stockport	89.6
T&G	96.2
Trafford	49.1
Wigan	85.3



Long-Term Support Needs Met By Admission To Residential And Nursing Care Homes, Per 100,000 Population

734.0

Better Is **Lower**

Bolton	225.1
Bury	180.8
Central	70.8
HMR	170.6
North	70.8
Oldham	177.7
Salford	196.9
South	70.8
Stockport	193.0
T&G	123.8
Trafford	128.7
Wigan	190.8

Percentage Of People Aged 65+ Discharged Direct To Residential Care

2.1

Better Is **Lower**

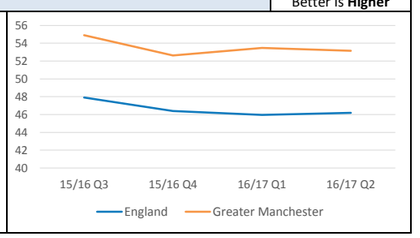
Bolton	1.9
Bury	1.6
Central	2.1
HMR	1.6
North	2.1
Oldham	2.9
Salford	3.6
South	2.1
Stockport	2.9
T&G	1.1
Trafford	1.8
Wigan	2.4

People Eligible For Standard NHS Continuing Healthcare

53.1 ▼

Better Is **Higher**

Bolton	59.3
Bury	27.4
Central	29.3
HMR	28.7
North	31.1
Oldham	23.3
Salford	121.8
South	72.9
Stockport	27.0
T&G	62.7
Trafford	56.9
Wigan	81.1

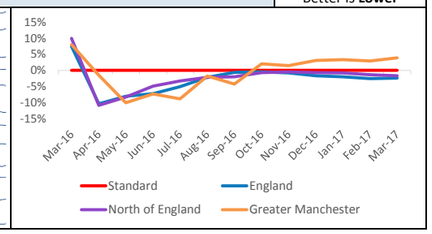


Placeholder TBC

C.Difficile (Ytd Var To Plan)

3.9% ▲ Better Is **Lower**

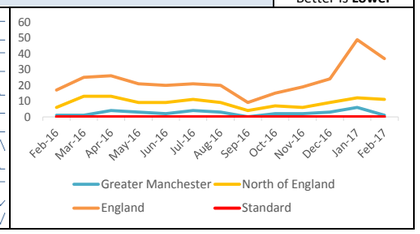
Oldham	-22.0%
T&G	-16.5%
Trafford	-35.9%
Salford	-4.8%
Wigan	22.2%
North	5.1%
Stockport	47.8%
Bolton	-3.8%
South	2.1%
Central	39.0%
Bury	35.6%
HMR	18.4%



MRSA

2 ▲ Better Is **Lower**

Oldham	0
Salford	0
Bury	0
South	0
HMR	0
Stockport	0
North	0
T&G	0
Wigan	0
Trafford	0
Bolton	1
Central	1



Achievement Of Milestones In The Delivery Of An Integrated Urgent Care Service

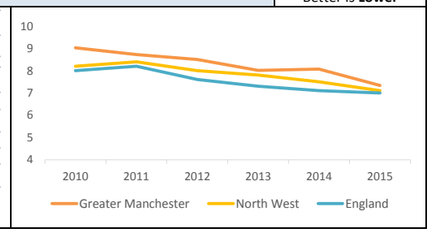
Better Is **Higher**

Bolton	4
Bury	4
Central	4
HMR	4
North	4
Oldham	4
Salford	4
South	4
Stockport	4
T&G	4
Trafford	4
Wigan	4

Neonatal Mortality And Stillbirths

7.3 ▼ Better Is **Lower**

Trafford	3.9
Tameside	4.2
Rochdale	5.2
Wigan	6.1
Oldham	7.2
Bury	7.2
Salford	8.4
Bolton	8.9
Stockport	9.4



Primary Care Workforce

0.9 Better Is **Higher**

Bolton	1.0
Bury	0.9
Central	0.8
HMR	0.9
North	0.8
Oldham	0.9
Salford	1.1
South	0.8
Stockport	0.9
T&G	1.0
Trafford	0.8
Wigan	0.9

Achievement Of Clinical Standards In The Delivery Of 7 Day Services (Placeholder)

Better Is **Higher**

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Choices In Maternity Services

Better Is **Higher**

Bolton	64.3%
Bury	69.7%
Central	63.0%
HMR	68.7%
North	68.7%
Oldham	65.3%
Salford	69.8%
South	67.8%
Stockport	65.0%
T&G	61.4%
Trafford	64.5%
Wigan	64.6%

People Offered Choice Of Provider And Team When Referred For A 1st Elective Appointment

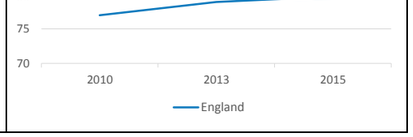
66.2% ▼ Better Is **Higher**

Bolton	99.1%
Bury	69.3%
Central	46.1%
HMR	60.3%
North	72.2%
Oldham	87.1%
Salford	97.7%
South	73.9%
Stockport	61.6%
T&G	10.4%
Trafford	66.3%
Wigan	56.8%

Women's Experience Of Maternity Services

Better Is **Higher**

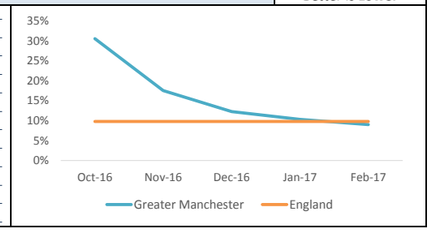
Bolton	82.1
Bury	82.2
Central	74.3
HMR	77.6
North	82.3
Oldham	76.9
Salford	83.5
South	81.9
Stockport	82.5
T&G	77.6
Trafford	83.1
Wigan	80.5



Number of Patients not treated for Atrial Fibrillation

9.0% ▼ Better Is **Lower**

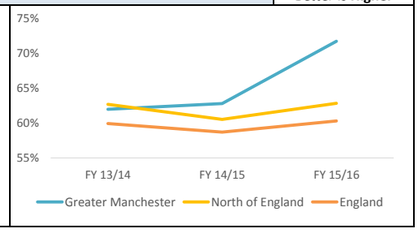
Bolton	7.3%
Bury	4.5%
Central	11.4%
HMR	9.7%
North	10.1%
Oldham	4.6%
Salford	8.4%
South	12.7%
Stockport	9.7%
T&G	10.3%
Trafford	10.4%
Wigan	9.8%



Stroke Unit Within 4 Hours

71.7% ▲ Better Is **Higher**

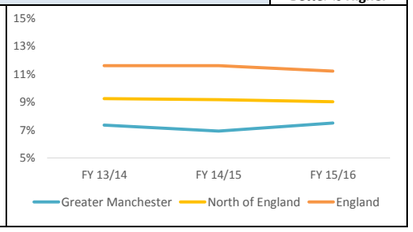
Bolton	76.4%
Bury	75.8%
Stockport	74.4%
Oldham	74.3%
HMR	72.5%
South	72.3%
Wigan	71.6%
North	71.4%
Central	70.9%
Trafford	70.5%
T&G	66.4%
Salford	63.3%



Thrombylised Stroke Patients

7.5% ▲ Better Is **Higher**

Oldham	12.5%
Bury	12.1%
HMR	11.6%
T&G	9.5%
Stockport	9.1%
Bolton	7.5%
Central	6.2%
North	6.0%
Trafford	5.1%
Wigan	4.5%
South	3.4%
Salford	2.9%



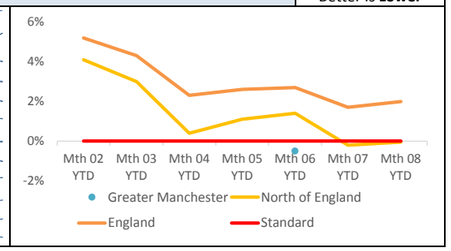
Sustainability

Reduced Demand for Reactive Health and Social Care Services and a Shift in Spend to Proactive Provision

Activity V Plan: Total Referrals (Specific Acute)

Better Is **Lower**

Bolton	14.1%
Bury	1.0%
Central	-6.4%
HMR	0.5%
North	-7.1%
Oldham	1.5%
Salford	-5.4%
South	-2.4%
Stockport	-3.0%
T&G	-5.4%
Trafford	-5.5%
Wigan	3.4%

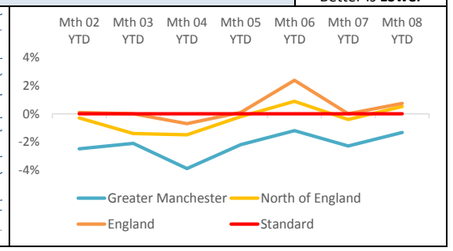


Activity V Plan: Total OP Attends (Specific Acute)

-1.2% ▲

Better Is **Lower**

Bolton	3.5%
Bury	0.3%
Central	-4.0%
HMR	2.2%
North	1.0%
Oldham	-3.8%
Salford	3.2%
South	-5.2%
Stockport	-2.5%
T&G	-10.0%
Trafford	-5.9%
Wigan	6.8%

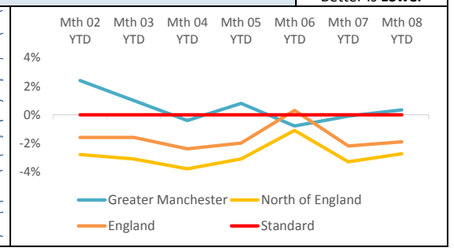


Activity V Plan: Total Elective Spells (Specific Acute)

0.3% ▼

Better Is **Lower**

Bolton	6.1%
Bury	1.0%
Central	7.5%
HMR	-3.3%
North	-3.3%
Oldham	-5.1%
Salford	3.2%
South	1.6%
Stockport	5.8%
T&G	-13.1%
Trafford	3.2%
Wigan	2.0%

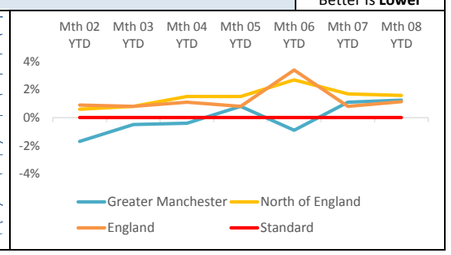


Activity V Plan: Non-Elective Spells Complete (Specific Acute)

1.4% ▲

Better Is **Lower**

Bolton	1.9%
Bury	6.0%
Central	2.1%
HMR	4.3%
North	-1.5%
Oldham	-1.6%
Salford	3.3%
South	6.7%
Stockport	-2.6%
T&G	-5.5%
Trafford	-0.4%
Wigan	9.2%

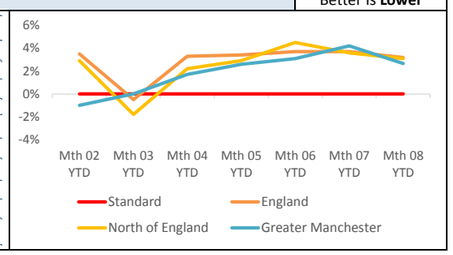


Activity V Plan: Attendances At A&E (All Types)

1.2% ▼

Better Is **Lower**

Bolton	-1.8%
Bury	3.8%
Central	3.7%
HMR	0.7%
North	0.9%
Oldham	2.4%
Salford	3.8%
South	1.1%
Stockport	1.3%
T&G	1.5%
Trafford	3.0%
Wigan	-2.8%



Digital Interactions Between Primary And Secondary Care

Better Is **Higher**

Bolton	81.3%
Salford	72.6%
Oldham	71.5%
Bury	70.0%
South	69.1%
North	67.7%
Stockport	66.0%
HMR	65.7%
Trafford	65.1%
Wigan	63.8%
Central	56.0%
T&G	53.7%

Financial Plan 16/17

	Financial Plan 16/17	In-Year Financial Performance 16/17 Q1	In-Year Financial Performance 16/17 Q2	-
				Better Is **Green**
Bolton	Green	Green	Green	◀▶
Bury	Amber	Amber	Amber	◀▶
Central	Green	Green	Green	◀▶
HMR	Green	Green	Green	◀▶
North	Green	Green	Green	◀▶
Oldham	Green	Green	Green	◀▶
Salford	Green	Green	Green	◀▶
South	Green	Green	Green	◀▶
Stockport	Red	Red	Amber	▲
T&G	Amber	Red	Amber	▲
Trafford	Amber	Amber	Amber	◀▶
Wigan	Amber	Amber	Amber	◀▶

Local Strategic Estates Plan (SEP) In Place

- -

Better Is **Yes**

Bolton	Yes
Bury	Yes
Central	Yes
HMR	Yes
North	Yes
Oldham	Yes
Salford	Yes
South	Yes
Stockport	Yes
T&G	Yes
Trafford	Yes
Wigan	Yes

Adoption Of New Models Of Care (Placeholder)

Better Is **Higher**

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Local Digital Roadmap In Place (Placeholder)

Better Is **Higher**

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Expenditure In Areas With Identified Score For Improvement (Placeholder)

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Outcomes In Areas With Identified Scope For Improvement (Placeholder)

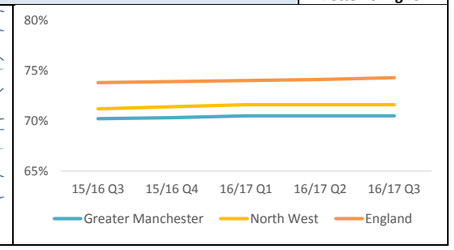
Better Is **Higher**

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

More People Will Be In Employment, With An Increasing Proportion In 'Good Work' And Able To Stay In Work For Longer

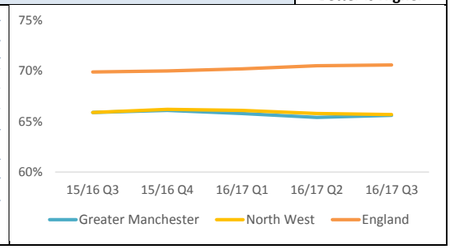
Employment Rate, Resident Population Aged 16-64	70.5%	◀▶
	Better Is **Higher**	

Trafford	79.8%
Stockport	78.6%
Wigan	75.3%
Bury	72.3%
Bolton	71.1%
Tameside	70.3%
Salford	69.5%
Oldham	68.6%
Mancheste	63.3%
Rochdale	62.5%



Employment Rate, Resident Population Aged 50-64	65.6%	▲
	Better Is **Higher**	

Stockport	71.5%
Wigan	70.3%
Trafford	69.0%
Oldham	68.3%
Tameside	66.6%
Bolton	66.4%
Bury	65.1%
Salford	60.4%
Mancheste	59.4%
Rochdale	56.9%



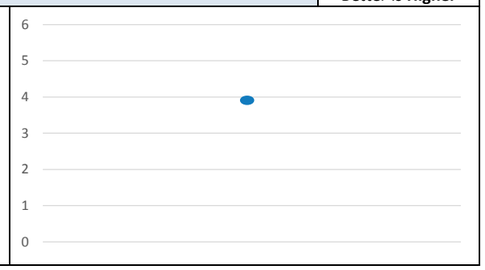
Well Led

Placeholder TBC

Staff Engagement Index

Better Is **Higher**

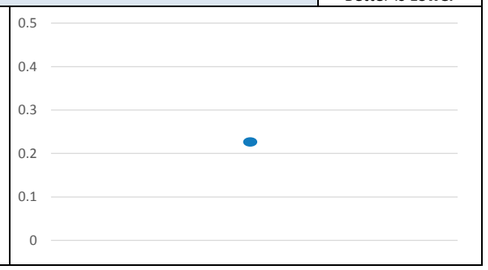
Bolton	3.9
Bury	3.7
Central	3.9
HMR	3.7
North	3.8
Oldham	3.7
Salford	3.8
South	3.8
Stockport	3.8
T&G	3.9
Trafford	3.8
Wigan	4.0



Progress Against Workforce Race Equality Standard

Better Is **Lower**

Bolton	0.5
Bury	0.3
Central	0.0
HMR	0.2
North	0.2
Oldham	0.2
Salford	0.2
South	0.1
Stockport	0.3
T&G	0.3
Trafford	0.1
Wigan	0.6



Effectiveness Of Working Relationships In The Local System

Better Is **Higher**

Bolton	74.4
Bury	67.1
Central	71.0
HMR	71.5
North	66.0
Oldham	74.3
Salford	74.2
South	69.8
Stockport	68.8
T&G	66.9
Trafford	69.9
Wigan	69.8

Quality Of CCG Leadership

\- | -

Better Is G**reen Star**

Salford	Green Star
Bolton	Green
Bury	Green
Central	Green
HMR	Green
North	Green
Oldham	Green
South	Green
T&G	Green
Wigan	Green
Stockport	Amber
Trafford	Amber

Sustainability And Transformation Plan (Placeholder)

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Probity And Corporate Governance (Placeholder)

Bolton
Bury
Central
HMR
North
Oldham
Salford
South
Stockport
T&G
Trafford
Wigan

Select a CCG

1. North ← Select a region
2. STP ← Select STP or DCO
3. ← Select an STP or DCO
4. ← Select a CCG
5. ← Select an indicator

Print Current CCG to PDF
(This will print rows 57 - 116 only)

NHS Tameside and Glossop CCG

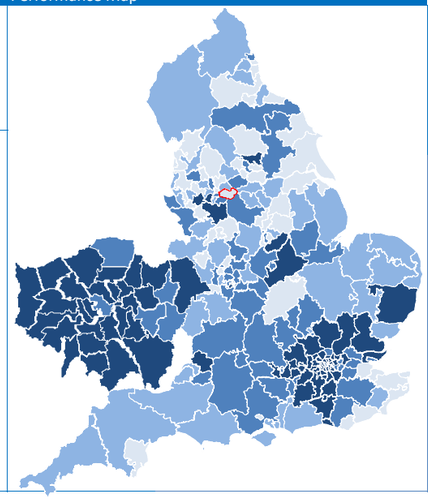
The 10 closest CCGs to NHS Tameside and Glossop CCG

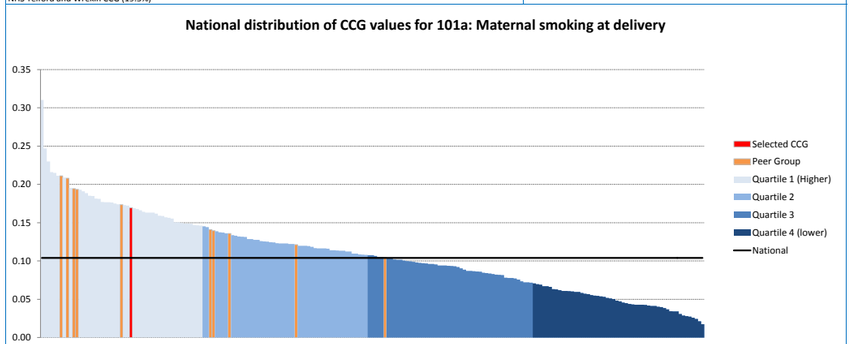
NHS Rotherham CCG (12.1%)
NHS Stoke on Trent CCG (19.4%)
NHS Bury CCG (10.5%)
NHS Wakefield CCG (20.8%)
NHS Hartlepool and Stockton-on-Tees CCG (14.1%)
NHS Barnsley CCG (14.0%)
NHS St Helens CCG (13.6%)
NHS Halton CCG (17.3%)
NHS South Tees CCG (21.1%)
NHS Telford and Wrekin CCG (19.3%)

What you need to know...

- CCG and national values for each IAF indicator are presented in the table.
- Sparklines show the scores for each indicator over time.
- The spine chart shows how the CCG value compares other CCGs. A key is displayed over the chart to help with interpretation.

Performance Map

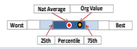




Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A



	Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
	Better Health						
▲	Maternal smoking at delivery	Q2 16/17	16.9%	10.4%		L	
◀▶	Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.1%	33.2%		L	
▼	Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) fo	2014-15	46.8%	39.8%		H	
◀▶	People with diabetes diagnosed less than a year who attend a structured education course	2014-15	0.0%	5.7%		H	
▲	Injuries from falls in people aged 65 and over	Jun-16	2,159	1,985		L	
▼	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Sep-16	10.4%	51.1%		H	
▲	Personal health budgets	Q2 16/17	7.3	18.7		H	
▼	Percentage of deaths which take place in hospital	Q1 16/17	49.8%	47.1%		<>	
▼	People with a long-term condition feeling supported to manage their condition(s)	2016	61.4%	64.3%		H	
▲	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,475	929		L	
▲	Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,144	2,168		L	
▼	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.1	1.1		<>	
▼	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Sep-16	7.8%	9.1%		<>	
▲	Quality of life of carers	2016	0.78	0.80		H	
	Better Care						
◀▶	Provision of high quality care	Q3 16/17	55.0			H	
◀▶	Cancers diagnosed at early stage	2014	44.2%	50.7%		H	
▼	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q2 16/17	86.6%	82.3%		H	
▲	One-year survival from all cancers	2013	67.6%	70.2%		H	
◀▶	Cancer patient experience	2015	8.7			H	
▲	Improving Access to Psychological Therapies recovery rate	Sep-16	46.0%	48.4%		H	
▲	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	89.5%	77.2%		H	
◀▶	Children and young people's mental health services transformation	Q2 16/17	DQ Issue			H	
◀▶	Crisis care and liaison mental health services transformation	Q2 16/17	80.0%			H	
◀▶	Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	100.0%			H	
▲	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	63			L	
▲	Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	41.4%	37.1%		H	
◀▶	Neonatal mortality and stillbirths	2014-15	7.8	7.1		L	
◀▶	Women's experience of maternity services	2015	77.6			H	
◀▶	Choices in maternity services	2015	61.4			H	
▼	Estimated diagnosis rate for people with dementia	Nov-16	74.4%	68.0%		H	
▲	Dementia care planning and post-diagnostic support	2015/16	80.6%			H	
◀▶	Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
▼	Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,269	2,359		L	
▲	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	86.8%	88.4%		H	
▼	Delayed transfers of care per 100,000 population	Nov-16	24.2	15.0		L	
▼	Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L	
▼	Management of long term conditions	Q4 15/16	1,276	795		L	
▲	Patient experience of GP services	H1 2016	83.2%	85.2%		H	
◀▶	Primary care access	Q3 16/17	70.7%			H	
◀▶	Primary care workforce	H1 2016	1.0	1.0		H	
▲	Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.6%	90.6%		H	
▼	People eligible for standard NHS Continuing Healthcare	Q2 16/17	62.7	46.2		<>	
	Sustainability						
◀▶	Financial plan	2016	Amber			<>	
▲	In-year financial performance	Q2 16/17	Amber			<>	
◀▶	Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not incl			H	
◀▶	Expenditure in areas with identified scope for improvement	Q2 16/17	Not included			H	
◀▶	Local digital roadmap in place	Q3 16/17	Yes			<>	
▲	Digital interactions between primary and secondary care	Q3 16/17	53.7%			H	
◀▶	Local strategic estates plan (SEP) in place	2016-17	Yes			<>	
	Well Led						
◀▶	Probity and corporate governance	Q2 16/17	Fully complia			H	
◀▶	Staff engagement index	2015	3.9	3.8		H	
◀▶	Progress against workforce race equality standard	2015	0.3	0.2		L	
◀▶	Effectiveness of working relationships in the local system	2015-16	66.9			H	
◀▶	Quality of CCG leadership	Q2 16/17	Green			<>	

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Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Officer of Single Commissioning Board	Gill Gibson, Director of Nursing and Quality Anna Livingstone, Quality Assurance Officer
Subject:	**CONTRACTUAL MONITORING AND QUALITY ASSURANCE – CARE HOMES AND CARE HOMES WITH NURSING BRIEFING**

Report Summary:

The purpose of this report is to inform the Board of planned work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing Sector. The report provides a short overview of the CQC position for Care Homes and Care Homes with nursing in Tameside and Glossop. This includes a summary of the themes identified in Tameside homes where ratings within domains have been reported as "inadequate" or "requires improvement".

The report also provides an early update on planned areas of joint work in respect of contract monitoring and quality assurance for Tameside. This includes the intention to develop a full action plan which will be linked to the Greater Manchester Health and Social Care Partnership (GMHSCP) work programme and aligned to the recently approved proposal for Quality Improvement Team (QIT).

Recommendations:

The Single Commissioning Board is asked to:

1. Note the contents of the report; and
2. Support the initial actions which it is recommended are undertaken and which are identified at section 4 of this report.

Financial Implications:

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

Budget Allocation (if Investment Decision)	Quality Assurance proposal included within the £10.296 million non recurrent Adult Social Care additional funding (covering the three year period 2017/2018 to 2019/2020)
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Not applicable at this stage
Additional Comments This report should be considered alongside the Adult Social	

	Care investment proposals report presented to the Single Commissioning Board on 25 May 2017. The report included a proposal for investment to provide additional capacity to improve the quality assurance of care home provision across the locality.
Legal Implications: **(Authorised by the Borough Solicitor)**	As this paper is to update the Single Commissioning Board in principle on planned joint working in respect of quality assurance and contractual performance there are no specific legal implications. Legal advice should be sought as required during the initial action phase identified at section 4 of this report, if approved.
How do proposals align with Health & Wellbeing Strategy?	Strengthened joint working in respect of contract monitoring and quality assurance aim to support early identification or quality issues in respect of the Care Home and Care Home with Nursing Sector.
How do proposals align with Locality Plan?	A review is planned to ensure the current Care Home meeting structure and governance is appropriately aligned with the revised Single Commissioning Function and structures, particularly closer links with neighbourhoods.
How do proposals align with the Commissioning Strategy?	As above
Recommendations / views of the Professional Reference Group:	This section is not applicable as the report is not received by the Professional Reference Group
Public and Patient Implications:	The purpose of the paper is to update the SCB in relation to joint working in relation to contractual performance and quality assurance. There is currently no impact on patients and the public, a full report will be provided to the SCB once an action plan has been developed and aligned to other areas of work including ongoing work within GMHSCP and the recently agreed proposal for a Quality Improvement Team.
Quality Implications:	The aim is review current quality assurance and contract monitoring processes and to strengthen joint working. The overall aim is to support quality and safeguarding in the Care Home and Care Home with nursing sector.
How do the proposals help to reduce health inequalities?	As above.
What are the Equality and Diversity implications?	None currently.
What are the safeguarding implications?	The aim is review current quality assurance and contract monitoring processes and to strengthen joint working. The overall aim is to support quality and safeguarding in the Care Home and Care Home with nursing sector.
What are the Information Governance implications? Has a privacy impact assessment been	There are no information governance implications. No privacy impact assessment has been conducted.

conducted?

Risk Management: No current risks identified. A full risk/issues log will be developed as part of the review of current contractual processes, quality assurance and governance structures.

Access to Information : The background papers relating to this report can be inspected by contacting Anna Livingstone, Quality Assurance Officer:

Telephone: 07854 034447

e-mail: annalivingstone@nhs.net

1. INTRODUCTION

1.1 The purpose of this report is to:

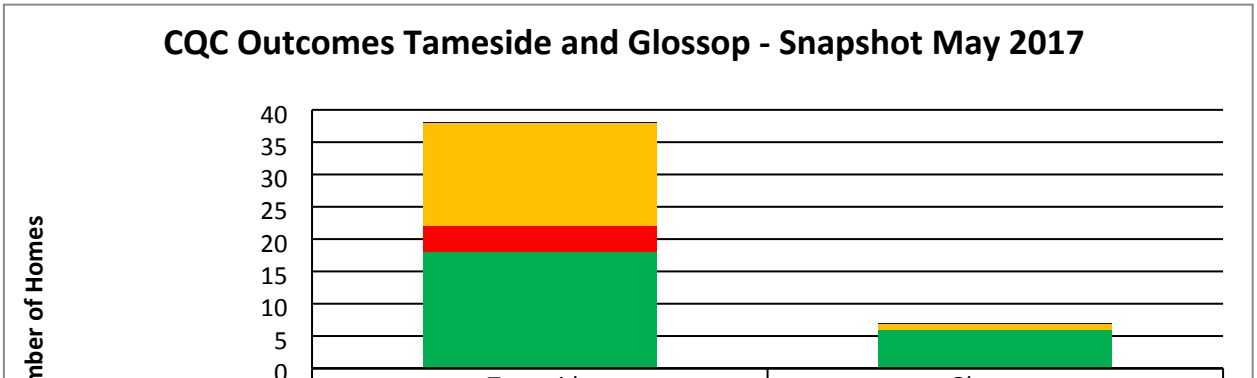
- Provide an overview of the current Care Quality Commission position for Care Homes and Care Homes with Nursing in Tameside and Glossop.
- Provide an update regarding next steps and initial recommended actions in relation to contractual monitoring and quality assurance for the Single Commissioning Function in respect of the Care Home and Care Home with Nursing sector in Tameside[1]

2. CURRENT POSITION – CARE QUALITY COMMISSION - CARE HOMES AND CARE HOMES WITH NURSING (TAMESIDE AND GLOSSOP)

2.1 Historically, the performance of the care homes in Tameside (as noted by the CQC reports) has been good. This can be evidenced by the fact that in September 2014 there were only three areas of non-compliance with the regulations across all the care homes in Tameside. Based upon this position the contracts performance process changed from input driven to outcome focussed.

2.2 Under the revised Care Quality Commission methodology[2] all Care Homes in the Tameside and Glossop locality have now been inspected (May 2017). A summary of performance is provided in Graph 2.2.

Graph 2.2: CQC Performance Summary – Tameside & Glossop May 2017



	Tameside	Glossop
Good	18	6
Inadequate	22	6
Req Improvement	38	7
Not inspected	38	7

2.3 When looking at the Greater Manchester position Tameside and Glossop have an average percentage of 47.37% of homes rated as Good, compared to the GM average of 61%, the highest average is Bury which is at 93% and the lowest for Stockport at 37%[3].

2.4 Further analysis of the Key Lines of Enquiry within the Care Quality Commission domains has revealed themes where homes have been rated "Requires Improvement" or "inadequate". A summary table is provided below.

[1] For Glossop there has been higher performance under the new CQC methodology and therefore initial focus is in Tameside where poor CQC performance has been noted.

[2] www.cqc.org.uk

[3] Based on data provided by Greater Manchester Health and Social Care Partnership March 17

Table 2.5: Tameside themes identified in homes rated "Requires Improvement" or "Inadequate" under CQC Domains – May 2017

Themes identified as "Requires Improvement" or "Inadequate" under CQC Domains – Tameside – May 2017				
Safe	**Caring**	**Effective**	**Responsive**	**Well-led**
Medicines Management *IPCC* *Home Environment & Equipment* *Risk Assessments*	*Dignity & Respect* *Privacy*	*Personalised Care planning* *Care plans up to date* *Positive Activity*	*Staff training, knowledge and skills* *MCA/DOLS Consent*	*Managers – Registration (changes in leadership)* *Effective Quality Monitoring Systems* *Audits and Checks* *Incident Reporting & Investigation*

3. NEXT STEPS - CARE HOME QUALITY ASSURANCE AND CONTRACT MONITORING

3.1 Due to the poor performance in respect of Care Quality Commission for Care Homes and Care Homes with Nursing in Tameside a review of current processes for contractual monitoring and quality assurance has been initiated. Whilst it is acknowledged that a significant amount of work and effort have been put in to supporting the Care Home and Care Home with Nursing Sector it is also acknowledged there are potential changes and improvements required. There is also a need to ensure alignment with ongoing work at Greater Manchester level and with the recently agreed proposal for a dedicated Quality Improvement Team.

3.2 Initial joint working has commenced to review current practice in respect of quality assurance and contract monitoring in Tameside. A joint meeting between the Nursing and Quality Directorate and Joint Commissioning Team has been held to review current governance, processes, and capacity and identify areas for potential improvement.

4. INITIAL ACTIONS

4.1 A full Action Plan and accompanying Risk and Issues Log will be jointly developed by the Nursing & Quality and Joint Commissioning Team. The following initial actions are recommended:

a. Contractual Performance Documentation and Quality Assurance Processes

- Joint review of all existing contractual performance documentation alongside CQC Key Lines of Enquiry and work being undertaken at Greater Manchester level.
- Utilise other models of good practice e.g. Bolton, Bury Models and Nottingham City Vanguard site and develop documentation where required.
- Review current capacity and training requirements to support any changes to contractual performance documentation/quality assurance processes.

b. Contract Performance Database and Systems

- Review current contract performance systems and databases to ensure thematic issues are identified and early intervention is implemented.
- Review current systems for contract monitoring for people placed Out of Area (CHC)

c. Governance and Intelligence

- Review all Terms of Reference and governance arrangements for meetings relating to contractual monitoring or intelligence sharing in respect of the sector.
- Review systems for gathering intelligence to ensure there are no missed opportunities and information is being fed to the appropriate lead. This will be particularly vital to ensure the recently agreed Quality Improvement Team is appropriately informed of any support required as soon as identified.

d. Quality Improvement and Support

- Strong focus on supporting the Care Home Sector and identifying specific areas of support required in partnership with Care Homes. There will be a need to ensure that information gathered through contractual performance/quality assurance process as well as other intelligence routes is shared effectively with the recently agreed Quality Improvement Team.

5. RECOMMENDATIONS

5.1 As set out on the front of the report.

Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning Angela Hardman, Director, Public Health
Subject:	**REVIEW OF CANCER DATA (APRIL2017)**
Report Summary:	The purpose of this report is to inform the Board about a review of cancer data to help inform the development of locality specific actions to ensure we contribute to the ambitions set out within the plan for Greater Manchester.
Recommendations:	The Single Commissioning Board are asked to note the contents of the report

Financial Implications:

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

Budget Allocation (if Investment Decision)	No direct budget implications in paper
CCG or TMBC Budget Allocation	N/A
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	N/A
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	N/A
Additional Comments We note the data contained within this report. There are no immediate direct financial implications in the report. But over the longer term if we are able to improve outcomes for patients without significant additional investment, there would be clear alignment to the aspirations and goals of the Care Together programme.	

Legal Implications: **(Authorised by the Borough Solicitor)**	The purpose of this report is to ensure that the Board has sufficient data and performance information to ensure that it is allocating resources appropriately.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with Starting Well, Developing Well, Living Well, Working Well, Aging Well and Dying Well.
How do proposals align with Locality Plan?	The proposals are consistent with Healthy Lives (early intervention and prevention), Community development, Enabling self-care, Locality based services, Urgent Integrated Care Services and Planned care services strands of the Locality plan.

How do proposals align with the Commissioning Strategy?	The work contributes to the Commissioning Strategy by: • Empowering citizens and communities; • Commission for the 'whole person'; • Create a proactive and holistic population health system.
Recommendations / views of the Professional Reference Group:	In light of the information within this report the Board are asked to endorse the approach taken in ensuring better outcomes for our patients in terms of contributing to the level of ambition set for preventing avoidable deaths, reducing variation and improving experience.
Public and Patient Implications:	The implications for Public and Patients are to aim to develop a local plan that aims to prevent avoidable deaths, reduce variation and improve experience.
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.
How do the proposals help to reduce health inequalities?	This report will help us to understand the impact we are making to reduce health inequalities to incorporate into the local plan.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristics groups within the Equality Act.
What are the safeguarding implications?	Safeguarding will be central to the review /plan.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications as part of the review. No privacy impact assessment has been conducted.
Risk Management:	No current risks identified
Access to Information :	The background papers relating to this report can be inspected by contacting Louise Roberts  Telephone: 07342056005  e-mail: Louise.roberts@nhs.net

1. BACKGROUND

1.1 NHS Tameside and Glossop Clinical Commissioning Group in partnership with Tameside and Glossop Integrated Care Foundation Trust are developing locality specific actions to ensure we contribute to the ambitions set out within the plan for the Greater Manchester Cancer Board and the cancer programme of the Greater Manchester Health and Social Care Partnership Strategic Partnership Board.

1.2 There are eight domains within the Greater Manchester plan**;** reflecting a combination of the five key areas for change set out in '**Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017-2021'** and the six key work streams of the National Cancer Strategy.

1.3 A substantial part of the plan in 2016/17 and 2017/18 is part of the vanguard innovation programme and funded by NHS England's New Care Models Team; this may be funded by Transformation funding going forward. At a Greater Manchester and local level, work is ongoing to meet the level of ambition with the aim of preventing avoidable deaths, reducing variation and improving experience.

1.4 This report uses National, Greater Manchester and Local data to inform areas for improvement which can be incorporated into the locality-specific actions that are currently being developed within NHS Tameside and Glossop Clinical Commissioning Group.

1.5 Reporting into Board currently include the Better Care Measures:

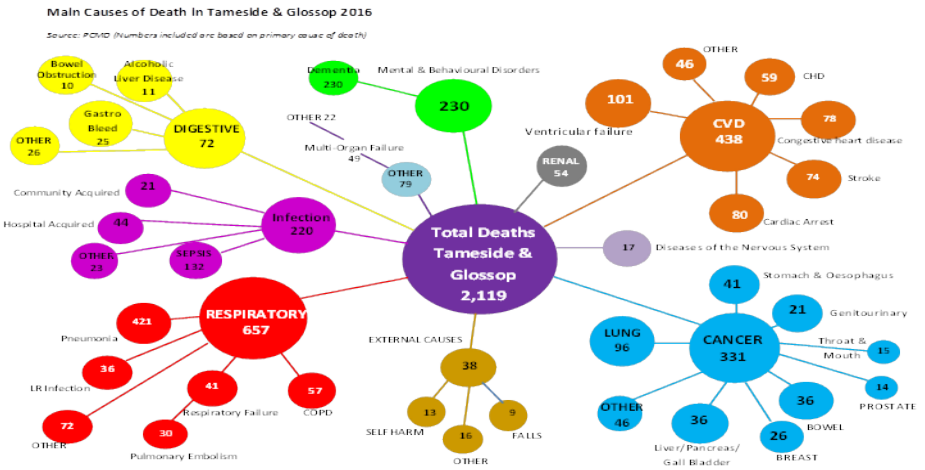
- One-year survival from all cancers;
- Proportion of people with Cancer diagnosed at an early stage;
- Cancer Patient experience;
- Cancer 2 week wait (2ww), Cancer 31 day wait and Cancer 62 day wait.

These need to be considered alongside measures that prevent incidence of cancer (e.g. reducing smoking prevalence, lifestyle and activity), cancer screening programmes and access to diagnostics along the pathway for patients.

1.6 Patients often have co-morbidities and we need to consider how we work across pathways in partnerships; for example Right Care data shows that of 187 patients admitted for Cancer, 54 patients were admitted for Gastro Intestinal conditions, 48 for Respiratory Conditions, 39 Genito Urinary, 43 Poisoning and adverse effects and 31 for circulation.

2. OVERVIEW

2.1 In 2016 Cancer was the main cause of death in 15.6% of the population in Tameside and Glossop Clinical Commissioning Group (331 out of 2,119 total deaths).



2.2 In 2012/14 1,756 children in England were newly diagnosed with Cancer (less than 1% of all cancers were in children) of these 257 died, 82% surviving five years and 91% one year. 1 The commonest childhood cancer is leukaemia. Other than age and genetics, there is very little good evidence on risk factors that contribute to cancer in childhood. Statistics for childhood cancers are not routinely published for Greater Manchester, the North West or Tameside. Local data will be requested from the North West Local Cancer Intelligence Network and an analysis of data will be incorporated into the developing plan.

2.3 In Tameside and Glossop Clinical Commissioning Group all of the following were higher than the NHSE average:

- incidence of cancer;
- mortality rates;
- under 75 years of age mortality;
- number of deaths from cancers considered preventable;
- adult smoking rates.

2.4 The majority of the time we are achieving the operational waiting times standards (93% within 2ww, 96% within 31 days and 85% within 62 days).

Better Care

Description	Indicator	F	Level	Better is...	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Exceptions
Cancer 2WWeek Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	M	T&G CCG	H	93%	95.1%	97.1%	96.1%	94.2%	94.0%	95.4%	94.5%	97.5%	96.3%	94.4%	91.6%	95.2%	91.9%	
	Maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	M	T&G CCG	H	93%	93.3%	98.0%	95.8%	94.0%	96.7%	97.3%	100.0%	100.0%	96.8%	100.0%	91.6%	98.3%	96.6%	
Cancer 31 Day Wait	Maximum one-month (31 day) wait from diagnosis to first definitive treatment for all cancers	M	T&G CCG	H	96%	100.0%	98.9%	100.0%	100.0%	96.8%	98.9%	96.6%	98.2%	100.0%	98.9%	100.0%	97.7%	100.0%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	M	T&G CCG	H	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Breach due to deferred treatment in Jan-16.
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	M	T&G CCG	H	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	
Cancer 62Day Wait	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	M	T&G CCG	H	85%	88.7%	88.6%	91.5%	89.6%	91.3%	78.6%	91.3%	90.6%	88.8%	89.1%	87.3%	82.6%	86.8%	There were 10 breaches out of a total of 79 seen in Sept 16.
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	M	T&G CCG	H	90%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Maximum 62 day wait for first treatment following a consultant's decision to upgrade the priority of the patients (all cancer)	M	T&G CCG	H	85%	81.1%	85.7%	94.4%	82.8%	100.0%	88.6%	81.3%	94.6%	78.6%	75.0%	87.5%	85.2%	86.7%	For Jan 17 20 patients treated with 4 being treated over the target. For Dec 16 14 patients treated with 3 being treated over the target. For Sept 16 there were 13 patients treated with 6 being treated over the target

2.5 We have a higher than average number of 2ww referrals than the NHS average for suspected cancers per 100,000 of the population.

2.6 The conversion rate into diagnosed cancer is lower than the NHSE average but 2015/16 data shows that we are starting to reduce the gap.

2.7 While survival rates from cancer are increasing we have a relatively high number of cancers detected late, with 20% of all cancers identified through emergency presentation (slightly higher than NHSE average), and consequently reduced survival rates, compared to the England average and other CCGs across Greater Manchester.

2.8 Therefore it is important to focus on prevention and early diagnosis of cancer and offer support to reduce any variation across Tameside and Glossop CCG, for example screening uptake within Tameside is lower than High Peak for Breast and we are outliers across Greater Manchester for cancer screening for people with Learning disabilities.

3. HOW DO WE COMPARE?

3.1 NHS England Clinical Commissioning Group Improvement and Assessment Framework[3]:

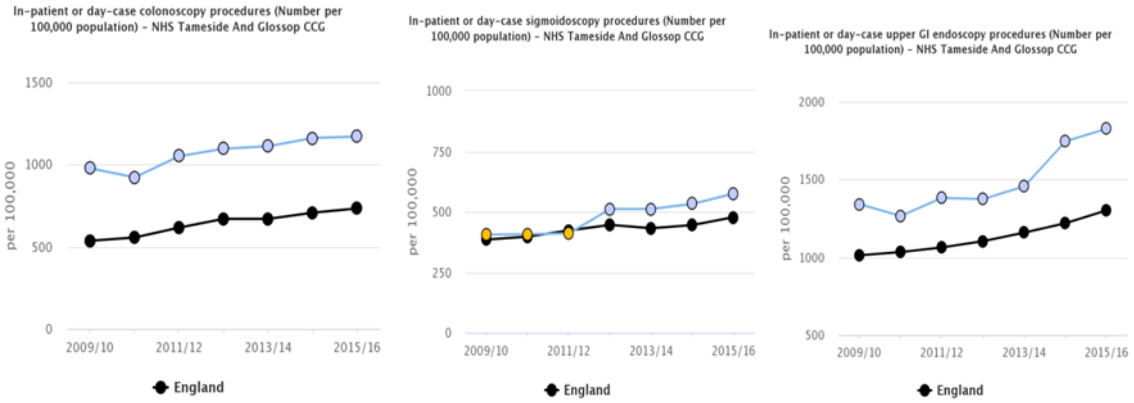
- One year survival from cancer is improving year on year but is lower that the NHSE average (70.2%) at 67.6% in 2013. When comparing to 10 similar CCGS two were lower than T&G CCG.
- Fewer cancers (45.2%) are detected at an early stage compared NHSE Average 50.7% in 2014. When comparing to 10 similar CCGS one was lower.
- Better than the NHSE average (82.2%) for GP referral to first definitive treatment within 62 days in Q1 16/17. When comparing to 10 similar CCGS all were lower.
- Cancer patient experience is slightly lower than the National average in 2015.

3.2 Public Health NHSE Dashboard and trends[4] :

- Higher Incidence rate of cancers per 100,000 in 2014 at 647.82 compared to NHSE 608.3.
- 20.7% of Cancers are diagnosed through an emergency presentation (higher than average and a good proxy measure).
- Achieve the operational performance standards (2ww, 31 days and 62 days standard) and better than the NHSE average; however our average 2ww for breast, lower GI and lung is higher than the NHSE average.
- Worse than the NHSE Average (608.3) for Cancer Incidence and Mortality at 647.82 per 100,000, < 75 mortality, from cancers considered preventable and adult smoking rates (21.7% 2015).

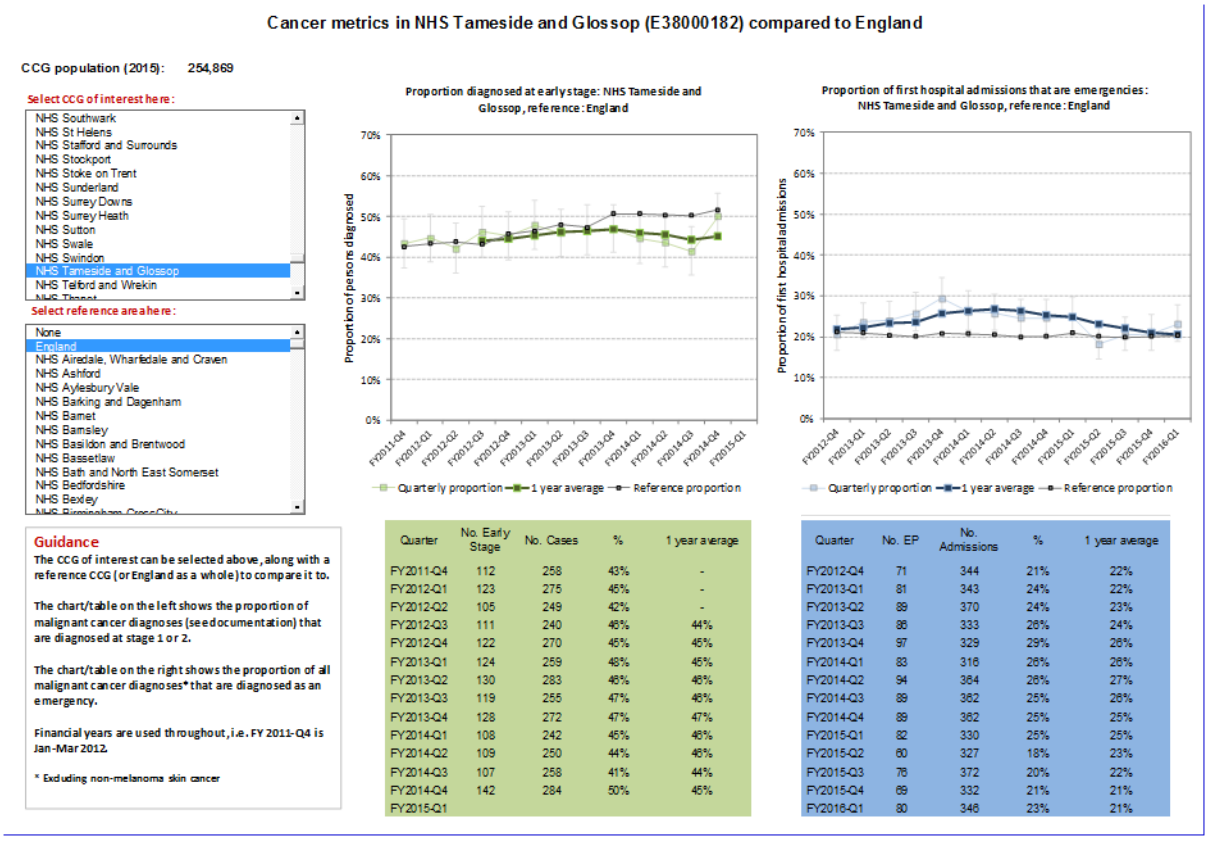
	Breast	**Bowel**	**Lung**
Incidence rate per 100,000 – 2014 (CCG)	NHSE 173.38 Tameside 148.52	NHSE 70.43 Tameside 78.43	NHSE 78.34 Tameside 121.8
Incidence rate per 100,000 – <75 Mortality, 2014 (CCG)	NHSE 21.21 Tameside 25.35	NHSE 11.9 Tameside 13.03	NHSE 33.26 Tameside 46.82
Screening uptake 2015 (LA) %	NHSE 75.4 Tameside 68.4 High Peak 77.4	NHSE 57.1 Tameside 52 High Peak 60.02	X

- Alignment to Local Authority level shows variation across tumour sites.
- Clinical Headline Data is also available by provider for Breast, Colorectal and Cervix.
- Higher than the NHS and GM average for In patient day case colonoscopy, upper GI endoscopy and sigmoidoscopy.



Key: Light blue – Higher then NHSE and GM and Dark Blue – Lower than NHSE and GM

3.3 Cancer Outcomes: Stage at Diagnosis and Emergency Presentations



Quarter	No. Early Stage	No. Cases	%	1 year average
FY2011-Q4	112	258	43%	-
FY2012-Q1	123	275	45%	-
FY2012-Q2	105	249	42%	-
FY2012-Q3	111	240	46%	44%
FY2012-Q4	122	270	45%	45%
FY2013-Q1	124	259	48%	45%
FY2013-Q2	130	283	46%	46%
FY2013-Q3	119	255	47%	46%
FY2013-Q4	128	272	47%	47%
FY2014-Q1	108	242	45%	46%
FY2014-Q2	109	250	44%	46%
FY2014-Q3	107	258	41%	44%
FY2014-Q4	142	284	50%	45%
FY2015-Q1				

Quarter	No. EP	No. Admissions	%	1 year average
FY2012-Q4	71	344	21%	22%
FY2013-Q1	81	343	24%	22%
FY2013-Q2	89	370	24%	23%
FY2013-Q3	86	333	26%	24%
FY2013-Q4	97	329	29%	26%
FY2014-Q1	83	316	26%	26%
FY2014-Q2	94	364	26%	27%
FY2014-Q3	89	362	25%	26%
FY2014-Q4	89	362	25%	25%
FY2015-Q1	82	330	25%	25%
FY2015-Q2	60	327	18%	23%
FY2015-Q3	76	372	20%	22%
FY2015-Q4	69	332	21%	21%
FY2016-Q1	80	346	23%	21%

3.4 Health and care of people with learning disabilities:

- Data shows the number of eligible adults with Learning disabilities screened for cancer is poor in Tameside and Glossop CCG compared to those with no Learning Disability and we are outliers across Greater Manchester. Cervical 25%, Breast 33% and Bowel 48%.

3.5 NHS Right Care data highlights the following areas for improvement as we were worse than our average 10 CCG equivalents in the following

- Breast cancer screening, emergency presentation of breast cancer and <75 Mortality from breast cancer.
- Bowel cancer screening, < 75 mortality from colorectal cancers and cases of C.diff.

- Number of successful 16+ quitters, Non elective spend on lung cancer, detection of lung cancer at an early stage, lung detected at an early stage and <75 mortality from lung cancer.
- Spend on Primary Care Prescribing.
- Lower GI - 6 week waits for colonoscopy and rate of emergency colonoscopies.
- Upper GI - 6 week waits for Gastroscopy and number of alcohol related hospital admissions.
- Liver Disease Pathway – Alcohol specific hospital admissions, non-elective spend on liver disease, alcoholic liver disease - emergency admissions, Liver cancer incidence and <75 mortality from liver disease.
- The Right Care Focus data pack published in May 2016 suggested the additional improvements areas: Cervical screening, LOS, Detecting bowel cancers at an early stage, diagnostic and surgical procedures and Information provided following discharge.
- The Cancer focus pack was updated in April 2017 to include further possible improvement areas: spend on non-elective admissions, total spend on Cancer, detecting breast cancer at an early stage, rate of bed days and average number of days spent in hospital as a result of an emergency admission for patients in their last year of life.

3.6 Tameside and Glossop Integrated Care Foundation Trust presents a cancer performance report to the Cancer Board. The report provides assurances that standards are being met, includes exception reporting of any breaches, highlights any area of concerns and how they will mitigate these. Information is available by tumour site and directorate pathways[5]. The December 2016 / January 2017 Board report showed 38 breaches year to date on the 62 day pathway, 24 were due to complex cases with co morbidities; 5 patient dis engagement, 4 Internal diagnostics, 2 multiple MDTs and treatment delays. The Trust will continue to review capacity and demand.

4. CONSIDERATIONS

4.1 The development of locality-specific actions, currently being developed within NHS Tameside and Glossop Clinical Commissioning Group will support achievement of all the measures identified in within 'Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017-2021' and the six key workstreams of the National Cancer Strategy[6]. The following areas need to be considered as part of an ongoing improvement process and incorporated into the plan:

- What else can we do to detect Cancer earlier and raise Public awareness through National and Local Campaigns?
- How do we reduce emergency presentations (impact on non-elective admissions)?
- Role of Primary Care e.g. Use of E Referrals and EMIS templates.
- Improve access e.g. STT Colonoscopy, New Lung pathway, Bowel prep issued within Primary care etc.
- Ensure access to services are equitable.
- Planning, demand and Capacity.
    - Impact of Locum staff e.g. new rules IR35.
    - How do we reduce the number of DNAs?
    - Learning from breach analysis.
    - Support within the Community.
    - Data shows LOS in hospital is greater than comparative CCGS.
    - Care planning, data shows we only prepare 32.5% of after care plans
    - How do we improve Patient experience?

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**SAVINGS ASSURANCE: CONTRACTS AND GRANTS REVIEW**
Report Summary:	This report outlines the work that has been done to date by the project team established to review all the grants and contracts in the Single Commission.
Recommendations:	The Single Commissioning Board is recommended to: 1. Note the savings already achieved through contract/grant renegotiations. 2. Note the range of actions that the project team have identified for further action in Section 2. 3. Note the impact that a 5% reduction on Voluntary and Community Sector grants would have on organisations' income in Section 3. In recognising the challenges that any reductions will have it is recommended that decisions on savings are not made until after the Integrated Care Foundation Trust tender for Social Prescribing and Asset Based Community Development (ABCD) concludes to ensure no duplication and that grant funding is extended at 2016/17 level for a further quarter in the interim. 4. That the work to achieve greater clarity of investment through aligning the total investment against both the Care Together and the Life Course themes is continued in order to enable a strategic appraisal of investment against priorities, identification of efficiencies, support value for money analysis and priority areas for redesign / recommissioning. 5. That the value of the Voluntary and Community sector is recognised and the Voluntary and Community Sector Compact, currently being revised, is developed as a whole system document to support a thriving sector providing core services.

Financial Implications:

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

Budget Allocation (if Investment Decision)	N/A
CCG or TMBC Budget Allocation	CCG/TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Mix – some contract in S75, others in wider aligned budget
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Much of the quoted £1,072k savings are already included in other QIPP schemes and therefore cannot be views as additional savings. Further work will be done to validate savings and calculate the true value.

Additional Comments

Question about involvement of providers to look at the wider consequences of the proposals made. If contracts data is the source of information, need to place a caveat that further work is currently underway to validate and correct values contained within. Support the approach about repatriation of activity into locally based organisations.

Legal Implications:

(Authorised by the Borough Solicitor)

The Council and the Clinical Commissioning Group are obliged to follow their own constitutional requirements concerning procurement which includes provision to vary contracts where there are exceptional circumstances to justify such a course of action and it will not contravene any legal obligation. Any decision about new long term contracts or variations which render the contract / grant materially different must also be taken having considered the applicable procurement and legal requirements.

How do proposals align with Health & Wellbeing Strategy?

The proposal to align the total of the Single Commission investment against the Life Course will support the Health and Well-being Strategy.

How do proposals align with Locality Plan?

The proposal align the total of the Single Commission investment against the Care Together Themes will support the Locality Plan.

Any reductions in investment within the VCS will need to be considered in light of the Locality Plan to promote community, peer support and self-care and alternatives to statutory provision.

How do proposals align with the Commissioning Strategy?

The proposal contributes to the Commissioning Strategy by providing clarity on investment in line with the priorities.

Recommendations / views of the Professional Reference Group:

The Professional Reference Group recommended that the Single Commissioning Board:

1. Note the savings already achieved through contract/grant renegotiations.
2. Note the range of actions that the project team have identified for further action in Section 2.
3. Note the impact that a 5% reduction on Voluntary and Community Sector grants would have on organisations' income in Section 3. The Professional Reference Group recognised the challenges that any reductions will have and therefore recommend that decisions on savings are not made until after the Integrated Care Foundation Trust tender for Social Prescribing and Asset Based Community Development (ABCD) concludes to ensure no duplication. The Professional Reference Group recommends that the Single Commissioning Board agrees that grant funding is extended at 2016/7 level for a further quarter in the interim.

4. Professional Reference Group also recommended that the work to achieve greater clarity of investment through aligning the total investment against both the Care Together and the Life Course themes is continued in order to enable a strategic appraisal of investment against priorities, identification of efficiencies, support value for money analysis and priority areas for redesign/recommissioning.
5. That the value of the Voluntary and Community sector be recognised and recommends that the Voluntary and Community Sector Compact, currently being revised, is developed as a whole system document to support a thriving sector providing core services.

Public and Patient Implications:	The risks to public and patients where grants are reduced are highlighted within the paper.
Quality Implications:	There are potential risks to quality where grants are reduced.
How do the proposals help to reduce health inequalities?	The work to align the total of the Single Commission investment against themes will provide clarity on investment against healthy inequalities.
What are the Equality and Diversity implications?	Depending on the decision regarding grant investment there may be an effect on services for protected characteristic group(s) within the Equality Act and an Equality Impact Assessment/s will be required before any reductions can be enacted.
What are the safeguarding implications?	None
What are the Information Governance implications?	None
Has a privacy impact assessment been conducted?	No
Risk Management:	The risks of grant reductions to Voluntary and Community Sector organisations are highlighted in the paper however further work will be required to ensure that the risks associated with any reductions are mitigated.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey, by: Telephone: 07792 060411 e-mail: pat.mckelvey@nhs.net

1. BACKGROUND

1.1 As part of the Savings Assurance Process a small project team was established to review all NHS and Local Authority investment and contracts, with a view to identifying any additional opportunities to make a contribution towards the gap in 2017/8 and ensure effective investment going forward. The project team assigned financial values for 2017/18 against all contracts within the combined contracts database and scrutinised these to identify any opportunities for further savings through demand management, redesign, or contract renegotiation.

1.2 The project team will also work towards greater clarity of investment through aligning the total investment against both the Care Together and the Life Course themes. This will enable a strategic appraisal of investment against priorities, identification of efficiencies, support value for money analysis and priority areas for redesign/recommissioning.

2. SINGLE COMMISSION FUNCTION CONTRACTS REVIEW

2.1 **Opportunities to make efficiencies in 2017/8 –** Commissioning leads have undertaken contract renegotiation for 2017-18 which in a number of areas has already identified some savings for 2017-18 compared with 2016-17 budgets.

The detailed analysis of the Single Commission Function contacts and grants has identified the following areas for action:

2.2 **Out of locality NHS cost and volume contracts** – although savings have been identified in the 2017/8 contracts the project team identified that an integrated approach of commissioners working with finance on contracts over £5m would ensure that the activity forecasts are translated into actions and thereby meet the savings targets. This will also help identify additional savings in year and develop plans to achieve recurrent savings from 2018/9 onwards. This work will be guided by a review of the evidence of what works to continue to turn the curve on activity. The detailed analysis of activity against the themes described above will identify the priorities for attention in each provider. Commissioning and Finance leads will work together to take this forward, linking in with GPs through Commissioning Business Managers to help identify why activity is decreasing or increasing.

2.3 **Planned Care activity** – Strengthening the analysis and use of activity data at a practice and neighbourhood level will support the significant work that is already underway to identify opportunities to maximise the clinical and cost effective use of services. This will support the management of demand alongside neighbourhood development as well the effective delivery of the 2017-18 Commissioning Improvement Scheme. Commissioning Business Managers, Business Intelligence and Finance will continue to work together to support ongoing monitoring within each Neighbourhood.

2.4 **QIPP plan** – working with the Care Together Programme Management Office (currently PwC) commissioning and finance leads will lead a review of QIPP leads and governance to assure delivery of all schemes and avoid all potential ‘double counting’ of savings.

2.5 **Direct Access Diagnostics contracts** – The use of direct access diagnostics can provide support GPs in the development of cost effective treatment plans within Primary Care, however, the easy access can also encourage overuse. Further work to understand whether direct access diagnostics services are deflecting activity from treatment providers or resulting in duplication would be beneficial. In the longer term the development of integrated elective services will ensure pathways are effective and duplication minimised.

2.6 **Community Cross Border Activity** – Payments by the Clinical Commissioning Group to neighbouring Foundation Trusts and to the Integrated Care Foundation Trust for 'cross border activity' relating to community services are based on historical payments rather than actual activity. The Integrated Care Foundation Trust will review the income and activity for other Clinical Commissioning Group patients and the Single Commission Function will review other provider's community activity. Our findings will be used to further discussions with Greater Manchester Clinical Commissioning Group Directors of Commissioning, and if needed undertake a view to a review cross border charging across Greater Manchester.

2.7 **Mental Health** – Finance leads are working with Pennine Care to establish Service Line Reporting to provide the detailed information about investment within the block contract. This will enable all Mental Health investment to be themed too.

2.8 **Block Contracts** – Project team proposes that there is regular review of block contracts to ensure that funding is in line with activity could help identify savings - in 2017/18 this has enabled a reduction of £57,233 in weight management contract and £515,000 in the wheelchair contract. Named commissioning leads for each block contract will be allocated.

2.9 **Contracts held by individual member GP practices** – The Clinical Commissioning Group supports some contracts that are held by individual member GP practices and in some cases costs are incurred by the Clinical Commissioning Group. A potential £50K has been identified in the MJog contract and a further £87,000 in 2017/8 (£150,000 FYE) to be released from re-procurement from Alternative Provider Medical Services contracts. It is proposed that named commissioning leads are assigned to identify such contracts and explore opportunities for cost savings.

2.10 **Other contracts** – the project team excluded analysis of the following groups of commissioned services, including Homecare, Nursing and residential Homes, Continuing Healthcare and Locality Commissioned Services, as work is already underway.

2.11 **Total savings listed above** - £772,748 – it must be noted that many of these have already been accounted for within QIPP plans.

3. SINGLE COMMISSION FUNCTION GRANTS REVIEW

3.1 Commissioners have worked with providers to identify the opportunity for savings within Tameside MBC and Clinical Commissioning Group Grants, analysing the impact of reductions in funding of 5%, 10%, and 15% on service provision. This has been a challenging process; not least as it has the timing has coincided with the Integrated Care Foundation Trust Self Care Tender leading to a perception that the Single Commission Function is disinvesting with one hand while Greater Manchester Transformation funding is invested with the other.

3.2 Potential savings have been grouped into five categories and details can be found in **Appendix 1.**

Category	Potential Savings FYE	Potential savings in 2017/8
a. Identified savings	£299,649	£297,939
b. Potential reductions not directly affecting individuals' care but will have impact on organisations capacity to deliver	£6,510	£4,883

Category	Potential Savings FYE	Potential savings in 2017/8
c. Potential reductions that will directly impact on individual's care	£52,616	£39,462
d. Potential reductions that are highly likely to result in costs in other health services as grant funds actual hours of care	£2,284	£1,713
e. Contracts/grants where savings have already been made	£0	£0

NB – some of these savings have already been accounted for.

4. RECOMMENDATIONS

4.1 As set out on the front of the report.

APPENDIX 1 Voluntary and Community Sector Savings Assurance Grants

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
Savings agreed	MH	42nd Street	£49,500		**£32,500**	**£32,500**	Provision now funded from ring-fenced CAMHS budget so saves £32,500 from CCG.
	Health & Wellbeing	Age UK Tameside	£34,400		**£3,400**	**£3,400**	This grant is in scope for the Falls service redesign - discussion with Age UK has reached agreement on a 10% saving for 2017/18
	Health & Wellbeing	B&E Consultants Ltd	£14,000	10%	**£1,400**	**£1,050**	This was a one off contract for 16/17 - reduction in 17/18 to account for academic year.
	EOL children	Francis House Family Trust	£18,000	15%	**£2,700**	**£2,025**	Provider support around 30 T&G families per year however have agreed 15% reduction
	Other	Greater Manchester Public Health Network	£106,680		**£57,055**	**£57,055**	Contract renegotiated for 17/18 to £49,625
	Drugs and Alcohol	Lifeline	£3,469,000		**£100,000**	**£100,000**	Savings profile agreed over a ten year period.
	MH	Richmond Fellowship	£762,419		**£64,679**	**£64,679**	10% savings agreed with Provider.
	Selfcare Education	Self Management	£27,403	10%	**£2,740**	**£2,055**	Redesign of selfcare education planned so aim to retain enough budget to support redesign

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
	MH	Turning Point	£558,800		**£35,175**	**£35,175**	Closure of part of the service (Lyne View) results in saving of £45k. £10k retained to mitigate increased costs associated with the National living Wage and revised sleep-in costs.
				Sub-Total	**£299,649**	**£297,939**	
Grants supporting organisation infrastructure	Time Banking	Action Together	£16,000	5%	**£800**	**£600**	Time banking has had limited success so a redesign of the offer under a redesigned core offer will deliver the overall saving required.
	VCS Infrastructure	Action Together Tameside	£48,280	5%	**£2,414**	**£1,811**	Reductions will result in pressures for Infrastructure organisation, providing support to wide range of community schemes. Plan to merge funding with Place Directorate funding.
	VCS Infrastructure	High Peak CVS	£10,700	5%	**£535**	**£401**	Reductions will result in pressures for Infrastructure organisation, providing support to wide range of community schemes.
	Dementia	Tameside and Glossop Hospice Limited (Willow Wood)	£57,000		**£2,761**	**£2,071**	Post to be included with redesign of dementia services into neighbourhoods. Funding aligned to senior nurse post costs plus overheads. Reductions in MH investment will adversely affect our achievement of the MH Investment Standard.
				Sub-Total	**£6,510**	**£4,883**	**These savings will impact on organisations capacity to deliver the wider offer.**
Grants supporting actual hours of care	Children's	Action Together Parent Carer respite	£100,000	5%	**£5,000**	**£3,750**	Reduction in grant will reduce the number of families supported and funding to peer support schemes including holiday clubs. Provision is being redesigned to reach more families and focus on parent carer respite
	MH	Age UK - SMI step down	£105,404	5%	**£5,270**	**£3,953**	Local Age UK is struggling financially and has had to close many services therefore **ASC is providing NR £ to support.** Reductions in investment will reduce the number of older people with serious

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
							mental illness supported and require closure to Saturday service. Reductions in MH investment will adversely affect our achievement of the MH Investment Standard.
	Children's	Home-Start Parent Infant Mental Health	£40,742	5%	**£2,037**	**£1,528**	Reduction in grant will reduce the numbers of parents with ante and post-natal mental health needs receiving volunteer support. Reductions in MH investment will adversely affect our achievement of the MH Investment Standard.
	MH	LGBT Foundation	£10,396	5%	**£520**	**£390**	Reduction in grant will have impact on organisation and the planned GM commissioning of this provider. Reductions in MH investment will adversely affect our achievement of the MH Investment Standard.
	Stroke	Stroke Association	£94,472	5%	**£4,724**	**£3,543**	Reduction in grant will reduce the amount of support for people following a stroke. The Stroke Association services form part of the local pathway and are integrated with local health & social care pathways.
	EOL plus	Tameside and Glossop Hospice Limited (Willow Wood)	£569,462	5%	**£28,473**	**£21,355**	Significant increase in demand and delivery of services is evident with no increase in investment over the past 5 years. Key partner in delivery of palliative and end of life care. Reduction in grant could result in financial and activity pressures elsewhere in the system.
	MH	Tameside Oldham and Glossop Mind – counselling and information	£131,850	5%	**£6,593**	**£4,944**	DCC has given notice on their contribution of £7k thereby reducing the number of people receiving a counselling service. Proposed redesign of primary care MH within neighbourhoods will include key role for VCS so likely that we will increase investment in near future. Reductions in MH investment will adversely affect our achievement of the MH Investment Standard.
	Transport	Action Together	£51,000	5%	**£2,550**	**£1,913**	Car schemes promote uptake of health support and reduce DNAs, whilst also connecting patients and volunteers. The Glossop transport scheme is particularly significant for Glossop residents due to the distance to hospitals.

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
	Transport	Action Together	£13,000	5%	**£650**	**£488**	Reduction in provision may lead to increased activity within Patient Transport Services and pressures for the organisations as the income support infrastructure costs. Project team recommends grants are considered within a wider review of transport requirements to support Care Together to ensure an equitable approach to costs and charging.
	Transport	Glossop Volunteer Centre	£15,148	5%	**£757**	**£568**	
	Transport	Transport for Sick Children	£9,000	5%	**£450**	**£338**	
				Sub-Total	**£52,616**	**£39,462**	**These savings will reduce the amount of care on offer and increase pressure on organisations to deliver their offer and draw down match funding.**
Direct Care	EOL	Marie Curie Cancer Care	£45,675	5%	**£2,284**	**£1,713**	This grant funds hours for night sits for palliative and end of life care patients and is integrated with the local community and hospital based specialist palliative care offer. It is match-funded by Marie Curie so in effect would be a reduction of 10%. Marie Curie are in the process of reviewing their investments and have confirmed that the T&G contract at this stage is not at risk, but they may need to reconsider if the CCG contribution is reduced. Any reduction would reduce the number of EOL patients supported and potentially increase demand on the urgent care system
				Sub-Total	**£2,284**	**£1,713**	**These are direct costs for EOL sitting service. Risk of increased pressure on A&E, District Nursing and NEL**
Contracts where	OP	Age UK (Tameside)	£83,160		**£0**	**£0**	20% reduction in core funding over last 3 years.

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
	OP	Age UK (Tameside)	£55,922		**£0**	**£0**	20% reduction in core funding over last 3 years.
	Sexual Health	Black Health Agency	£6,000		**£0**	**£0**	Recently commissioned across GM by all 10 local authorities as part of HIV prevention
	Sexual Health	George House Trust	£7,000		**£0**	**£0**	Recently commissioned across GM by all 10 local authorities as part of HIV prevention
	Domestic abuse	GMCRC – Womens Centre	£99,570		**£0**	**£0**	Extended to March 1st 2018
	Children's	HomeStart	£120,000		**£0**	**£0**	This has recently been recommissioned to include education funding around the 2 year old offer. Agreed by SCB in December 2016 with saving from combining the two contracts.
	Children's	HomeStart Breastfeeding	£116,250		**£0**	**£0**	Out to tender at the moment. New service jointly commissioned with Oldham MBC with 7% reduction to start 1st October 2017
	Children's	Home-Start PIMH Glossop	£20,000		**£0**	**£0**	Funded from CAMHS Local Transformation Plan so cannot be reduced
	Sexual Health	LGBT Foundation	£9,566		**£0**	**£0**	Recently commissioned across GM by all 10 local authorities as part of HIV prevention
saving s have alread	Domestic abuse	New Charter - Bridges Contract	£506,818		**£0**	**£0**	Main funding in Place Directorate not in S75,. Public health contribution is £158,115.

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
	Homelessness	New Charter Housing Trust	£45,000		**£0**	**£0**	LA Place Directorate Funding
	MH	Off the Record	£91,670		**£0**	**£0**	Service re-commissioned with 7% reduction in contract price and service expansion.
	Direct payments payroll	PayPartners	£85,000		**£0**	**£0**	Spot Purchase Framework for people accessing Direct Payments - framework approach has not worked as was planned and service will be retendered during 2017/18
	Care at home	Tameside Arts	£46,250		**£0**	**£0**	Payment made per daytime place at agreed rate (rate equates to 3x the DP rate- the rate has not increased over the past three years.
	Care at home	Tameside Link	£190,000		**£0**	**£0**	Individual Service fund where a group of people request the Council commission for their support needs from their preferred provider
	Daytime support	Tameside Oldham and Glossop Mind	£46,250		**£0**	**£0**	Payment made per daytime place at agreed rate (rate equates to 3x the DP rate- the rate has not increased over the past three years.
	Health & Wellbeing	Tameside Sports Trust	£46,250		**£0**	**£0**	Payment made per daytime place at agreed rate (rate equates to 3x the DP rate- the rate has not increased over the past three years.

	Theme	Providers	2016/17 Contract Value/ Ledger	% reduction	FYE Saving	Savings in 2017/8	Comments
	Children's	Teens and Toddlers	£6,000			**£0**	One off 12 month contract current under renegotiation.
	Advocacy	Together for Mental Wellbeing	£150,112		**£0**	**£0**	Service recently retendered with Oldham and Stockport
	MH	Turning Point	£157,342		**£0**	**£0**	Service retendered in 2016/17 with £80k reduction
	Care at home	Turning Point	£1,911,385		**£0**	**£0**	20% reduction and 0% inflationary uplifts in four of the five years) Contract is subject to increased cost for 2017/18

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Report to: **SINGLE COMMISSIONING BOARD**

Date: 22 June 2017

Reporting Officer of Professional Reference Group Jessica Williams, Programme Director Care Together

Subject: **CONTRACT EXTENSION FOR CARE TOGETHER PROGRAMME MANAGEMENT SUPPORT**

Report Summary:

Authorisation is required for the extension of an existing contract where there is no existing extension provision available within the contract.

The current contract awarded to Pricewaterhouse Coopers (PwC) was for support with the setting up of a comprehensive programme management office for the Care Together programme. The contract was for a maximum of £ 0.250 million and was due to be concluded by 1 June 2017.

The report requests authority to extend the contract for a further 3 month period. This is due to the initial scoping exercise of PwC finding that the majority of key economy savings schemes were not as detailed as originally thought and that as a result, a significant gap in the overall financial gap has been identified.

Additionally, PwC have set up the Programme Management Office (PMO) and its systems but these need to be carried forward by a substantive team. This has taken longer than planned and although recruitment processes have commenced, the team is unlikely to be in place until end August 2017. Without extending the PwC support, there is unlikely to be sufficient mechanisms to provide assurance on transformational funding and the delivery of economy wide financial savings schemes.

The value for the extension period will be a maximum of £0.200 million

Recommendations:

That the Single Commissioning Board approves :

1. An extension of a maximum of 3 months for PwC management support to the Care Together Programme Office
2. That the contract extension does not exceed £0.200 million.
3. That an update is presented to a future Single Commissioning Board on the benefits realised to the Care Together programme via this contract

Financial Implications:

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

Budget Allocation (if Investment Decision)	The non recurrent single commission Care Together transition budget. This was an initial non recurrent pooled budget of £6.38 million.
CCG or TMBC Budget	Pooled resource of both

Allocation	organisations
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	The additional £0.995 million funding request (section 3.2 of the report) to the Greater Manchester Health and Social Care Partnership is related to project management support. It is therefore relevant to this business case. It does not however include any additional targets or trajectories over and above those agreed as part of the already approved £23.2 million GM transformation funding allocation.
Additional Comments The proposed contract extension will be financed from the £0.995 million funding request to the Greater Manchester Health and Social Care Partnership if the request is approved rather than the non recurrent single commission Care Together transition budget.	

Legal Implications:

(Authorised by the Borough Solicitor)

The support that will be provided by the extension is to cover the delay caused by the recruitment contract, which was explained as the purpose of the original contract to put in place a PMO. Whilst there is a risk of challenge, it would probably be unsuccessful as it was clearly envisaged that any successful tenderer would have to support transitional arrangements required to set up and put in place the PMO and the successful tender would clearly be in the best place to manage this.

How do proposals align with Health & Wellbeing Strategy?

The Programme Management Office supports the Care Together programme which is tasked to deliver the health and social care integration agenda as determined by the Health and Wellbeing Strategy.

How do proposals align with Locality Plan?

The Programme Management Office supports the Care Together programme which is tasked to deliver the health and social care integration agenda as described within the Locality Plan.

How do proposals align with the

The Commissioning Strategy is based on improving healthy life expectancy, reducing inequalities, improving health and

Commissioning Strategy?	social care outcomes and delivering financial sustainability. The Care Together PMO supports all of these objectives.
Recommendations / views of the Professional Reference Group:	None.
Public and Patient Implications:	None caused by the contract extension.
Quality Implications:	None caused by the contract extension.
How do the proposals help to reduce health inequalities?	None caused by the contract extension.
What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None.
Risk Management:	The key risk to the economy would be in not maintaining focus and considerable attention on the savings schemes which the Programme Management Office brings. A three month delay in driving progress of our transformation schemes could result in inappropriate expenditure in 2017/2018, inadequate realisation of benefits and the shortfall in the financial gap not being addressed.
Access to Information :	Further information can be obtained from Jessica Williams, Programme Director for Care Together:  Telephone: 07985 276263  e-mail: jessicawilliams1@nhs.net

1. BACKGROUND

1.1 The financial pressures for 2017/2018 in the Tameside and Glossop economy are extreme. Although significant progress has been made to identify savings, rigorous project management is required to ensure these are delivered according to agreed milestones. A requirement for additional capacity and project management capability was identified and a process to procure programme management support commenced in January 2017.

1.2 Five organisations submitted bids against the Tameside and Glossop procurement criteria. All 5 attended interviews in February 2017 to describe their approach and potential solutions to the issues in Tameside and Glossop and each presentation was followed by the same questions and answers to ensure a standardised approach. Post interview, the panel which was made up of all three key partners within the Care Together programme, developed a consensus score for each organisation.

1.3 Pricewaterhouse Coopers (PwC) were the successful provider and they commenced work in March 2017. Stage 1 of their work was to review the progress of the economy to date in identifying financial savings and the detailed plans for achieving these. This scoping exercise produced the following conclusion:

"The Programme has shown good progress, including securing the GM Transformational Funding, but the planned £70 million savings will not currently be delivered. Some strong savings schemes have been identified but the Programme has lacked the governance and control required to drive implementation.

Contingency planning needs to be developed to mitigate schemes which are trialled but not deemed viable. Weak accountability across the Programme to date must be rectified immediately for progress to build momentum. The leadership must ensure it rapidly gains grip and control of the Programme and is able to effectively monitor, challenge and hold those responsible for delivery to account."

1.4 Stage 2 of the PwC work has been to support the achievement of the recommendations above and considerable progress has been made. A clear system for identifying, developing and assuring specific economy wide savings schemes has been implemented, a Gateway approach to ensure economy ownership is in place, a detailed Programme Management Office (PMO) dashboard and financial savings tracker has been established and training on the programme management system has been delivered to officers with responsibility for savings delivery.

1.5 Unfortunately due to circumstances outside the control of the programme, the recruitment process to move to a substantive PMO has not happened as quickly as envisaged. Although this has now commenced, it is unlikely that a sufficient capacity and capability will be within the PMO to replace PwC until late summer 2017.

1.6 The Care Together programme has made good progress in developing programme management tools which will support all areas of the economy to deliver financial plans. It is likely that impetus will be lost should the substantive PMO not be in place for a few months prior to PwC leaving. This will create a significant risk of slippage in financial savings targets for 2017/20118 and beyond.

2. PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

2.1 The original contract did not make any provision for such an extension. This report is therefore seeking authority for an extension to this contract.

3. VALUE OF THE CONTRACT

3.1 The value of the contract for the 3 month extension will not exceed £ 0.200 million. The additional support requested is for a similar time period as the initial PwC successful tender but is reduced as a lower skill mix of management support is required for the ongoing maintenance of project management functions.

3.2 The non recurrent single commission Care Together transition budget will finance this additional support in 2017/2018. It should be noted that a request for further programme management support funding has also been made to the Greater Manchester Health and Social Care Partnership for a total of £ 0.995 million. This will finance the contract extension if the request is approved.

4. GROUNDS UPON WHICH A WAIVER / AUTHORISATION TO PROCEED SOUGHT

4.1 Re-procurement of programme management support is unlikely to deliver any benefits due to PwC already now having in depth knowledge and expertise across the Tameside and Glossop economy. PwC have created the PMO governance and assurance system and so it would be extremely challenging for an alternative provider to deliver requirements within a short term challenging timescale.

4.2 It is proposed that a maximum contract extension value of £ 0.200 million is approved for a maximum period of three months. This will be reduced should a substantive team be recruited within this period.

5. RECOMMENDATION

5.1 As stated on the report cover.

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Report to: **SINGLE COMMISSIONING BOARD**

Date: 22 June 2017

Officer of Single Commissioning Board Angela Hardman, Director Of Public Health

Subject: **BREASTFEEDING PEER SUPPORT PROGRAMME**

Report Summary: Approval required to accept the tender on the basis that procurement activity has resulted in the receipt of only one tender submission.

Recommendations: That approval is given under Procurement Standing Order D3.2 to accept the tender of Homestart – Oldham, Stockport and Tameside despite fewer than three tenders being received.

Financial Implications:

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

Budget Allocation (if Investment Decision)	£116,250
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Existing contract performance is in line with expectations. Breastfeeding contributes significantly to reducing health inequalities.
Additional Comments It is essential that the contract performance is monitored to ensure expected outcomes are delivered. It is also essential to ensure that the locality only finances the agreed contribution during the three year contract period and that negotiations are concluded with Derbyshire County Council as a priority to confirm an annual contribution towards the support provided to Glossop residents via this contract.	

Legal Implications:

(Authorised by the Borough Solicitor)

The service sought to let the contract in accordance using the Open Tender Procedure via a notice in the Official Journal of the European Union however due to the nature of the service fewer than three tenders have been received. The tender has been evaluated in accordance with the published criteria and the submission from Homestart – Oldham, Stockport and Tameside is within budget and meets the Councils stated requirement. It would not be unreasonable or unlawful to accept the tender.

How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Starting Well, Developing Well and Living Well programmes for action
How do proposals align with Locality Plan?	The proposals are consistent with the Healthy Lives (early intervention and prevention) strand of the Locality Plan
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities; • Commission for the 'whole person'; • Create a proactive and holistic population health system.
Recommendations / views of the Professional Reference Group:	The Professional Reference Group has recommended that the tender be accepted.
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.
How do the proposals help to reduce health inequalities?	The nature of the service will ensure that parents will receive appropriate advice and support so that they are able to make an informed decision about breastfeeding and the benefits to the long term health and development of their child(ren)
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act.
What are the safeguarding implications?	Safeguarding will be central to this service
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information will be maintained at all times by both purchaser and provider. The purchasers Terms and Conditions for services contains relevant clauses regarding Data Management
Risk Management:	The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the providers contingency plan
Access to Information :	The background papers relating to this report can be inspected by contacting Nick Ellwood, Planning and Commissioning Officer: Telephone: 07976931066 e-mail: nick.ellwood@tameside.gov.uk

1. BACKGROUND

1.1 Tameside MBC and Oldham MBC have jointly tendered the above service which will run for a period of three years from 1 October 2017. Tameside MBC is the lead commissioner.

1.2 Breastfeeding provides short and long term health benefits to both the mother and the baby, including promoting the emotional attachment between them both; and contributes significantly to reducing health inequalities.

Increasing the number of women who initiate and continue to breastfeed at 6-8 weeks, the service will help to realise the following benefits of breastfeeding as cited by NICE:

- Increasing the number of women who breastfeed exclusively for 6 months;
- Reducing the number of hospital admissions for diarrhoea and respiratory infections in infants;
- Reducing the risk of ovarian and breast cancer in women who breastfeed;
- Reducing the risk of obesity in children, and lowering the risks of developing coronary heart disease and diabetes in later life;
- Raising public awareness of the benefits of breastfeeding;
- Reducing inequalities and improving access to breastfeeding support for women in low income groups.

1.3 Teenage mothers and mothers of lower socioeconomic status are least likely to breastfeed (NICE 11 2008.). Evidence also points to specific groups being at greater risk of early 'drop-off' regardless of initial intention to initiate breastfeeding. These include women who have had complex deliveries such as a caesarean section, and women who are obese.

1.4 The Service will focus particularly on those women who are least likely to initiate and continue breastfeeding. Using information provided from needs assessments, a targeted approach will be taken for those areas exhibiting low rates of initiation and maintenance and high levels of deprivation according to the IMD 2010:

Tameside:

- Ashton St Michaels
- Audenshaw
- Denton South
- Dukinfield

1.5 Quality Standards

- The Provider will deliver evidence based interventions and will meet and monitor compliance with all relevant NICE Guidance.
- The Service will work to NICE Public Health Guidance PH011 'Improving the nutrition of pregnant and breastfeeding mothers and children in low income households'.
- The Service will work to NICE guidance PH9 'Community Engagement to Improve Health' to ensure that peer supporters are recruited from and reflect the diversity of the Tameside community.
- The service must be delivered within the principles of HM Government document: 'Working together to safeguard children' - A guide to inter-agency working to safeguard and promote the welfare of children - March 2013.
- The provider must work within the safeguarding frameworks set out by the Local Safeguarding Children Boards (LSCBs), Public Health and NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts.

1.6 It is expected that the Breastfeeding Peer Support Programme will contribute to promoting a social and cultural shift where breastfeeding is viewed as the conventional way to feed a baby. The Department of Health recommend exclusive breastfeeding for the first 6 months as providing optimum nutrition for babies with the gradual introduction of solid food after this time in tune with the baby's developmental progress.

1.7 Breastfeeding initiation and continuation rates across Tameside and Oldham, despite having improved greatly over the last 10 years, are currently static and still remain low in comparison to National and Regional rates. For the complete year 2015/2016, breast feeding initiation in Tameside was 59.6%, and in Oldham was 65.0%, compared to the England rate of 74.3%. Details are provided in table 1. It should be noted that rates for 2016/2017 will not be available until the autumn of 2017.

1.8 In 2013/14 Breast feeding at 6 to 8 weeks in Tameside was 29.6%, and in Oldham was 38.8%, compared to the England average of 45.8%. There is a strong social gradient for initiation and continuation of breastfeeding.

1.9 Current local priority areas with the lowest rates in Tameside are Ashton St Michaels, Audenshaw, Denton South and Dukinfield. For Oldham, Failsworth East and West, St James, Chadderton South, Hollinwood and Shaw are local priority areas.

Table 1

Breast feeding 2015/16			
	Tameside	Greater Manchester	England
Breast feeding initiation	59.6%	65.9%	74.3%
Breast feeding at 6-8 weeks	32.2%	39.0%	43.2%
Drop off rate	46.0%	40.8%	41.9%

1.10 Parents can benefit from, early, evidence based information in order to enable them to make an informed infant feeding choice. Proactive, intensive, and early skilled support in breastfeeding management helps to prevent any problems and/or barriers that lead to mothers stopping breastfeeding earlier than they or their baby would have wished.

1.11 NICE Guidelines (NICE Public Health Guidance 11 March 2008) recommend the commissioning of a local, easily accessible breastfeeding peer support programme where peer supporters are part of a multidisciplinary team. The recommendation is that peer supporters are trained through an externally accredited training programme; contact new mothers directly within 48 hours of their transfer home (or within 48 hour of a home birth) and offer mothers on-going support according to their individual needs.

1.12 A breastfeeding peer support service would work in close partnership and help to develop accessible pathways with midwifery, health visiting and children centre services who would demonstrate best practice breastfeeding management through UNICEF Baby Friendly full accreditation standards.

1.13 In relation to current provision and performance, Homestart the current provider, has 13 staff and 29 trained peer support volunteers. They deliver two breast feeding network courses per year, one in January/February and one in September. For each course they recruit 12-14 prospective volunteers. Both courses have a mix of Tameside and Oldham volunteers who

attend. Over the past two years between 6 and 10 volunteers per course have completed the training and have gone on to become volunteer's. This mix of paid staff and volunteers provides real value for money for the service.

1.14 The current providers performance is in line with the commissioners expectations. Performance data for 2016/2017 is provided within tables 2, 3 and 4:

Table 2

	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Discharges collected and recorded	330	359	346	357
Mums attempted to contact within 48 hours of discharge (by phone)	330	359	346	357
Mums actually contacted by phone following discharge	255	279	280	280
Mums unable to contact by phone (voice mails left, texts sent, letters sent)	74	80	66	77
Mums actually contacted at 10 days	228	250	247	237
Total phone supports at initial, 10 days and 6 weeks contact	887	960	930	1003

Table 3

Initial, 10 day & 6 week feeding methods

Quarter 4 2016/2017	**Initial Contact (within 48 hours)**	**10 days contact**	**6 week contact with Mums referred in during the quarter**	**Total of Mums contacted at 6 weeks during the quarter**
Breastfeeding exclusively	188	132	55	94
Breastfeeding and giving expressed breast milk	11	12	1	3
Expressed breast milk only	9	9	3	5
Expressed breast milk and formula	4	11	3	3
Breastfeeding, expressed breast milk and formula	8	9	2	3
Breastfeeding & formula	49	22	11	19
Sub Total of mums giving some breast milk	**269**	**195**	**75**	**127**
Formula	11	42	61	67
Unable to contact	77	87	109	113
Contact not due	N/A	33	112	N/A
Total	**357**	**357**	**357**	**307**

Table 4

	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Mums supported on Ward 27 (Tameside)	541	598	560	535
Mums supported on Children's Unit	1	3	2	1
Mums supported on Neonatal intensive care unit	15	13	17	28
Mums supported in groups	276	337	323	295
Home Visit support	196	153	154	133
Phone Calls & Texts sent and received	1194	1210	1340	1447
Glossop mums supported on ward 27	55	58	65	68
All other out of area mums supported on Ward	21	19	16	30

2. PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

2.1 Permission needs to be obtained where procurement activity has resulted in the receipt of fewer than three tenders. Only one compliant tender was submitted via the NWCE tendering portal.

3. VALUE OF CONTRACT

3.1 The total value of the contract in its entirety is £618,750. The contract will run for three years commencing the 1 October 2017 with an annual value of £206,250.

Table 5

Contract value	Year 1	Year 2	Year 3	Total
Tameside MBC	£116,250	£116,250	£116,250	£348,750
Oldham MBC	£90,000	£90,000	£90,000	£270,000
Total	£206,250	£206,250	£206,250	£618,750

3.2 The contract is jointly commissioned with Oldham MBC with the Council as lead commissioner. Following a contract reduction exercise, the Tameside MBC will contribute an annual sum of £116,250 and Oldham MBC will contribute an annual sum of £90,000.

3.3 The existing contract with Homestart ends on the 30 September 2017 and is solely funded by Tameside MBC at the existing annual contract value of £ 116,250 as stated in table 5.

3.4 It should be acknowledged that Greater Manchester local authorities do not recharge each other if they provide support to parents resident from a neighbouring Greater Manchester authority. This is also the current arrangement for parents residing in Glossop. However,

negotiations are underway with Derbyshire County Council to agree a contribution towards this contract in recognition of the support provided to Glossop residents.

4. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

4.1 A full open joint OJEU tender exercise was undertaken between Tameside MBC as the lead commissioner and Oldham MBC. This was done using the North West Centre of Excellence electronic tendering portal, The Chest.

4.2 Tender submissions were evaluated by a panel of three staff from the service area. The staff panel members were:

- Katrina Stephens - Consultant in Public Health, Health & Wellbeing (Oldham MBC)
- Tracey Harrison - Senior Planning and Commissioning Manager (Oldham MBC)
- Kate Benson - Public Health Manager (Tameside MBC)

4.3 Tendering organisations were asked to submit a proposed first year contract price mindful of the maximum first year budget set at £206,250.

4.4 The tender submission questionnaire consisted of five questions relating to quality issues and was evaluated based upon the most economically advantageous tender. The questions are detailed in **Appendix 1**. Submissions were evaluated with reference to all criteria in the tender documentation using the following scoring system:

Excellent response - The submission provides comprehensive details of a particularly effective and robust approach which meets the required standard in all material respects and exceeds some or all of the major requirements. A high level of relevant information is provided backed up with a clear rationale, examples and evidence of past performance which may include supplementary evidence. Score 5

Good submission - The submission provides sufficient detail of a good approach which meets the required standard in all material respects and is backed up with a clear rationale and evidence of past performance which may include supplementary evidence. Score 4

Average submission - The submission provides sufficient detail of an adequate approach which meets the required standard in most material respects, but is lacking or inconsistent in others. Score 3

Below average submission – The submission details an approach however this is limited and does not provide sufficient detail or evidence and falls short of achieving expected standard in a number of identifiable respects. Score 2

Unsatisfactory submission - significantly fails to meet the standards required and / or contains significant shortcomings or the submission is not relevant or is extremely limited. Score 1

Not answered - No response. Score 0

4.5 In awarding the contract, consideration was given to the quality and cost element of the tender submission. These were weighted, in terms of significance, on the basis of a 20% (cost) 80% (quality) split.

4.6 Only one tender was received. This was within the available budget and was deemed fully complaint with the tender requirements. The Tender was evaluated against the stated criteria and the outcome of the exercise is shown in **Appendix 2.**

5. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED

5.1 Procurement requirements have been followed rigorously in order to tender the provision of a Breastfeeding Peer Support Service. The process commenced in January 2017 and followed a strict timetable in line with the necessary tender timescales.

5.2 Following full evaluation by a panel consisting of representatives from both Local Authorities, the one submitted tender was deemed fully compliant.

5.3 Five suppliers accessed the tender in the portal, but did not provide a response as to why they did not go on to tender.

5.4 Given the specialist nature of the service being tendered, and what we know about the market, the likelihood is that a significant number of the organisations that looked at the tender but did not go on to express an interest would not have had the requisite experience or expertise.

6. RECOMMENDATION

6.1 As stated on the report cover.

APPENDIX 1

TENDER QUESTIONS

1. Describe how you would recruit, train and quality-assure sufficient peer supporters to deliver the service outlined in the specification.

2. Outline how you intend to secure the minimum 10 hours per day access to the service along with the required 48 hours response time.

3. With specific reference to a process of empowerment, demonstrate how you would work with those mothers or mothers-to-be that tend not to engage with support services.

4. What measures do you propose taking in relation to continual improvement and how would these be measured?

5. State how you would develop and maintain a positive relationship with a range of health and social care organisations across Tameside and Oldham.

6. Explain how you would form strategic partnerships and effective working relationships with other stakeholders.

APPENDIX 2

TENDER EVALUATION MATRIX									
PROJECT TITLE:	**Tender for the provision of a Breastfeeding Peer Support Service**								
PROJECT QUALITY WEIGHTING:		**80%**		Maximum Budget		Date			
PROJECT PRICE WEIGHTING:		**20%**		**£206,250**		04-Mar-17			
QUALITY SCORES									
Tender Criterion	Criteria weight %	% max Score	weighted score	% max Score	weighted score	% max Score	weighted score	% max Score	weighted score
Tender question 1	20	80%	16.00						
Tender question 2	15	90%	13.50						
Tender question 3	20	60%	12.00						
Tender question 4	10	100%	10.00						
Tender question 5	20	90%	18.00						
Tender question 6	15	70%	10.50						
TOTALS:	**100**		**80.00**		**0.00**		**0.00**		**0.00**
PRICE SCORES:									
Price		203,392.00							
Less than or Equal to Maximum Budget?		Yes		No		No		No	
Order of tender prices (lowest first)		1							
% Difference from lowest tender		0.00							
Price Score (100 - % difference from lowest tender)		100.00							
OVERALL SCORES:									
Quality Weighting x Quality Score		64.00							
Price weighting x price score		20.00							
Overall Score		84.00							
Order of Tenderers		**1**							
Additional comments relating to the award criteria or compliance with tender documents:									
Signed by Lead Officer:	Nick Ellwood - Dave Wilson								

Report to: **SINGLE COMMISSIONING BOARD**

Date: 22 June 2017

Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: **TENDER FOR THE PROVISION OF SPECIALIST MENTAL HEALTH SUPPORTED ACCOMMODATION FOR ADULTS WITH COMPLEX MENTAL HEALTH NEEDS**

Report Summary: The report is seeking authorisation to re-tender the service in line with the timeframe in **Appendix 1**.

Recommendations : That permission to re-tender is granted.

Financial Implications:

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

Budget Allocation (if Investment Decision)	£ 0.698 million gross CCG budget £ 0.172 million contribution via TMBC towards gross contract value.
CCG or TMBC Budget Allocation	CCG & TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Body
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Tender exercise with a ceiling for incoming bids will ensure the 10% saving currently made non recurrently in 201720/18 will become recurrent.
Additional Comments The tender process is welcomed as efficiencies and savings have been found for the 2017/2018 financial year. The tender process will ensure that these savings are delivered on a recurrent basis.	

Legal Implications:

(Authorised by the Borough Solicitor)

Members need to decide whether this is a service they wish / need to continue to provide and if so the terms set out in the report is acceptable.

How do proposals align with Health & Wellbeing Strategy? The proposals align with the Developing Well, Living Well and Working Well programmes for action

How do proposals align with Locality Plan? The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	The Professional Reference Group has recommended that permission to re-tender is granted.
Public and Patient Implications:	None
Quality Implications:	The retender and service delivery will meet National quality requirements as set out in the NHS standard contract and locally defined quality requirements to measure the outcomes set out in the service specification. The quality requirements will be reported quarterly and also include a summary of • Activity • Complaints and compliments and • Incidents, accidents and safeguarding • General service information Applicable CQUIN goals will be indented in the NHS Standard Contract Particulars, Service Specification
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to Adults with a mental health need regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.
Risk Management:	There are no anticipated financial risks, however, there may be other risk considerations should the tenants not receive the support – including access to 24-hour support – they require to live safely.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey Telephone: 07792 060411 e-mail: pat.mckelvey@nhs.net

1 INTRODUCTION

1.1 The current contract for the delivery of supported accommodation for adults with complex mental health needs is delivered by Richmond Fellowship.

1.2 The contract commenced 1 June 2014 following a restricted tender exercise and was 1 of 2 lots tendered at this time. The contract was awarded for a term of 3 years with the option to extend for a further 2 years. Under NHS standard contract technical guidance the contract was extended once from 1 April 2017 to 31 March 2018.

1.3 The contract currently delivers mental health recovery focussed support as required 24 hours a day 365 days a year to individuals living in their own home in three properties across the borough. Each of the properties is provided by a registered social landlord who work with the support provider and individuals to ensure tenancies are able to be maintained. The accommodation and tenancies are as follows;

- Boston Bank, 73 Mottram Road, Hyde SK14 2NR comprised of 5 self-contained flats with a communal areas for women only.
- Boothdale Lodge, 91/93 Manchester Rd, Audenshaw M34 5PZ comprised of 4 self-contained flats and 10 rooms with shared communal facilities.
- Maple House, Lilly Street, Hyde SK14 5QS comprised of 12 self-contained flats with communal areas.

1.4 The overall service is delivered on an outcome model based on the principles of recovery and rehabilitation. The Service facilitates opportunities for individuals to engage in purposeful activity, develop and improve life skills, inclusion within the community and ensure a pathway to recovery that increases independence and a move on to more independent living.

1.5 The service re-tender will continue to commission the delivery of the outcomes above with a continued emphasis on promoting independence pathways that supports people to remain in the community and reduces the need for hospital admission or residential placements.

2. CONTRACTING PROPOSAL

2.1 Consideration is given to re-tender the service in order to ensure continued delivery to a vulnerable client group as detailed in the service specification **Appendix 2**.

3. VALUE FOR MONEY

3.1 The annual value in 2017/2018 is £698,529. This is a reduction, negotiated with the provider, from £766,142.

3.2 Comparable costs have been made to similar services across Greater Manchester. The current annual value for this service not only demonstrates value for money against other authorities but delivers a quality service with positive outcomes for individuals. The current weekly rate per tenant for this service is approximately £420 compared to £799 in another GM authority.

3.3 Tameside MBC finance have been asked for support to undertake a review of current costs and to establish a cost of service model going forward that will meet best value, is sustainable for the market when we go out to tender and will meet the outcomes in the specification. This will be done prior to the tender being released.

4. OTHER ALTERNATIVES CONSIDERED

4.1 There is the need for this service in terms of continuing to support the step down of a highly vulnerable group of individuals who are moving from in-patient care into community living. The support is required to avoid hospital admissions and expensive residential placements.

4.2 Consideration has been given to not re-tender the service however a number of local and national drivers indicate the need for this types of service as follows;

- The Joint Commissioning Panel for Mental Health Guidance for commissioners of rehabilitation services for people with complex mental health needs (November 2016) states that people with mental health problems need good quality housing and appropriate support to facilitate their recovery and improve their ability to manage independent living in the future. People with mental health conditions are twice as likely as those without to be unhappy with their housing and mental ill health is frequently cited as a reason for tenancy breakdown. Housing problems often contribute to the stresses that lead to relapse of mental health problems and admission to hospital and lack of availability of suitably supported accommodation often contributes to delayed discharges. A national survey of inpatient rehabilitation services found that 14% of people were ready for discharge but awaiting a vacancy in suitable supported accommodation. The provision of supported housing is therefore an important factor in enabling the social inclusion of this group.

- The Tameside Joint Strategic Needs Analysis (JSNA) 2015/16 states amongst people with mental health problems, there has been a recent increase in those people in settled accommodation in Tameside. Local figures are now much higher than the average across the North West and England. The JSNA states that settled accommodation has implications for health and wellbeing and enhances the quality of life for people with care and support needs, by ensuring people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

- Since taking over the contract the current provider, Richmond Fellowship, has moved the service from a static model into one that supports rehabilitation. All residents have a clear move-on plan and Richmond Fellowship has achieved their targets to support people to move on in line with their plan.

- Richmond Fellowship have changed the population of the accommodations by 93 %, supporting Tameside and & Glossop residents out of lengthy admissions in CCG funded Mental Health rehabilitation placements and preventing admission to Mental health rehabilitation placements. The remaining 7% of tenants are legacy residents who have been in the service since 1994 and plans are now in place to support those individuals to move on to more suitable accommodation and support.

- This demonstrates the value and need for a supported accommodation service that reduces the need for costly in-patient and residential placements.

5. IMPLICATION IF THE SERVICE IS NOT RE-COMMISSIONED

5.1 Individuals accessing the service (93% in total) are subject to Section 117 After care, all have been in hospital under Section 3 or 37 of the MHA, the CCG along with the local authority have statutory responsibility to provide this aftercare.

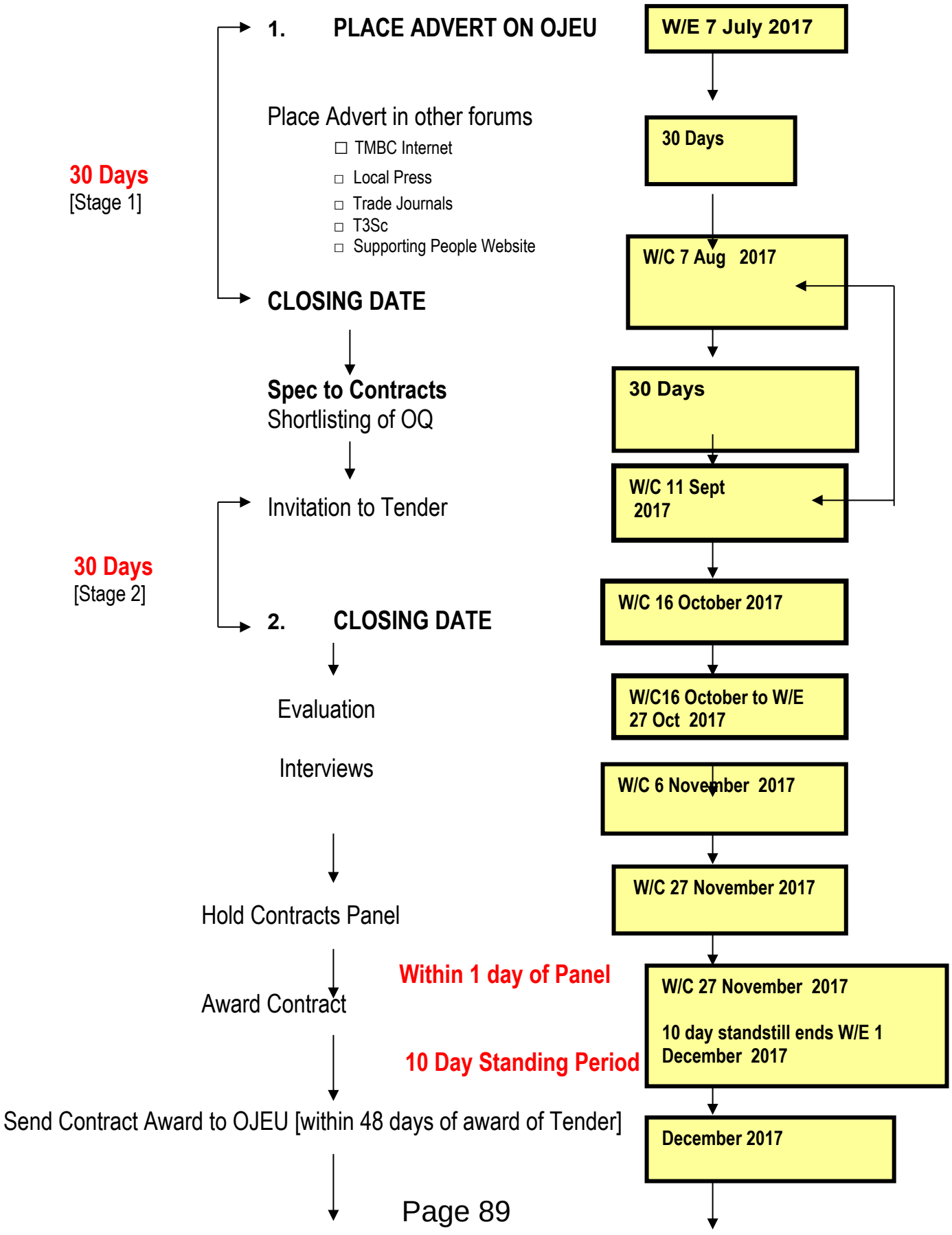
6. RECOMMENDATION

6.1 As stated on the report cover.

Appendix 1

RESTRICTED TENDER EXERCISE [OJEU]

CONTRACT FOR: Specialist Mental Health Supported Accommodation



Prepare for Contract Start **3 Month Period**

CONTRACT COMMENCEMENT DATE	**1 April 2018**

Appendix 2 Service Specification

Service	Specialist Mental Health Supported Accommodation for adults with complex mental health needs
Commissioner Lead	NHS Tameside and Glossop CCG
Provider Lead	
Period	1 April 2018 to 31 March 2021
Date of Review	31 March 2019

1. Population Needs

1.1 National/local context and evidence base

The Joint Commissioning Panel for Mental Health Guidance for commissioners of rehabilitation services for people with complex mental health needs (November 2016) states that people with mental health problems need good quality housing and appropriate support to facilitate their recovery and improve their ability to manage independent living in the future. People with mental health conditions are twice as likely as those without to be unhappy with their housing and mental ill health is frequently cited as a reason for tenancy breakdown. Housing problems often contribute to the stresses that lead to relapse of mental health problems and admission to hospital, and lack of availability of suitably supported accommodation often contributes to delayed discharges. A national survey of inpatient rehabilitation services found that 14% of people were ready for discharge but awaiting a vacancy in suitable supported accommodation. The provision of supported housing is therefore an important factor in enabling the social inclusion of this group.

Local Tameside & Glossop context

The Tameside Joint Strategic Needs Analysis (JSNA) 2015/16 states amongst people with mental health problems, there has been a recent increase in those people in settled accommodation in Tameside. Local figures are now much higher than the average across the North West and England.

The JSNA states that settled accommodation has implications for health and wellbeing and enhances the quality of life for people with care and support needs, by ensuring people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation. The nature of accommodation for people with mental illness/learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion. Living on their own or with the family is intended to describe arrangements where the individual has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium to long-term, or is part of a household with tenure/residency. Supported accommodation is included within this scope.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**x**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**x**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**x**
Domain 4	**Ensuring people have a positive experience of care**	**x**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**x**

2.2 Local defined outcomes

1. Improved physical and mental wellbeing evidenced through use of Routine Outcomes Measures (to be agreed)

2. Reduction in admissions to acute settings evidenced through pre and post placement numbers of attendances at A&E and MH in-patient admissions

3. Reduction in time spent in acute settings evidenced through a pre and post placement MH in-patient bed days

4. Empower individuals to recognise triggers and develop coping strategies to enable them to manage symptoms evidenced through use of Routine Outcomes Measures (to be agreed)

5. Support individuals with required skills to enable them to live independently and manage a tenancy in the future as evidenced by progress against integrated care plans with clear shared person centred goals and whilst achieving planned discharge dates

6. Support individuals to develop interests and take part in meaningful activity as defined by taking steps towards developing employability skills through meaningful occupation, which gives a sense of purpose, promoting learning and development, along with improving confidence and self-worth as evidenced through use of Routine Outcomes Measures (to be agreed). Employment in this context constitutes paid or unpaid employment, apprenticeships, volunteering, training, education, taking part in a work programme or accessing the Provider's Service User Involvement Initiatives.

Something about risk (Ann wanted to add something here)

3. Scope

3.1 Aims and objectives of service

- The provider will work in close partnership with services and service users to develop and deliver a single integrated person centred care plan.

- The Provider will deliver access to 24 hour personalised, mental health expert support to 32 service users across a number of premises within the Borough of Tameside.

- The Provider will promote and improve overall quality of life, taking into account the wishes and expectations of each individual, supporting people to maintain stable tenancies by encouraging independence, confidence and well-being.

- The Provider will deliver an outcome model based on the principles of recovery and rehabilitation. The Provider will therefore facilitate opportunities for individuals to engage in purposeful activity, develop and improve life skills, social inclusion within the community and ensure a pathway to recovery that increases independence and

a move on to more independent living.

- The Provider will support service users' rights and access to advocacy services and peer support services
- The Provider will support positive risk taking that is personally meaningful and reflects the lifestyles, skills and aspirations of individuals receiving support.
- The Provider will have a flexible and innovative approach to service delivery. This will allow continued delivery where there is a change in Service User needs and/or demand from the Commissioners.
- The delivery of supported accommodation will consist of a combination of housing and support services. This will allow service users the right to occupy his/her own tenancy. The Provider will be required to work in partnership with the Landlord of the premises to ensure service users comply with the terms and conditions of their tenancy. The Provider will also undertake some housing management functions as required in partnership with the Landlord and where appropriate enter into any management agreement required.
- The Provider will involve service users and their families/carers where appropriate in developing individualised care plans the planning of their individual service and future developments in provision.
- The Provider will deliver the service in order to meet the needs of a diverse population. This will include in particular those who may have a dual diagnosis of substance misuse and mental health needs, physical health needs and those from BAME communities.
- The provider will encourage all service users to utilise advocacy services.

3.2 Service description/care pathway

The Specialist Mental Health Supported Accommodation for adults with complex mental health needs provides specialist support to enable the recovery of people whose complex needs cannot be met by other supported accommodation services. The service works with people to help them acquire or regain the skills and confidence to live successfully in the community.

The service focuses on addressing and minimising the symptoms and functional impairment that people may have, with an emphasis on achieving as much individual autonomy and independence as possible. This includes optimal management of symptoms, promotion of activities of daily living and meaningful occupation, screening for physical health problems and promoting healthy living, and providing support and evidence based interventions to support carers.

The service adopts a 'recovery' approach that values service users as partners in a collaborative relationship with staff to identify and work towards personalised goals. The concept of recovery encompasses the values of hope, agency, opportunity and inclusion, themes that resonate well with the aims of mental health rehabilitation.

As services users often have co-morbid physical health problems close liaison with primary care services and, where appropriate, secondary care medical services is expected.

Referrals to the service are managed by a representative of the CCG.

The provider will, through appropriately trained and competent staff and a multi-disciplinary approach to working, deliver a service that also supports individual recovery and 24 hour active rehabilitation to allow for the step down into community living. There is an expectation that this will occur within a maximum time frame of twenty four months.

The service will have suitably qualified RMNs within the service responsible for leading a

recovery and rehabilitation approach across all aspects of service delivery.

3.3 Population covered

People with severe and enduring mental illness, for whom Tameside and Glossop Clinical Commissioning Group are the Responsible Commissioner, who require ongoing mental health specialist rehab and supported accommodation.

3.4 Any acceptance and exclusion criteria and thresholds

The Specialist Mental Health Supported Accommodation for adults with complex mental health needs service is a 24 hour service providing support to males and females aged 18 to 65 years of age who are the responsibility of Tameside and Glossop CCG and have a diagnosis of severe and enduring mental illness.

Service users must have a CPN/Care Co-ordinator from secondary mental health services/ CMHT in order to access the supported accommodation.

The length of stay at the accommodation is up to 2 years however in certain cases a longer stay may be required to support the service users' recovery journey. In such cases the length of stay can be negotiated, however this should be highlighted at the referral stage.

3.5 Interdependence with other services/providers

The provider will work in partnership with the service users GP, Pennine Care NHS Trust Community Mental Health Teams, other health, social care and voluntary sector services. This will include close working with acute mental health wards and step down accommodation providers.

The provider will be an active partner within the local Health and Well-being College, supporting the delivery of relevant courses and facilitating service users to engage in the college as students and volunteers.

4. Applicable Service Standards

In delivery of the service the provider should operate in line with the following policies.

The Principles of Recovery (Centre for Mental Health)

- In mental health, 'recovery' means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.

- Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing beyond a person's mental health problems, recognising and fostering their abilities, interests and dreams. Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health. Recovery is about looking beyond those limits to help people achieve their own goals and aspirations.

- There is a strong link between the recovery process and social inclusion. A key role for services will be to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery.

- Users of mental health services have identified three key principles:

  - the continuing presence of hope that it is possible to pursue one's personal goals and ambitions
  - the need to maintain a sense of control over one's life and one's symptoms
  - the importance of having the opportunity to build a life 'beyond illness
- In order to underpin these principles, Providers will deliver a service that supports

service users on their journey of recovery to include:

- fostering good relationships
- financial security
- satisfying work
- personal growth
- the right living environment
- development of cultural perspectives
- developing resilience to possible adversity or stress in the future
- empowerment

No Health without Mental Health (published by the Department of Health in February 2011), this strategy sets out six shared objectives to improve the mental health and wellbeing of the nation:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

National quality requirements as set out in the NHS Standard Contract and locally defined quality requirements set out below to measure the outcomes set out in section 2.2 of this service specification. Services will measure outcomes using Routine Outcome Measures and Patient Reported Outcome Measures as appropriate and as agreed with the commissioner..

KPI	Local outcome	Quality requirement	Threshold
1	2.2.1	Service users are supported to take responsibility for their own physical health based on needs assessed in an annual physical health check as reported through Routine Outcome Measures	100%
2	2.2.4	Service users are supported to recognize triggers and develop coping strategies to manage mental health symptoms as reported through a Patient Reported Outcome Experience Measure	100%
3	2.2.5	Service users have achieved the goals identified in their integrated care plans against agreed targets relating to activities of daily living as reported through a Patient Reported Outcome Experience Measure	100%
4	2.2.6	Service users have achieved the goals identified in their integrated care plans against agreed targets relating to meaningful activity as reported	100%

		through a Patient Reported Outcome Experience Measure	
5	All	Service users will have a single integrated person centered care plan that has been developed in close partnership with services and service users which is reviewed quarterly.	100%

The quality requirements will be reported quarterly and also include a summary of

- Activity which will include:
    - Number of admissions to A&E relating to MH to be reported by number of people and number of admissions. The service provider will provide some narrative to support the activity information. (local outcome 2.2.2)
    - Number of inpatient admissions and length of stay to be reported by number of people and number of admission. The service provider will provide some narrative to support the activity information. (local outcome 2.2.3)
- Complaints and compliments
- Incidents, accidents and safeguarding
- General service information

5.2 Applicable CQUIN goals (See Schedule 4D)

To be developed with service provider.

6. Location of Provider Premises

The Provider's Premises are located at:

Boston Bank, 73 Mottram Road, Hyde SK14 2NR comprised of 5 self-contained flats with a communal areas for women only.

Boothdale Lodge, 91/93 Manchester Rd, Audenshaw M34 5PZ comprised of 4 self-contained flats and 11 rooms with shared communal facilities.

Maple House, Lilly Street, Hyde SK14 5QS comprised of 12 self-contained flats with communal areas.

Report to: **SINGLE COMMISSIONING BOARD**

Date: 22 June 2017

Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: **TENDER FOR THE PROVISION OF A SUPPORTED ACCOMMODATION SERVICE FOR YOUNG ADULTS WITH LEARNING DISABILITIES**

Report Summary: The report is seeking authorisation to extend the contract from 1 April 2018 to 31 March 2020 in line with clause 3.2.

Recommendations: That permission to extend is given.

Financial Implications:

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

Budget Allocation (if Investment Decision)	£ 0.344 million
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Section 3.4 of the report provides details of the cost effectiveness this contract provides. The existing contract is deemed to be performing well.
Additional Comments It is essential that the target contract value as stated in section 3.3 of the report is delivered in 2017/2018 as additional cost pressures will materialise within Adult Services if the contract value is paid at the level stated within section 3.2. The contract value for 2018/2019 will need to be agreed by October 2017 to avoid the requirement of a re-tender process. Contract values will need to be confirmed within the assumptions included within the Council's medium term financial strategy.	

Legal Implications:

(Authorised by the Borough Solicitor)

The contract contains an in-built extension provision for a further 24 months and to implement this would not contravene any legal obligation. However, the Board need to consider whether this is a service they wish to consider in the first place before deciding whether the best approach is to extend the existing contract.

How do proposals align with Health & Wellbeing Strategy? The proposals align with the Developing Well, Living Well and Working Well programmes for action.

How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	That the contract is extended through to 31 March 2020.
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to Young Adults with a learning disability regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.
Risk Management:	There are no anticipated financial risks, however, there may be other risk considerations should the tenants not receive the support – including access to 24-hour support – they require to live safely.
Access to Information :	The background papers relating to this report can be inspected by contacting Denise Buckley, Planning and Commissioning Officer: Telephone: 0161 342 3145 e-mail: denise.bucley@tameside.gov.uk

1 INTRODUCTION

1.1 The current contract commenced 16 February 2015 for a period of three years with the option to extend for up to a further two years.

1.2 The concept of the transition service for young adults with a learning disability was developed on the basis of a number of drivers:

- To offer the opportunity for young people at the age of 18 to go through a period of intense assessment and importantly skills development offering them real opportunities to maximise their potential for independent living mirroring the opportunities offered to the majority of the younger adult population rather than continue their lives into adulthood in inappropriate institutional residential settings.

- Consideration to the Council's significant budgetary challenges over the coming years and therefore the need to review its models of service delivery, looking at new and innovative approaches to delivering services whilst reducing the cost of provision significantly.

- To deliver savings initially with five people funded by Adult Services in expensive out of borough placements accessing the project as the first group. Funding for these individuals was £577,000 per annum with a service budget identified at £350,000 per annum; this gave an approximate saving of £227,000.

- The continued availability of a transition service as individuals are supported with appropriate move on. This enables the Council to have an additional option in terms of cost avoidance other than maintaining Young Adults expensive out of borough residential placements whilst also offering improved outcomes and opportunities for individuals who access the service.

1.3 The key aims and objectives of the service that have ensured these drivers have been delivered have been to provide intensive assessment, support, enablement and development of life skills to five young adults with learning disabilities who have recently made the transition from Children's Services through to Adult Services. To ensure a particular focus on ensuring each person subsequently moves on to more permanent accommodation with the appropriate level of support ideally within 24 months of accessing the service.

1.4 The Active engagement with families, carers and other stakeholders in a collaborative approach to supporting each person using the service to fulfil their maximum potential has also been key to successful delivery.

1.5 The accommodation is provided by New Charter and offers within the building, 5 self-contained flats and a staff flat.

1.6 The service extension will continue to deliver these outcomes above with a continued emphasis on promoting independence pathways for individuals and ensuring there is an opportunity to move on. This will be achieved through the provider delivering person centred approaches and working in a multi-disciplinary way with key partners.

2. CONTRACTING PROPOSAL

2.1 Consideration is given to extend the current contract for the term allowed in clause 3.2 for up to a further two years.

3. VALUE FOR MONEY

3.1 The current cost of the contract is £335,593 and includes the delivery of day support hours, and flexible overnight support (waking night or sleep-in as required) across the service.

3.2 Future budgets for the delivery of the service will need to take into consideration costs of the provider implementing the living wage, pension contributions and case law in relation to sleep-in duties which have increased these costs. On this basis, work has been undertaken with the current provider and the Council's interim finance business partner who has identified a cost of service from 1 April 2017 of £351,516.

3.3 In addition to the work above, an additional target cost was also identified. This assumes that 25% of the additional costs of sleep-in's will be reduced by alternate service delivery such as the use of assistive technology. The target cost is £344,391.

3.4 The model offers value for money in comparison to residential placements and is therefore considered a viable option going forward. Current out of borough placements for supported accommodation or residential placements range between £1,400 and £3,500 per individual per week. This compares to this service contract at a cost of £1,290 per individual per week.

4. STRATEGIC FIT

4.1 The service will meet the current objectives as outlined in the following:

4.2 The Care Act 2014. Under the Care Act, local authorities will take on new functions. This is to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- Can get the information and advice they need to make good decisions about care and support;
- Have providers offering a choice of high quality, appropriate services.

4.3 The Council's Community Strategy supports the delivery of the six Sustainable Community Strategy aims listed below:

- Prosperous Tameside
- Supportive Tameside
- Learning Tameside
- Attractive Tameside
- Safe Tameside
- Healthy Tameside

5. OTHER ALTERNATIVES CONSIDERED

5.1 There is the need for this service in terms of continuing to support the cost avoidance of expensive residential placements for young adults with a learning disability whilst giving access to services that have clearer outcomes and benefits to individuals in assessing future long term supported accommodation needs.

6. IMPLICATION IF THE SERVICE IS NOT RE-COMMISSIONED

6.1 All service users have been assessed as having eligible needs as defined in the Care Act 2014. Failure to provide the service would therfore put Service Users at risk and may increase the numbers who enter or remain in residential care.

6.2 In considering that the extension from 1 April 2018 will be subject to agreement of the contract prices from this date reflecting NLW impact and will be pending reaching agreements with the providers and in order to allow for any disputes where agreements cannot be met, the 6 month notice clause may need to be invoked. The impact of this is that in order to carry out a tender exercise within a 6 months' notice period for an award and start date of April 2018, any detail and negotiation for contract prices would need to have been completed by October 2017.

7. PERFORMANCE MANAGEMENT

7.1 The contract is performance managed via quarterly meetings with the provider.

7.2 Performance management of the contract is focused on the delivery of outcomes and best practice in demonstrating personalisation. Each provider, in collaboration with commissioners works to demonstrate that individuals are receiving an appropriate level of support and achieving outcomes as identified in their person centred Support Plan. Where possible, each person and their families and/or carers are involved in reporting and evaluating on their own experiences in a way that is meaningful to them.

7.3 In addition to the qualitative element of performance, quantitative data information is provided quarterly.

7.4 The annual performance review focuses on quality of delivery through evidence of comprehensive feedback from Individual's who use the service and proposals and action plans to develop solutions to improve performance, delivery and areas of non-compliance during the forthcoming year.

7.5 In this performance context, Alternative Futures Group are delivering high quality support. They involve service users and carers in highlighting areas for change and improvement. Where at all possible, they have delivered efficiencies in terms of reduced hours or cashable savings; introducing assistive technologies by way of reducing sleep-in's, as outlined above, being one example currently.

8. RECOMMENDATION

8.1 As stated on the report cover.

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`Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**PROVISION OF A SUPPORTED ACCOMMODATION SERVICE FOR ADULTS WITH LEARNING DISABILITIES**
Report Summary:	The report is seeking authorisation to extend the contract lots from 1 April 2018 to 31 March 2020 in-line with clause 3.2
Recommendations:	That permission to extend is given.

Financial Implications:

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

Budget Allocation (if Investment Decision)	Please refer to table in section 3.2 of the report
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Section 3.3 of the report provides details of the cost effectiveness these contracts provide. All existing contracts are deemed to be performing well.
Additional Comments It is essential that the target contract values as stated in section 3.2 of the report are delivered in 2017/2018 as additional cost pressures will materialise within Adult Services if contract values are paid at the levels stated within section 3.1. Contract values for 2018/2019 will need to be agreed by October 2017 to avoid the requirement of a re-tender process. Contract values will need to be confirmed within the assumptions included within the Council's medium term financial strategy.	

Legal Implications:

(Authorised by the Borough Solicitor)

The contract contains an in-built extension provision for a further 24 months and to implement this would not contravene any legal obligation. However, the Board needs to consider whether this is a service they wish to consider in the first place before deciding whether the best approach is to extend the existing contract.

How do proposals align with Health & Wellbeing Strategy?

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

How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	That the contracts are extended through to 31 March 2020.
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to Young Adults with a learning disability regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.
Risk Management:	There are no anticipated financial risks, however, there may be other risk considerations should the tenants not receive the support – including access to 24-hour support – they require to live safely.
Access to Information :	The background papers relating to this report can be inspected by contacting Denise Buckley, Planning and Commissioning Officer Telephone: 0161 342 3145 e-mail: denise.buckley@tameside.gov.uk

1. INTRODUCTION

1.1 The current contract for the delivery of supported accommodation for adults with a learning disability is divided into four contract lots as follows:

Provider	Contract Start Date	Contract Term	Numbers of People and Properties
Affinity Trust (West Locality 1)	1 June 2015	3 years with the option to extend for a period of 2 years	28 people 9 properties
Alternative Futures Group (North Locality)	1 June 2015	3 years with the option to extend for a period of 2 years	36 people 10 properties
Turning Point (West Locality 2)	1 June 2015	3 years with the option to extend for a period of 2 years	32 people 7 properties
Alternative Futures Group (East Locality)	1 April 2016	2 years with the option to extend for a period of 2 years	43 people 9 properties

1.2 The contract commencing 1 April 2016 was tendered a year later than the other lots due to development work that was being undertaken in this provision. The development centred on some shared living houses within the contract closing and individuals moving to flats within a newly built extra care provision or to other shared houses. A contract extension was granted to 31 March 2016 whilst this work was completed. It was felt that a tender running alongside this re-provision would have been detrimental to the vulnerable individuals using the service and continuity was needed whilst people moved on to their new living situations.

1.3 The contract lots currently deliver support as required 24 hours a day 365 days a year to individuals with a learning disability living in their own home in the community. The service is based on the principles of person-centred support, the promotion of independence and enablement and community engagement giving people the opportunity to make a positive contribution to the communities they live in and the potential to move away from the need for paid support.

1.4 The accommodation is provided by a number of registered social landlords who work with the support providers and individuals to ensure tenancies are able to be maintained. The accommodation in each contract lot is made up of houses where a number of individuals share facilities such as lounge, kitchen and bathroom and extra care schemes where people have their own self-contained flat within a building specifically for that service contract.

1.5 The service extension will continue to deliver the outcomes above with a continued emphasis on promoting independence pathways. This will be achieved through the provider delivering person-centred approaches and working in a multi-disciplinary way with key partners.

2. CONTRACTING PROPOSAL

2.1 Consideration is given to extend the current contracts for the term allowed in clause 3.2 for up to a further two years.

3. VALUE FOR MONEY

3.1 Future budgets for the delivery of the service will need to take into consideration costs of the provider implementing the living wage, pension contributions and case law in relation to

sleep in duties which have increased these costs. Work has been undertaken with the current providers and the Council's interim finance business partner who has identified a cost of service from 1 April 2017 as follows;

Provider	Cost 2017/18
Affinity Trust (West Locality 1)	£1,567,737
Alternative Futures Group (North Locality)	£2,293,654
Turning Point (West Locality 2)	£1,911,385
Alternative Futures Group (East Locality)	£1,924,609

3.2 In addition, a reduced target cost has been identified where the additional costs of sleep ins have had a significant impact on costs. These are as follows:

Provider	Target Cost 2017/18	Rational
Affinity Trust (West Locality 1)	£1,525,207	The increase accounts for the increase in NLW and an adjustment to cover sleep ins. The target contract value assumes that 25% of the cost associated with sleep ins can be reduced by alternative service delivery
Alternative Futures Group (North Locality)	£1,986,273	The increase compensates for not increasing the contract in 2016/17 to cover NLW and includes an adjustment to cover sleep ins. The target contract value assumes that 25% of the cost associated with sleep ins can be reduced by alternative service delivery
Turning Point (West Locality 2)	£1,911,385	This accounts for an increase for NLW. Sleep ins are covered in their core hours so there is no increase to the contract.
Alternative Futures Group (East Locality)	£1,924,609	Inflated in line with NLW and CPI.

3.3 The supported accommodation model offers value for money in comparison to residential placements and is therefore considered a viable option going forward. Current out of borough placements for supported accommodation or residential placements range between £1,400 and £3,500 per individual per week. This compares to these supported accommodation service contracts at a cost of £860 - £1,140 per week.

4. OTHER ALTERNATIVES CONSIDERED

4.1 There is the need for this service in terms of continuing to support a vulnerable group of individuals in the community rather than expensive in-patient or residential placements.

4.2 Supported accommodation services have operated in their borough for a number of years and have moved through a number of developments. Initially, services were delivered by an in-house Homemaker provision. In 2002, a number of services were outsourced to external

providers with further properties from the internal service moving to external provision over the coming years.

4.3 In addition to the move to develop the market with a range of internal and external providers, the service has also developed the model of provision. This has involved a move away from shared houses to extra care type schemes where individuals have their own self-contained accommodation i.e a flat. Not only has this given people increased independence and choice in their everyday life through not having to share facilities in a house, but alleviates issues around compatibility and conflict and these then being managed within a shared house. The development of the extra care schemes has reduced service delivery costs as people have become more independent and the number of shared properties has reduced along with the need for sleep-ins or waking nights at each of there. There are currently five extra care schemes across the in-house and external provider provision offering 82 tenancies along with 47 shared properties. It is felt that this model of extra care and shared support delivers the best value in meeting the range of moderate and complex needs of people in this service.

5. IMPLICATION IF THE SERVICE IS NOT RE-COMMISSIONED

5.1 All service users have been assessed as having eligible needs as defined in the Care Act 2014. Failure to provide the service would therfore put service users at risk and may increase the numbers who enter or remain in residential care.

5.2 In considering that the extension from 1 April 2018 will be subject to agreement of the contract prices from this date reflecting NLW impact and will be pending reaching agreements with the providers and in order to allow for any disputes where agreements cannot be met, the 6 month notice clause may need to be invoked. The impact of this is that in order to carry out a tender exercise within a 6 months' notice period for an award and start date of April 2018, any detail and negotiation for contract prices would need to have been completed by October 2017.

6. CONTRACT PERFORMANCE

6.1 All four contracts are performance managed via quarterly meetings with the provider.

6.2 Performance management of the contract is focused on the delivery of outcomes and best practice in demonstrating personalisation. Each provider, in collaboration with commissioners works to demonstrate that individuals are receiving an appropriate level of support and achieving outcomes as identified in their person centred Support Plan. Where possible, each person and their families and/or carers are involved in reporting and evaluating on their own experiences in a way that is meaningful to them.

6.3 In addition to the qualitative element of performance, quantitative data information is provided quarterly.

6.4 The annual performance review focuses on quality of delivery through evidence of comprehensive feedback from Individual's who use the service and proposals and action plans to develop solutions to improve performance, delivery and areas of non-compliance during the forthcoming year.

6.5 All three providers – Affinity, Alternative Futures Group and Turning Point – are delivering high quality support. All involve service users and carers in highlighting areas for change and improvement. Where at all possible, providers have delivered efficiencies in terms of reduced hours or cashable savings; introducing assistive technologies by way of reducing sleep-in's being one example currently.

7. RECOMMENDATION

7.1 As stated on the report cover.

Report to:	**SINGLE COMMISSIONING BOARD**
Date:	22 June 2017
Officer of Single Commissioning Board	Angela Hardman, Executive Director - Public Health, Business Intelligence and Performance
Subject:	**DRUG & ALCOHOL RECOVERY SERVICE: CONTRACT NOVATION AND MONITORING**

Report Summary:

At its meeting in May 2017 SCB adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017.

The terms of the novated contract are the same as that agreed with Lifeline in 2015, and runs until July 2025.

Finance comments on the proposal included:

"However, it is critical that continual and regular reviews of the organisation's financial stability should be implemented within the ongoing contract monitoring arrangements to ensure there is a sufficient period available for alternative arrangements to be implemented in the eventuality of organisational failure in the future."

In view of these comments, the short notice of the change, the limited local knowledge of the new provider and the absence of a tender process, SCB requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender is necessary.

This report outlines proposed process that builds on the existing process and includes these elements:

- current contract monitoring process of:
    - monthly Steering Group
    - quarterly provider reports
    - regular Governance Meetings focused on clinical audits and untoward events
    - annual provider reports
    - annual commissioner performance audit checks and review
- TMBC Internal Audit and CQG reviews in July 2017
- additional financial monitoring and organisational intelligence
- enhanced monitoring measures identified by commissioner Clinical Lead
- nationally published statistics

Recommendations:

Single Commissioning Board are recommended to:

1. Endorse this proposed monitoring framework which incorporates paragraphs 2.2 to 2.8 of the report what is currently included in the current contract. Paragraphs 2.9 to 2.20 summarise the additional elements.

2. Receive a contract monitoring report in October 2017.

Financial Implications:

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

Budget Allocation (if Investment Decision)	2017/2018 - £ 3.469 million
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Avoidance of health service demand related expenditure
Additional Comments The additional details stated within section 2.12 of the report should enhance the financial intelligence available to the Single Commissioning Board. This should support awareness of any potential organisational failure at an early stage.	

Legal Implications:

(Authorised by the Borough Solicitor)

The key time to negotiate changes to the above contract was prior to the novation of the contract as the novation itself could have been conditional upon the acceptance of the proposed changes. Whilst there is no reason to believe that the provider will not accept the proposed monitoring framework the option remains for the Council to consider the exercise of the no fault termination provision within the contract which requires 12 months' notice of termination and undertake a procurement exercise for a replacement provider.

How do proposals align with Health & Wellbeing Strategy?

Reducing harmful drug and alcohol use is identified as a priority within the Health and Wellbeing Strategy.

How do proposals align with Locality Plan?

Reducing harmful drug and alcohol use is important to reduce premature mortality, hospital admissions and long term conditions, and contribute to our ambition to increase healthy life expectancy.

How do proposals align with the Commissioning Strategy?

Reducing harmful drug and alcohol use will contribute to reducing premature mortality, hospital admissions and long term conditions.

Recommendations / views of the Professional Reference Group:

The paper has not been reviewed by PRG in view of the timescale requirement for it to be prepared between SCB meetings

Public and Patient Implications:	Novation of the contract will ensure continuity of service provision. The new service has attracted new clients, particularly alcohol users and young people.
Quality Implications:	CGL passed all sections of the Organisational Questionnaire document which included elements on organisational information, financial details, insurance, equal opportunities, health & safety, clinical safety and governance, business contingency and safeguarding.
How do the proposals help to reduce health inequalities?	Harmful drug and alcohol use is associated with social deprivation. The service aims to support recovery enable independence, and stability of housing, relationships and employment.
What are the Equality and Diversity implications?	The service is available to self-referral from anyone with a concern about their use of drugs or alcohol.
What are the safeguarding implications?	Service users and their families may be vulnerable as result of harmful drug use. The current service was reviewed by CQC in December 2106, and no concerns about safeguarding were identified. Safeguarding was included in the Organisational Questionnaire for CGL, and some policy issues for follow up were identified.
What are the Information Governance implications?	Information Governance was included in the Organisational Questionnaire and considered satisfactory.
Has a privacy impact assessment been conducted?	This was concluded within the tender in 2015.
Risk Management:	Information Governance was included in the Organisational Questionnaire and considered satisfactory.
Access to Information :	The background papers relating to this report can be inspected by contacting Gideon Smith, Consultant Public Health: Telephone: 07989 991041 e-mail: e-mail: gideon.smith@tameside.gov.uk

1.0 BACKGROUND

1.1 At its meeting on 25 May 2017 the Single Commissioning Board adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017.

1.2 This was prompted by a request from Lifeline and CGL based on an agreement that had been reached between them following changes in the financial circumstances of Lifeline.

1.3 In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service tender in 2015. CGL passed all sections of the document which includes elements on organisational information, financial details, insurance, equal opportunities, health & safety, clinical safety and governance, business contingency and safeguarding. Each section was been evaluated by lead officers.

1.4 The terms of the novated contract are the same as that agreed with Lifeline in 2015, and runs until July 2025.

1.5 Finance comments on the proposal included:

"Single Commissioning Board members should be satisfied that the novation of the contract to the new provider on 31 May 2017 will ensure continuity of an essential service to the health and social care economy.

It is important to note that the new organisation is currently considered to be financially stable based on the details provided within the organisation questionnaire referenced in Appendix 1.

However, it is critical that continual and regular reviews of the organisation's financial stability should be implemented within the ongoing contract monitoring arrangements to ensure there is a sufficient period available for alternative arrangements to be implemented in the eventuality of organisational failure in the future."

1.6 In view of these comments, the short notice of the change, the limited local knowledge of the new provider and the absence of a tender process, the Single Commissioning Board requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender is necessary.

2.0 OUTLINE OF PROPOSED ENHANCED FINANCE AND PERFORMANCE MONITORING PROCESS

2.1 The proposed process builds on existing processes and includes these elements:

- current contract monitoring process of:
    - monthly Steering Group
    - quarterly provider reports
    - regular Governance Meetings focused on clinical audits and untoward events
    - annual provider reports
    - annual commissioner performance audit checks and review
- TMBC Internal Audit and CQG reviews in July 2017
- additional financial monitoring and organisational intelligence
- enhanced monitoring measures identified by commissioner Clinical Lead
- nationally published statistics

Paragraphs 2.2 to 2.8 below summarise what is included in the current contract, and 2.9 to 2.20 summarise the proposed additional elements.

2.2 **Current Contract Monitoring**

2.3 Outcomes

The contract includes the following key outcomes that the Provider will be required to achieve:

1) To increase the number of people accessing treatment and the number of people who move onto long-term sustained recovery;
2) To reduce Alcohol-related harm and Drug-related harm;
3) To maximise the opportunities for integration and collaboration in adopting a whole system approach to Drug and Alcohol treatment;
4) To contribute to a whole system approach which reduces the demand for Specialist and Targeted services through enhanced Early Intervention and Prevention;
5) To become a national exemplar of best practice.

2.4 Monthly Steering Group

Meeting of provider service manager, commissioning officer and strategic lead covering current issues and progress summarised in working action plan.

2.5 Quarterly Provider Report

As set out in service contract:

- Provide 3 case studies per quarter which over the year detail cases involving all types of drugs and alcohol and polyuse.

- Consult Service Users, and others helped by the Service on their views of the Service and evidence this involvement e.g. by Service User Survey, Review Processes, and planned exits from the Service.

- Engage and provide evidence of where Service Users and Stakeholders have influenced and assisted in the development the Service, detailing how and where changes have been made as a result of their involvement.

- Consult Stakeholders on their views of the Service and evidence responses e.g. response times, access, policies, procedures etc. and any changes in practice.

The reporting of Quarterly statistical information required will be agreed between the Purchaser and Provider but will include as a minimum:

- New cases; Total number of cases accepted & refused reason/signposting;
- Accumulative 'active' caseload figures with length of time in the Service;
- Completions; both successful and treatment complete but not Drug/Alcohol free.

Broken down by the following:

- Age / D.O.B.;
- Gender;
- Ethnicity;
- Disability;
- Residential Area;
- Religion;

- LGBT / Sexual orientation;
- Children in Households;
- Pregnancies;
- Number and Source of referrals;
- Drug / Alcohol Type(s) being treated and nature of use;
- Injecting status;
- BBV status including if treatment offered, accepted and accessed;
- Other Health pathways identified (i.e. **Chronic Obstructive Pulmonary Disease)** and follow up referral/access assistance;
- Number of representations, reasons and previous interventions accessed;
- Number of clients signposted to additional/alternative services and destinations;
- Key issues related to Service User needs such as Housing, Education, Employment, Health Concerns and active service engagement with other agencies. This will provide not only useful intelligence but also the provider's management of complex dependencies;
- Number of referrals to Safeguarding Adults Team, Children's Social Care/Safeguarding and Police, regarding welfare of a child;
- Performance against Payment for Change Projects.

The Provider shall note that information obtained through contract management of the Service will be shared with relevant stakeholders as identified and approved by the Purchaser.

The Provider will continually evaluate the Service and report to the Purchaser as required. Such evaluation shall include any gaps in provision suggested by the other agencies of Tameside.

The Provider will ensure that a clinical audit programme is developed with the Purchaser which will be applied in practice annually and/or as required.

2.6 Annual Provider Report

As set out in service contract:

The Provider will provide a review of the Service, in the form of an Annual Report performance review and improvement plan, which will include:

- A review of the performance and delivery of the Service against the 5 outcomes in Section 5 during the period of the previous 12 months of the Contract;

- From year 3 onwards, a review of performance over the previous 3 year time span.

- Where appropriate, proposals to improve the performance and delivery of the Service during the forthcoming year, a summary of the business plan and associated actions, in the form of an improvement plan;

- An overview Staffing Structure and an FTE employee headcount;

- Full year independently audited Financial Accounts, in respect of this Service only, including details of any shift in expenditure and any underspend;

- A Risk Register with mitigating actions and clear owners;

- The Annual Report should clearly identify where the service has positively contributed to the Public Health Outcomes Framework, NHS Outcomes Framework, Social Return on Investment and Adult Social Care Outcomes Framework.

2.7 Annual Case Audit

Detailed review of service activity records.

2.8 Year One Commissioner Review

Submitted to Tameside and Glossop Professional Reference Group November 2016.

2.9 **Tameside MBC Internal Audit and CQC Reviews**

The service was visited by Tameside MBC Internal Audit in July and the Care Quality Commission in December during 2016, and follow up reviews are scheduled for July 2017. The Care Quality Commission does not give ratings for visits to substance misuse services, but the report included areas of good practice as well as areas for improvement for which progress on action has been followed up by commissioners at the monthly Steering Group meetings.

2.10 **Financial Monitoring And Organisational Intelligence**

2.11 Financial monitoring

2.12 The contract requires annually: *Full year independently audited Financial Accounts, in respect of this Service only, including details of any shift in expenditure and any underspend.*

The following additional reporting is proposed:

- Provision of annual pre and post independently audited Financial Accounts for the organisation with supporting notes to the accounts

- Provision of quarterly in year financial accounts for the organisation as approved by the board of trustees.

- Provision of medium term organisational financial forecast as revised and approved by the board of trustees – period to cover current plus following two financial years

2.13 Organisational intelligence
The new provider will be invited to provide updates on the progress of organisational developments within the full parent company to assist understanding of the future delivery of the local service.

2.14 Enhanced Monitoring Measures

2.15 The Single Commissioning Board Clinical Lead for substance misuse has identified alcohol community detox activity as an important indicator of service quality and performance. National data collection does not currently provide adequate monitoring data, and the provider has committed to review recording.

2.16 The details of the current monitoring framework will be reviewed with the Clinical Lead with a view to identifying further aspects of performance that require closer examination.

2.17 The details of the current monitoring framework will be reviewed with the Single Commission Quality Team with a view to identifying further aspects of performance that require closer examination.

2.18 **National Statistics**

2.19 Public Health England National Drugs Treatment Monitoring System (NDTMS) and Diagnostic Outcomes Monitoring Executive Summary (DOMES)
The local service submits a monthly dataset that contributes to a national database from which a wide range of analyses are prepared. Some analyses are available publicly and others only to commissioners or providers. Comparisons with other areas can be difficult due to differing configuration of services and coding practices. Comparisons over time can also be difficult due to changes in datasets and providers. Three publishes key indicators are:

- Treatment completion and non-representation (% opiate users)
- Treatment completion and non-representation (% non-opiate users)
- Treatment completion and non-representation (% alcohol users)

2.20 Public Health Outcomes Framework
Two measures from DOMES are included in the Public Health Outcomes Framework:

- % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months.
- Adults with substance misuse treatment need who successfully engage in community-based structure treatment following release from prison.

3.0 COMMISSIONING STAFF RESOURCE

3.1 Contract and performance monitoring for substance misuse is currently supported by a dedicated Commissioning and Performance Officer supported by a Contract Performance Officer.

4.0 RECOMMENDATIONS

4.1 As set out on the front page of this report.