Tameside Metropolitan Borough

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

STRATEGIC COMMISSIONING BOARD

Day: Tuesday
Date: 30 January 2018
Time: 2.00 pm
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
2.	**DECLARATIONS OF INTEREST** To receive any declarations of interest from members of the Strategic Commissioning Board.	
3.	**MINUTES OF THE PREVIOUS MEETING** To receive the Minutes of the previous meeting held on 12 December 2017.	1 - 8
4.	**THRIVE AND PROSPER - ONE CORPORATE PLAN 2018-2025** To consider the attached report of the Director of Governance and Pensions.	9 - 34
5.	**FINANCIAL CONTEXT**	
a)	**FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND** To consider the attached report of the Director of Finance, Single Commission.	35 - 52
6.	**QUALITY CONTEXT**	
a)	**QUALITY REPORT** To consider the attached report of the Director of Safeguarding and Quality.	53 - 68
b)	**CARE HOMES: QUALITY ASSURANCE AND CONTRACTUAL PERFORMANCE** To consider the attached report of the Director of Safeguarding and Quality.	69 - 76
7.	**COMMISSIONING FOR REFORM**	
a)	**CHILDREN AND YOUNG PEOPLE'S (AGED 0-25) SPECIAL EDUCATION NEEDS AND DISABILITY INTEGRATED COMMISSIONING STRATEGY 2018-21** To consider the attached report of the Director of Safeguarding and Quality.	77 - 90
b)	**MENTAL HEALTH INVESTMENT** To consider the attached report of the Interim Director of Commissioning.	91 - 102

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.

c) INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP 103 - 330

To consider the attached report of the Interim Director of Commissioning.

8. URGENT ITEMS

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

9. DATE OF NEXT MEETING

To note that the next meeting of the Single Commissioning Board will take place on Tuesday 20 February 2018 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
STRATEGIC COMMISSIONING BOARD

12 December 2017

Commenced: 2.00 pm **Terminated: 4.00 pm**

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Kieran Quinn – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Councillor David Sweeton – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance: Kathy Roe – Director of Finance
Jessica Williams – Interim Director of Commissioning
Aileen Johnson – Head of Legal Services
Paul Pallister – Assistant Chief Operating Officer and Company Secretary
Gideon Smith – Consultant in Public Health Medicine
Simon Brunet – Policy Manager
Ali Rehman – Head of Business Intelligence and Performance
Lynn Jackson – Quality and Patient Experience Lead

Apologies: Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Dr Christina Greenhough – NHS Tameside and Glossop CCG

1. CHAIR'S OPENING REMARKS

In welcoming those present to the meeting, the Chair made reference to Governance review and revised Terms of Reference which were approved on 27 September 2017 by the Clinical Commissioning Group and adopted by the Full Council on 28 November 2017. The most significant aspects were set out in detail in a report for noting at Item 4. He made specific reference to a name change to Strategic Commissioning Board, to mirror the single commission moving into being a strategic commissioner, and increases in membership.

2. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 7(b) – Intermediate Care in Tameside & Glossop	Personal	Assistant medical director at Tameside and Glossop Integrated Care Foundation Trust

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 14 November 2017 were approved as a correct record.

4. GOVERNANCE OF THE STRATEGIC COMMISSION

Consideration was given to a report of the Interim Director of Commissioning and Care Together Programme Director updating the Strategic Commissioning Board following a governance review by the Clinical Commissioning Group. This review had also been considered and supported by the local authority in respect of those aspects which impacted upon the governance of the Single Commission.

The main impact of these changes which were pertinent to the Strategic Commissioning Board was detailed within the Terms of Reference appended to the report. These Terms of Reference were approved by Tameside MBC Full Council on 28 November 2017 and by the Tameside and Glossop NHS Commissioning Group Governing Body on 27 September 2017.

RESOLVED
That the decisions made by the two statutory bodies which came into effect following Full Council on 28 November 2017 be noted.

5. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a jointly prepared report of the Tameside and Glossop constituent organisations providing a 2017/18 financial year update on the month 7 position at 31 October 2017 and the projected outturn at 31 March 2018 and highlighting the increased risk of achieving financial sustainability and supporting details were provided in Appendix 1 to the report.

The Director of Finance made reference particular reference to a number of key risks that had to be managed within the economy during the current financial year, highlighted as follows:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care expenditure of £4.4m.
- Children's Services within the Council was managing unprecedented levels of service demand currently projected to result in additional expenditure of £7.2m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18 and efficiencies of £10.4m were required in 2017/18 in order to meet this sum.

She also made reference to the Strategic Commission risk share arrangements in place for 2017/18 which demonstrated the extra contributions being made in year to help the economy delivery a balanced budget in 2017/18.

RESOLVED
(i) That the 2017/18 financial year update on the month 7 financial position at 31 October 2017 and the projected outturn a 31 March 2018 be noted.
(ii) That the significant level of savings required during the period 2017/18 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.
(iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.

6. PERFORMANCE REPORT

The Strategic Commissioning Board received a presented which explained that there would be a new approach and format for future bi-monthly reporting of performance and quality which would include the headlines and key issues. The dashboard would be based on Greater Manchester plus local data with flexibility to be responsive to issues. From February 2018, reports would be supplemented by deep-dive analysis and in-focus reviews covering the following:

- Primary Care;
- Urgent Care;
- Mental Health;
- Social Care (Adults);
- Neighbourhoods;
- Children's.

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications), providing the Strategic Commissioning Board with a health and care performance and quality update was based on the latest published data at the end of September 2017. Discussion took place on the following which were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- 111 Performance against Key Performance Indicators;
- Percentage of services users in receipt of direct payments;
- Total number of learning disability service users in paid employment.

The Quality and safeguarding exceptions were also detailed and discussed.

RESOLVED
That the content of the presentation and Health and Care performance report be noted.

7. COMMISSIONING INTENTIONS

Consideration was given to a report of the Interim Director of Commissioning and a draft letter to providers set out at Appendix A to the report setting out the high level Commissioning Intentions for how Tameside and Glossop Strategic Commission intended to commission services from its providers in 2018/19, in line with the 2017-19 national contract guidance these intentions were to cover the second year of the agreed two year (2017/19) contracting period. More details of specific intentions in terms of activity and financial planning would be shared with providers during the contract negotiation period.

It was explained that the Commissioning Intentions had been put into four defined groups:

1) Tameside and Glossop Strategic Commission;
2) Tameside and Glossop financial context;
3) Specific Commissioning Intentions with no additional funding;
4) Specific Commissioning Intentions – additional support via the Greater Manchester Health and Social Care Partnership.

The Commissioning Intentions set out how, due to strong and steady work over the past two years, a single place-based commissioning body had been formed (Tameside and Glossop Strategic Commission) made up of Tameside MBC and NHS Tameside and Glossop and supported the implementation of a new model of care.

The Strategic Commission's commitment was to early intervention, prevention and tackling unacceptable health inequalities was outlined along with the long term commitment to deliver sustainable improvement to heathy life expectancy.

There was an estimated commissioning gap in 2018/19 of £29m which would affect every aspect of the Commissioning Intentions for next year and Section 2 of the Commissioning Intentions provided an overview of what was required to enable the challenge to be met. Achieving financial sustainability was of utmost importance to provide the economy with future stability and enable the continuation of the transformation journey working alongside providers to identify and support innovative approaches to managing demand in more cost effective ways.

The Commissioning Intentions made it clear that the economy would be unable to support any activity growth or cost increases in 2018/19 and would require providers to work with the commission to reduce demand or mitigate this as far as possible. There would be no additional Tameside and Glossop funding for any new services or developments with the exception of those identified in transformation plans or guaranteed to provide a rapid return on investment / reduce cost elsewhere in the economy. Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and Social Care Partnership funds would be supported in full and detailed under Section 4 of the Commissioning Intentions.

Members of the Board welcomed the report commenting that this annual activity sought to ensure commissioners had clear oversight to work towards informing local health activities and made providers aware of the contractual changes that would be implemented in the forthcoming year.

RESOLVED

(i) That the 2018/19 Commissioning Intentions be approved.

(ii) That the Strategic Commission continues to work with providers towards delivering a stable economy and long term commitment to delivering sustainable improvement to healthy life expectancy.

8. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

(Dr Lea declared her personal interest as Assistant Medical Director at Tameside and Glossop Integrated Care Foundation Trust as this was an update report and not for decision.)

Consideration was given to a report of the Interim Director of Commissioning which explained that Tameside and Glossop Single Commission had led the development of a local strategy for Intermediate Care. The Single Commission had been asked to bring back a fully developed proposed model to the Strategic Commissioning Board in December 2017.

Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, this was an interim report to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final report to the Strategic Commissioning Board at its meeting in January 2018.

In August 2017, the Strategic Commissioning Board agreed to consult on three options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as a preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The three options had been the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

The consultation was hosted on the Clinical Commissioning Group's website in the form of a standard questionnaire with an introduction to explain the reason for the changes and a copy of the questionnaire used was attached as Appendix 2 to the report. In addition to the online consultation, paper copies were made available at all 39 GP surgeries across Tameside and Glossop and made available at all public meetings and meetings with community groups. Paper copies were provided to Tameside and Glossop Integrated Care Foundation Trust for sharing with service users. Copies were also available in libraries in Tameside and the High Peak area.

Details of four public meetings held during the period of consultation together with attendance figures were also included in the report. In addition to the public consultation, community engagement had taken place through contacting specific groups across Tameside and Glossop.

Reference was made to Appendix 3 to the report which included posters advertising the consultation, a fact sheet and frequently asked questions which was expanded throughout the 12 week consultation process to include questions raised through the meetings undertaken.

It was further reported that in October 2015, NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance included four tests of service configuration and this had been taken into consideration when establishing the running the consultation process described in the report.

The Intermediate Care consultation had been promoted extensively since 23 August 2017 and in addition to the page on the Clinical Commissioning Group website the consultation had been shared and promoted in a number of ways which were summarised in the report. In total, 1,358 responses had been received to the online questionnaire hosted on the Clinical Commissioning Group website. Over 1,750 paper questionnaires were issued and 153 returned to the Clinical Commissioning Group.

In addition to the consultation hosted on the Clinical Commissioning Group website, and public meetings, 105 community and patient groups were contacted by the Clinical Commissioning Group directly by letter or email to inform them of the consultation and invite them to be involved. A full list of the groups contacted was attached to the report at Appendix 4. The consultation was also presented to a number of Local Authority meetings across Tameside MBC and Derbyshire CC as listed in the report.

During the period of consultation, the Clinical Commissioning Group and Tameside MBC had received Freedom of Information Requests, complaints, MP enquiries, and comments from community and patient representatives / members of the public relating to the consultation and intermediate care. All had been acknowledged and, where required answers provided and a summary of requests and responses were detailed in the report.

The table below provided a summary of the initial analysis of the survey responses, reflected in key themes detailed below.

CONSULTATION FEEDBACK THEME	**DETAIL**
TRANSPORT	• Public transport availability • Parking • Journey times (car and public transport)
SHIRE HILL	• Site • Staff
PATIENT CARE	• Safety • Quality of services (Shire Hill, Stamford Unit / Tameside and Glossop Integrated Care Foundation Trust, home based, other potential providers) • Staffing issues • Future capacity
GLOSSOP PROVISION	• Intermediate care in the neighbourhood • Community provision • George Street site – Glossop Primary Care Centre
PASTORAL CARE	• Proximity of intermediate care beds to patients' family and carers • Connection with communities
AFFORDABILITY	• Funding of future intermediate care model

In conclusion, it was stated that extensive consultation had been undertaken over a period of 12 weeks and the Single Commission was confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration as detailed in Section 5 of the report had been met. It was recognised that to complement the Intermediate Care bed based services, the community intermediate care and neighbourhood offers would continue to be developed and implemented led by the Care Together Programme Board.

The impact of the proposed model was being fully evaluated and along with the outcome of the consultation would form a comprehensive Equality Impact Assessment which would be presented with the report to the Strategic Commissioning Board in January 2018. An independent assessment of the consultation process, including the analysis of the results, would be undertaken ahead of the presentation of a full report with recommendations to the January Strategic Commissioning Board.

In noting the content of the report providing detail on the consultation and initial themes arising, Members of the Strategic Commissioning commented on the range of community and patient engagement that had been undertaken and it was important that sufficient time was allocated to consider all responses appropriately and any necessary changes / mitigations in response.

RESOLVED

(i) That the content of the report providing detail on the consultation and initial themes arising be noted.

(ii) That the work in progress on the Equality Impact Assessment to ensure it responded to the issues raised within the consultation and explored whether additional mitigation was required be noted.

(iii) That a further report be received by the Strategic Commissioning Board at its meeting on 30 January 2018.

9. COMMUNITY HEALTH CHECKS CONTRACTS EXTENSION

The Consultant in Public Health Medicine presented a report explaining that the NHS Health Check was a national programme of systemic prevention that assessed an individual's risk of heart disease, stroke, diabetes and kidney disease. The Be Well Tameside Service contract formed part of the Tameside and Glossop Clinical Commissioning Group contract with Pennine Care which was due for review and renewal from April 2019. An extension to the current Community Health Checks Programme contract to March 2019 would enable an incorporation of this contract into the Wellbeing Service contract. The overall aim of the service was to provide the community element of an integrated NHS Health Checks Programme to people in various community settings across Tameside that would improve health outcomes and the quality of life of the Tameside eligible population. The Service would sustain the continuing increase in life expectancy and reduction in premature mortality under threat from the rise in obesity and sedentary living, and reduce the gap between Tameside and England.

It was reported that Tameside and Glossop faced a very significant challenge to reduce premature deaths from cardiovascular disease. NHS Health Checks identified early vascular disease, particularly cardiovascular disease and provided a cost-effective approach to enabling behaviour change and access to follow up and treatment that reduced the risk of future illness.

In response to questions from Members of the Board, the Consultant in Public Health Medicine explained that the contract was subject to regular efficiency review and required activity had been increased from 2000 in 2016/17 to 2261 for 2017/18. A fuller review, taking into account the Greater Manchester strategic direction for NHS Health Checks, national guidance and experience, as well as local learning from the Community Health Checks Service and Primary Care Quality Premium, would be undertaken in the context of planned incorporation into the Wellbeing Service contract.

RESOLVED

That approval be given to the extension of the Community Health Checks Programme contract for 12 months until 31 March 2019 to enable the alignment to the commissioning intentions of the Greater Manchester Partnership.

10. EXTENDED ACCESS SERVICE AND OUT OF HOURS: CONTRACT VARIATONS TO EXTEND

Consideration was given to a report of the Interim Director of Commissioning, stating that the Extended Access Service had been in place as a pilot since 1 December 2015 and had been extended once during this period. The contract was provided by Orbit, GP Federation in partnership with GoToDoc. The previous extension was for 12 months to bring the contract end date to 30 November 2017. The service delivered access to general practice services for all patients across Tameside and Glossop, offering pre bookable appointments for same day and routine access.

The Extended Access Service contract was now due for renewal and this paper requested approval to further extend the existing contract to the 30 September 2018.

It was further reported that Clinical Commissioning Group records showed that the Out of Hours contract had been in place since at least 2011. The current contract period was due to end on 31 March 2018 and the report requested approval to further extend the existing contract to 30 September 2018 to align the contract end date that of the Extended Access Service.

It was explained that the rationale for the extensions were that Extended Access Service and Out of Hours were fundamental elements for future Urgent Care plans. These plans were currently being widely consulted on across Tameside and Glossop and future commissioning requirements would only be clarified once the outcome of the consultation was known, anticipated at the end of February 2018.

RESOLVED

(i) That approval be given to extend the Extended Access Service contract to 30 September 2018.

(ii) That approval be given to the further extension of the existing Out of Hours contract to 30 September 2018 to align the contract end date to that of the Extended Access Service.

(iii) To note that a detailed report would be received in January 2018 outlining the procurement process l

11. URGENT ITEMS

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

12. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Tuesday 30 January 2018 commencing at 2.00 pm at Dukinfield Town Hall.

13. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That under Section 100A of the Local Government Act 10972 (as amended) the public be excluded for the following item of business on the ground that it involved the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs of the parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved.

Disclosure would be likely to prejudice the Council's position in negotiations and this outweighed the public interest in disclosure.

14. PROVISION OF SPECIALIST MENTAL HEALTH SUPPORTED ACCOMMODATION FOR ADULTS WITH COMPLEX MENTAL HEALTH NEEDS

Consideration was given to a report of the Interim Director of Commissioning seeking authorisation to award the contract for the provision of specialist mental health supported accommodation for adults with complex health needs following authorisation by the Single Commissioning Board on 22 June 2017 for a retendering exercise.

The contract would commence on 1 April 2018 for a period of five years, with an option to extend the contract for a further two years, subject to approval and negotiation between the parties.

The service retender had continued the emphasis on delivery of outcomes for those receiving support based on the principles of recovery and rehabilitation, promoting independence pathways supporting people to remain in the community and reducing the need for hospital admission or residential placements.

The retender also included the need for providers to deliver a re-provision of one of these properties which had been identified by commissioners as not fit for purpose in the long term to deliver the desired service model.

Particular reference was made to the procurement approach, evaluation and value for money and the implications if the service was not awarded.

RESOLVED
That the recommendations of the evaluation process be accepted and permission be granted to award the contract for the provision of specialist mental health supported accommodation for adults with complex health needs.

CHAIR

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	30 January 2018
Officer of Strategic Commissioning Board	Sandra Stewart – Director of Governance and Pensions Sarah Dobson – Assistant Director of Policy, Performance and Communications
Subject:	**THRIVE AND PROSPER – ONE CORPORATE PLAN 2018 – 2025** **TAMESIDE AND GLOSSOP IMPROVEMENT AND LEARNING FRAMEWORK**
Report Summary:	The report provides the Strategic Commissioning Board with an update on the development of 'Thrive and Prosper' the joint Corporate Plan 2018-25 for both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group (CCG), and the associated Delivery Plan. The current draft of Thrive and Prosper – One Corporate Plan 2018-25 is attached at **Appendix 1** for discussion, comment and feedback. Also outlined in this report is the joint Improvement Framework that drives improvement and measures progress against achievement of the aims of the Corporate Plan and the objectives in the Delivery Plan.
Recommendations:	It is RECOMMENDED that: 1. Alongside the budget setting process in the New Year the joint Delivery Plan is developed and a draft taken to Strategic Commissioning Board on 20 February 2018 for discussion, comment and feedback. 2. Following the above steps, the final versions of both the Corporate Plan and Delivery Plan are taken to the Executive Cabinet of Tameside Council on 21 March 2018 and the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group on 28 March 2018 for formal adoption by both organisations. 3. The Strategic Commissioning Board is asked to support the ongoing development and implementation of the Tameside and Glossop Improvement Framework.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	There are no direct financial implications as a result of this report. As projects come forward that support the achievement of the aims of Thrive and Prosper – One Corporate Plan 2018-25 each will need to be considered on its individual merits including financial impact.
Legal Implications: **(Authorised by the Borough Solicitor)**	In order to spend public resources efficiently and effectively it is important that we are clear about priorities and communicate the same. This goes to serving that purpose.
How do proposals align with Health & Wellbeing Strategy?	Thrive and Prosper – One Corporate Plan 2018-25 is aligned with the Health and Wellbeing Strategy and vice versa. The approach to improvement (performance and quality) will provide check &

	balance and assurances as to whether vision, priorities and associated objectives are being achieved.
How do proposals align with Locality Plan?	Thrive and Prosper – One Corporate Plan 2018-25 is aligned with the Locality Plan and vice versa. The approach to improvement (performance and quality) will provide check & balance and assurances as to whether vision, priorities and associated objectives are being achieved.
How do proposals align with the Commissioning Strategy?	Thrive and Prosper – One Corporate Plan 2018-25 is aligned with the Commissioning Strategy and vice versa. The approach to improvement (performance and quality) will provide check & balance and assurances as to whether vision, priorities and associated objectives are being achieved.
Recommendations / views of the Health and Care Advisory Group:	N/a
Public and Patient Implications:	No direct Public and Patient implications as a result of this report. Although any changes to services in order to meet strategy and plan objectives will need an appropriate level of engagement and consultation with the public and patients.
Quality Implications:	The report sets out an approach to using performance and quality information and data to measure progress towards achievement of the vision and priorities set out in Thrive and Prosper – One Corporate Plan 2018-25 and the associated objectives and projects. Any changes to services in order to meet strategy and plan objectives will need the completion of a Quality Impact Assessment (EIA).
How do the proposals help to reduce health inequalities?	A primary aim of Thrive and Prosper – One Corporate Plan 2018-25 is to improve quality of live and reduce inequalities of all kinds including health. The Single Outcomes Framework and the approach to improvement (performance and quality) will provide and assessment of where inequalities exist and effectiveness in reducing them.
What are the Equality and Diversity implications?	No direct Equality and Diversity implications as a result of this report. Although any changes to services in order to meet strategy and plan objectives will need the completion of an Equality Impact Assessment (EIA).
What are the safeguarding implications?	No direct safeguarding implications as a result of this report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	No direct Information Governance implications as a result of this report. There is no requirement or need to complete a Privacy Impact Assessment as a direct result of this report.

Risk Management: The report outlines an approach that ensures both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group have a robust approach in place to ensure ongoing assessment of performance and quality, and thus the identification of risk.

Access to Information : **Appendix 1** – Thrive and Prosper – One Corporate Plan 2018-25

Appendix 2 – Tameside & Glossop Single Outcomes Framework

The background papers relating to this report can be inspected by contacting Simon Brunet – Policy Lead – Policy, Performance and Communications – Governance and Pensions.

Telephone: 0161 342 3542

e-mail: simon.brunet@tameside.gov.uk

1.0 CONTEXT

1.1 The report provides the Strategic Commissioning Board with an update on the development of 'Thrive and Prosper' the joint Corporate Plan 2018-25 for both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group (CCG), and the associated Delivery Plan. Also outlined is the joint Improvement Framework that drives improvement and measures progress against achievement of the aims of the Corporate Plan and the objectives in the Delivery Plan. Joint strategies and plans for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group are recognition of our single approach in a place – Tameside and Glossop.

2.0 THRIVE AND PROSPER – ONE CORPORATE PLAN 2018–25

2.1 Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group are committed to ensuring all our residents lead long, fulfilling and healthy lives which we will achieve through five themes:

- Excellent Health & Care
- Digital Future
- Successful Lives
- Stronger Communities
- Vibrant Economy

2.2 Together the five themes in our vision will enable residents to lead healthy, long and fulfilling lives. They can access jobs and learning opportunities which in turn drives economic growth. By building stronger communities, developing digital and supporting our residents to access the services they need enables everyone to lead successful lives.

2.3 Thrive and Prosper – One Corporate Plan 2018-25 brings together for the first time the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. The challenge to Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group continues to be finding new ways of delivering public services with increasingly limited resources. With ambition and innovation – and by working together with our citizens and partners – we can build a bright and prosperous future where everyone can thrive. We have already redesigned many of our services to take account of funding cuts and continue to look for new affordable ways of delivering services. We acknowledge that in order to deliver our ambition around growth and prosperity for all our residents, we need to invest now to deliver long-term and sustainable improvements in quality of life. This plan recognises that our five key aims around health, building successful lives, the economy, stronger communities and embracing digital opportunity are closely linked and by working on these aims at the same time will bring about real change for our residents and deliver a brighter future for all.

2.4 The current draft of Thrive and Prosper – One Corporate Plan is attached at **Appendix 1** for discussion, comment and feedback.

2.5 The document provides some detail on the five themes for Tameside and Glossop and a brief explanation of how we will deliver our plans. Further detail on delivery will be outlined in the Delivery Plan to be developed alongside the budget setting process and ongoing engagement and testing with relevant stakeholders.

3.0 IMPROVEMENT AND LEARNING FRAMEWORK

3.1 As with any vision and set of priorities for the area, it is important that we measure progress, to ensure we are on track to deliver them. Adopting an evidence based approach

requires us to place a strong focus on improvement and learning delivered through the measurement of outcomes, the understanding of insight and the use of intelligence. By using a broad evidence base with appropriate check and challenge we can assess and evaluate the impact we are making.

3.2 The three tiers of an effective approach to improvement and learning are:

OUTCOMES	Long term ambition & aspiration	Quality of life Engagement & resilience Lived experience
IMPROVEMENT	Check & challenge of system health and effective delivery	Performance & improvement Quality & risk Finance & affordability
INTELLIGENCE	Knowledge, insight & understanding	Benchmarking & horizon scanning Peer review & challenge Deep dive Feedback & complaints/compliments Evaluation, impact & CBA Business intelligence Small area data Risk stratification

3.3 Only through strong relationships between our service users, partners and providers can we deliver the outcomes we want to achieve within the resources that we have available. Outcomes measure quality of life, lived experience and levels of engagement and resilience amongst our residents and within our communities – and they evidence progress over the long term towards our aims and ambitions. Measurement of outcomes can be achieved through data collected within our systems and through surveys with our residents to ensure the services being provided are appropriate and are being delivered to a high standard.

3.4 The performance and quality of our services will be challenged through our improvement tier which will ensure that underperformance in any of the outcomes will be highlighted at the first available opportunity. As well as ensuring that performance and quality is on track, information on costs and affordability of projects will also be collected to ensure value for money and that projects are viable.

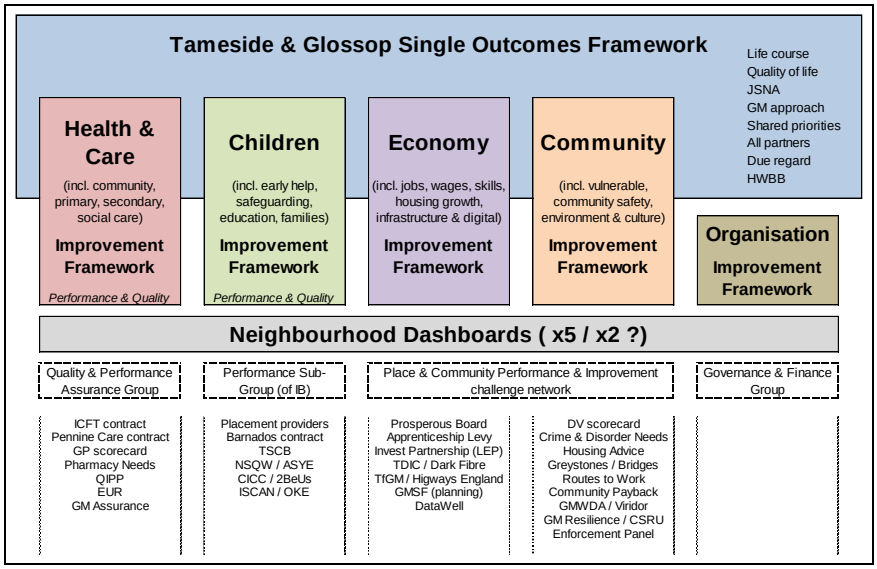
3.5 For those outcomes where it's identified that we are underperforming or quality is poor, more in-depth analysis will be undertaken to understand the reasons behind the performance. This could take the form of an intelligence review, benchmarking exercise etc. In addition, research and analysis will be undertaken into other areas of interest to the council and the CCG; this could result in a new outcome being delivered if required.

4.0 TAMESIDE AND GLOSSOP SINGLE OUTCOMES FRAMEWORK (SOF)

4.1 The Tameside and Glossop Single Outcomes Framework (SOF) provides a dashboard of long term aspirations and ambitions for improved quality of life in the area to which all public services should pay due regard. We need to ensure that the strategic and delivery outcomes defined by our five themes drive the commissioning and service delivery of all the organisations that deliver public services in Tameside. To ensure this happens effectively, Health and Wellbeing Board will have strategic oversight and responsibility for monitoring and reviewing the Outcomes Framework. A copy of the current Tameside and Glossop Single Outcomes Framework (SOF) is attached at **Appendix 2**.

5.0 PERFORMANCE AND QUALITY

5.1 Our approach to monitoring performance and quality at the strategic level will be linked to four of the five themes of the Corporate Plan – the fifth theme, Digital Future – being cross-cutting. The diagram below explains the architecture of our approach to improvement and learning and how the four individual themes have improvement (performance and quality) frameworks in place.



5.2 Each theme will have its own Improvement Framework with a group assigned with responsibility for monitoring performance of the outcomes, monitoring service level agreements and contracts and making recommendations on areas for further research and investigation.

5.3 Each individual framework will consider issues of finance and affordability of service provision and ensure that when service changes occur robust data is provided to demonstrate whether a change has provided value or money. Where no positive improvements in a service are made by any service changes, this will be highlighted, investigated and then ultimately reported in the Tameside and Glossop Single Outcomes Framework to ensure decisions are made based on evidence and intelligence.

5.4 The individual frameworks will also ensure that the services provided are of a high standard and identify quickly any risks associated with service provision that could cause harm to residents.

6.0 RECOMMENDATIONS

6.1 As set out on the front of the report.

THRIVE AND PROSPER

One Corporate Plan 2018 - 2025

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

Together the five themes in our vision will enable residents to lead healthy, long and fulfilling lives. They can access jobs and learning opportunities which in turn drives economic growth. By building stronger communities, developing digital and supporting our residents to access the services they need enables everyone to lead successful lives.

YOUR AMBITIONS, OUR PRIORITIES

Excellent Health & Care – we want all our residents to have access to high quality joined up health and care services that help our residents to live longer and healthier lives.

Successful Lives – we want our young people to live in a safe and supportive environment where they have the opportunity to reach their full potential.

Vibrant Economy – we want to provide greater access to jobs and opportunities, attract more businesses to the area and improve connectivity.

Stronger Communities – we want to build stronger communities that look out for one another, take a pride in the area they live in and have access to quality homes.

Digital Future – we want to provide everyone with the opportunity to get on-line to access services, learning and information.

Thrive and Prosper (One Corporate Plan) brings together for the first time the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group.

Together we are committed to ensuring all our residents lead long, fulfilling and healthy lives. We are committed to supporting economic growth, providing high quality health and care services, protecting our most vulnerable and creating strong and supportive, self-sufficient communities.

The challenge to Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group continues to be finding new ways of delivering public services with increasingly limited resources. With ambition and innovation – and by working together with our citizens and partners – we can build a bright and prosperous future where everyone can thrive.

We have already redesigned many of our services to take account of funding cuts and continue to look for new affordable ways of delivering services. We acknowledge that in order to deliver our ambition around growth and prosperity for all our residents, we need to invest now to deliver long-term and sustainable improvements in quality of life.

This plan recognises that our five key aims around health, building successful lives, the economy, stronger communities and embracing digital opportunity are closely linked and by working on these aims at the same time will bring about real change for our residents and deliver a brighter future for all.

OUR FIVE PRIORITIES

EXCELLENT HEALTH & CARE

Our Care Together programme brings together NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council, and Tameside and Glossop Integrated Care NHS Foundation Trust with the aim of providing care that is closer to home. To achieve this we are creating five neighbourhood teams which bring together GP's, care providers, hospital, council, mental health services, pharmacists, community services and charities to work effectively together to deliver improved health and social care service placing the person at the centre of the care that is required.

We are investing in new health and leisure facilities to help people lead more active lives. As well as investing in traditional sports facilities we're also providing fun facilities aimed at families, such as soft play, trampolining and climbing walls.

We will work with you, your family and the community to address the issues that contribute to ill-health, designing our services, place and spaces, to support you to be healthy and well for longer. We will create one health care system that delivers the right care, at the right time, in the right place for you.

SUCCESSFUL LIVES

We want all our young people to live in a safe and supportive environment and have the opportunity to reach their full potential. This starts with our ambition for all young people to start school ready to learn by providing nursery places for all 3 and 4 year olds and additional help where needed through our Early Help Strategy.

We want all our schools to be rated good or outstanding by Ofsted and are supporting those on an improvement journey to achieve this. We're helping our schools drive up achievement and our young people to achieve their full potential whether that be academic or vocational. Over the lifetime of our Vision Tameside programme, we're working in partnership with Tameside College to provide three state-of-the-art colleges that will equip our young people for the challenges of a changing economy requiring a highly skilled workforce – particularly digital skills.

Protecting children and young people and supporting families to prosper is the most important responsibility in our role as corporate parents. We are committed to fundamentally changing our services to ensure that children and young people get the best outcomes and the best start in life, are properly safeguarded where they are at risk of harm and that families are supported to stay together.

VIBRANT ECONOMY

We want to make our area a great place to live, work and invest. We will work to ensure that we achieve our economic potential by maximising the opportunities our unique location, Greater Manchester devolution and the development of the Northern Powerhouse provides us with.

We are working to attract inward investment and supporting businesses to start and grow. Our key focus areas for growth are in advanced manufacturing and engineering, property and construction and digital and creative – delivering more high skill high wage jobs. We are making it easier for our local small and medium enterprises to do business with public services and helping businesses to up-skill their workforce.

We are committed to connecting people to jobs and learning opportunities by improving transport infrastructure. We are working with key partners to achieve this by delivering key projects such as the Tameside Interchange and the Trans-Pennine Upgrade (Mottram Bypass). We will continue to lobby Government to for more infrastructure investment in our area.

We will continue to promote sustainable modes of transport (walking and cycling) and work with Transport for Greater Manchester to improve accessibility to cycle routes. An increased use of these modes will help improve air quality in the area.

We're also looking at new development sites in the area that can be bought forward for future use for business development and housing to meet the need for more affordable and aspirational family homes.

STRONGER COMMUNITIES

We've created multi-agency neighbourhood partnerships that enable us to tackle issues directly in our communities such as anti-social behaviour and community cohesion. Bringing our communities together will be supported by a range of cultural events and activities.

We're working with our voluntary sector to help our communities become more resilient and do more for themselves and help reduce isolation and loneliness. We're providing our residents with the tools to enable them to self-care and utilising our voluntary sector to provide non-clinical services that assist residents with their wellbeing.

We recognise the important part our residents can play in looking out for their neighbours and keeping their local area clean enabling us to prioritise spend on those most in need. We are committed to protecting our environment through increased recycling and improved air quality. We will work together across Greater Manchester to improve air quality particularly around our schools.


LETTINGS

DIGITAL FUTURE

We're leading the way in creating a digital environment for all, with the roll-out of dark fibre (superfast broadband). This will enable residents and businesses to have access to the best available internet connections in the country. We've already rolled out free wi-fi in all our town centres and are providing open-access library services.

We're developing more on-line services to help reduce demand on our services. Our Digital Health Centre and Community Response Service are reducing the need for those residents living in a care home or those helped to live at home to attend A&E unnecessarily by enabling carers to Skype a doctor/ nurse for assistance as a first point of access.

We are committed to developing the coding skills of our young people through assistance in establishing coding clubs in our schools and libraries and running Hackathons throughout the year. Our plans with Tameside College are to provide a range of skills to our young people with a particular focus on digital skills for the future.

DELIVERING ON OUR PLAN

Delivering this strategy requires us to focus on a number of key areas:

Customer focused. We will put the customer at the heart of everything we do. We will engage with our residents to understand their needs and work together to shape our services. We will listen to our stakeholders to get their views and find better ways of working together and improving public services for all.

Early intervention and prevention. Key to getting more out of increasingly reducing money and resources is identifying health issues and problems within families earlier. We will work with our residents to help them lead healthier lives and assist them when issues occur at the earliest opportunity.

Deliver services closer to home. Delivering services closer to home makes it's easier for our residents to access the services they need so we've created neighbourhood teams to make this a reality.

Digital connectivity. We understand that more and more of our residents and businesses are using digital technology and want to be able to access our services online. We're committed to providing our residents with the best digital services and infrastructure.

Working together. We will help our residents to become active citizens who self-serve and help others within the community enabling our services to be targeted at our most vulnerable residents.

Investment. We will continue to look for investment opportunities to grow our economy, attract new businesses to the area and create new jobs for our residents.

WORKING TOGETHER

Thrive and Prosper, our One Corporate Plan supports the delivery aims of Our People Our Place, the Greater Manchester Strategy

Our Vision:

Our People Our Place
The Greater Manchester Strategy

Excellent Health & Care

Healthy lives and quality care

An age-friendly Greater Manchester

Successful Lives

Children starting school ready to learn

Young people equipped for life

Stronger Communities

Safe, decent and affordable housing

A green city for all

Safe and strong communities

Vibrant Economy

Good jobs for people to progress and develop

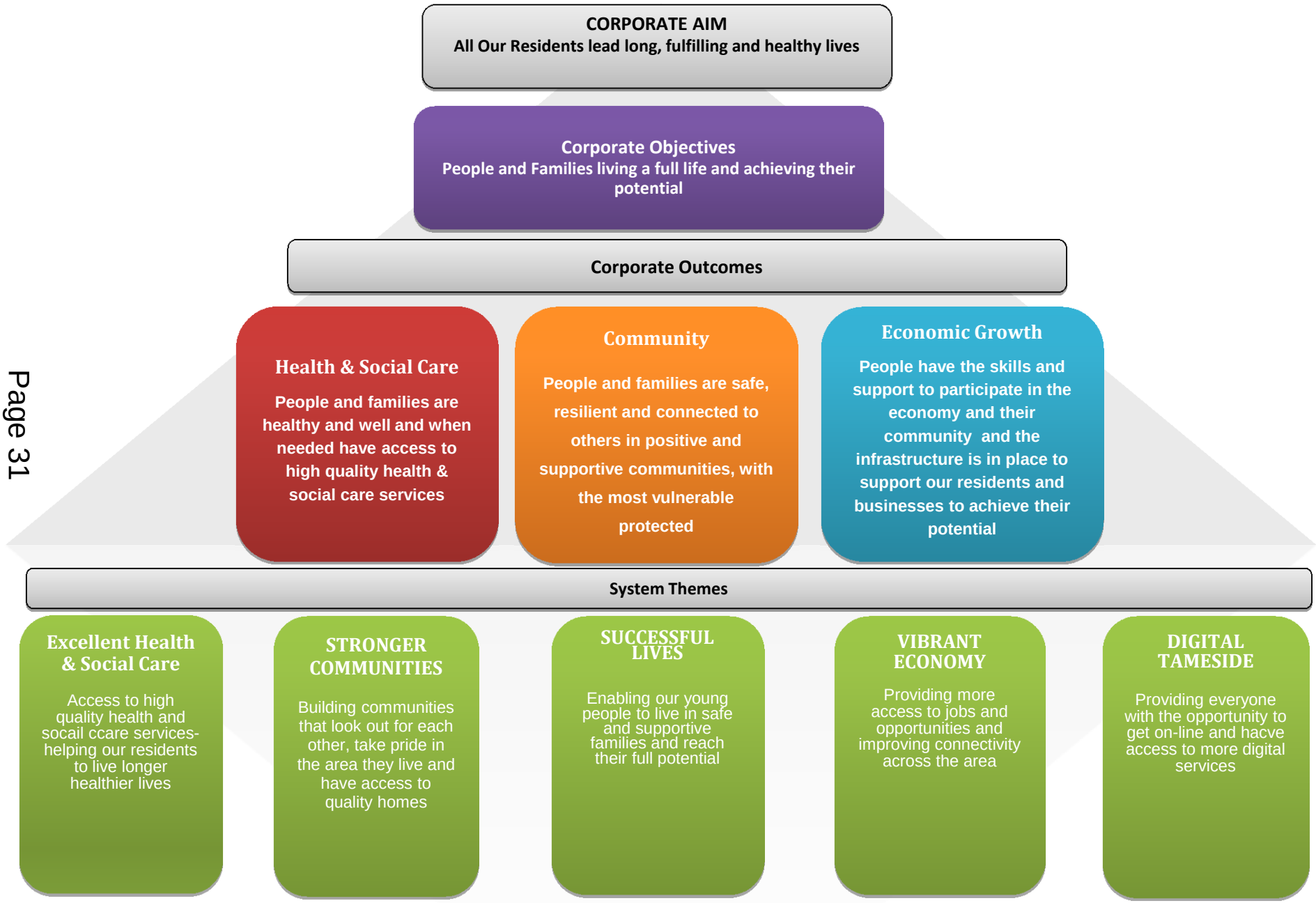
A thriving economy in Greater Manchester

World class connectivity

Digital Future

World class connectivity

TAMESIDE & GLOSSOP SINGLE OUTCOMES FRAMEWORK



Tameside & Glossop Single Outcomes Framework (SOF)

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

Key:

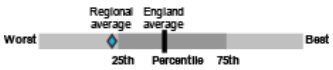
- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

should see change in the short term

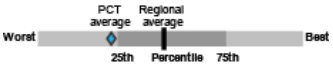
should see change in the medium term

should see change in long term

England Key:



Regional/GM Key:



Corporate Priorities	GMS Priority		Indicator	Period	Direction of Travel	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Excellent Health & Care	9	1	Male healthy life expectacy	2013/15	↑	n/a	56.4	63.4	54.0		71.1
	9	2	Female healthy life expectancy	2013/15	↑	n/a	58.8	64.1	52.4		71.1
	9	3	Improved Premature mortality from Cardiovascular disease	2013/15	↓	594	104.4	73.5	42.3		141.3
	9	4	Improved premature mortality from cancer	2013/15	↓	894	156.5	136.8	100.0		195.3
	9	5	Improved premature mortality from respiratory disease	2013/15	↓	248	43.7	33.8	18.1		70.2
	9	6	Improved access to eveidence based psychological therapies			0	0.0	0.0	0.0		0.0
	9	7	Increase in the number of people with depression/anxiety receiving treatment for IAPT			0	0.0	0.0	0.0		0.0
	9	8	Increase in people completing IAPT			0	0.0	0.0	0.0		0.0
	9	9	Improvement in physical inactivity			60692	34.1	28.7	43.7		17.5
	9	10	Reduction in Adult smoking prevalence	2013/15	↓	38622	21.7	16.9	26.8		9.5
	9	11	Reduction in the rate of hospital admissions due to alcohol	2015/16	↑	1754	821.0	647.0	1163.0		390.0
	9	12	A reduction in adult overweight and obesity	2013/15	↓	59624	33.5	35.2	53.5		53.5
	9	13	A Reduction in Deaths relating to drug misuse			0	0.0	0.0	0.0		0.0
	9	14	An increase in one year cancer survival rates			0	0.0	0.0	0.0		0.0
	9	15	Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000	2015/16	↓	647	290.4	196.5	635.3		55.7
	9	16	Emergency admissions for acute conditions that should not usually require hospital admission per 100,000	2015/16	↑	4606	2097.0	1318.9	10582.8		29.3
	10	17	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013-2016	↑	15927	23.8	27.4	11.0		55.7
	9	18	Cancer diagnosed at early stage (stages 1&2) (%)	2015	↓	455	49.5	52.4	63.1		0.0
	10	19	Reduction in admissions due to a fall in people aged 65 years plus	2015/16	↓	823	2318.0	2169.0	1237.0		3426.0
	10	20	Increase in the number of of adult social care users who have as much social contact as they would like			0	0.0	0.0	0.0		0.0
	10	21	Reduction in permanent admissions to residentail/nursing homes	2013/14	↑	119	103.5	161.0	131.0		53.7
	10	22	Increase in deaths at a persons usual place of residence	2015	↑	765	35.1	46.0	28.5		56.9
	10	23	Total delayed transfer of care	2015/16	↑	36	20.8	10.6	29.5		0.0
	10	24	Increase in people receiving NHS health check	2013-2016	→←	15927	23.8	27.4	55.7		11.0
Successful Lives	1	25	Good level of development by the end of reception			n/a	63.0	69.3	59.7		78.7
	1	26	Good level of development by the end of reception (entitled to free school meals)			n/a	51.2	54.4	40.6		68.6
	1	27	Fewer very small babies being born			104	4.1	2.8	1.3		4.8
	1	28	All early years settings will be rated 'Good or 'Outstanding'			0	0.0	0.0	0.0		0.0
	1	29	Reduction in smoking in pregnancy			400	15.8	10.6	26.0		1.8
	1	30	Reduction in the rate of dental ectractions in 0-4 year olds			0	0.0	0.0	0.0		0.0
	2	31	Reduction in NEETS			280	3.8	4.2	7.9		1.5
	2	32	Lower number of children who are Looked After			0	0.0	0.0	0.0		0.0
	2	33	Increase in the number of young people achieving 5+ GCSEs or equivalent			1381	57.7	57.8	44.8		74.6
	2	34	Increase in the number of young people achieving 5+ GCSEs or equivalent (LAC)			8	22.2	13.8	6.4		34.6
	2	35	Reduction in the number of unemployed 16-19 year olds			0	0.0	0.0	0.0		0.0
	1	36	Reduction in the number of children who are overweight or obese (4-5 years)			2391	76.5	77.9	85.7		69.9
	2	37	Reduction in the number of children who are overweight or obese (10-11 years)			1820	66.1	65.8	77.1		56.6
unities	8	38	Reduction in youth anti-social behaviour			0	0.0	0.0	0.0		0.0
	8	39	Increase in the number of KS2 pupils achieving the expected level of attainment			0	0.0	0.0	0.0		0.0
	8	40	Reduction in the number of households affected by household crime			0	0.0	0.0	0.0		0.0
	8	41	Reduction in Domestic Abuse			n/a	22.5	20.4	38.4		9.4
	8	42	The number of offenders in the Tameside criminal justice area sentenced to custody			0	0.0	0.0	0.0		0.0
	8	43	A reduction in re-offending rates in 18-24 year olds			0	0.0	0.0	0.0		0.0
	8	44	Increase in postive resident responses that the police are dealing with anti-social behaviour and crime			0	0.0	0.0	0.0		0.0
	6	45	Increase in the net number of additional dwellings built			0	0.0	0.0	0.0		0.0
	6	46	Reduction in rough sleeping			0	0.0	0.0	0.0		0.0

Stronger Comm	6	47	Reduction in Households in Temporary accomodation			75	0.8	3.1	35.0		0.1
	6	48	Positive action was successful in preventing or relieving homelessness			0	0.0	0.0	0.0		0.0
	6	49	A decrease in empty properties			0	0.0	0.0	0.0		0.0
	6	50	Ratio of lower quartile house prices to average incomes			0	0.0	0.0	0.0		0.0
	6	51	Reduction in people claiming housing benefit			0	0.0	0.0	0.0		0.0
	7	52	Increase in the visits to our natural environment			0	0.0	0.0	0.0		0.0
	7	53	Increase in recycling rates			0	0.0	0.0	0.0		0.0
	7	54	Reduction in CO2 emissions			0	0.0	0.0	0.0		0.0
	7	55	Fraction of mortality attributable to air pollution			n/a	4.2	4.7	6.7		3.2
	7	56	Increase in participation at cultural events and venues			0	0.0	0.0	0.0		0.0
	7	57	Increase in residents reporting high life satisfaction plus			0	0.0	0.0	0.0		0.0
	7	58	Increase in lodgements with an energy efficiancy rating of D plus			0	0.0	0.0	0.0		0.0
	7	59	Income generation through cultural, conference and business events			0	0.0	0.0	0.0		0.0
	7	60	Anholt Brand Index rank			0	0.0	0.0	0.0		0.0
Vibrant Economy	7	61	Density of Fast food outlets			242	109.2	88.2	198.9		33.3
	4	62	Gross Value Added per job			0	0.0	0.0	0.0		0.0
	3	63	More employees earning the living wage			0	0.0	0.0	0.0		0.0
	3	64	Increased employment rates			0	0.0	0.0	0.0		0.0
	4	65	Increase in business start ups			0	0.0	0.0	0.0		0.0
	4	66	GVA generated from foreign investment (FDI job creation)			0	0.0	0.0	0.0		0.0
	3	67	Reduction in working age unemployment			107400	75.4	78.1	100.0		100.0
	3	68	Reduction in claimaints of out of work benefits			0	0.0	0.0	0.0		0.0
	4	69	Rate of enterprises per 10,000 working age residents			0	0.0	0.0	0.0		0.0
	3	70	Increase in the median level of residents earnings			0	0.0	0.0	0.0		0.0
	3	71	Increase in working age residents with level 4 plus qualifications			0	0.0	0.0	0.0		0.0
	3	72	Reduction in residents with qualifications below level 2			0	0.0	0.0	0.0		0.0
	3	73	Increase in the number of apprentiships			0	0.0	0.0	0.0		0.0
	5	74	Increase in the proportion of trips used by modes other than the car			0	0.0	0.0	0.0		0.0
	6	75	Journeys at peak times are completed within typical journey times			0	0.0	0.0	0.0		0.0
	7	76	Decrease in the levels of NO2 emissions			0	0.0	0.0	0.0		0.0
	8	77	Increase in journeys made by walking, cycling or public transport			0	0.0	0.0	0.0		0.0
	9	78	Increase in residents having level 4 or above access to the public transport network at peak times			0	0.0	0.0	0.0		0.0
	3	79	Gap in employment rate for people with LTCs			n/a	7.8	8.8	14.9		0.4
	4	80	Gap in Employment rate for people with mental health conditions			n/a	68.0	67.2	77.8		48.3
	5	81	Gap in employment rate for people with a learning disability			n/a	93.8	74.9	94.4		41.9
DIGITAL	5	82	Increase in short journeys (<2km) completed by walking or cycling			0	0.0	0.0	0.0		0.0
	5	83	Increase in residents accessing public services online			0	0.0	0.0	0.0		0.0
	5	84	Increase in the proportion of residents and businesses with access to darkfibre (fast broadband)			0	0.0	0.0	0.0		0.0
	5	85	Increase in residents accessing information about services and community groups online			0	0.0	0.0	0.0		0.0
	5	86	Increase in referrals to care services via electronic referral methods			0	0.0	0.0	0.0		0.0
	5	87	Increase in social prescribing via online resources			0	0.0	0.0	0.0		0.0

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	30 January 2018
Officer of Single Commissioning Board	Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC Claire Yarwood – Director Of Finance – Tameside and Glossop Integrated Care NHS Foundation Trust
Subject:	**TAMESIDE & GLOSSOP CARE TOGETHER ECONOMY – 2017/18 CONSOLIDATED FINANCIAL MONITORING STATEMENT AT 30 NOVEMBER 2017 AND PROJECTED OUTTURN TO 31 MARCH 2018**
Report Summary:	This is a jointly prepared report of the Tameside & Glossop Care Together constituent organisations on the consolidated financial position of the Economy. The report provides a 2017/2018 financial year update on the month 8 financial position (at 30 November 2017) and the projected outturn (at 31 March 2018). The Tameside and Glossop Care Together Strategic Commissioning Board are required to manage resources within the Integrated Commissioning Fund. The Clinical Commissioning Group and the Council are also required to comply with their constituent organisations' statutory functions. A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust financial position is also included within the report. This is to ensure members have an awareness of the overall financial position of the whole Care Together economy and to highlight the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the financial gap next year and through to 2020/21.
Recommendations:	To NOTE: • The 2017/2018 financial year update on the month 8 financial position (at 30 November 2017) and the projected outturn (at 31 March 2018). • The significant level of savings required during the period 2017/18 to 2020/21 to deliver a balanced recurrent economy budget. • The significant amount of financial risk in relation to achieving an economy balanced budget across this period.

Financial Implications:

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

Budget Allocation (if Investment Decision)	Details contained within the report
CCG or TMBC Budget Allocation	Details contained within the report
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Details contained within the report
Decision Body – SCB,	Details contained within the

Executive Cabinet, CCG Governing Body	report
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Details contained within the report

Additional Comments

This report provides the consolidated financial position statement of the 2017/18 Care Together Economy for the period ending 30 November 2017 (Month 8 – 2017/18) together with a projection to 31 March 2018 for each of the three partner organisations.

The report explains that there is a clear urgency to implement associated strategies to ensure the projected funding gap is addressed and closed on a recurrent basis across the whole economy.

A risk share arrangement is in place between the Council and CCG relating to the residual balance of net expenditure compared to the budget allocation at 31 March 2018, the details of which are provided within the report.

It should be noted that the Integrated Commissioning Fund for the partner Commissioner organisations will be bound by the terms within the Section 75 agreement and associated Financial Framework agreement which has been duly approved by both the Council and Clinical Commissioning Group.

Legal Implications: **(Authorised by the Borough Solicitor)**	Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.
How do proposals align with Health & Wellbeing Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy
How do proposals align with Locality Plan?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan
How do proposals align with the Commissioning Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Single Commissioning Strategy
Recommendations / views of the Health and Care Advisory Group:	A summary of this report is presented to the Health and Care Advisory Group for reference.
Public and Patient Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.

Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	The reconfiguration and reform of services within Health and Social Care of the Tameside and Glossop economy will be delivered within the available resource allocations. Improved outcomes for the public and patients should reduce health inequalities across the economy.
What are the Equality and Diversity implications?	Equality and Diversity considerations are included in the re-design and transformation of all services
What are the safeguarding implications?	Safeguarding considerations are included in the re-design and transformation of all services
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report and therefore a privacy impact assessment has not been carried out.
Risk Management:	Associated details are specified within the presentation
Access to Information :	Background papers relating to this report can be inspected by contacting :

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Telephone:0161 922 4624

e-mail: David.Warhurst@tgh.nhs.uk

1. EXECUTIVE SUMMARY

1.1 This report aims to provide an update on the financial position of the care together economy as at month 8 in 2017/18 (to 30 November 2017) and to highlight the increased risk of achieving financial sustainability. Supporting details are provided in **Appendix A**.

1.2 The report includes the details of the Integrated Commissioning Fund and the progress made in closing the financial gap for the 2017/18 financial year. The total Integrated Commissioning Fund is £486m in value, however it should be noted that this value is subject to change throughout the year as new Inter Authority Transfers are actioned and allocations are amended.

1.3 The Tameside and Glossop Care Together Strategic Commissioning Board are required to manage all resources within the Integrated Commissioning Fund and comply with both organisations' statutory functions from the single fund.

1.4 It should be noted that the report includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the projected total financial challenge which the Tameside and Glossop Care Together economy is required to address during 2017/18.

1.5 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations within the Care Together programme, namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust;
- NHS Tameside and Glossop Clinical Commissioning Group;
- Tameside Metropolitan Borough Council.

2. FINANCIAL SUMMARY

2.1 **Table 1** provides details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust. Supporting details of the forecast outturn variances are explained within **Appendix A**. Members should note that there are a number of risks that have to be managed within the economy during the current financial year, the key one's being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.4m.

- Children's Services within the Council is managing unprecedented levels of service demand which is currently projected to result in additional expenditure of £7.6m when compared to the available budget.

- The Integrated Care Foundation Trust is working to a planned deficit of £24.5m for 2017/18. However it should be noted that efficiencies of £10.4m are required in 2017/18 in order to meet this sum.

2.2 **Table 2** provides details of the Strategic Commission risk share arrangements in place for 2017/18. Under this arrangement the Council has agreed to resource up to £5 m in each of the next two financial years (2017/18 and 2018/19) in support of the Clinical Commissioning Group's Quality, Innovation, Productivity and Prevention programme savings target which is conditional upon the Clinical Commissioning Group agreeing to a reciprocal arrangement in 2019/20 and 2020/21.

Any variation from budget is shared in the ratio 80:20 for Clinical Commissioning Group:Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5m) in 2017/18 which is a maximum £0.5 m contribution from the Clinical Commissioning Group towards the Council year end position and a maximum of £2.0 m contribution from the Council towards the Clinical Commissioning Group year end position. The Clinical Commissioning Group year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total Clinical Commissioning Group variance) as the Council has no legal powers to contribute to such expenditure.

Table 1 – Summary of the Tameside and Glossop Care Together Economy – 2017/18

	2017/18		
	Budget	**Forecast**	**Variance**
	£'000	**£'000**	**£'000**
Strategic Commission	485,827	497,163	(11,336)
Integrated Care Foundation Trust	(24,349)	(24,349)	0
Total Whole Economy	**461,478**	**472,814**	**(11,336)**

Table 2 – Risk Share

Strategic Commission - Risk Share	**£'000**
Tameside MBC - Non Recurrent Contribution	(4,111)
Tameside MBC	(6,725)
Clinical Commissioning Group	(500)
Total	**(11,336)**

is also managing during the curr

2.3 The additional risks which each constituent organisation is required to manage are provided within **Appendix A**.

3. 2017/18 EFFICIENCY PLAN

3.1 The economy has an efficiency sum of £35.1m to deliver in 2017/18, of which £24.7m is a requirement of the Strategic Commissioner.

3.2 **Appendix A** provides supporting analysis of the delivery against this requirement for the whole economy. It is worth noting that there is a forecast £4.0m under achievement of this efficiency sum by the end of the financial year, £3.6m of which relates to the Strategic Commissioner.

3.2 It is therefore essential that additional proposals are considered and implemented urgently to address this gap and on a recurrent basis thereafter.

4. RECOMMENDATIONS

4.1 As stated on the front of the report.

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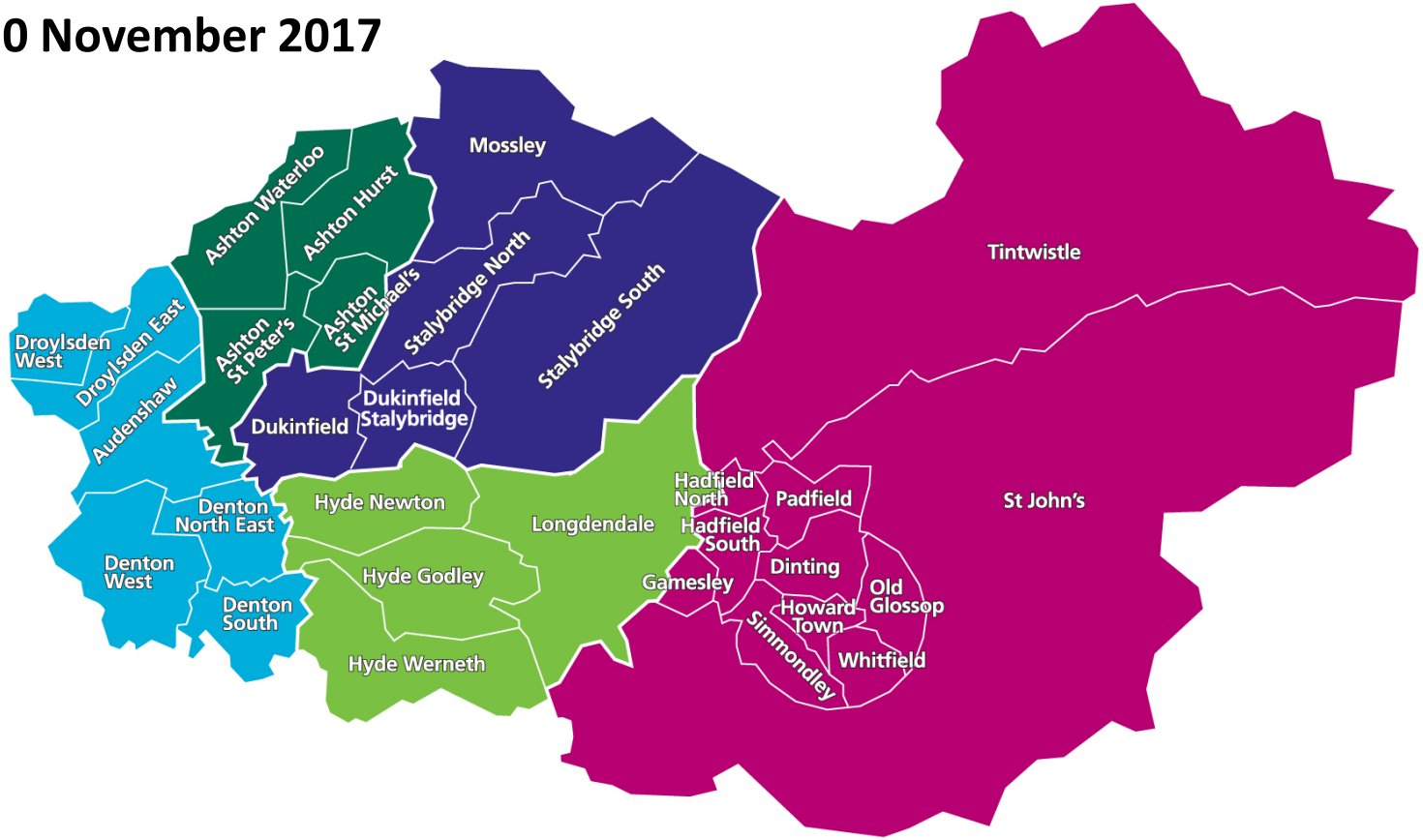
TAMESIDE AND GLOSSOP
Caretogether

Tameside and Glossop Integrated Financial Position

Financial Monitoring Statements

Period Ending 30 November 2017
Month 8



Kathy Roe
Claire Yarwood

NHS Tameside and Glossop Clinical Commissioning Group
Tameside Metropolitan Borough
NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Integrated Care Together Economy Financial Position

- This is a jointly prepared report of the Tameside & Glossop Care Together constituent organisations on the consolidated financial position of the Care Together Economy.
- The report provides a 2017/2018 financial year update on the month 8 financial position (at 30 November 2017) and the projected outturn (at 31 March 2018).
- The table below summarises the 2017/18 position and shows an deficit of £11,336k between the current position and financial control totals:

Organisation	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Commission	327,306	332,126	-4,820	485,827	497,163	-11,336	-11,172	-164
ICFT	-17,125	-17,864	-739	-24,349	-24,349	0	0	0
Total	310,181	314,262	-5,559	461,478	472,814	-11,336	-11,172	-164

- While this is a large figure it is important to appreciate this within the context of the total budget:

- The strategic commissioner is forecasting a financial deficit of £11,336k, mostly driven by Individualised Commissioning and Children's Social Care. We continue to report that we will meet financial control totals, however there are risks associated with this.
- The ICFT are working to a control total deficit of £24,506k (including exceptional items) for 2017/18. Trust efficiencies of £10,397k are required in order to meet this control total.
- The Integrated Commissioning Fund will receive extra non-recurrent contributions as appropriate during 2017-18 to ensure a balanced position is maintained.

In 2017/18 the Care Together economy still has a £11,336k financial gap

How do we close this gap?

- £4,386k projected overspend on continuing care driven by an increasing number of patients accessing service
- £7,605k projected overspend on Children's Services predominantly driven by out of area placements
- £4,111k projected shortfall on QIPP
- £1,601k projected overspend on acute, driven by increased activity (mainly emergency admissions) at providers other than the ICFT
- Risk Attached to delivery of Trust Efficiency Plan (TEP)
- Medical agency spend creating particular pressures

Tameside Integrated Care Foundation Trust Financial Position

	Month 8			Year to Date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000	£000	£000	£000	£000	£000	£000
Normalised Surplus/(Deficit)	(2,018)	(1,497)	521	(17,125)	(17,864)	(739)	(24,349)
Exceptional Costs	13	24	11	106	(1,327)	(1,433)	158
Net Deficit after Exceptional Costs	(2,031)	(1,521)	510	(17,231)	(16,537)	695	(24,507)
Capital Expenditure	825	138	687	1,642	1,403	239	4,255
Cash and Equivalents	1,000	1,613	613				
Trust Efficiency Savings	702	761	59	4,880	4,802	(78)	10,397
Use of Resources Metric	3	3	0	3	3	0	3

YTD Net position is £17.9m deficit, c. £0.7m over the proposed deficit.

Forecast deficit £24.3m is in line with plan. However there is risk attached to delivery of this.

Trust Efficiency Programme is c. £0.1m behind the year to date (YTD) target

Cash is £613k above the planned balance

Pressure/High Risk Improvement/Low risk

Key Risks – I&E

- **Control Total -** The Trust has agreed with NHSI that it will deliver it's planned deficit. As the Trust did not sign up to the NHSI control total, there will be no access to STF or capital monies for A&E Streaming and from the Digital fund.
- **Medical Staffing -** The level of medical agency expenditure is providing a financial pressure for the Trust
- **Activity levels -** Income on smaller clinical contracts is falling, but no corresponding reduction in costs.
- **TEP -** Failure to deliver the Trusts efficiency target.
- **Expenditure on A&E and General Medicine** is significantly over budget reflecting pressure in non-elective activity.

Key Risks – Balance Sheet/Other

- **Loans -** At the end of 2016/17, the Trust had loan liability of £54.8m. It is anticipated that this will increase to £78.1m in 2017/18. The Trust will be required to repay part of this liability in 2018 and a further loan may be required to service this repayment. This is a risk along with the risk of increased borrowing rate.
- **Cash -** The October month end cash balance was £0.6m above the expected £1.0m planned.
- **Agency Cap -** The NHSI requirement is for the Trust to reduce medical agency expenditure by £1.2m. Currently the Trust is forecasting to achieve the Agency cap by c. £0.2m.

Tameside and Glossop Strategic Commissioner Financial Position

Key Headlines:

- Forecast Overspend of £11.336m by year end
- Significant pressures in Children's Services and Individualised Commissioning
- Further work required to close the financial gap. Risk share in place to mitigate at year end

Risk Share:

The forecast overspend will be managed in line with the agreed risk share arrangements across the strategic commissioner:

Risk Share (£000's)	11,336
TMBC Non Rec Contribution	4,111
CCG	500
TMBC	6,725

- Non Rec contributions into the fund which are repayable over a 4 year period
- 80:20 risk share arrangement as per contributions to ICF
- £0.5m upper threshold on CCG contribution to TMBC & £2m cap on TMBC contribution to CCG

- The tables and narrative which follow provide detail on the Integrated Commissioning Fund (ICF) in 2017/18. The Tameside & Glossop Care Together Strategic Commissioning Board are required to manage all resources within the ICF and comply with both organisations' statutory functions from the single fund. Both CCG and Council are bound by the terms within the Section 75 agreement and associated Financial Framework agreement which has been duly approved by both organisations.
- Both organisations are currently reporting that statutory duties and financial control totals will be met.
- A risk share arrangement is in place between the Council and CCG relating to the residual balance of net expenditure compared to the budget allocation at 31 March 2018, the details of which are provided in the panel to the left.

	YTD Position			Forecast Position			Forecast Position	
£000's	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	134,993	136,448	-1,454	204,971	206,572	-1,601	-1,408	-193
Mental Health	19,673	20,194	-522	29,502	30,468	-966	-1,215	249
Primary Care	55,987	54,841	1,147	83,435	82,332	1,103	596	507
Continuing Care	9,069	11,558	-2,490	13,626	18,013	-4,386	-4,434	48
Community	18,312	18,571	-258	27,473	27,581	-108	-93	-15
Other	21,063	17,508	3,555	25,537	19,579	5,958	6,554	-596
QIPP	-	-	-	-	4,111	-4,111	-4,324	213
CCG Running Costs	3,791	3,772	19	5,197	5,197	-	-	-
Adult Social Care	30,224	30,093	131	44,185	43,989	196	163	33
Children's services	21,307	26,377	-5,070	35,192	42,797	-7,605	-7,195	-410
Public Health	12,888	12,765	123	16,708	16,524	184	184	-
Integrated Commissioning Fund	**327,306**	**332,126**	**-4,820**	**485,827**	**497,163**	**-11,336**	**-11,172**	**-164**
CCG Expenditure	262,888	262,891	-3	389,742	393,853	-4,111	-4,324	213
TMBC Expenditure	64,418	69,235	-4,817	96,085	103,310	-7,225	-6,848	-377
Integrated Commissioning Fund	**327,306**	**332,126**	**-4,820**	**485,827**	**497,163**	**-11,336**	**-11,172**	**-164**
A: Section 75 Services	181,326	182,628	-1,302	265,130	269,191	-4,061	-4,013	-48
B: Aligned Services	123,513	127,565	-4,052	187,369	194,870	-7,501	-7,187	-314
C: In Collaboration Services	22,467	21,933	534	33,328	33,101	226	28	198
Integrated Commissioning Fund	**327,306**	**332,126**	**-4,820**	**485,827**	**497,163**	**-11,336**	**-11,172**	**-164**

Tameside and Glossop Strategic Commissioner Financial Position

Acute — Forecast Overspend £1,601k

- Against a full year budget of £204,971k, there is forecast expenditure of £206,572k This represents an overspend of £1,601k. The acute position has deteriorated by £193k since month 7.
- The acute cost centre is by far the largest within the CCG and includes the majority of the contract with the ICFT, spend with other NHS provider trusts, spend with the independent sector and ambulances.
- While the ICFT contract is our largest contract, it is paid on block therefore there is zero variance included in the commissioner position. Further exploration of the ICFT position is found later in this report.
- The biggest areas of variance are found if we look at the associate provider contracts:

£000s	Full Year Budget	Forecast Outturn	Variance	Movement on Prior Month
Manchester FT	28,750	31,051	2,301	- 57
Stockport FT	10,578	10,396	- 182	285
Salford Royal	4,851	5,083	232	- 29
Pennine Acute	3,793	3,495	- 298	25
The Christie	1,420	1,553	133	- 24
Wrightington	975	1,151	177	84

- ***Manchester FT:*** On 1 October 2017 Manchester University NHS Foundation Trust was created from the merger of the South Manchester and Central Manchester Foundation Trusts. While contracts were negotiated and continue to report separately, the position has been consolidated in the table above. In total we have an 8% (£2,301k) overspend against this contract , the main drivers include:
  - Amputations – there have been 15 emergency amputations in the first 6 months of 2017/18, compared to 14 in the full 12 months of 2016/17, creating a financial pressure of £400k. The additional amputation activity is being driven by the SUS primary diagnosis codes relating to 'Arterial Embolism and Thrombosis' and 'Complications of Cardiac and Vascular Prosthetic Devices, Implants and Grafts'.
  - Macular - cost pressure of £281k, with other CCGs in a similar position. This service has recently moved to a year of care tariff which was supposed to generate financial savings. Questions are currently being asked about the accounting treatment of the year of care tariff, which may result in some savings this year.
  - Other areas of overspend on the Manchester FT contract include:
    - Emergency admissions £904k
    - A&E £143k
    - Critical care £268k
    - Maternity £341k
    - PbR excluded drugs £319k
  - A large part this across the board overspend is caused by the way in which the contract was set. When 2017/18 contracts were negotiated certain assumptions were made about achievement of QIPP, which resulted in the agreed contract containing less activity that the final 2016/17 outturn:
    - 812 fewer A&E attendances
    - 141 fewer critical care bed days
    - 1,714 fewer excess bed days.
  - QIPP has been unable to deliver this level of activity reduction this year. In fact compounding the pressures discussed above is significant growth over and above the 2016/17 outturn in a number of areas:
    - critical care 7.2% growth
    - diagnostics 63% growth
    - outpatient procedures 19% growth
  - As with other providers we have an underspend on elective and outpatient activity, which is potentially linked to a reduction in GP referrals. However outpatient first attendances are overspending by £112k (growth on prior year of 6%), meaning a direct cause and effect relationship between referrals and activity cannot be proved. Further investigation is taking place in this area.

Tameside and Glossop Strategic Commissioner Financial Position

- ***Stockport FT:*** In total the Stockport contract is forecast to underspend by £182k. This is driven primarily by a reduction in outpatient, elective and daycase activity offset by pressures in A&E, emergency admissions and critical care. While still forecast to underspend, there has been an adverse movement in the position of £285k this month:
  - £146k of this relates to two specific patients who between them spend 69 days in critical care.
  - £87k relates to stroke excess bed days while the remainder relates to a new neuro rehab patient.

- ***Salford Royal:*** Main drivers of overspend (£232k) include critical care and non-elective spinal and stroke. Much of the pressure is caused by activity which had historically formed part of specialist commissioning. Work is ongoing to look at the specialist IAT process which may result in some kind of GM risk share. But other commissioners (including NHSE) also seeing significant activity increases, which would limit impact of any adjustments.

- ***Pennine Acute:*** £298k underspend across the board. All areas except A&E are spending less than planned, which is consistent with the position over the last couple of months.

- ***The Christie:*** Historically commissioned as a specialist service by NHS England, commissioning responsibility for this contract transferred to the CCG in April 2017. £133k overspend in clinical haematology and medical oncology. Ongoing discussion around risk share across GM.

- ***Wrightington:*** Forecast overspend of £177k is driven by an increase in the number of elective procedures, in particular complex hip and knee replacement surgery which has grown considerably over then last couple of months.

- ***Independent Sector:*** is set to overspend by £492k. In particular on contracts with BMI Healthcare, Beacon Medical and Broomwell. Activity in this area has grown in real terms, particularly for diagnostic procedures where the independent sector are able to offer treatment with a shorter wait and at lower cost than the ICFT. Meaning much of the overspend is a result of a deliberate commissioning decision.

- ***Ambulances:*** Ambulances are currently forecast to plan, however there is risk attached to this. NWAS notified commissioners at the end of November about a significant error in the categorisation of activity into the mobility & mileage charge bands on the GM contract. This error dates back from the commencement of the contract on 1/7/16 with a financial value across Greater Manchester. Discussions are taking place to assess the validity of this, but there is a risk to the current financial position.

Mental Health — Forecast Overspend £966k

- Against Core budgets we are reporting a £966k overspend. This is driven by an increase in high cost individualised commissioning placements, offset by slippage on implementation of new services and a reduced number of patients on step down units at Pennine Care.

- Since M7 the mental health position has improved by £249k. Last month the CCG position included costs for a patient who has been assessed as requiring a secure NHSE funded bed. However, as no suitable beds were available commissioning responsibility remains with CCG until patient is transferred. An appropriate NHSE commissioned bed has now been found resulting in the improvement in the CCG position.

- The CCG are on track to meet the Mental Health Investment Standard (MHIS) in 2017/18. A paper is currently being prepared for submission to single Commissioning Board looking at achievement of MHIS in future years and how this links to the five year forward view for mental health.

Primary Care — Forecast Underspend £1,103k

- Currently forecast at £1,103k underspent, with a £507k improvement over the prior month. Primary Care IT and slippage of CIS spend into 18/19 are significant contributors to the underspend. The movement from Month 7 is a result of underspend on extended access. While this creates a non recurrent benefit in 17/18, it will create a pressure against budgets in future years.

- Prescribing shows a nil variance in ledger, but this is largely because of the way QIPP is reported. Against a QIPP target of £2,516k we are expecting underlying QIPP achievement of around £2.2m. However because of national price concessions in relation to the pricing of generic drugs we will only be able to realise £1,198k of this in 2017/18.

Tameside and Glossop Strategic Commissioner Financial Position

Continuing Care — Forecast Overspend £4,386k

- The growth in continuing care has been well documented in previous reports. The levels of overspend continue and the cost of individualised packages of care remain the CCGs biggest financial risk.
- Broadcare, a new computer system to monitor these placements went live at the beginning of December and a recovery plan is in place to improve the position. This plan includes a review of current discharge pathways regarding fast track patients and repatriation of high cost out of area placements.

Community — Forecast Overspend £108k

- The majority of spend within this directorate is within the block contract for the ICFT. The variance relates to VAT on the wheelchairs contract. We are including the worst case scenario in our forecast, but are involved in ongoing discussion with the inland revenue about a reclaim of this tax.

Other — Forecast Underspend £5,958k

- This directorate includes BCF, estates, transformation funding and reserves. BCF and transformation funding are both on track to spend in line with plan. There is some risk around estates as we have still not received accurate schedules from Propco.
- The underspend within the directorate relates to reserves where we have budget to offset the overspend reported else where and ensure the CCG meets financial control totals. It should be noted that there is still a negative reserve to clear over and above the outstanding QIPP in order to meet these targets at year end.

QIPP — Forecast Overspend £4,111k

- Against an annual savings target of £23,900k, £13,328k (56%) of the required savings have been banked in the first eight months of the year. In addition to this there are further savings of £6,461k which we are certain of achieving.
- In order to meet financial control totals we still need to deliver further £4,111k of QIPP savings (plus clear the negative reserve). More work required to turn amber/red schemes green and to bring new schemes forward in order to close this residual gap.

CCG Running Costs — Forecast Breakeven

- On track to remain within running cost allocation and deliver £1,137k QIPP savings. On a YTD basis £832k of savings have already been banked

Adult Social Care — Forecast Underspend £196k

- Savings of £30k have been identified within one of the Learning Disability Supported Accommodation contracts. This has been achieved through collaborative working with the provider concerned to adopt new operating models around sleep ins. The full year effect of £85k will be realised in 2018/19.
- Increase of £84k in Fairer Charging income received for community based services, this is income based on the individual client financial assessments of approximately 1000 clients (this number varies slightly throughout the year).
- Employee related spend is forecast to be £400k less than budget. The number of assessed hours required for the Council provided Learning Disabilities Homemaker Service are less than budgeted due to services being delivered by the independent sector.
- Increased numbers of Nursing bed placements (201 at April 2017 to 222 at the end of November) has resulted in forecast spend being £680k in excess of budget (the average net cost of a nursing placement excluding Funded Nursing Care (FNC) is £29k per year). The additional placements
- have contributed to reductions in DTOC numbers since April 2017. The current daily average DTOC is 12 compared to 30+ in April 2017. The age of admission is also reducing which is leading to an increase in length of stay (average age of admission last year was 82 compared to 80 currently) which could have a future financial impact.

Tameside and Glossop Strategic Commissioner Financial Position

Children's Services	Forecast Overspend £7,605k

- Forecast spend on employee related costs forecast to be £1.04m in excess of budget. The service continues to recruit Social Workers to support the additional caseload demands since the 2017/18 budget was approved. The ongoing strategy is to transition agency employees onto permanent contracts within the service as this is a lower cost alternative and also improves the quality and stability of service delivery.
- Alongside the recruitment of agency Social Workers, there is also additional estimated expenditure to the approved budget on a number of additional senior positions as the Council and its partners take action to make the required improvements to the service, including the appointment of a new Director and Assistant Director of Children's Services.
- The number of Looked After Children has increased from 519 at April 2017 to 583 in November 2017. The current budget allocation will finance approximately 450 placements, assuming average weekly unit costs for placements. This unprecedented level of demand has led to a forecast position of £6.78m in excess of the available budget in 2017-18.

Public Health	Forecast Underspend £184k

- Consistent with the position reported in previous month.

Better Care Fund

- The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 2017/18 Better Care Fund contributions for both Tameside and Derbyshire have now been agreed. As detailed in the table below the Tameside BCF for 2017/18 is £24,093k. In Derbyshire the fund is valued at £101,283k.
- Contributions from T&G CCG are £15,597k and £2,252k respectively. Meaning the CCG is investing £17,849k in BCF in total.
- An expenditure plan that meets all requirements is in place and funds are now being spent in line with the approved plan. Actuals are expected to come in equal to budget, with neither an under or overspend forecast.
- The CCG is spending £5,085k from the BCF pot, reducing the net contribution down to £12,764k.

2017/18 BCF Funding (£000's)	Tameside			Derbyshire			Total CCG Position
	Council	CCG	Total	Council	CCG	Total	
T&G CCG Contribution	0	15,597	15,597	0	2,252	2,252	17,849
Centrally Funded Grants (DFG)	2,153	0	2,153	5,966	0	5,966	0
iBCF	6,343	0	6,343	19,612	0	19,612	0
Other Sources of funding (other CCGs)	0	0	0	73,454	0	73,454	0
Total BCF Funding 2017/18	**8,496**	**15,597**	**24,093**	**99,031**	**2,252**	**101,283**	**17,849**

2017/18 BCF Expenditure (£000's)	Tameside			Derbyshire			Total CCG Position
	Council	CCG	Total	Council	CCG	Total	
Integrated Neighbourhoods	3,265	3,027	6,292	0	456	456	3,483
Integrated Urgent Care	2,375	1,602	3,977	0	0	0	1,602
Maintaining and Enhancing Services	11,671	0	11,671	0	0	0	0
Disabled Facilities Grant	2,153	0	2,153	5,966	0	5,966	0
Other	0	0	0	94,840	0	94,840	0
Total BCF Expenditure	**19,464**	**4,629**	**24,093**	**100,806**	**456**	**101,262**	**5,085**

Net CCG contribution	**12,764**
Tameside	10,968
Derbyshire	1,796

Integrated Commissioning Fund Risks

Risk Share (£000's)	11,336
TMBC Non Rec Contribution	4,111
CCG	500
TMBC	6,725

A **Acute services:** Increased demand for emergency services reflecting winter pressures and budget pressures emerging from Specialist Commissioning devolved services

A **Mental Health:** Heightened levels of out of area placements at premium prices due to shortage of MH beds locally, cost pressures to deliver FYFV and sustainability of local MH provider

R **Continuing Healthcare:** Increased demand for CHC services and individualised specialist placements

A **Adult Social Care:** Increased demand for social care services to support improvement in DTOCs and financial pressure from living wage legislation and care home market

R **Children's Services:** Increased investment required in children's placements and social workers in line with OFSTED recommendations

A **QIPP and Savings Targets:** Unidentified savings schemes to address QIPP and Council savings targets and bridge financial gap

Financial Gap and Efficiency Position

- In order to deliver financial control totals, an economy wide savings target of £35,070k was set for 2017/18. This is made of £10,397k Trust Efficiency Plan (TEP) savings at the ICFT and £24,673k across the strategic commissioner (made up of £23,900k CCG QIPP and £773k of planned council savings).
- The table below details progress against this target. In total savings of £31,069k are expected, leaving a shortfall of £4,000k against plan. This represents an improvement since M7 of £70k. On a YTD basis the economy as a whole is £860k behind plan, which is driven by the CCG.
- The ICFT still have £2,376k savings to deliver in final 4 months of the year. Deep dives are underway to confirm delivery of outstanding schemes.
- For the commissioner, we are below target on demand management because we are not seeing the anticipated activity reductions at associate providers. Also on prescribing, because of external pressures which are being placed upon CCG's. Non recurrent savings from budget management have gone some way to bridging this gap. While the Council shows savings of £773k are on track, this does not include the pressures associated with children's social care.

Key Headlines:

- £19,874k of actual savings delivered in first 8 months of year.
- This represents an under-achievement against plan of £860k.
- Final projected economy savings are £4,000k lower than target.
- This represents a £70k improvement of the position reported at M7.
- More work is required to bring forward new schemes addressing the short fall.
- £19,877k (64%) of expected savings are due to be delivered on a recurrent basis.

	YTD Position			Annual	Risk Rated Forecast Position				Expected	Variance
£000's	Target	Delivered	Variance	Target	Posted	Low	Medium	High	Savings	
ICFT	**5,745**	**6,031**	**286**	**10,397**	**8,021**	**1,824**	**130**	**1,144**	**9,975**	**- 422**
Technical Target	828	1,327	498	1,243	1,428	249	-	-	1,677	434
Divisional Target - Corporate	204	441	237	557	505	20	16	-	541	- 16
Pharmacy	647	1,094	447	1,020	1,325	-	5	49	1,330	310
Workforce Efficiency	209	371	163	392	448	155	-	25	602	211
Divisional Target - Surgery	419	393	- 26	640	648	-	7	-	655	15
Transformation Schemes	81	70	- 11	121	70	56	-	-	126	5
Estates	267	257	- 9	1,000	453	547	-	360	1,000	-
Paperlite	528	449	- 79	803	617	92	-	67	708	- 95
Divisional Target - Medicine	83	-	- 83	125	-	14	8	63	22	- 103
Medical Staffing	391	225	- 165	716	430	93	-	206	523	- 193
Nursing	641	438	- 203	975	465	275	-	-	740	- 235
Demand Management	1,064	746	- 319	1,732	1,215	151	93	268	1,459	- 272
Procurement	384	220	- 164	1,073	418	173	-	107	591	- 482
Strategic Commissioner	**14,988**	**13,843**	**- 1,145**	**24,673**	**13,843**	**6,603**	**649**	**866**	**21,094**	**- 3,578**
Technical Target	1,635	3,197	1,562	1,875	3,197	3,981	-	-	7,178	5,303
Primary Care	1,663	2,279	617	1,748	2,279	-	-	-	2,279	532
Neighbourhoods	781	781	-	781	781	-	-	-	781	-
Single Commissioning	725	882	157	1,137	882	255	-	-	1,137	-
Effective Use of Resources	586	586	-	1,116	586	-	-	-	586	- 530
Acute Services - Elective	1,000	503	- 497	1,500	503	252	150	150	905	- 595
Other	724	724	-	1,324	724	-	-	-	724	- 600
Mental Health	294	296	2	994	296	-	-	-	296	- 698
GP Prescribing	1,552	610	- 942	2,516	610	356	233	566	1,198	- 1,318
Back Office Functions	349	359	10	2,024	359	240	-	-	599	- 1,425
Demand Management	5,165	3,110	- 2,055	8,885	3,110	1,378	150	150	4,638	- 4,247
Adult Social Care	224	224	-	336	224	20	92	-	336	-
Public Health	291	291	-	437	291	122	24	-	437	-
Total Economy Position	**20,734**	**19,874**	**- 860**	**35,070**	**21,864**	**8,427**	**778**	**2,009**	**31,069**	**- 4,000**

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	30 January 2018
Officer of Single Commissioning Board	Gill Gibson, Director of Safeguarding and Quality Slawomir Pawlik, Quality and Patient Safety Lead
Subject:	**BIMONTHLY QUALITY ASSURANCE REPORT**
Report Summary:	The purpose of the report is to provide the Single Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.
Recommendations:	The Strategic Commissioning Board is asked to: 1. NOTE the contents of the report; and 2. COMMENT on the report format.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The quality assurance information in this report is presented for information and as such does not have any direct and immediate financial implications.
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 part sot account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators of quality.
How do proposals align with Health & Wellbeing Strategy?	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
How do proposals align with Locality Plan?	Quality assurance is part of locality plan.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The services are responsive and person-centred meaning services respond to people's needs and choices and enable them to be equal partners in their care.
Quality Implications:	The purpose of the report is to provide the Single Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working/

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?	Safeguarding is part of the report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications. The reported data is in a public domain. 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 Slawomir Pawlik, Quality and Patient Safety Lead, by:  Telephone: 07788647611  e-mail: slawomir.pawlik@nhs.net

1. PURPOSE

1.1 The purpose of this report is to provide the Strategic Commissining Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services they commission; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns**.** The report covers data up to the end of November 2017.

2. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (Tameside &Glossop Integrated Care Foundation Trust): Acute and Community Services

Issues of concerns/remedy

Serious Incidents

2.1 Two never events were reported by the Integrated Care Foundation Trust, one event being the incorrect site surgery in September 2017 and the second being a retained foreign object post procedure in October 2017. Full investigations are being undertaken by the Trust. The Clinical Commissioning Group will be closely monitoring the outcome of these investigations and ensuring any recommendations are implemented.

Looked After Children: Health Assessments

2.2 Concerns have been raised with the provider in relation to the performance of Looked After Children's health assessments, particularly in regards to the timeliness of Initial Health Assessments. This has been escalated to the Chief Nurse who has agreed and implemented a recovery plan. This work has coincided with the recommendations made from the recent Ofsted inspection since it was allocated an inadequate judgement. This has enabled the Clinical Commissioning Group, provider, and Local Authority to work together more effectively to resolve issues with timely notification processes and data collection issues across services. The Improvement Board, whose function is to review the multi-agency action plan for the authority, is overseeing the progress being made to ensure that children and young people who are looked after receive appropriate help and support. The progress made so far has been considered satisfactory and outstanding actions are due for completion in February 2018.

2.3 The Looked After Children service review continues in collaboration with the provider to ensure Tameside and Glossop Clinical Commissioning Group has a clear Looked After Children offer to children and young people. Its purpose is to clarify and improve performance and quality for children and young people.

Discharge summaries

2.4 Performance was below target for both inpatient and Emergency Department discharge summaries in October (November data not available as yet). Performance against the Emergency Department discharge summary target did not meet the target due to resource issues in both the Clinical Coding Team and the Emergency Department administration team. 84.7% of inpatient discharge summaries were completed within 48 hours October, which represents a small improvement on recent performance. The improvement is partly the result of support from the Medical Director and the Governance Team; however, significant further improvement is required.

2.5 The roll-out of the new eCAS card will begin in late November 2017. This electronic solution, when fully implemented, will automate the completion and dissemination of Emergency Department discharge summaries. When fully implemented, this will then allow for some of the resource freed by completion of the eCAS card project, to be used to support improved performance against the inpatient discharge summary target. The Medical Director is leading the development of an action plan designed to improve performance against the inpatient metric.

Good practice

Parliamentary Review

2.6 Tameside and Glossop Integrated Care NHS Foundation Trust is highlighted for best practice in this year's Parliamentary Review.

2.7 *"Tameside Hospital has been on a journey. But what you can see is that they have an incredible passion for doing the right thing and a real optimism for the future. I think the management of the Trust has completely changed. The staff have managers who listen to them if they have concerns, and I think everyone deserves huge congratulations for the progress they have been making in turning the hospital around"* Health Secretary. Read the full article here pages 24-26.

2.8 Sue Wilson, Outpatient Matron, has received a North West News Christmas Star Award in recognition of her 50 years of Nursing within the Integrated Care Foundation Trust.

Summary Hospital-level Mortality Indicator data

2.9 The latest Summary Hospital-level Mortality Indicator (SHMI) data was published on the 14 December 2017 and shows that the Integrated Care Foundation Trust Summary Hospital-level Mortality Indicator data continues to reduce and is now at 1.08 and remains in 'within expected' range. NB: the Summary Hospital-level Mortality Indicator is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there**.**

Patient Story - Community IV Therapy Services

2.10 As part of the Service Transformation schemes being undertaken, Integrated Care Foundation Trust Community Intravenous Therapy Team is providing an expanded service. This provides services 7 days a week for patients requiring IV therapy which is done in a patients' own home or at community outpatient clinics. This service will prevent unnecessary hospital admissions, facilitate early discharge and improve patient safety whilst ensuring care can be provide closer to home. The attached link here provides a patient's experience of this service and the impact it had for him and his family.

Patient Experience Surveys

2.11 A&E Survey: This is a national survey, released in October 2017 and provides the experiences of people who received care and treatment in Integrated Care Foundation Trust A&E department between October 2016 and March 2017. There are 9 questions in total and for each question Trusts receive a rating of 'About the same', 'Better' or 'Worse' than other Trusts that took part in the survey. When the A&E Survey was last completed in 2014 Integrated Care Foundation Trust's performance was the worse in the country, however in these latest results show that the Trust is now performing 'about the same' as most other trusts for all questions in the survey. This is a significant improvement in the experience of patients using A&E.

2.12 Children and Young People Survey: This is a national survey, released on 28 November 2017 and provides the experiences children and young people who received inpatient or day case care during October, November and December 2016. Children and young people, and their parents and carers were asked to answer questions about different aspects of their care and treatment; based on their responses each trust received a rating of 'Better', 'About the same' or 'Worse'. The experience of children and young people, their parents and carers receiving inpatient or day case care at Integrated Care Foundation Trust is at the least 'about the same' as other Trusts but notably 'better' than other Trusts for some key aspects of their care and treatment. The Trust was recognised as a national best practice outlier in this survey.

2.13 Positive outliers: -

Privacy - children and young people feeling they had enough privacy during their care and treatment.

Privacy - parents and carers (of younger children) feeling their child was given enough privacy during their care and treatment.

Type of ward stayed on - children spending most or all of their stay on a ward designed for children or adolescents, and not on an adult ward.

Parent and carer's views on pain management - parents and carers saying they thought staff did all they could to ease their child's pain.

Advice on self-care - children and young people saying they were given advice about how to care for themselves when they got home.

Advice on caring for child - parents and carers saying they were given advice about how to care for their child when they got home.

Horizon scanning

Stroke Repatriation

2.14 Concerns have been raised by Stockport Foundation Trust in relation to a number of stroke repatriation breaches. These breaches relate to Tameside patients who require repatriation to the Integrated Care Foundation Trust to commence their rehabilitation program after being admitted to Stockport following a stroke. The issue is the availability of beds to repatriate these patients. This was discussed at the Integrated Care Foundation Trust Quality and Performance contract meeting on the 13 November 2017. The Trust will now explore the issues relating to the breaches and develop relevant actions to reduce the incidence of repatriation breaches. Some early thoughts are to improve the timeliness of notification of stroke patients being admitted to Stockport who will, in turn, require repatriation to the Integrated Care Foundation Trust and by being able to anticipate demand this will support bed flow planning.

Community Nursing

2.15 A review is currently taking place in relation to community nursing and capacity; the findings of this will be shared at the Integrated Care Foundation Trust Contract Quality and Performance Assurance meeting and any emerging issues highlighted in this report.

Conclusion

2.16 All aspects relating to the quality and performance of the Integrated Care Foundation Trust contract continue to be managed through the monthly Trust Contract Quality and Performance Assurance meeting and issues of concern escalated to the main contract meeting.

3. MENTAL HEALTH (PENNINE CARE NHS FOUNDATION TRUST (PCFT))

Issues of concerns/remedy

Mixed Sex Accomodation (MSA)[1]

3.1 During October there 3 mixed sex accommodation breaches, 1 on Hague Ward and 2 on Summers Ward.

3.2 In relation to single sex accommodation in adult and older people's wards a paper has been produced to be taken to the Pennine Care Foundation Trust Board in December 2017. The purpose of this paper is to present a recommendation for approval to reconfigure the current acute inpatient services to meet the statutory Mixed Sex Accommodation requirements, whilst attempting to minimise the impact of changes to patients, families, carers, staff and the wider health care system. The paper articulates the scale and complexity of change required in order to meet the regulatory requirements. This

[1] MSA- sleeping breaches i.e. defined as instances where patients are admitted into a ward where patients of the opposite sex are also admitted.

reconfiguration should be driven by a well-resourced clinical change transition team, who have the skills and capacity to execute whole scale trust wide transformation that impacts across boroughs, teams and organisations. We have been assured that the recommended option for reconfiguration are derived from a wider options appraisal, staff engagement and review of available data and is accompanied by an analysis of risks. The timescales for achieving full compliance will be defined throughout the transition phase based on learning from each phase and level of risks that emerge. This will outline options in regard to this area.

Care Quality Commission

3.3 The latest assessment of progress shows that 160 (59%) of actions within the Care Quality Commission action plan are rated Green, 74 (27%) Amber and 38 (14%) Red. This has improved from the position reported at the end of October 2017.

Delayed Transfer of Care

3.4 The Trust has been working internally and externally to increase the prominence and improve management of delayed discharges. As part of this process a clear set of guidance has been developed and disseminated to Directorate Leads along with a clear set of guidance for Ward Managers to ensure consistency in interpretation. As a result of this there has been a gradual increase in the reported Delayed Transfer of Care figures. Discussions are on-going with the Clinical Commissioning Groups and Local Authorities regarding the reporting and escalation of Delayed Transfers of Care and appropriate interventions to support improvement of performance.

Good practice

Tameside and Glossop Memory Assessment Service (MAS)

3.5 The Memory Assessment Service based in Tameside and Glossop has been accredited by the Memory Services National Accreditation Programme, part of the Royal College of Psychiatrists.

3.6 The Memory Services National Accreditation Programme works with services to assure and improve the quality of memory services. This accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided by Pennine Care, and is endorsed by the Care Quality Commission. In order to attain this standard, the Memory Services National Accreditation Programme engaged Pennine Care staff in a comprehensive process of review, through which good practice and high quality care was recognised. The review also identified and addressed areas for improvement. The review involved speaking to service users and carers as a priority and they were involved in all stages of the accreditation process.

Horizon scanning

Strategy review

3.7 Progress in refreshing the Trust's business strategy has been going well over the last few months, started by a productive board development session held mid-November. The Trust has also brought together 80 of their senior clinical leaders and managers from across the Trust to build collective leadership and ensure consistency in the annual business planning cycle. The Trust's intention is to develop a medium to long-term business strategy, which is supported by a robust financial plan and a clear narrative that is understood by all staff and stakeholders. The Trust's Chief Executive Officer is currently reviewing the governance structure to improve the flow of assurance, communication and intelligence across the Trust, as well as strengthening forums for collective leadership and maturing the new operating structure. The revision of Trust's approach to People and Organisational Development is key enabler to this area of work.

Quality Improvement

3.8 Driving and sustaining quality improvement is a major priority for the Trust and a project group is now in the early stages of formation to drive this agenda forward. A workplan is being agreed to deliver against four key workstreams:

- Build the will, culture change;
- Organisational expectation and support framework;
- Build the capabilities and resources to support;
- Manchester Metropolitan Partnership and research links.

3.9 Progress under this agenda will be overseen by the Trust's Programme Management Steering Group as it is a key enabler to delivering the business strategy.

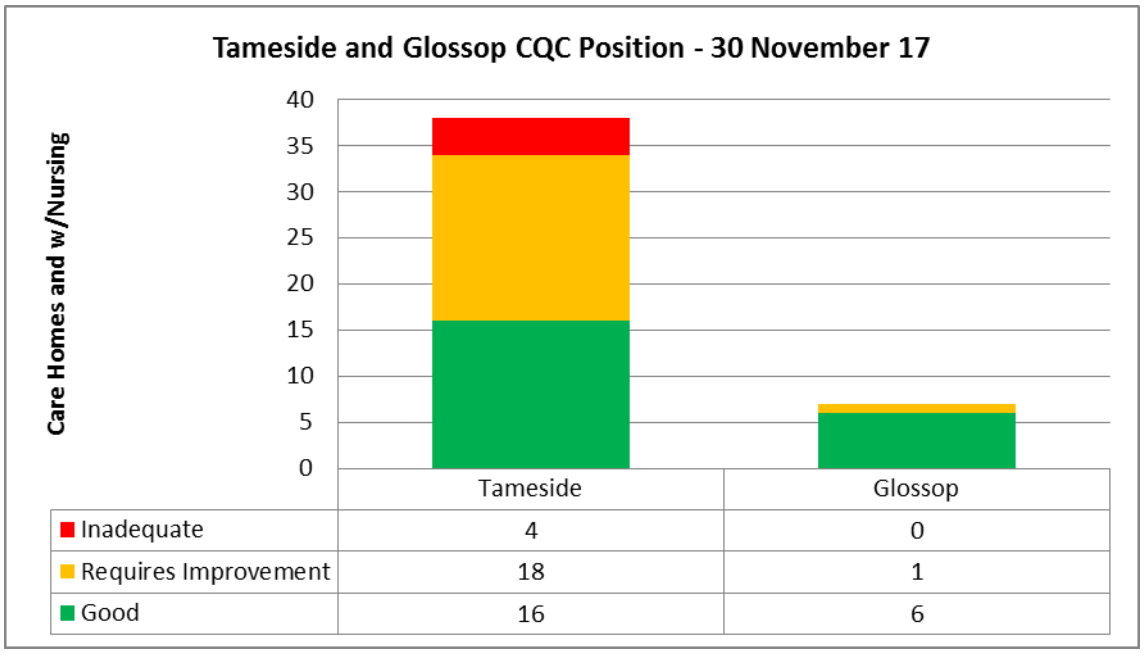
Conclusion

3.10 All aspects relating to the quality and performance of the Tameside and Glossop Pennine Care Foundation Trust mental health services has been and continue to be overseen through the monthly Pennine Care Foundation Trust Quality and Performance Contract Assurance meeting.

4. CARE HOMES/HOME CARE

Issues of concerns/remedy

4.1 The Care Quality Commission picture for Care Homes and with Nursing is provided in the graph below.



4.2 There are currently four homes rated inadequate within the locality, a short summary of key issues and support provided is given below:

Balmoral Care Home

4.3 Main themes are medicines management, risk assessments needed updating, refresher training needed to be booked, records needed to be updated and the provider needed to implement appropriate quality assurance systems. The Medicines Management Team has provided support and completed audits with improvements noted. Support has been given to the manager to advise on the work required regarding care plans, risk assessments, etc.

The manager has been given supernumerary time to implement appropriate Quality Assurance systems.

Charnley House Residential Home

4.4 The Home was suspended in September 2016 following an inadequate Care Quality Commission inspection. Key issues highlighted included medicines management, risk assessment, staffing and recruitment and infection prevention and control. The Commissioners have been working closely with the home and some progress is being made. A further Care Quality Commission inspection (report published 08/06/17) did note some small improvements but the overall rating remains as 'Inadequate'. The suspension was lifted following improvements made in August 2017. The Home has recently been inspected and the publication of the updated report is awaited.

Oakwood Care Centre

4.5 The Home was rated as inadequate by Care Quality Commission on 22 April 2017 following an inspection 9-11 January 2017 (concerns about safe care and treatment, good governance and fit and proper persons employed). Following the Care Quality Commission inspection the owner voluntarily suspended new admissions to the home. Safe and well checks were undertaken with the feedback from these providing assurances that the resident's needs were being met. A new manager has since re-established systems and processes that the former manager had let lapse. A contracts performance visit was undertaken on the 27 March, with no significant areas of concerns noted. The voluntary suspension was lifted as all appropriate actions had been taken to address concerns identified by Care Quality Commission.

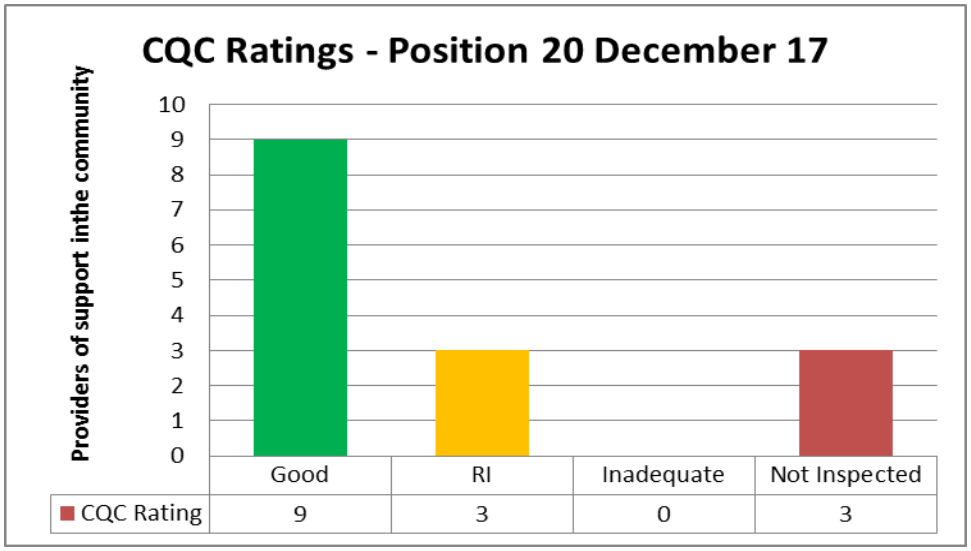
Yew Trees

4.6 The Home was rated inadequate following a visit on 3 July 2017 (publication 11 October 2017). Several issues were highlighted in relation to training of staff and safeguarding of residents. From this visit a number of safeguarding issues were raised, which prompted a number of safe and well checks to be undertaken, the overall outcome was that residents' needs are being met, with some examples of good practice noted.

Care Quality Commission Performance – Support in the community

4.7 The Care Quality Commission picture of the providers used to supply support at in the community in Tameside is noted in the graph below (please note this includes the providers used for the general support at home service (even if the office is not registered in Tameside) and supported living providers):

2



3

4.8 Tameside used to have a provider that was rated Inadequate by the Care Quality Commission, however, Laurel Bank Support at Home deregistered the service in October

2017. The Council did fund a number of service users who chose this provider (via Individual Service Funds) but these novated over to Smartway Heath and Social Care, a fairly new provider located in Ashton-under-Lyne.

4.9 The new support at home model is being rolled out next year (phase 1 proposed start date in January 2018) so the providers will be working to two models of care initially whilst the new model embeds.

Quality Improvement Team

4.10 A Quality Improvement Team is being established to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable people.

4.11 The primary focus of the work will initially be on the Care and Nursing Home sector, with a particular focus on those homes "inadequate" by the Care Quality Commission, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. The team would then programme in time to extend the work across the Support at Home Service and more widely across supported accommodation.

4.12 The team will consist of a team manager, two social workers, one nurse and one medicines management technician. Recruitment has commenced and the Team Manager has been appointed (start date is being negotiated) and the two Social work posts are to be interviewed in the first week of January. Unfortunately the Medicines Management Technician and Nursing Post were not recruited to – these two posts will be advertised again in January 2018 as permanent posts in the hope that this will attract suitably qualified and experienced candidates.

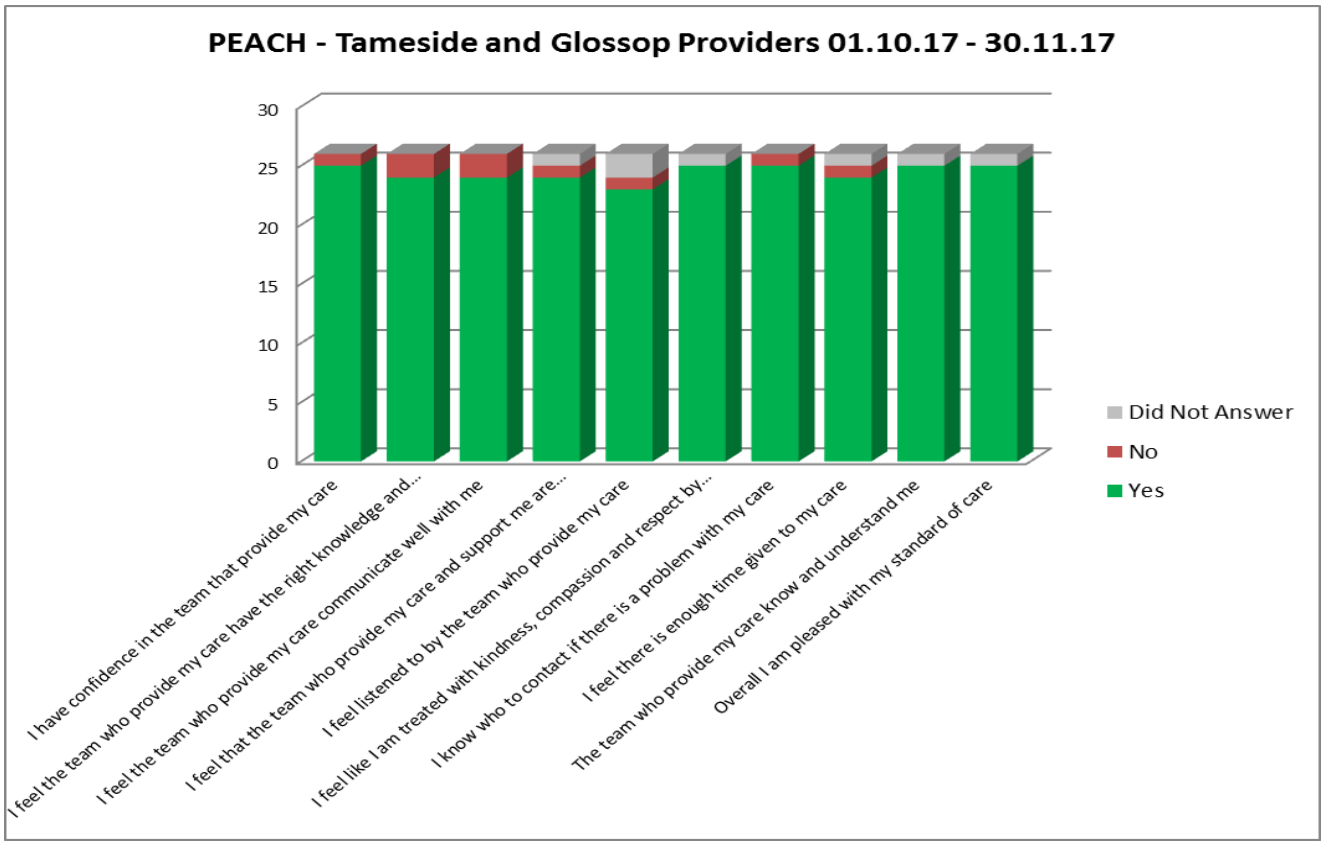
Good practice

4.13 *AbleCare Support Services* have been awarded the new New Daisy Plus Award 'Dignity In Dementia Award'. Six of their staff have also been awarded individual best practice awards.

Patient story

PEACH Results

4.14 In October 2015, Tameside and Glossop were successful in their bid to NHS England to develop patient experience measures for people in receipt of Continuing Healthcare and/or who have been through the Continuing Healthcare process. The project was completed in 2017 and the PEACH results are now being used to inform a picture of patient experience and quality intelligence across the local care sector.



4.15 NB: Detailed results including themed commentary are taken to the Tameside and Glossop Care Home Quality Group to inform local intelligence regarding individual providers.

Horizon scanning

4.16 A number of actions relating to specific homes have been identified through both the Care Home Quality Group and Care Home data-set based on intelligence gathered. An action plan is in place for internal monitoring and subsequent reporting to the Quality and Performance Assurance Group.

Conclusion

4.17 Considerable focus has been placed on the Care Home Sector in the last six months due to poor performance in respect of Care Quality Commission. New Contract Performance and Quality Assurance Processes will be implemented in January 2018. Existing meeting arrangements remain in place whilst a decision is taken regarding meeting structure for 2018-19. Recruitment for the new Quality Improvement Team has been initiated and the Team Leader has now been recruited. Further interviews are planned for the remainder of the team in the new year. Additionally, a business case has been written for increased Contract Performance Officer and Administration support, this is currently with the Joint Commissioning and Performance Team.

5. SAFEGUARDING

Children's Safeguarding

5.1 Currently there are no serious case reviews for children. There have recently been two deaths of children which will be considered for serious case / learning review in the New Year period.

5.2 A joint learning event with Oldham Local Safeguarding Children's Board is planned in February 2018. This is with respect to Child T. The event is jointly facilitated as although Child T lived in Tameside, the majority of services accessed by the family were provided by Oldham Local Authority.

5.3 Planning is underway in Both Tameside and Derbyshire to ensure that the proposed recommendations from the Wood Review are implemented. Revised legislation with respect to this report is envisaged to be in place by April 2018. As well as reviewing some functions of the Local Safeguarding Children's Boards.

5.4 Revised Department of Education safeguarding practice guidance – *Working together to safeguard children* – consultation closed on 31 December 2017. The revised document is likely to be republished in April 2018.

5.5 Work is on-going to ensure that health services are supporting the Tameside Ofsted Improvement Plan.

Looked After Children (LAC)

5.7 It is reported under the section 2.

Adult Safeguarding

5.8 There are currently no Safeguarding Adult Reviews (SARs) in Tameside & Glossop.

5.9 Tameside Adult Safeguarding Partnership Board organised and hosted a Multi-agency Safeguarding Adults Managers' Development Day on 7 November 2017. Guest speakers included Care Quality Commission, Public Protection Investigation Unit and Integrated Neighbourhood Services. The session introduced the Safeguarding Adult Managers Tool Kit which will be a live document with guidance and resources to support the Safeguarding Adults Managers' role. The session gave Managers the opportunity to network and an interactive session enabled case scenario discussions with regards to proportionality in adult safeguarding responses. The Development day was well received and positively evaluated with an overwhelming response that the session is repeated at least annually.

5.10 Greater Manchester Adult Safeguarding Network has updated the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (2009) policy for all primary care colleagues. The policy is available on the Safeguarding intranet Page as a resource for full use or reference by Primary Care Colleagues.

Learning Disability Mortality Review Programme (LeDer)

5.11 Tameside and Glossop LeDer Implementation plan has now been submitted to NHS England.

5.12 The Designated Nurse for Children and Adult Safeguarding and the Specialist Nurse for Adult Safeguarding are the Local Area and Deputy Area Contacts alongside seven trained reviewers from Tameside and Glossop Integrated Care NHS Foundation Trust. A further cohort of reviewers are currently being identified and submitted to the national LeDer team for reviewer training, Tameside & Glossop currently have 4 ongoing reviews. Information about the LeDer programme and links to the National site are available on the Clinical Commissioning Group website.

6. PRIMARY CARE

Issues of concerns/remedy

GP Practice

6.1 One of the GP practices has recently received a draft Care Quality Commission report that rates it as inadequate and will be placed in special measures. However, the practice has the opportunity to request factual changes before publication places it in the public domain. The practice has discussed the draft report with the primary care team. The team, including the Governing Body GP for Primary Care and the Clinical Lead for Quality improvements, is commencing a programme to support the practice.

Good practice

6.2 Dr Joanna Bircher, Clinical Lead for Quality Improvement at the Clinical Commissioning Group and GP at Lockside Medical Centre has been appointed as the Clinical Director to the Greater Manchester GP Excellence Programme. The Greater Manchester GP Excellence Programme is a scheme to support practices resilience across Greater Manchester while at the same time promoting and embedding excellence within general practice.

6.3 Joanna will continue her with her role at the Clinical Commissioning Group as Clinical Lead for Quality Improvement, helping to support our practice to provide good quality care.

Patient story

6.4 There has been a 12 week pilot project, in partnership with Active Tameside and Denton and Droylsden neighbourhood GP practices, to increase activity levels in older patients to improve health and reduce social isolation.

6.5 The project delivered a number of activities in the heart of the local community. Sessions delivered included Tai Chi, gentle health walks, tea and coffee afternoon, walking football, indoor kurling and chair based exercise. Local GPs and practices nurses were advised on the timetables of activity and how they could signpost into this. Leaflets were also distributed within the local area for anyone wanting to attend independently.

6.6 To eliminate any risk, the project was linked into Active Tameside's Live Active team who are exercise specialists. If any attendees had any queries over their suitability to exercise they could have a consultation with a Live Active Officer who would give them knowledge on their health condition and guidance on safe activity. The Live Active Officer would also work from the community venues so would be around for an informal chat before or after some of the exercise sessions.

6.7 Over the course of 12 weeks the project has seen approximately 950 attendances at the sessions. The top reported benefits from these clients so far are, a better sense of wellbeing, making friends and improvements in confidence.

6.8 Mr A was signposted into the service to engage into some gentle activity in his local community. He was becoming breathless on daily activity due to a respiratory condition and had recently been diagnosed as being pre-diabetic also. There were also some concerns that living by himself there was risk of Mr A becoming isolated. During an appointment the nurse found out that Mr A enjoyed walking and signposted him to the weekly walk that was taking place at the surgery. The 30 minute walk programme is called 'Walk and Talk' and Mr A definitely liked talking. After a few weeks he joined some of the other activities that were being delivered as part of the project. Mr A has enjoyed the sessions themselves but has found most benefit from socialising with others. His breathing has improved and this is building his confidence to go out and carry out more daily activity, which he had been starting to avoid. He is due to see the practice nurse to recheck his blood sugar levels shortly and is hoping to see a reduction in this too.

Horizon scanning

6.9 The Care Quality Commission have published the outcome of a consultation exercise setting out important changes to the way they will inspect and monitor general practice in the future. These changes are being enacted against a national baseline of 93% of GP practices now rated as good or outstanding. As set out in the GP Forward View, the changes will introduce inspection intervals of up to five years for providers rated good or outstanding, although a proportion will be inspected every year thus creating a rolling programme per locality. Practices identified as 'risk' practices, for example following a merger or based on direct complaints or whistleblowing to Care Quality Commission deemed to require follow up will also form the basis of the inspection schedule each year. From April 2018 most inspections will be focused rather than comprehensive.

6.10 Any inspections arranged before April 2018 will follow the existing arrangements however reports will be streamlined as part of the new reporting proposals. From April 2018 the new assessment framework will be fully implemented with the intention that the focused inspection will reduce the burden on general practice. From April the reporting of inspections will also be further streamlined to make the reports more user friendly and concise with a data table appended to a shorter narrative.

6.11 To support the changed way of monitoring a Provider Information Collection will be introduced which will enable providers to digitally provide information to the Care Quality Commission and therefore support informed decision making by the Commission regarding the schedule of inspections. Although this will be an annual return for practices to complete, and will be a more detailed exercise to populate this initially, it will then be able to be maintained through the year.

7. PUBLIC HEALTH

Issues of concerns/remedy

Health Visiting, Early Attachment, Infant Feeding, Family Health Mentors and Community Nutrition Team (Tameside & Glossop Integrated Care Foundation Trust)

7.1 Main areas of concern are around the performance of Health Visiting assessments and breastfeeding at 6-8 weeks. The service has recently migrated to EMIS from IPM which has caused problems with data quality. The result has been a drastic reduction in some performance indicators for Quarter 1 and Quarter 2, in particular the use of ASQ3 in assessments at 2-2 ½ year review. Antenatal assessment performance has reduced significantly in Quarter 1 and Quarter 2.

7.2 A recent 'deep dive' has identified capacity issues. This has been as a result of the recent Ofsted inspection and implementation of the improvement plan increasing child protection work by 40%. The service also has a number of vacancies and to attempt to fully recruit to all vacancies the Integrated Care Foundation Trust has recently took a decision to over recruit to Health Visiting posts. The Single Commission and Integrated Care Foundation Trust also agreed to complete a piece of work on a workforce development plan across public health nursing to identify future pressures. Public Health England have been informed of the data quality issues the service is currently experiencing and have agreed that the Trust can resubmit Quarter 1 and Quarter 2 data at Quarter 4.

Good practice

The Maternity Alcohol Management Algorithm

7.3 Maternity Alcohol Management Algorithm alcohol pathway was shortlisted at the 2018 Health Service Journal awards for Service Innovation.

7.4 The Single Commission Tobacco commissioning lead and the Stop Smoking Midwife lead were invited to speak at a North West smoking in pregnancy event in Manchester in

December 2017, as the model in place in Tameside was identified as achieving good results, in terms of a steadily declining smoking at time of delivery rate.

Homestart Parent-Infant Mental Health

7.5 HOST[2] work with Tameside's Early Attachment Service on supporting parents, particularly those with mild to moderate mental health issues, to understand the needs of their baby and to develop positive parent infant relationships in the crucial 0-2 period. This is an exciting project in which our Home-Start Co-ordinator is guided by the Clinical Psychologist from the Early Attachment Service in order to develop closer links between the service and Home-Start. Our Parent-Infant Mental Health worker has been able to access a range of specialist training and is very much seen as a member of the Early Attachment Service, as well as a member of the Home-Start team.

Off the Record

7.6 Off the Record is a Population Health commissioned counselling service based offering mental health support for children and young people aged 10 to 25. Over an average period of 1 quarter, Off the Record counsel 110 young people, seeing them on average for 5 sessions. Under the guidance and partnership working of the Children and Young People's Mental Health Transformation Plan, Off the Record are now using Child Outcomes Research Consortium; a tool to collect and manage quality data sets and aligning to national outcomes measures. More recently, Off the Record has been successful in a funding bid to recruit to a business administration role to further support the usage of the Child Outcomes Research Consortium.

Patient story

Patient story from Stop smoking midwife service:

7.7 *"I would like to say a huge thank you to all the staff at the maternity unit at Tameside Hospital and also to Christine Bassett my Stop Smoking Midwife. I had been receiving help and advice from Christine Bassett throughout my pregnancy and still do now some 3 months later. I am now smoke free and could not have done this without Christine Bassett. She is a great listener and does not put pressure on you whilst at the same time encouraging you. I found her to be very friendly and always looked forward to our meetings. This service is absolutely brilliant and I think it should continue for as long as possible. The best thing about this service is Christine visited me in my place of work and also at home. This made the service more accessible and I didn't even have to leave the house which is great when you have a little one. I also received my patches from Christine for free so I don't even have to worry about cost. I had attempted to receive help with my smoking at the start of my pregnancy from my local smoking clinic based at my health centre but kept being ignored. Christine who is based at Tameside Hospital was the only help and support I received. Christine has been very successful in helping me to stop and I think this service should definitely continue as it is the only service which seems to be available for pregnant ladies. I was a very heavy smoker for some considerable years and believe Christine needs an award for the work which she does."*

7.8 Breastfeeding Peer Support Volunteers Programme Feedback from mums we have supported:

- "Thank you very much for all your help and support so far. It has given me a greater understanding and knowledge of breast-feeding"
- "I feel like I have had so much support recently from Lindsey" (mum baby 10 weeks)
- "You worked a miracle getting him to latch on in 2 minutes"
- "Feeding is going a lot better now, you have been massively helpful" (following info given about cluster feeding)
- "Amy was so lovely; it is down to her that we are doing so well now with feeding"
- Virginia was lovely and helpful when she came to see us"

[2] HOST-Home-Start Oldham, Stockport & Tameside

- "I really appreciated the help"

Horizon scanning

7.9 Future plans include further development of the locality systems which integrate 0-19 service providers systemically to ensure effective local coordination of multi-professional and multi-agency services to children and families.

Conclusion

7.10 Quality assurance will continue to be sough via monthly contract monitoring meetings.

8. SMALL VALUE CONTRACTS (<5MLN)

(Please note that below contracts are monitored on the quarterly or biannual bases)

Issues of concerns/remedy

Optegra Eye Hospital services

8.1 Care Quality Commission inspected surgery and outpatients departments at Optegra Eye Hospital Manchester on the 19, 20, 28 July 2017. The report was published on the 21 November 2017. Care Quality Commission rated this service as Requires Improvement overall. Manchester Clinical Commissioning Group (lead commissioner) is dealing with this on behalf of the Tameside and Glossop Clinical Commissioning Group behalf and has requested the following actions:

- Optegra provides their improvement plan by 8 December 2017.
- The two serious incidents identified by the Care Quality Commission are reported appropriately by 8 December 2017.
- Assurance that one particular practice has stopped, or that action has been taken to ensure that patients are safe during transfer. This is in regard to "patients being prepared for cataract surgery in the anaesthetic room and then instructed to transfer from the bed and walk into the operating theatre. Patients who were disorientated due to sedation, or walking without their glasses. Patients required support from theatre staff in order to safely make the transfer".

8.2 The improvement plan will be monitored by Manchester Clinical Commissioning Group on behalf of all co- commissioners and the Tameside and Glossop Clinical Commissioning Group will receive an update in due course.

Broomwell Healthwatch, Specsavers (Audiology, NWCATS, GM Primary Eyecare Ltd: Tameside and Glossop Glaucoma Repeat Reading Service, Minor Eye Conditions Service and Go-to-Doc Healthcare.

8.3 No quality issues in Quarter 2.

9. SUMMARY

9.1 Quality must be the organising principle of our health and care services. It is what matters most to people who use services and what motivates and unites everyone working in health and care. However, quality challenges remain, alongside new pressures on staff and finances. The Quality Team believes that the areas which matter most to people who use services are: Safety - people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned through effectiveness, where people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence; and that people have a positive experience where staff involve and treat patients with compassion, dignity and respect. The services are responsive and

person-centred meaning services respond to people’s needs and choices and enable them to be equal partners in their care.

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 30 January 2018

Officer of Single Commissioning Board Gill Gibson, Director of Quality and Safeguarding

Anna Livingstone, Quality Assurance Officer

Subject: **CONTRACTUAL MONITORING AND QUALITY ASSURANCE – CARE HOMES AND CARE HOMES WITH NURSING UPDATE**

Report Summary: The purpose of this report is for INFORMATION ONLY to update the Board on work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing Sector. The quality improvement and assurance methods outlined in this report have shown real evidence of improvement both at a local and national level.

Recommendations: The Strategic Commissioning Board is asked to NOTE the contents of the report and SUPPORT the initial actions identified as part of early work undertaken.

Financial Implications:

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

Budget Allocation (if Investment Decision)	2017/18 £0.189m (Part year effect) 2018/19 £0.340m 2019/20 £0.355m Annual funding subject to inflationary increases from April 2020 onwards.
CCG or TMBC Budget Allocation	TMBC – improved Better Care Fund grant funding until 31 March 2020. Recurrent funding to be identified beyond this date.
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Benefits will initially be of a qualitative nature as the Quality Improvement Team (QIT) supports Care Homes to improve their CQC ratings. It is recommended that the QIT also work with Care Home providers to refine operating models with a view to adopting the most cost effective model. The financial benefits of this will be quantified as further information becomes available.

Legal Implications:

(Authorised by the Borough Solicitor)

The report itself does not present any legal implications that need to be considered by the Strategic Commissioning Board as it is for information only on planned joint working in respect of quality assurance and contractual performance. Any specific contractual issues or queries must be dealt with as appropriate.

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?	Care Home meeting structure and governance is to be 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 Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The purpose of the paper is to update the Strategic Commissioning Board in relation to contractual performance and quality assurance. There is currently no impact on patients and the public.
Quality Implications:	The focus has been the development of strengthened contractual performance and quality assurance processes which are linked to support available for the sector. 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 focus has been the development of strengthened contractual performance and quality assurance processes which are linked to support available for the sector. 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 conducted?	There are no information governance implications. No privacy impact assessment has been conducted.
Risk Management:	A project risk/issues log has been developed to inform the action plan.
Access to Information :	The background papers relating to this report can be inspected by contacting Anna Livingstone, Quality Assurance Officer, by Telephone: 07854 034447 e-mail: annalivingstone@nhs.net

1. PURPOSE

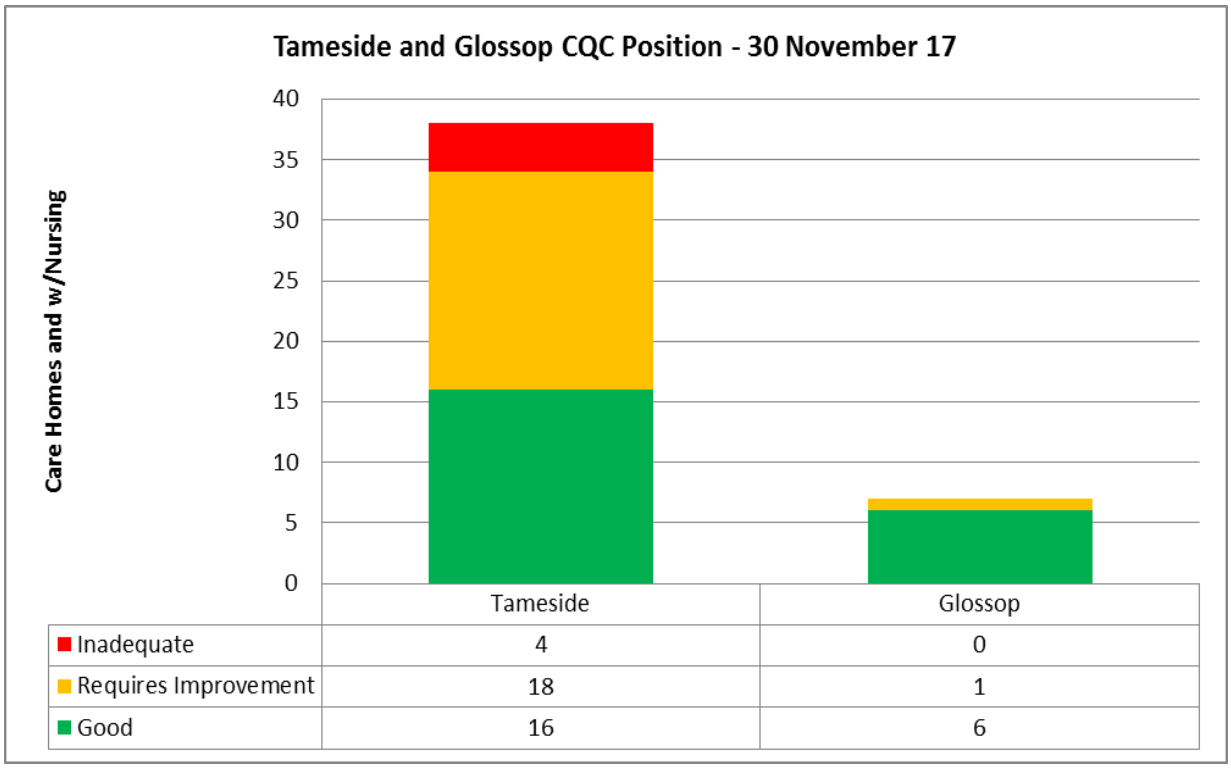
1.1 The purpose of this report is to update the Strategic Commissioning Board on the following:

- Updated Care Quality Commission Position for Care Homes and Care Homes with Nursing in Tameside and Glossop.
- Progress on revised contractual monitoring and quality assurance processes for the Single Commissioning Function in respect of the Care Home and Care Home with Nursing sector in Tameside[1].
- Quality improvement work initiated for the Care Home and Care Home with Nursing Sector.

2. CARE QUALITY COMMISSION POSITION – TAMESIDE AND GLOSSOP – 30 NOVEMBER 17

2.1 Under the revised Care Quality Commission (CQC) methodology[2] all Care Homes in the Tameside and Glossop locality have been inspected. A summary of performance as at 30 November 2017 is provided in Graph 2.1

Graph 2.1 – T&G Care Homes and with Nursing – CQC Performance 30 November 17



3. CARE HOME QUALITY ASSURANCE AND CONTRACT MONITORING

3.1 Due to the poor performance in respect of CQC for Care Homes and Care Homes with Nursing in Tameside a review of current processes for contractual monitoring and quality assurance was initiated in June 2017.

[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

3.2 An action plan informed by an associated risk/issues log was developed to focus the ongoing work. A working group to oversee the action plan has been established with membership from both the Nursing and Quality Team and Commissioning Team.

3.3 As part of the review of the Contract Performance and Quality Assurance Processes there has been a need identified for increased capacity within the current Contractual Performance Team in terms of both Contract Performance Officer and administration resource. A business case outlining the proposed additional requirements is being finalised by the Joint Commissioning Team.

4. CONTRACTUAL PERFORMANCE AND QUALITY ASSURANCE DOCUMENTATION AND PROCESSES UPDATE

4.1 A review of all existing contractual documentation was undertaken against the CQC Key Lines of Enquiry in July 2017. Other locality approaches to contract performance including Bolton, Nottingham City Vanguard, and Derbyshire County Council were reviewed as part of this process.

4.2 An engagement exercise was completed with Care Home and Care Home with Nursing Managers across Tameside in August 2017. This involved circulation of a short questionnaire to all Care Home and with Nursing Managers asking for views on a potential redesign of contract performance and quality assurance processes. Alignment to the revised CQC methodology was a theme within the engagement exercise. Preference was also shown for a monthly contractual return that was slimmed down and easier to complete than the existing quarterly contract monitoring tool.

4.3 Draft revised contractual performance and quality assurance documentation was initially presented to the Care Home and with Nursing Managers at an engagement event held in September. This included the following:

- A draft pre-visit questionnaire which is framed around The Independent Age 8 Quality Indicators and aligned to the CQC Key Lines of Enquiry. Elements of Nottingham City Vanguard and Derbyshire models had also been used to inform development. Two versions are in place due to additional questions for the Nursing Homes (linked to the Nursing and Midwifery Council Code).
- A refined monthly contractual return with focus on staffing levels, staffing consistency alongside other indicators aimed to identify quality issues. The revised contractual return is based on the Bolton Model.

There was significant support for both the draft Pre-visit questionnaire and monthly return and agreement was obtained from 13 Homes to complete a base-line assessment of the pre-visit questionnaire by 31 October 2017. Results of this were presented at a follow-up engagement event held on 23 November 2017. All homes have now been written to regarding the new contractual performance and quality assurance arrangements which are being implemented from January 2018.

5. CONTRACTUAL PERFORMANCE AND QUALITY ASSURANCE LINKED TO QUALITY IMPROVEMENT

5.1 The Pre-visit questionnaire has been designed with the intention of identifying areas for support and improvement. The Managers are asked to identify levels of compliance with specific quality areas and supply associated evidence. This will then be used to inform the Annual Contractual Visit including any specific areas for focus and any resultant actions will be identified as part of the visit.

5.2 An accompanying database is being developed alongside the documentation with the aim to provide a Tameside picture of compliance. The aim of this is to provide an overall view of the locality so themes can be identified and any strategic support can be provided. Additionally, it should assist in identifying homes that are at risk or need intensive support from the Quality Improvement Team (please refer to section 7).

5.3 The monthly contractual return has been refined to use the key indicators identified by the Care Home data-set Group as supporting an understanding of quality. The decision to move to a monthly collection is based on the need for a more responsive approach to emergent issues.

5.4 Both the monthly contractual return data and outcomes of the contractual visits will be reviewed via the Care Home Data-set Group. Resultant actions are recorded on an action log and will be reported to the Quality Performance and Assurance Group (QPAG) on a bi-monthly basis. Individual Provider Action plans will continue to be monitored via the Joint Commissioning and Contract Performance Team.

5.5 A six month review of the outcomes of the new contractual performance and quality assurance processes is planned for July 2018. This is to ensure that any learning from the early implementation stages of the new processes is captured and refinements are made as required. Ongoing engagement events will continue to be held with the Care Home and with Nursing Managers in 2018.

6. CARE HOME QUALITY GOVERNANCE

6.1 At present existing governance arrangements are in place whilst the new documentation and processes are being established. It has been agreed there is a need for review of both meeting structure and representation. The aim is for strengthened alignment to neighbourhoods and representation from locality wide expertise e.g. Infection Prevention, Pressure Care Leads.

6.2 A governance proposal with the different options for oversight has been developed for review and agreement by the relevant Directors. There is a need to be mindful of current changes that are ongoing as part of the Care Together Programme.

7. QUALITY IMPROVEMENT TEAM

7.1 A Quality Improvement Team is being established to support independent providers across the health and social care sector in Tameside improve the quality of service provision delivered to vulnerable people.

7.2 The primary focus of the work will initially be on the Care and Nursing Home sector, with a particular focus on those homes rated “inadequate” by the CQC, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. The team would then programme in time to extend the work across the Support at Home Service and more widely across supported accommodation.

7.3 The team will consist of a team manager, two social workers, one nurse and one medicines management technician. Recruitment has commenced and the Team Manager has been appointed (start date is being negotiated) and the two Social work posts are to be interviewed in the first week of January. Unfortunately the Medicines Management Technician and Nursing Post were not recruited to – these two posts will be advertised again in January 2018 as permanent posts in the hope that this will attract suitably qualified and experienced candidates.

8. INFECTION PREVENTION AND CONTROL

8.1 To improve infection prevention across the health economy an infection, prevention and control nurse (fixed term 12 months) has been commissioned specifically for Care Homes and Care Homes with Nursing. The aim of the post is delivery of best practice in all aspects of infection prevention practice and supporting education and training in the sector.

8.2 Audits were initiated in July 2017 and currently 40 out of 46 audits have now been undertaken. Of those audited 38 out of 40 have been found to be compliant (December 17 position). Following an audit the home receives a copy of the completed audit including scores, and an action plan for any identified issues, ongoing support is offered as required.

8.3 The Infection Prevention and Control (IPC) team have also set up a link meeting/programme for care homes which aims to support a collaborative approach to infection prevention and adherence to best practice. The IPC Leads presented a session at the 23 November Care Home Managers Event and a comprehensive section on IPC with associated tools and support offers is available on the Care Home Managers Webspace. Additionally, a training day tailored for Care Home Staff is planned for 8 February 2018.

9. THE RED BAG INITIATIVE (THE HOSPITAL TRANSFER PATHWAY)

9.1 The Red Bag initiative has been developed as part of the national Vanguard programme (an NHS England New Care Models programme). It is a simple model of providing Care Home Residents with a Red Bag whilst transferring across the Care Pathway. The Red Bag contains standardised information including relevant clinical information, medication, existing medical conditions, "This is Me" documentation, and also has room for personal aids such as glasses, dentures, hearing aids and medication.

9.2 The Red Bag Scheme has been found to have a number of benefits[3] including reduced length of stay for Care Home residents through quicker and better assessment, treatment and discharge as well as improved patient experience.

9.3 Early scoping work has been undertaken to implement the Red Bag Scheme in Tameside and Glossop. Bolton Clinical Commissioning Group has recently introduced the initiative and has provided advice and support on implementation of the model. Work has been initiated locally to develop the relevant templates and guidance for Care Homes and Care Homes with Nursing.

9.4 An initial action plan and early stakeholder mapping has been completed. Engagement work will need to be undertaken with all the relevant stakeholders. An introduction to the scheme has been presented to the Care Home Managers on the 23 November and to the Care Home Owners on 5 December 2017. An early pilot site has also been identified.

10. CARE HOME MANAGERS WEBSPACE

10.1 A webspace[4] has been developed to support local care home managers and staff in delivering high quality care by providing links to good practice and offers of support. Current sections include:

- CQC - Important information for Care Homes and with Nursing;

[3] Sutton Homes of Care, The Hospital Transfer Pathway: The Red Bag Initiative Guide to Implementation
[4] http://www.tamesideandglossopccg.org/local-services/care-homes

- Contract Monitoring and Quality Assurance;
- Safeguarding;
- Medicines Management;
- Pressure Care;
- Queries and Ideas;
- Tameside MBC Training;
- Infection Prevention and control;
- Older Peoples Mental Health and Dementia;
- End of Life Care.

10.2 The website contains links to both national information and local support and was launched at the 23 November Care Home Managers Event. Information will be continually updated and circulated to the Care Home and with Nursing Managers.

11. PRESSURE ULCER CARE – "STOP THE PRESSURE" CAMPAIGN

11.1 A "Stop The Pressure" campaign led by the Trust Lead Nurse for Tissue Viability is being offered to all care homes and with nursing across the locality. The campaign consists of:

- Full grading and Pressure Ulcer management training;
- Safety cross initiative;
- Skin integrity assessment (waterlow) training;
- Copies & information of all PowerPoints provided, as well as a Pressure Ulcer grading tool;
- Access to the trust tissue viability link nurse programme (9 month certificated programme).

11.2 At present 3 Care / nursing homes have signed up to the campaign, further promotion is required and an update was provided at the 23 November Event and is included on the Care Home Managers Webspace.

11.3 The Trust will also continue to be offering places on all Pressure Ulcer Prevention training, and Wound care training to Care Home and with Nursing Staff.

12. MULTI-AGENCY SAFEGUARDING ADULT MANAGERS (SAM) DEVELOPMENT DAY AND TOOLKIT

12.1 Tameside Adult Safeguarding Partnership Board organised and hosted a Multi-agency Safeguarding Adult Managers Development Day on 7 November 2017. Guest speakers included Care Quality Commission (CQC), Public Protection Investigation Unit (PPIU) and Integrated Neighbourhood Services. The session also included a focussed interactive session to support proportionality in adult safeguarding responses.

12.2 The Tameside Safeguarding Adult Managers Tool Kit was launched at the Development Day, this will be a live document with guidance and resources to support the Safeguarding Adult Managers role.

13. PROGRAMME TO INVEST AND IMPROVE NURSES KNOWLEDGE (PINK)

13.1 PINK (Programme to Invest and Improve Nurses Knowledge) was first launched in 2012 to nurses in care homes as an attempt to up skill the workforce in response to themes and trends identified within contract performance visits and safeguarding concerns.

13.2 The programme is a day a month for 4 months that is delivered by local services to ensure that nurses understand their accountability ensure they are offering care and appropriate referrals in line with local and national guidance. The sessions include safe administration of medication, tissue viability, managing nutrition, managing delirium, continence care, diabetes management and infection prevention. The programme last ran in 2016 but is being re-launched in April 2018

14. NEXT STEPS

14.1 At the follow-up Engagement Event with Care Home Managers held 23 November the Care Home Managers expressed a desire for ongoing engagement sessions in 2018. These have now been diaried and sessions from the Coroner and CQC are planned for the March Agenda.

14.2 Ongoing monitoring of the new arrangements for both the Contractual Performance and Quality Assurance Visits and monthly return are in place with the first meeting due to be held in February 2018. A full six month learning review is planned for July 2018. Further engagement sessions are planned with the Homes throughout 2018.

14.3 Recruitment for the Quality Improvement Team has been initiated with an aim for the team to be in post in early 2018.

15. RECOMMENDATIONS

15.1 As set out on the front of the report.

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 30 January 2018

Officer of Single Commissioning Board Gill Gibson, Director of Safeguarding and Quality

Subject: **CHILDREN AND YOUNG PEOPLE'S (AGED 0-25) SPECIAL EDUCATION NEEDS AND DISABILITY INTEGRATED COMMISSIONING STRATEGY (2018-2021**

Report Summary: This report sets out the strategic direction of commissioning for Children and Young People's with Special Educational Needs and/or Disability (SEND) for Tameside and Glossop Strategic Commission Function, covering the Tameside Metropolitan Borough Council, Tameside Public Health and Tameside and Glossop Clinical Commissioning Group. Its development has been informed and required by national policy including the Children and Families Act (2014) (specifically the SEND reforms), local policy including the Tameside SEND Vison Strategy, The Tameside Self Evaluation Framework, Tameside Joint Strategic Needs Assessment 2017 and Tameside and Glossop Clinical Commissioning Group SEND Diagnostic Audit for Clinical Commissioning Groups 2016, 2017.

Recommendations: The Strategic Commissioning Group is asked to:

- NOTE the contents of the report and in particular the national and Greater Manchester context and assurance measures holding local areas to account in ensuring the SEND reforms are delivered
- SUPPORT the approval of the Integrated Commissioning Strategy and the deliverables for 2018- 2021 and RECOMMEND approval to the Council and CCG.

Financial Implications:

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

Budget Allocation (if Investment Decision)	To be confirmed in line with approved budget allocations for both the Council and CCG within the medium term financial planning period 2018/19 to 2020/21
CCG or TMBC Budget Allocation	Both the Council and CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75, Aligned and Council budget allocations not within the Integrated Commissioning Fund, namely Education Services and the Dedicated Schools Grant.
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Strategic Commissioning Board, Executive Cabinet and CCG Governing Body

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	It will be essential that the implementation of the strategy realises efficiencies on both existing and proposed expenditure whilst also ensuring the aims of the strategy alongside SEND reforms are delivered.
Additional Comments Members of the Strategic Commissioning Board should note that this strategy will be supported by resource allocations within the Integrated Commissioning Fund and in addition Council budget allocations which are not currently within the fund. These include Education services and the Dedicated Schools grant. It is therefore essential that associated Members are also aware of this strategy.	

Legal Implications: (Authorised by the Borough Solicitor)

The implementation of the SEND Code of Practice 0-25 Years is a statutory obligation for the Local Authority. This is to improve outcomes for children and young people with complex needs and the experience of parents and carers. It is therefore necessary that there is a clear strategy for delivery within the Borough cutting across organisational boundaries.

How do proposals align with Health & Wellbeing Strategy?

Developing Well – there is a need to identify opportunities in relation to improving our commissioning and delivery systems to achieve better outcomes for children and young people with SEND.

How do proposals align with Locality Plan?

The Integrated Commissioning Strategy is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention);
- Community development;
- Enabling self-care;
- Locality based services.

How do proposals align with the Commissioning Strategy?

The Integrated Commissioning Strategy contributes to the wider Commissioning Strategy by:

- Patients and communities being empowered to care for themselves and to work together to support local health and wellbeing;
- Locality based integrated teams of multi skilled health and social care professionals using integrated case management and care co-ordination;
- Identification and support of "at risk" people.

Recommendations / views of the Health and Care Advisory Group:

This section is not applicable as the report is not received by the Health and Care Advisory Group.

Public and Patient Implications:	There has been significant consultation with Children and Young People with Special Educational Needs and Families.
Quality Implications:	A quality impact assessment has been completed
How do the proposals help to reduce health inequalities?	The SEND Integrated Commissioning Strategy seeks to reduce health inequalities, target the resources to where most needed and ensure services are accessible to all.
What are the Equality and Diversity implications?	It is not anticipated that the proposal will have a negative effect on any of the protected characteristic group(s) within the Equality Act. An Equality Impact assessment has been completed and is attached.
What are the safeguarding implications?	Strengthening of current provision and systems.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information governance is a core element of the NHS. NHS and Tameside MBC providers would have IG policies in place and they would be expected to adhere to these.
Risk Management:	By implementing and adhering to the SEND Integrated Commissioning Strategy and aligning with Greater Manchester approaches it is expected that the local area will be seen to meeting its obligation under the reforms.
Access to Information :	The background papers relating to this report can be inspected by contacting Gill Gibson, Director of Quality and Safeguarding, by Telephone: 0161 342 5611 e-mail: gill.gibson@nhs.net

DRAFT Tameside and Glossop

Children and Young People's (aged 0-25) Special Education Needs and Disability Integrated Commissioning Strategy (2018-2021)

Our Vision
We want our children and young people who have SEND and their families to be able to lead rich, exciting, and fulfilling lives, accessing the same experiences as other children, young people and families. To enable our children and young people who have SEND and their families to do this we will ensure they receive the right support wherever and whenever they need it.

Our Mission
Across all partners in Tameside and Glossop we are committed to working together in a fully integrated way, placing children, young people who have SEND and their families at the heart of the system, ensuring that professionals have the trust and confidence of families throughout their journey.

We will develop a unified system in Tameside for children and young people who have SEND; a system that continuously raises aspiration, improves outcomes and is underpinned by respect and empathy.

We will ensure that at points of transition each child and young person is fully supported to move into the next phase of their growth and journey.

We will promote choice for children and young people who have SEND so they have greater control over their lives, becoming confident, independent citizens who play an active part in society and who lead healthy, fulfilling lives.

We will champion and celebrate the achievements and outcomes of all of our children and young people throughout their journey

SECTION ONE: OUR AMBITION AND CONTEXT

Introduction

1.1 This document sets out the strategic direction of commissioning for Children and Young People's with Special Educational Needs and/or Disability (SEND) for Tameside and Glossop Strategic Commission Function, covering the Tameside Metropolitan Borough Council (TMBC), Tameside Public Health (TMBC PH) and Tameside and Glossop Clinical Commissioning Group (CCG).

1.2 The strategy has been developed on behalf of the Tameside and Glossop Strategic Commission Function and replaces the previous 2010 commissioning strategy, 'Interagency Protocol for Children with Complex Health Needs'. It builds on previous work and aims to further join up the commissioning and delivery of services for children and young people with SEND.

1.3 Its development has been informed by national policy including the Children and Families Act (2014) [specifically the SEND reforms], local policy including the Tameside SEND Vison Strategy, The Tameside Self Evaluation Framework (SEF), Tameside JSNA (2017) and Tameside and Glossop CCG SEND Diagnostic Audit for CCGs (2016, 2017) and the Tameside Health and Wellbeing Strategy. It also seeks to draw on feedback from parents, carers and young people.

1.4 The strategy highlights the complex commissioning arrangement across multiple organisations and approaches to delivery. As such this strategy seeks greater alignment and integration for commissioners and providers building on the good practice evidenced in the delivery of Integrated Service for Children with Additional needs (ISCAN), Tameside Education Pupil Support Services, and the multi-agency Neurodevelopmental Umbrella Pathway.

1.5 A child is defined as having Special Educational Needs (SEN) if he or she "*has a learning difficulty or disability which calls for special education provision to be made for him or her*". [Children and Families Act 2014 Section 20].

1.6 A child is considered to have a learning difficulty if she or he:

- *has a significantly greater difficulty in learning than the majority of others of the same age; or*
- *has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions*

1.7 Disability is defined in the Equality Act 2010. A person as disabled if they have a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

1.8 This definition provides a relatively low threshold and includes more children and young people than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer.

1.9 Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

1.10 This strategy covers Children and Young People with Special Educational Needs and Disability who are aged 0-24 (up to their 25th birthday).

1.11 The Special Educational Needs and Disability Code of Practice, DfE, July 2014 states:

"EHC plans can be put in place from birth, and up to 25 where it is agreed that a young person requires more time to complete their education, and has not yet met the outcomes agreed as part of their plan. *In the case of a young person who reaches their 25th birthday before their course has ended, the EHC plan can be maintained until the end of the academic year in which they turn 25'*

2 SECTION TWO: COMMISSIONING RESPONSIBILITIES

2.1 Commissioning responsibilities for Special Educational Needs and Disability are complex, spanning several legislative Acts and regulations, and are applied through codes of practice. The Children & Families Act (2014) provides a legislative framework for joint commissioning across the NHS and Local Authority. The Care Act (2014) provides a framework for carers including disabled Children and Young People (CYP).

2.2 The Children and Families Act 2014 Section 25 places a duty on local authorities to promote integration between educational and training provision, health care provision and social care provision. This duty mirrors the duty placed on CCGs by the Health and Social Care Act 2012. The NHS Mandate also makes clear that NHS England, CCGs and Health and Wellbeing Boards *must* promote the integration of services if this will improve services and/or reduce inequality.

2.3 The Children and Families Act 2014 *Section 26* of the Act places a duty on local authorities and 'partner commissioning bodies' to put in place joint commissioning arrangements. 'Partner commissioning bodies' are the NHS Commissioning Board (NHS England) and individual CCGs who provide services to children in that area. The purpose of the joint

commissioning arrangements is to plan and jointly commission the education, health and care provision for disabled children or young people and those with SEN.

2.4 *Sub-sections 26(3)* and *(4)* requires every joint commissioning arrangement to include arrangements for considering and agreeing:

- The education, health and social care provision needed by disabled children and young people and those with SEN, how this provision will be secured and by whom;
- How complaints about education, health and social care provision are dealt with;
- The procedures for ensuring that disputes between local authorities and CCGs are resolved as quickly as possible; and
- How education, health and care assessments should be secured.

Commissioning principles

2.5 To commission effectively for children and young people with SEND a joint collaborative approaches are required between commissioners, parents/carers, and CYP (experts by experience), and providers of children's services.

2.6 The Integrated Commissioning approach in Tameside will follow the Joint Commissioning Cycle (below)

Figure 1: The Commissioning Cycle (The Health and Social Care Information Centre, 2013)

2.7 Commissioning decisions will be informed by evidence-based or practice of what available the following guiding informed works using values.

Our Values

2.8 Children, young people and their families are at the centre of our work. Supporting their interests and welfare is paramount. The following values guide our approach to commissioning:

- We will keep children and young people safe through effective safeguarding practice
- We will work with children, young people and families meaningfully at all stages of the commissioning cycle.
- We will work within a framework of fair, open and transparent processes.
- We will make evidence-informed decisions about the commissioning and decommissioning of services.
- We will strive to continual improve outcomes for children, young people and their families.
- We will focus on early intervention and prevention to reduce high cost services in the future.

- We will promote equality (including equality of access to services) in relation to age, disability, gender/gender reassignment, race, religion or belief and sexual orientation.
- We will deliver efficiencies and quality through robust risk, contract and performance management.

2.9 We are committed to the arrangements for safeguarding and promoting the welfare of children and young people through the Tameside Safeguarding Children Board (https://www.tamesidesafeguardingchildren.org.uk).

2.10 We work in accordance with the Equality Act 2010, which consolidates protection against discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It also put in place a new public sector equality duty, which gives public authorities a legal responsibility to provide this protection and make decisions which are fair and transparent, including the allocation of public money.

2.11 We will achieve value for money by securing effective services which meet local needs and deliver improved outcomes.

Principles

2.12 Principles underpinning the Children and Families Act 2014, supporting regulations and the Code of Practice for SEND: Local Authorities in carrying out their functions under the Act must have regard to:

- The views, wishes and feelings of the child or young person, and the child's parents (and carers)
- The importance of the child or young person, and the child's parents/carers, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions.
- The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Needs Assessment

2.13 This strategy has taken into account the local and national policy documents in relation to children and young people and SEND.

The local population need

2.14 Children with special educational needs and disabilities are a diverse group, where some children require minimal support, whereas others require multi-agency intervention across the three sectors of education, health and social care. In order to ensure the best outcomes for these children and young people, it is vital to understand their needs to ensure that these children and young people feel fully part of society and are never excluded from any part of life's experience or opportunities.

2.15 There have been many attempts to provide accurate estimates of disability in children and young people. Some of these have provided condition based estimates based on the literature and others have utilised specific existing data. It is problematic to collate accurate, timely data in relation to disabled children and young people both locally and nationally, and definitions of disability vary widely.

2.16 Routine data are collected by local authorities on children with statements of Special Educational Needs and now EHCPs, but this does not reflect the spectrum of disability and is only a weak proxy measure for severity.

2.17 National Statistics for Special Educational Needs in England (January 2017) portray the total number of pupils with SEN for England and Tameside as:

Table 1: All Schools: Number of pupils with SEN (2017)

	Total Pupils	Pupils with statements or EHC plans		Pupils on SEN support		Total pupils with SEN	
		Number	%	Number	%	Number	%
England	8,669,080	242,184	2.8	1,002,069	11.6	1,244,253	14.4
TAMESIDE	**36,330**	**594**	**1.6**	**4,230**	**11.6**	**4,824**	**13.3**

Source: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017

2.18 We estimate there are currently between 1,170 and 1,310 children and young people aged 0-24 year old (up to 25th birthday) who experience some form of disability or long term health condition.

2.19 This would suggest that the SEND level of demand for Tameside and Glossop could be around 6,000 children and young people and their families potentially requiring support in some shape or form.

What Our Families Tell Us

2.20 Over the years different consultations and engagement work has taken place with families both locally and nationally. Locally this has been through the Integrated Service for Children with Additional Needs, TMBC Social Care Children's With Disability, and Our Kids Eyes (VSCE).

2.21 The learning from engagement tells us that most families receive good support and care, however there some things families say needs to improve:

- Information on local activities and support
- Transition between services, schools and from children's to adults services
- Services are not always joined up and don't work together
- I don't want to have to tell my story lots of times to lots of people

2.22 In addition families would like to see:

- Better signposting where to get help and local activities
- More support with the EHCP process
- Improved coordinated care
- Information to be better shared across services
- More say and control over the care they receive
- Improved support through schools

3. SECTION THREE: THE STRATEGIC DIRECTION

3.1 The SEND strategic objectives will be underpinned by a delivery plan (see Appendix) based on the findings of the Tameside SEF and the Tameside and Glossop CCG SEND Diagnostic audit.

3.2 The delivery plan seeks to ensure that a strategic level joint commissioning of services for children and young people who have SEND will be embedded within the work of the Local Area. As a result mechanisms for using existing data and intelligence to predict the need for services and inform commissioning intentions will be established.

3.3 The delivery plan holds the nine key domains:

- Ensure oversight and governance by senior leaders of the implementation of the SEND reforms, at both a strategic and operational level. Ensuring effective resourcing and implementation of the statutory framework for SEND
- Ensure joint commissioning arrangements and strategic planning across the Local Area; ensuring that commissioning plans are appropriate to meet local demand.
- Ensure the timely effective identification of Children, Young people and young Adults who may have SEN and/or disability.
- Ensure the outcomes children and young people who have SEND in the Local Area are captured and reviewed
- Improve parental satisfaction within the Local Area ensuring sufficient progress in effecting the culture change required for effective-production with parents/carers, both at the individual and strategic level.
- Ensure engagement with children and young people who have SEND across the Local Area.
- Ensure the social care needs of children and young people are identified and assessed and their needs effectively met.
- Ensure EHC Plans are completed within statutory timescales. Ensure the quality and suitability of completed EHC Plans that enables all agencies to contribute fully to the final Plan.
- Ensure effective Crisis Management for children and young people who have SEND and their families, particularly within Education Services

3.4 These plans and their actions are to be resourced through the Integrated Commissioning Fund.

3.5 The following Inter-agency Funding Profile Guide has been developed to be used by multi-agency panel to agree contributions to packages for individual children.

	Profile Description	**% Funding**			
		TMBC Learning& People	School	CWD Social Care	CCG
	52 week residential school placement. CYP looked after. CYP meets continuing care criteria and health needs can be met.	33		33	33
	Residential children's home/foster care CYP has continuing care needs and health needs can be met. CYP looked after. Special/ mainstream school placement.				
	Residential/respite			50	50
	Education Placement	100			
	Full time Enhanced support in school	50			50
	Part time enhanced support in school	33	33		33
	Continuing Care health needs and is a child in need who requires respite/short break provision.				
	Short-break/respite component	-		50	50
	Continuing Care health needs and has significant barriers to learning (requiring 1:1 to manage risks)				
	Enhanced support in school	50		-	50
	Continuing Care health needs, some barriers to learning but full time supervision not required	33	33		33

3.6 We are committed to developing a Tameside integrated personal budget offer, which could include personal health budgets, social care and education (including home to school transport) to be offered to CYP with an EHCP or eligible for an EHCP.

Advice and Information

3.7 We will provide information and advice to families about the services and support that is available to them; it will be accurate, comprehensive, high quality and easy to use.

3.8 The advice and information service will be contained on the Tameside Local offer (https://www.tameside.gov.uk/localoffer).

3.9 We have undertaken and completed a review the Local Offer to ensure accurate description of services for CYP aged 0-25. We will ensure a periodic review of all current local advice and information services and establish access to independent advice and information

Making better use of information

3.10 We have established and developing an integrated system for collecting and analysing data and information that will inform the JSNA. As such when this system is robust we will have a good understanding of the needs of children and young people with SEND across Tameside and Glossop.

4 OUR JOINT COMMISSIONING INTENTIONS

Our Commitment

4.1 In the creation of the Tameside and Glossop Integrated Care Organisation we took a large step to joining up care and treatment with ambition to improve outcomes (for more information visit: http://www.caretogether.org.uk/). We will utilise our learning to develop a phased approach to integrating services for children and young people with disabilities and their families; ensuring positive experience of services and receiving the timely right service, in the right place.

4.2 We established an integrated service comprising of Health and Social Care staff with ISCAN, who offer treatment and support to young people with additional needs and/or complex health needs. However we recognise since the service opened demand has increased and not all services are currently joined up through an integrated model of delivery.

4.3 We propose to review the ISCAN service and explore opportunities to build on current evidence of integrated delivery with a view to establishing a service comprising of Education, Health and Social Care staff with the aim to improve the experience and outcomes the of those using the service.

4.4 We recognise that at times there are disagreements between professionals and between the service and the families that they are there to help. As such we need to ensure that we have in place disagreement resolution and mediation services to help settle disagreements surrounding the provisions provided for a CYP with special educational needs and/or disabilities and explore how their needs can best be met.

4.5 In our neighbourhoods we need to build alternative models of integrated service delivery that ensures collaborative responses to local need with help and support as close to home as possible from a flexible asset base. Services that build on assets of the family and the community and intervene early, with one team, knowing their area and each other; this is person centred approach within the context of family and community.

4.6 We recognise that we need establish effective networks where service cannot be integrated and/or co located.

4.7 We need review current transition arrangements between service and from children's to adult provision. We need to enable providers through commissioning to continue to be effective regardless of age, gender, disability, race, religion or belief.

4.8 Through the Local Offer we need to ensure that there is an effective single point of access for CYP with SEND. A communication plan will be developed for the roll-out of the strategy and to improve communication and understanding of the support and current offer to CYP and those who care for them with SEND.

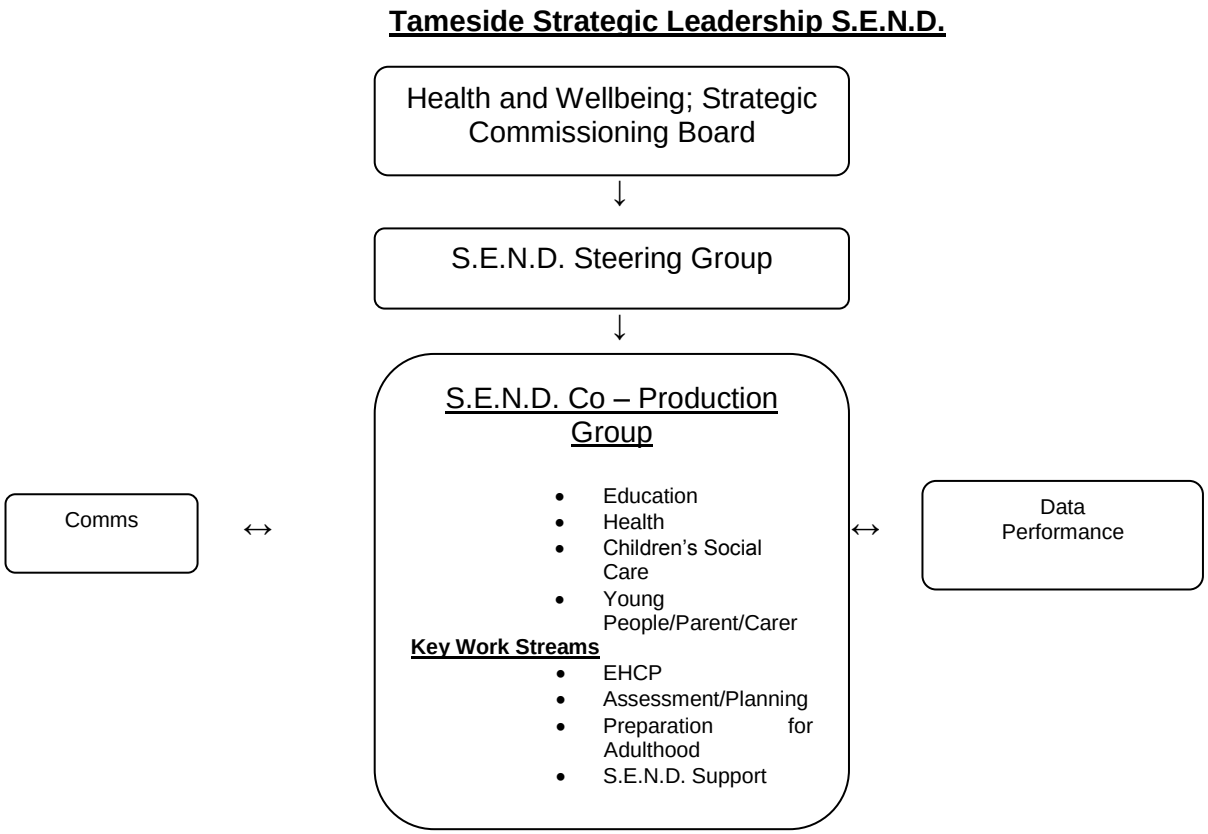
5 Section 5: Governance

5.1 NHS Tameside and Glossop CCG and Tameside Metropolitan Borough Council have formed a Single Commissioning Function. By bringing together the staff, expertise and budgets of these two commissioning organisations we believe that we can deliver better outcomes for our local population in a cost-effective way.

5.2 The CCG and local authority have formed a joint committee called the Strategic Commissioning Board which has been established to make commissioning decisions funded from our Integrated Commissioning Fund. For further information regarding the Strategic Commissioning Board, please access:
http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board:

5.3 We have agreed that a single Strategic Commissioning Board is the place where the vast majority of health and social care commissioning decisions are made. The meetings of the Strategic Commissioning Board are held in public. The reports from these meetings will be published.

5.4 Informing the Strategic Commissioning Board on SEND is the SEND Steering Group and the SEND Strategic framework outlined below.



5.5 The aim of SEND Steering Group is to ensure the local area meets its obligations under the reforms and ensure children, young people and families have:

- Access to appropriate services, which meet needs across the 0 - 25 age range;
- A clear understanding of the Local Offer (what support they should receive) and the services(s);
- Timely access to this support

- Opportunity to thrive, with improvements to the child/young person's life chances and education.

5.6 It is a Strategic Group to continue the development of integrated working between Education, Health, Social Care and VSCE across commissioners and provider organisations.

5.7 The partnership through the Strategic Group will take whole-system ownership of the priorities, challenge performance and manage risk to deliver whole system approach and accountability on behalf of the population of Tameside and Glossop. It will secure arrangements for monitoring and review of this strategy.

6 Stakeholder Communications

6.1 To support this strategy a comprehensive communications plan is in place to ensure Children, Young People, Families and Stakeholders are finally aware of implementation and progress.

Agreed: X
Review Date: January 2019

Abbreviations

CAMHS Child and Adolescent Mental Health Services
CCG Clinical Commissioning Group
CYP Children and Young People
CYPF Children, young people and families
EHCP Education Health and Care Plan
HWB Health and Wellbeing Board
HWBB Health and Wellbeing Strategy
(ISCAN) Integrated Service for Children with Additional Needs
JSNA Joint Strategic Needs Assessment
LD Learning Disability
PH Public Health
QA Quality Assurance
SEND Special Educational Needs and Disability
SEN Special Educational Needs
SLCN Speech, Language and Communication Needs
TMBC Tameside Metropolitan Borough Council
VCSE Voluntary, Community and Social Enterprise

Appendix

Tameside and Glossop SEND Action Plan:

ACTION	OWNER	BY WHEN
LP 1 Ensure oversight and governance by senior leaders of the implementation of the SEND reforms, at both a strategic and operational level. Ensuring effective resourcing and implementation of the statutory framework for SEND		
Develop an agreed vision for SEND across the Local Area in conjunction with all partners including parents/carers and children and young people	Director of Children's Services	September 17
Ensure the vision is effectively disseminated understood throughout the Local Area	SEND Co Production Group	October17
Embed effective governance structures to ensure there is accountability for improving outcomes for children and young people with SEND across the Local Area	Director of children's services	Jan 18
Develop a SEND Strategy for the Local Area in conjunction with all partners and parents/carers and children and young people	Director of Children's Services	September 17
Development of effective systems across the Local Area to monitor and track outcomes across education, health and care for children and young people within SEND	SEND Data Performance Group	Sept 17
Ensure effective reporting mechanisms to senior leaders on outcomes across education, social care and health are in place	Director of Children's Services	Jan 18
This means that Leaders across the Local Area will have a clear understanding of how effective the Local Area's implementation of the reforms has been in making a difference to the lives of children and young people with SEND and their families in Tameside and how/whether outcomes for this cohort of children and young people have improved since the implementation of the reforms in September 2014.		
ACTION	OWNER	BY WHEN
LP2 Ensure Joint commissioning arrangements and strategic planning across the Local Area ; ensuring that commissioning plans are appropriate to meet local demand.		

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 30 January 2018

Officer of the Single Commission Jessica Williams, Interim Director of Commissioning

Subject: **MENTAL HEALTH INVESTMENT**

Report Summary: This report highlights the National and Greater Manchester expectations regarding mental health provision and the pressures that arise from these, plus other local pressures. The report outlines the existing investment in mental health as well as new funding streams before providing an estimation of the investment required to meet the requirements and improve the mental health of our population.

The paper concludes by asking the Strategic Commissioning Board to commit to investing in mental health and proposes a pragmatic phased approach.

Recommendations: The Strategic Commissioning Board is asked to:

a. Commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment to improve parity of esteem.

b. Agree the prioritised investment plan for 2017/18 outlined in Section 7, noting that full business cases for many elements still need to be agreed.

c. Subject to approval of individual business cases, earmark £1.7m of additional recurrent investment in 2018/19, in order to meet Five Year Forward View. In addition to this a further £1m would be required recurrently if it is decided to support sustainability at Pennine Care in respect of Income generation beds and staffing ratios. Taking total additional investment to £2.7m in 2018/19 and rising to £5.791m by 2021/22.

d. Recognise and acknowledge that if all of these financial resources outlined in this document are committed, the Strategic Commission financial gap will increase. Alternatively if a decision is reached to only part fund these proposals, the gap in Mental Health provision will not close as quickly as we would like for our residents.

e. Confirm support of the Mental Health business case presented in November (Transforming Mental Health Services: Meeting Population Needs and Delivering National Requirements Business Case). An extract from the minutes is included in Appendix 2. The funding required (included within the total listed in point (c) above) is as follows:-

	2017/8	**2018/9**
Early Intervention in Psychosis	41,632	249,795
IAPT	75,642	270,250
CYP	15,103	106,620
	132,377	**626,665**

f. Acknowledge that if this investment in mental health is

	approved, there will be a further requirement to forward this proposal onto the Clinical Commissioning Group's Governing Body as circa £100k of this funding would fall outside of the Section 75 pooled budget and within the aligned fund.
Legal Implications: **(Authorised by the Borough Solicitor)**	Given this area of health is increasingly recognised as a key area nationally it is important for the Board to invest and plan accordingly in a strategic and structured way, ensuring the approach is consistent with approved Government guidance, and thus helping to avoid successful legal challenge to the rationale employed. This needs to be undertaken in the context of the legal duty to deliver a balanced budget and the duty to deliver value for money so that any services commissioned deliver priorities whilst being efficient and effective. Where such money sits out of the section 75 as referred to above it will be necessary for the relevant accountable body Council and/or CCG) to also agree to this spend. Any additional spend outside existing budgets will need to be approved by the Council and Governing Body.
What is the evidence base for this recommendation?	National Five Year Forward View for Mental Health.
Is this recommendation aligned to NICE guidance or other clinical best practice?	Yes – based on range of NICE Guidance re mental health and requirements to deliver NICE Concordat Care.
How will this impact upon the quality of care received by the patient?	If additional funding for mental health support is committed the quality of care for patients will be improved.
Views of the Health and Care Advisory Group:	The Health and Care Advisory Group recognised the need to improve mental health outcomes in Tameside and Glossop, notably to improve early intervention. The group highlighted the need to support people in employment, meet the need of people with complex needs who currently fall between a gap in services and for people with serious mental illnesses.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey. Telephone: 07792 060411 Email: pat.mckelvey@nhs.net

1. INTRODUCTION

1.1 Improving people's mental health including access to services has a very high profile nationally, in Greater Manchester and within Tameside and Glossop. There are many expectations about mental health service provision and most of these require additional investment. This report outlines the expectations, existing service provision, transformation investment available and an estimate of the investment required to improve services from now until 2021. The gap in investment is considerable and with the current financial position difficult decisions need to be made. These include:

- Are we, as a system, committing to improve mental health outcomes through investment to reach parity of esteem in mental health?
- If so, are we committed to prioritise investment in improving the mental health of our population, including through moving investment from other care groups?

2. NATIONAL EXPECTATIONS

2.1 The Five Year Forward View for Mental Health (FYFVMH) makes 58 recommendations for the NHS and System Partners. Priorities include:

- Genuine Parity of Esteem between Physical and Mental Health
- Prevention
- Improved Waiting Times & New Commissioning Approaches to Transform Services
- Integration of Physical and Mental Health Care
- High Quality 7-day Services for People in Crisis
- Provision Close to Home for those with Acute Intensive Needs, particularly Young People
- Focus on Targeting Inequalities

2.2 The Must Do's for 2017/9 are as follows:

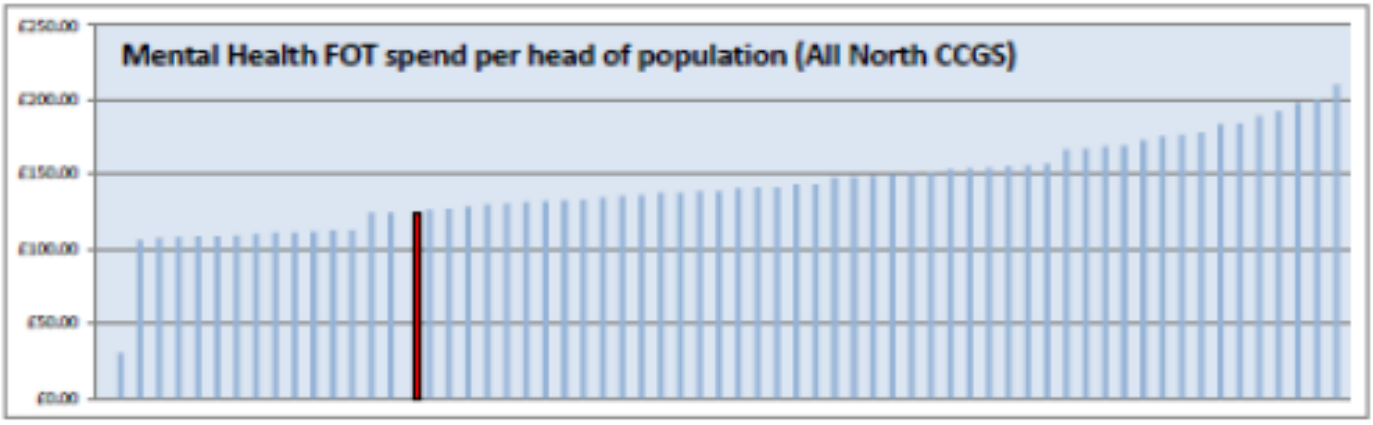
IAPT • Waiting times • Access – ratchet up for up to 25% • Integrated (long term conditions/employment) • Recovery	**CAMHS** • Waiting times • Community Eating Disorders • Crisis care support and acute mental health liaison • Tier 4 collaborative • Early intervention and prevention – iThrive • Perinatal – specialist and early help • Transforming care
Severe Mental Health Illness • Early intervention to psychosis waiting times and NICE • SMI IAPT • Individual placement and support prep • Physical health care – smoking / obesity	**Crisis Care** • A&E psychiatric liaison – core 24 / RAID • All-age acute care pathway redesign (including CRHTs and primary care mental health) • Crisis care triage / support • Custody / liaison and diversion
Dementia United • Diagnosis • Post-diagnostic support • Carers	**Suicide Prevention**
Armed Forces	**Secure Care Pathways**

3. EXISTING MENTAL HEALTH INVESTMENT

3.1 At November 2017 the CCG was investing £37.5m in a range of mental health services:

Mental Health budget (£000's)	**2017/18**	**Includes:**
PCFT Core Contract	22,598	Specialist mental health services and IAPT (psychological therapy)
GMMHFT Core Contract	332	
SMI Rehab/Supported Accommodation	1,298	Rehab for people with Serious Mental Illness (SMI) (Step Down / SA)
Individual Commissioning	5,555	Individual packages of care for people with complex MH and LD needs
Prescribing	3,206	MH prescriptions, mainly anti-depressants
ICFT MH care	1,252	MH funding as per relevant PBR tariff, now block contract
ICFT Community	762	Community LD Team
Learning Disabilities	586	Merseycare and ISS
Other MH	2,021	VCS services Non-contract NHS
Total Baseline Budgets	**37,610**	

3.2 Although there are discrepancies in how Clinical Commissioning Groups account for Mental Health spend, the spend per head in Tameside and Glossop is regarded as on the low side compared to other Clinical Commissioning Groups:



4. NEW MENTAL HEALTH INVESTMENT

National expectations

4.1 Nationally it is recognised that investment is required to deliver the 'Must Do's' and therefore funding has been included in the Clinical Commissioning Group baseline for the Five Year Forward View for Mental Health. Clinical Commissioning Groups are also expected to increase mental health investment over and above the growth in the baseline to improve mental health care as the Strategy is based on economic evidence that there are system savings to be made through high quality accessible mental health provision.

4.2 Additionally the Clinical Commissioning Group is expected to meet the National Mental Health Investment Standard (MHIS), which reflects an increased investment in mental

health each year consistent with allocation growth. Although 2018-19 guidance and allocations are still to be confirmed, indicative values are as follows:-

	2017/8	2018/9	2019/20	2020/21	2021/22
Mental Health Investment Standard % growth per year		2.07%	2.17%	3.46%	2.17%
Excluding growth this would require us to uplift our baseline investment in Mental Health to	37,610	38,387	39,222	40,579	41,462

Greater Manchester Transformation Funding

4.3 Greater Manchester has committed £56.225m over four years to mental health in Greater Manchester. Most of this is being held centrally to deliver the following schemes:-

Level	Scheme	Total funding
GM	CAMHS/iTHrive	£15,400
GM	Perinatal	£4,350
GM	Population Health	£6,800
GM	Core 24	£14,250
Localities	24/7 adults community	£8,300
Localities	Integrated IAPT	£2,500
GM	Other (M'cr, resilience)	£4,625
	Total	**£56,225**

4.4 Tameside and Glossop Clinical Commissioning Group will receive £1.094m directly over four years from this allocation. It must be noted that there is an expectation that all the recurrent costs of the GM schemes will be picked up by Clinical Commissioning Groups from April 2022.

Local Transformation Funding

4.5 **Care Together** - £840k of Care Together funding has been committed for mental health for a three year period. This is 2.7% of the Care Together allocation.

Adult Social Care (ASC) Transformation - £1.069m of Adult Social Care funding has been committed to mental health schemes over a three year period.

5. MENTAL HEALTH PRESSURES

5.1 In addition to the pressures that will arise from the Clinical Commissioning Group having to meet Five Year Forward View trajectories and the assumption that Greater Manchester Transformation Funding is non-recurrent. There are further gaps in Mental Health provision in the following areas:

- In primary care for common mental health disorders;
- For people with complex needs who fall between Healthy Minds and Mental Health Secondary Care;
- For people with chronic and relapsing Mental Health needs;
- In specialist dementia support in the community;

5.2 And capacity issues in:

- Children and young people's services
- Mental health crisis care

- Mental health inpatient care
- Community Mental Health Teams including Early Intervention
- Psychological therapies (IAPT and secondary care)

6. SOURCE AND APPLICATION OF MH FUNDS (£000S)

Source of MH Funding	2017/18	2018/19	2019/20	2020/21	2021/22
Baseline budgets	37,610	38,387	39,222	40,579	41,462
GM MH Transformation Funding	81	177	329	506	-
Care Together Transformation Funding	70	280	280	210	-
Local Authority Transformation Funding	14	419	432	-	-
Total Source of Funds:	**37,775**	**39,263**	**40,263**	**41,295**	**41,462**
Application of MH Funding					
Committed MH Expediture					
Pennine Care FT core contract	22,598	22,621	22,645	22,686	22,709
Individualised commissioning	6,492	6,640	6,796	7,020	7,184
Prescribing	3,363	3,456	3,551	3,649	3,749
Other	5,596	5,107	5,174	5,287	5,358
Total Commitments:	**38,049**	**37,824**	**38,166**	**38,642**	**39,000**
Proposed New Mental Health Investment					
Increasing access to MH support for children & young people	27	304	554	804	1,552
IAPT Plus/Psychological therapies	146	550	640	740	830
Early Intervention in Psychosis	42	250	350	450	450
Neighbourhood Developments	-	450	550	550	571
AMPH, Recovery	48	241	251	251	251
Mental Health Crisis	22	852	833	833	1,268
LD Transforming Care	100	200	200	200	200
Neurodevelopmental Adult	64	139	170	170	170
Dementia in neighbourhoods	-	230	275	275	275
Specialist Perinatal Infant MH	-	-	224	224	224
Total Proposed New MH Investment:	**449**	**3,216**	**4,047**	**4,497**	**5,791**
Grand Total of Proposed MH Expenditure/Investment:	**38,498**	**41,040**	**42,213**	**43,139**	**44,791**
Shortfall in MH Funding:	**- 723**	**- 1,777**	**- 1,950**	**- 1,844**	**- 3,329**

6.1 Further details about each scheme can be found in **Appendix 1**.

6.2 The above analysis clearly identifies a financial shortfall should all the proposed new investments be approved. It is therefore important to recognise that if all of the financial resources outlined in this document are committed, the Strategic Commission financial gap will increase; alternatively if a decision is reached to fund only some or none of these proposals, the gap in mental health provision will not close as quickly as we would like for our residents.

6.3 Furthermore, a letter has recently been received from Pennine Care Foundation Trust advising of significant pressures relating to income generation beds, one to one observations and safer staffing in line with Care Quality Commission recommendations. A meeting is being held with Accountable Officers on the 22 January 2018 to determine how these risks will be managed being cognisant of the financial sustainability of this Mental Health provider. If the outcome of the meeting on the 22 January 2018 be to fund these pressures in accordance with Pennine Care's proposal, this would be an additional

pressure on Tameside and Glossop budgets over and above the shortfall reported above. The additional financial pressure would be in the region of the following values:

£000

2017/18	2018/19	2019/20	2020/21	2021/22
189	756	756	756	756

7. PROPOSED INVESTMENT PRIORITIES IN 201718 TO 2021/22

7.1 It is proposed that the Strategic Commissioning Board commit to prioritising investment in mental health services from now until 2021. It is proposed that this is done on a phased basis in order to support the following objectives:-

- Affordability;
- Development of robust business cases for each scheme;
- Phased approach to building complex services;
- Recognition of the time lag in recruitment to mental health posts.

7.2 It is proposed that the Strategic Commissioning Board prioritise investment as follows dependent on the receipt and approval of full business cases:-

Proposed Prioritised Investment	**Business Case status**
Increasing access to MH support for children & young people	BC for £626,665 was presented to SCB in Nov 17. BC for remainder to follow. Care Together BC for Step 1 IAPT service agreed by ICFT in Sept 17.
IAPT Plus/Psychological therapies	
Early Intervention in Psychosis	
Neighbourhood Developments	To follow
AMPH, Recovery	ASC
Mental Health Crisis	To follow
LD Transforming Care	GM scheme
Neurodevelopmental Adult	To follow
Dementia in neighbourhoods	BC for Phase 1 agreed by SCB in Oct 17. BC for rest to follow
Specialist Perinatal Infant MH	GM Scheme

8. RECOMMENDATIONS

8.1 As set out on the front of the report.

Appendix 1

Further Details re Mental Health Pressures

Mental Health Pressures	Requirement	Risk of not investing
Increasing access to MH support for children & young people in line with national standards	FYFYMH	• Will continue to not meet national standards. • C&YP will continue to have long waiting times for therapy • Waiting times impact on early intervention and therefore effectiveness
IAPT Plus/Psychological therapies – expand capacity to meet demand at all levels of therapy, including Step 1 access	• FYFYMH • GM Funding requirement • Care Together	• Will continue to not meet national standards. • People will continue to have long waiting times for therapy • Waiting times impact on early intervention and therefore effectiveness • Waiting times affect people keeping or getting into employment
Early Intervention in Psychosis – increase capacity in the Early Intervention Team to meet the national quality requirements of access to NICE Concordat Care within 2 weeks of referral. To include access to psychological and family intervention therapy.	FYFYMH	• Will continue to not meet national standards of access to NICE Concordat Care • People will continue to have long waiting times for therapy • Waiting times impact on early intervention and therefore effectiveness
Improving access to Mental Health Crisis support 24/7	• FYFYMH • GM Funding requirement	• Not yet measured nationally • We will not receive GM transformation funding unless we deliver • People will continue to struggle to get support when they need it
Neighbourhood Mental Health Developments – to meet the need of people who fall into the gap	Local priority	• Main priority for us to support people who are currently receiving no MH support
Dementia in neighbourhoods	Local	• Addition of dementia specialists to support reduction in and abbreviation of hospital admissions

Mental Health Pressures	Requirement	Risk of not investing
Neurodevelopmental Adult service – increased capacity to diagnose and support people on the autistic spectrum and those with ADHD	Local	• Long waiting lists will continue • No post-diagnosis support is available to people
GM LD specialist team and crisis support beds	Transforming Care	• GM Schemes that we are required to commit too
GM Specialist Perinatal Infant Mental Health Community Team	FYFYMH	• GM Scheme that we are required to fund after transformation funding ceases
Approved MH Practitioners in CMHT Recovery – increasing long term support to people with SMI	Adult Social Care	• Funding already committed to these schemes. Ongoing costs will need to be met • Fits into Neighbourhood MH developments
Pennine Care pressures* Over occupancy of acute beds Acuity level requiring 121 staffing Safer staffing	Pennine Care	• PCFT will not meet the required CQC standards regarding financial sustainability and safe care • Staffing levels on wards will remain critical and affect quality and recover.

*Further work is underway to understand the detail of the Pennine Care Foundation Trust pressures and implications for Tameside and Glossop & Glossop Clinical Commissioning Group.

Appendix 2

EXTRACT FROM STRATEGIC COMMISSIONING BOARD MINUTES FROM THE MEETING ON 14 NOVEMBER 2017

67. TRANSFORMING MENTAL HEALTH SERVICES: MEETING POPULATION NEEDS AND DELIVERING NATIONAL REQUIREMENTS

Consideration was given to a report of the Director of Quality and Safeguarding explaining that the Five Year Forward View for Mental Health set ambitious plans to improve parity of esteem for people with mental health needs, ensuring the same access to healthcare as physical health needs. The Tameside and Glossop NHS Clinical Commissioning Group was currently investing 9.7% of its total allocation on mental health services / support. The national average was around 11% which would equate to an additional £5m.

In July 2017, the Single Commissioning Board agreed an integrated commissioning strategy to meet the national and Greater Manchester expectations regarding mental health by aligning four additional mental health funding streams, highlighted in the report, with existing mental health investment, to transform mental health provision in Tameside and Glossop.

The report was the second of three business cases regarding mental health services in 2017/18. The first, agreed on 1 March 2017, committed investment in adult Attention Deficit Hyperactivity Disorder services and increased capacity of RAID, mental health practitioners working in A&E. The second business case sought to improve mental health services in line with the Five Year Forward View for Mental Health and Transforming Care to enable more evidence based interventions that had a proven return on investment to be delivered and focused on increasing capacity to meet demand and standards for three more priorities as follows.

- People with common mental health disorders (Improving Access to Psychological Therapies) – proposal to increase the capacity in the service by investing £27,250 in 5 whole time equivalent additional psychological therapists.
- People with First Episode of Psychosis – proposal to extend the capacity of the Early Intervention Team to better meet the national standards of 53% of people receiving NICE compliant care within 2 weeks of referral by investing £249,795 in 5.5 whole time equivalent additional staff.
- Children and Families where the child had a neurodevelopmental need, including Attention Deficit Hyperactivity Disorder and autism, and those who had behaviour that challenged – additional investment in two Band 6 posts £90,620 plus £16,000 non-recurrently was proposed.

The total value of the proposal was £123,337 in 2017/18 and £626,665 in 2018/19 and £610,665 recurrently thereafter and further details for the three schemes were detailed in the report. The report also included the national, strategic and local context, the evidence base and outcomes and benefits of the business case. Mental health resources had been aligned to the priorities over the next five years, showing the growth in investment through the Mental Health Investment Standard, the Greater Manchester Mental Health Transformation funding, the Care Together Transformation Funding and the Adult Social Care Transformation funding, with an indication of the expected costs.

The Board recognised that investment in mental health was a key priority for Tameside and Glossop as this impacted on so many other elements of health and social care. Evidence showed that intervention in mental health at an early stage resulted in significant benefits and financial efficiencies and particularly in relation to secondary care costs. The costs quoted in the report had not yet been signed-off by providers but there was an overall financial envelope for mental health

reported and managed by Greater Manchester as part of the mental health assurance process. All costs must be maintained within this financial envelope with regular monitoring to ensure delivery of commissioned outcomes and the business case set out in the report.

RESOLVED

(i) That the commitment of funding through the Clinical Commissioning Group Mental Health Investment Standard be approved in line with the business case to the value of £123,337 in 2017/18, £626,665 in 2018/19 and £610,665 in 2019/20 and recurrently thereafter.

(ii) All costs to be maintained within this financial envelope for the delivery of commissioned outcomes and any funding shortfall managed across other mental health services as necessary.

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	30 January 2018
Officer of Single Commissioning Board	Jessica Williams, Interim Director of Commissioning
Subject:	**INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP**
Report Summary:	Tameside and Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care. Officers were asked to bring back a fully developed proposed model to the Strategic Commissioning Board in December 2017. Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final paper to the Strategic Commissioning Board January meeting. This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising within the consultation and explores mitigations. The report includes recommendations to the Strategic Commissioning Board on the option for approval.
Recommendations:	The Strategic Commissioning Board is requested to NOTE: • The content of this extensive report, which charts the process from determining to review options in August 2017 for the future Intermediate Care provision, to drive improvements in clinical outcomes and operational efficiency to the proposed recommendations on the way forward; • The clinical case for change as outlined in our Intermediate Care Strategy, which will deliver our intention to support locally delivered rehabilitation and recuperation, maximising people's ability to function independently and enabling them to live at home; • The richness of the responses arising from the Intermediate Care public consultation and the Strategic Commission responses (section 7), which have shaped the recommendations to this Board; • The detailed Equality Impact Assessment, which outlines further mitigations over and above the recommendations; • The intention of Tameside and Glossop Strategic Commission to work with partners/stakeholders to develop local, appropriate health and social care provision and accommodation to meet the needs of our population in the future The Strategic Commission is RECOMMENDED: • to APPROVE Option 2 for those patients where it is not possible to deliver rehabilitation and recuperation at home. This will result in the centralisation of the Intermediate Care beds into the Stamford Unit, adjacent to Tameside Hospital, in order to deliver optimum clinical sustainability, maintain job security for current staff and deliver improved financial efficiency.

Such RECOMMENDATION being SUBJECT to the following:

(a) During the public consultation, views have been heard from Glossopdale residents that they could be disadvantaged by the implementation of option 2 due to not having families and friends close by to support their care and recuperation. In order to mitigate this, the Glossop Integrated Neighbourhood team will be asked to examine further opportunities to deliver enhanced rehabilitation and recuperation at home;
(b) In light of the potential for increased demand for health, to engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis for residents of Glossop subject to these reaching our required standards for quality;
(c) to commission the maximum appropriate health and social service provision from Glossop Primary Care Centre;
(d) That the Intermediate Care home based offer and bed requirement across Tameside and Glossop to be reviewed annually to ensure future demand is continually assessed and planning for future local provision is adapted accordingly.

Financial Implications:

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

	Proposed recurrent budget of £8,032k, plus up to an additional £250k to support the spot purchase of up to 8 beds at any one time on an individual basis for residents of Glossop, which represents a saving against current expenditure. £1,983k of non-recurrent transformation funding from GMHSCP is available to fund transition to the new arrangements.
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Option 2 would deliver recurrent savings compared to budget. Dependent upon the requirement for Intermediate Care beds in Glossop to ensure provision of choice, savings of between £450k and £700k are expected. Savings released in 18/19would be dependent upon timing of notice to Propco and service transfer dates.
Additional Comments The finance group have reviewed this business case and support implementation of option 2 (as the preferred option presented in the public consultation). £23.2m of transformation funding has been awarded by GM HSCP to support transformation of health & social care in Tameside & Glossop. £2m of this non recurrent money has been earmarked for	

	developing a new model for intermediate care and funding double running costs. Receipt of this money is dependent upon attainment of stretching quality and financial targets. With recurrent savings against budget of between £0.45m and £0.7m versus the do nothing scenario of £1.7m, only option 2 will allow us to fully deliver these targets and contribute towards the overall economy gap whilst providing a quality and clinically safe service. It should be noted that while rental payments are factored into the savings above, the Strategic Commission has no control over what happens to the property if notice is served. Shire Hill is owned by NHS Property Services, a limited company set up by the Department of Health and it is this company who will determine the future of the site and would take the benefit of any future capital receipt.
Legal Implications: **(Authorised by the Borough Solicitor)**	An open and transparent consultation process has been undertaken to attract maximum public engagement in order to ensure the best possible outcome for the community in accordance with the resources available. The level of engagement means that it is appropriate that sufficient time is taken to consider all responses appropriately and any necessary changes / mitigations as a response. Such actions also support compliance with the public sector equality duty. This has been reflected in the Equality Impact Assessments attached to this report at various appendices, to which decision makers are required by law to have due regard before making any decision.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The intermediate care proposals are in line with the locality plan and the Care Together model of care
How do proposals align with the Commissioning Strategy?	The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme
Recommendations / views of the Professional Reference Group:	The Professional Reference Group supported the model outlined in the paper presented in August 2017 and the recommendation to consult on the 3 options for intermediate care in Tameside and Glossop, with option 2 as the preferred option for the Single Commission and Integrated Care Foundation Trust.
Public and Patient Implications:	This report includes the outcome of a 12 week period of public consultation and engagement with communities in Tameside & Glossop. The report includes a full Equality Impact Assessment.
Quality Implications:	A Quality Impact Assessment has been completed and is attached to this report.
How do the proposals help to reduce health inequalities?	The proposal will ensure the delivery of intermediate care services which to meet individuals' needs across the locality and addresses health inequalities.
What are the Equality and	A full Equality Impact Assessment (EIA) is attached as an

Diversity implications?	appendix to this report.
What are the safeguarding implications?	The commissioned model will include all required elements of safeguarding legislation, as the provider will be Tameside & Glossop Integrated Care NHS Foundation Trust. The GM Safeguarding Standards are included in the ICFT contract.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	As part of the implementation of this model of care, a data flow mapping exercise will be undertaken to understand what information will be transferred and to where; from that it will be possible to identify the requirements for robust data sharing agreements between the parties sending or receiving the data. The commissioner will seek assurance from all parties involved in the delivery of intermediate care that appropriate arrangements are in place. The locality's Information Governance Working Group will sense check data flows and IG requirements relating to this project.
Risk Management:	This transformation programme will be managed via the Care Together Programme Management Office. The risks will be reported and monitored via this process.
Access to Information :	**Appendix 1** – December 2017 Strategic Commissioning Board report – obtainable at: http://tameside.moderngov.co.uk/documents/s25964/ITEM%207b%20-%20Intermediate%20Care%20FINAL%20DRAFT.pdf **Appendix 2** – Consultation Questionnaire. **Appendix 3** – Consultation Material / Information. **Appendix 4** – Analysis of Consultation Survey Responses. **Appendix 5** – Additional services and integration of existing services within Glossop. **Appendix 6** – Formal response from Derbyshire County Council Adult Social Care. **Appendix 7** – Quality Impact Assessment. **Appendix 8** – Equality Impact Assessment. **Appendix 9** – Summary of formal responses to consultation. The background papers relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Commissioning: Telephone: 07979 713019 e-mail: alison.lewin@nhs.net

1 INTRODUCTION

1.1 Tameside & Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.

1.2 In August 2017, the Strategic Commissioning Board agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options have been the subject of public consultation over a 12 week period from 23 August to 15 November 2017. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop.

1.3 Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform SCB of the consultation progress and process, initial themes and the next steps.

1.4 This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising during the consultation and explores mitigations where necessary.

2 CASE FOR CHANGE

2.1 A number of factors and service reviews have led to the identification of Intermediate Care as a priority for the Tameside and Glossop locality, the development of the model outlined in this paper, and the consultation approved by the Single Commissioning Board on 22 August. The detail of this 'case for change' was included in the report presented to the Strategic Commissioning Board in August 2017 and December 2017 (**Appendix 1 refers)**.

3 STRATEGY DEVELOPMENT AND ENGAGEMENT

3.1 The Intermediate Care strategy outlines national guidance, local expectations of intermediate care, and the action taken over the past 2 years as part of the Care Together programme to refine the Tameside and Glossop locality model. The strategy outlines the expectations from the Strategic Commission for the delivery of intermediate care at home wherever possible, therefore requiring a clear model of community based care and an appropriate level of bed based intermediate care.

3.2 The reports presented to the Strategic Commissioning Board in August and December 2017 included details of the strategy development and pre-consultation engagement.

4 THE INTERMEDIATE CARE OFFER

4.1 The definition of Intermediate Care included in the National Audit of Intermediate Care 2017 (developed with the assistance of the Plain English Campaign) is set out below. This is the definition which has been used in communication, engagement and consultation work referred to in this report.[1]

What is intermediate care? Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different

[1] http://www.nhsbenchmarking.nhs.uk/CubeCore/.uploads/NAIC/NAIC%202017/NAIC2017overview.pdf

areas of the health and social care system –community services, hospitals, GPs and social care.

What are the aims of intermediate care? There are three main aims of intermediate care and they are to:

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

Where is intermediate care delivered? Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes.

How is intermediate care delivered? A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time.

4.2 **Proposed Model of Intermediate Care in Tameside & Glossop:** The proposals for Intermediate Care have been prepared jointly by Tameside and Glossop Integrated Care NHS Foundation Trust and the Strategic Commission and have been designed to support delivery of the commissioning strategy for Intermediate care services. The strategy document describes the aim to support rehabilitation and recuperation, maximising people's ability to function independently, and enabling them to continue living at home in all but most challenging cases. With a requirement for:

- Home-based intermediate tier services, offering intensive packages of care to people in their own homes (including residential and nursing homes) provided by an integrated team providing both health and social care input based on individual need.
- Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages.
- An ability to care for clients with all levels of dementia, in an appropriate setting.

4.3 **Home First:** One of the key principles within the Tameside and Glossop Care Together approach to integrated care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. This principle is embodied in this proposal for an intermediate care model. In order to be responsive to people's needs and deliver against this principle, the Integrated Care Foundation Trust has implemented the "Home First" service model. This model will provide a response to meet an urgent/crisis health and/or social care need. Home first is fundamental to the intermediate care offer and is a key interface between the Integrated Neighbourhoods, community services and the acute setting, ensuring people are supported in the environment that is suited to their own care needs and most likely to achieve positive outcomes. This supports the intermediate care aims of:

- Helping people avoid going into hospital unnecessarily;
- Helping people be as independent as possible after a stay in hospital; and
- Preventing people from having to move into a residential home until they really need to.

4.4 The Home First offer will ensure that people are supported through the most appropriate pathway with "home" always being the default position. However, it is recognised that not all individuals' intermediate care needs can be managed safely in their own home. In some cases there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.

4.5 **Community Bed Setting - Overview:** Tameside and Glossop has traditionally commissioned community based beds from a range of sources from across the locality. This includes intermediate care beds, spot beds and an arrangement for discharge to assess beds. In order to improve the community bed offer locally, a revised model is being proposed in this report.

The key principle of the flexible community bed base model is that support will be delivered through location-based community beds providing general nursing whilst encouraging independence and reablement, alongside in-reach from specialist teams such as therapy services, primary care and mental health. This will ensure individual centred management plans based on care needs that support people's transition back home effectively and ensure a smooth transfer of care, when necessary, to the Integrated Neighbourhood.

A flexible community bed-base is key to effective intermediate care as it supports an individual's needs which cannot be met through home based intermediate care. By providing an enabling environment for further assessment, rehabilitation, completion of treatment and/or recuperation, it will prevent unnecessary admissions to hospital (through step up) or into long term care, and facilitate timely 'discharge to assess' for those people not able to be assessed at home, but who do not require acute hospital based care. When home is not an option for the provision of care for an individual, the flexible community beds base will offer:

- Step down capacity for discharge to assess (including complex assessments);
- Step up capacity to avoid acute admission;
- Intermediate Care Capacity;
- Recuperation beds that offer an opportunity to re-stabilise prior to undertaking rehabilitation;
- Specialist assessment and rehabilitation for people with dementia.

The model will provide community beds for individuals with dementia who are at risk of being admitted to hospital or remaining in a hospital bed because they are awaiting assessments. At present, there is no local provision to meet this requirement outside of the acute settings meaning that these individuals remain in hospital for longer than is necessary.

4.6 **Current Provision:** Tameside and Glossop Integrated Care Foundation Trust is the provider of all intermediate care beds for Tameside and Glossop as of 1 July 2017, and currently provides community beds from two locations: 64 beds in the Stamford Unit at Darnton House, which is a 3-floor 96 bedded purpose-built nursing home adjacent to the Tameside Hospital site (Integrated Care Foundation Trust currently use two floors, one for intermediate care and one for discharge to assess) and 36 intermediate care beds in Shire Hill Hospital, located in Glossop.

4.7 **Options for the delivery of bed based intermediate care:** The Strategic Commission and Integrated Care Foundation Trust identified 3 options for the delivery of Intermediate Care beds. These options were considered alongside the ongoing development and delivery of the Care Together model of care, in particular the Home First model, Integrated Neighbourhoods, the Intermediate / Specialist Community Based Services, and acute hospital based elements of intermediate care.

4.8 On 22 August 2017 the Strategic Commissioning Board agreed to consult on 3 options for the delivery of Intermediate Care beds, for a period of 12 weeks, commencing 23rd August and ending on 15 November 2017. The full set of papers presented to the Single Commissioning Board on 22 August is available on the CCG website http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board.
A summary of the options is outlined below.

4.9 **Option 1: Maintain Current Arrangements**
Delivery of bed based intermediate care from the Stamford Unit at Darnton House (32 beds) and Shire Hill in Glossop (36 beds).

4.10 **Option 2: Use of available 96 bedded unit**
Transfer of all bed-based intermediate care to a single location in the Stamford Unit at Darnton House. This was agreed as the optimum model to drive clinical benefits as well as maximising efficiency.

4.11 **Option 3: Stimulation of the Local Market to Develop Single/Multi Site**
Engage with local providers to develop capacity within existing care homes or the development of capacity in new homes. Whilst the benefits of a large unit adjacent to the hospital would not be realised, it is possible that in the longer term, once the Integrated Neighbourhoods and Home First models have fully embedded, that there could be a benefit to developing capacity at a neighbourhood level. The maturity of the wider economy may mean that fewer community beds are required, and that services could be developed at a neighbourhood level to meet need.

4.12 **Preferred option:** The Single Commissioning Board approved the proposal that the Single Commission with the Integrated Care Foundation Trust enter into formal consultation based on the 3 options outlined above, stating the case for the preferred option as option 2. The information presented to the Single Commissioning Board on 22 August to support the decision is outlined in the table below.

Option 1	The Do Nothing option in the view of the Strategic Commission and Integrated Care Foundation Trust is not a sustainable model going forwards. The model does not currently function to its optimum: people are in acute beds that do not need to be, they are in these beds for longer than they need to be, and they are unable to access the services they require at the time they need them. The current arrangements are fragmented – beds are delivered across 2 sites – Shire Hill and the Stamford Unit at Darnton House. At present staff are working from a number of bases, with the expectation that community and neighbourhood staff travel across the locality, diluting the capacity and time that could be spent with patients to maximise the potential for returning home promptly. This option does not deliver the vision of a single location for bed based intermediate care.
Option 2	Patient Environment - The Stamford Unit is 100% en-suite single room accommodation with significant communal space on each of the three wards. This has been demonstrated to encourage social interaction and independence. Additionally, one floor of the Stamford Unit has been designed as dementia friendly with access to outside space and wandering routes, which will enable the Integrated Care Foundation Trust to provide community beds for patients with Dementia. Accessibility – the Stamford Unit is in a central location and is co-located close to the Tameside Hospital site. It has strong public transport links, significant parking and is accessible for patients and relatives. Access and short journey times for health care professionals and support services into the Stamford Unit will enable development of in-reach into the unit as proposed in the model. Recruitment and Retention – recruitment and retention of nursing and support staff at the Shire Hill hospital site is an ongoing risk due to its location at the edge of the conurbation. Single location – the delivery of bed based intermediate care from a single

	location will enable the flexible use of beds to support the Home First model and enable the approaches to Discharge to Assess and Intermediate Care to be flexed depending on the demands in the system at any point in time. Whilst the aim of the home first model is to use the beds flexibly to meet the demand at any point in time, the notional intermediate care bed figure proposed is 64 beds. Tameside and Glossop Integrated Care NHS Foundation Trust registered the location of The Stamford Unit at Darnton House with the Care Quality Commission from 1 July 2016. This option meets the national definition of 'intermediate care' from a combination of home and bed-based services and is in line with the recommendations of the Contingency Planning Team report from 2015.
Option 3	This option relies on engagement with a variety of providers to invest locally in increasing capacity. Should this option be pursued, there would be a lead in time for any new capacity to be arranged which would require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Strategic Commission so this is possible to negotiate. While the current capacity has been estimated, it is difficult to commit to the capacity required in the economy in 2-3 years' time, which is the information a provider would need in order to invest in new capacity.

5 CONSULTATION PROCESS

Consultation Process

5.1 In August 2017 the Strategic Commissioning Board approved the proposal that the Intermediate Care service model should be subject to a period of formal consultation. This consultation needed to offer local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board and Integrated Care Foundation Trust. The consultation was on the following 3 options:

- **Option 1:** Maintain current status.
- **Option 2:** Use of available 96 bed facility and co-location of all intermediate and community beds as 'flexible bed base' model (Stamford Unit, Darnton House).
- **Option 3:** Stimulation of the market to develop a single / multi-location base.

5.2 The consultation ran from 23 August 2017 to 15 November 2017.

5.3 The online consultation closed on Wednesday 15 November. Paper copies of the questionnaire were accepted until 5pm on Friday 17 November 2017.

5.4 The consultation was hosted on the Clinical Commissioning Group website in the form of a standard questionnaire (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) with an introduction to explain the reason for the changes followed by a series of questions. A free format text box was included to allow people the opportunity to provide any comments, views and suggestions they wish to be taken into account. A copy of the questionnaire used is attached at **Appendix 2**.

5.5 In addition to the online consultation, paper copies were made available in all 39 GP surgeries across Tameside & Glossop and made available at all public meetings and meetings with community groups. Paper copies were provided to the Integrated Care Foundation Trust for sharing with service users. Copies were also made available in all libraries in Tameside and the High Peak area (Glossop, Hadfield and Gamesley). Pre-paid envelopes were also provided for responses to be returned. Each questionnaire returned

was given a 'unique reference number' and inputted to the online consultation system, with the reference number included in the response.

5.6 Posters advertising the consultation were produced and distributed across the locality, including to all GP surgeries. Copies of the posters are included at **Appendix 3.**

5.7 A 'Fact Sheet' was developed by the Single Commission and the Integrated Care Foundation Trust which was posted on the Clinical Commissioning Group website consultation page. This sheet was updated throughout the consultation process to reflect questions raised through the public meetings and other community engagement processes undertaken. This Fact Sheet is included at **Appendix 3**.

5.8 A 'Frequently Asked Questions' section of the consultation page on the Clinical Commissioning Group website was in place from the start of the consultation process, and was expanded throughout the 12 weeks' consultation to include questions raised through the meetings undertaken during the 12 weeks. A copy of the FAQ is attached at **Appendix 3**.

5.9 Four public meetings were held during the period of the consultation. Two were held in the Glossop neighbourhood, one in Droylsden (Tameside) and one in Ashton (Tameside). A report on each of the public meetings can be seen in section 6 of this report. All 4 meetings were filmed and the full recording of the meetings posted on the Clinical Commissioning Group consultation website. The recorded attendance figures for each meeting can be seen below:

Meeting Date and Location	Number of Attendees
21 September 2017, Bradbury House, Glossop	92
11 October, Age UK, Ashton-under-Lyne	12
17 October, Guardsman Tony Downes House Droylsden	4
1 November, Glossopdale Community College, Glossop	205

Planning, assuring and delivering service change for patients

5.10 In October 2015 NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance states that 'NHS England's role in reconfiguration is to support commissioners and their local partners to develop clear, evidence based proposals for service reconfiguration, and to undertake assurance as mandated by the Government.[2]

5.11 The guidance includes four tests of service reconfiguration, with an expectation that the proposal satisfies the four tests. The four tests are:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- Clear, clinical evidence base;
- Support for proposals from commissioners.

5.12 There are also four key themes outlined in the guidance for service reconfiguration. These are:

- **Preparation and planning**: planned and managed approach from the start which establishes clear roles, a shared approach between organisations, and builds alignment on the case for change.
- **Evidence**: ensure proposals are underpinned by clear clinical evidence and align with clinical guidance and best practice.
- **Leadership and clinical involvement**: Clinicians should determine and drive the case for change.

[2] https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

- **Involvement of patients and the public**: Critical that patients and the public are involved throughout the development, planning and decision making.

5.13 The NHS guidance has been taken into consideration when establishing and running the consultation process described in this paper.

Promotion and Communications

5.14 The Intermediate Care consultation has been promoted extensively since 23 August 2017. In addition to the page on the CCG website (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) the consultation has been shared and promoted in a number of ways. Details of the promotion of the consultation and media coverage were included in the report presented to the December meeting of the Strategic Commissioning Board, attached at **Appendix 1**.

6 COMMUNITY AND WIDER FEEDBACK

Community and Patient Engagement

6.1 In addition to the consultation hosted on the Clinical Commissioning Group website, and the public meetings, 105 community and patient groups were contacted by the Clinical Commissioning Group directly by letter or email to inform them of the consultation and invite them to be involved. A full list of the groups contacted to inform them of the consultation, and inviting them to participate, is included in the report presented to the Strategic Commissioning Board in December 2017.

6.2 The consultation was presented to a number of stakeholders between 23 August and 15 November 2017. Full details of the community and wider engagement activities undertaken are included in the report presented to the December meeting of the Strategic Commissioning Board. This includes details of all meetings attended. This included Local Authority fora and meetings, across the Tameside (Tameside Metropolitan Borough Council) and Glossop (Derbyshire County Council) neighbourhoods, including the Overview & Scrutiny Panels and formal town council meetings.

6.3 A summary of the issues raised in the meetings referred to above is as follows:

- Transport concern over travel time and lack of public transport for those without a car;
- Cost of Public Transport to see loved ones;
- Carer's travel of carers using Intermediate Care;
- Staff and how this affects them;
- Concerns about standard of care in The Stamford Unit;
- Glossop has different needs to Tameside, and should have a different offer;
- Lack of validity of consultation process and consultation literature;
- Ownership of Shire Hill and what will happen to the land should Shire Hill close;
- Glossop is losing another asset;
- Concern of standards of private care homes and the cost.

Positive comments:

- Expressions of understanding of the reasons for the preferred option;
- Support for idea that the intermediate care offer for people in Tameside and Glossop would be clear and would be set out in the discussions regarding people's discharge from hospital care;
- Positive report for care received in the Stamford Unit and for location and facilities.

Tameside and Glossop Integrated Care NHS Foundation Trust

6.4 Tameside & Glossop Integrated Care Foundation Trust were a partner in the consultation process; attending and presenting at all public meetings, providing response to questions

received during the consultation process, and providing information to include in the consultation materials hosted on the Clinical Commissioning Group website.

6.5 The Integrated Care Foundation Trust Medical Director, Mr Brendan Ryan, has confirmed his clinical support for the preferred option – Option 2.

Members of Parliament

6.6 The Members of Parliament representing the 4 constituencies in Tameside & Glossop have been briefed throughout the consultation period, and have submitted responses to the consultation, which have been taken into account and are included in **Appendix 9.**

6.7 The MP for High Peak has been involved in the Glossop public meetings and has expressed views which have been taken into account and reflected in section 7 below. A copy of Ruth George MP's response to the consultation is attached at **Appendix 9**.

Derbyshire County Council

6.8 Derbyshire County Council provided a detailed response to the consultation in the form of a letter to the Clinical Commissioning Group Chair. The letter (attached at **Appendix 6**) included a response covering the following issues:

- Quality of care and appropriate provision for Derbyshire residents;
- Workforce recruitment and retention;
- Public confidence in new models of care;
- Ensuring Home First is fully operational within the Glossop area;
- Adult Care Service demand pressures;
- Transport and journey times;
- Rurality of areas surrounding Glossop;
- Market shaping and development.

Customercare Enquiries

6.9 All enquiries for the Clinical Commissioning Group and Tameside Metropolitan Borough Council, in the form of Freedom of Information requests (FOIs), complaints, MP enquiries / correspondence and general comments, are received and dealt with by the Executive Support team in the Governance, Resources and Pensions directorate. During the period of the consultation, the Clinical Commissioning Group has received Freedom of Information Requests (FOIs), complaints and MP enquiries relating to the consultation and intermediate care. All have been acknowledged, and where required, answers provided. Details of these can be seen in the December report.

6.10 During the consultation, the Clinical Commissioning Group received comments from a number of community and patient representatives / members of the public. This contact was made outside the meetings referred to above, and the public meetings. A record was kept of all contact made and the responses provided. In total 60 items of correspondence were received from 45 people.

Partnership Engagement Network Conference

6.11 Tameside Council, Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust have established a Partnership Engagement Network. This will create the framework for the organisations to work in partnership with the public, stakeholders, partners and organisations in the voluntary, community and faith sectors. This structure will involve a wide range of partners and stakeholders and ensure that they are able to play an active role in developing the approaches that we take in the delivery and commissioning of services.

6.12 A key element of Partnership Engagement Network will be a twice yearly conference made up of around 100 representatives from stakeholder organisations and representatives of groups that represent the public. Best practice and learning will be shared at the conference, and it will be an opportunity for relationships to be built across the multi-agency partnership.

The first of these conferences took place on Friday 13 October 2017 at Hyde Town Hall. The conference consisted of introductory talks followed by a series of workshop sessions. The event included a workshop on the Intermediate Care consultation, providing an opportunity to engage with members of the local community.

6.13 This conference was attended by over 60 people from a range of groups across Tameside and Glossop, who all were offered the opportunity to participate in the workshop on the Intermediate Care proposals. A summary of the notes from the 2 workshop sessions held at the event on 13 October is included in the December report.

Public Meetings

6.14 During the consultation period, four public meetings were held. The details of the meetings and the number of people attending each are included in the table below:

Meeting Date and Location	Number of Attendees
21 September 2017, Bradbury House, Glossop	92
11 October, Age UK, Ashton-under-Lyne	12
17 October, Guardsman Tony Downes House Droylsden	4
1 November, Glossopdale Community College, Glossop	205

6.15 The public meetings were all recorded and the links to the videos uploaded onto the consultation page on the Clinical Commissioning Group website, so that people unable to attend were able to view the events.

6.16 Key points and issues raised at the meetings were captured are reflected in the consultation report in section 7 of this report

Public Petition - Glossop

6.17 In addition to the comments received via the online questionnaire and the methods outlined above, a public petition was created by Glossop Residents and the 'Save our Shire Hill' campaign. This petition was presented by Ruth George MP to the Houses of Parliament.

Formal Responses

6.18 In addition to the information included in sections 6.1 – 6.17, formal responses have been received from the following local stakeholders:

- Unison
- High Peak Borough Council
- Sir John Oldham

These responses are included at **Appendix 9.**

7 CONSULTATION RESPONSES

Analysis of Consultation Survey Responses

7.1 In total, 1,358 responses were received to the online questionnaire hosted on the Clinical Commissioning Group website.

7.2 Of the 1,358 total responses **797** respondents provided a substantive comment (i.e. to questions 4 to 7) upon which detailed analysis could be undertaken.

7.3 Around two-thirds of respondents provided information around their demographic profile (includes prefer not to say option where relevant).

7.4 Responses to the open questions (question 4 to 7) could be assigned to one or more of **34** consolidated themes.

7.5 The most commonly mentioned themes were around reference to expectations or concerns relating to the Home First model (i.e. a home based Intermediate Care service) made by over half of respondents (50.2%); positive comments relating to the Home First model (44.2%); and Support for Option 1 (40.2%).

7.6 The least commonly mentioned themes related to travel costs (5.3%); car drive times (4.8%); and parking good – positive at Shire Hill (2.0%).

7.7 Where analysis could be undertaken by demographic group, the top three mentioned themes remained as reference to expectations or concerns relating to the Home First model, positive comments relating to the Home First model and Support for Option 1.

7.8 A full analysis of the responses received to the consultation is attached at **Appendix 4** of this report.

Summary of Consultation Themes and Tameside and Glossop Clinical Commissioning Group Response

7.9 The report presented to the Strategic Commissioning Board in December provided an initial summary of the themes arising from the consultation responses and engagement, and confirmed that a more detailed analysis would be presented in the January 2018 report.

7.10 Below is a summary of the themes drawn from the narrative comments collated in the consultation process, and the wider stakeholder engagement carried out during the consultation.

CONSULTATION FEEDBACK THEME

The following information is provided.

- Title;
- Short explanation of the theme (based on the comments made);
- Number of comments (i.e. number of responses to questions 4 to 7 which commented in that way).

TAMESIDE & GLOSSOP CLINICAL COMMISSIONING GROUP REPSONSE

The NHS Tameside and Glossop Clinical Commissioning Group response to the theme drawn from the consultation feedback. Further details can be found in the associated Equality Impact Assessment (EIA).

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG RESPONSE
PUBLIC EXPECTATIONS AND CONCERNS AROUND THE HOME FIRST MODEL Comments about; • Concern for those who live alone • Potential of increased pressure on family and friends • Some people are better cared for in hospital • There is a need for intermediate care beds (i.e. hospital based rather than home based) • Impact on patient care and safety • How will home care be staffed – comments relating to resource /	The Strategic Commission and ICFT have a clear strategy for the delivery of home based intermediate care. In addition to the home first model there are also community and specialist intermediate tier services in place (and new services being implemented as part of the Integrated Neighbourhoods) which are provided in the community setting and form part of the out of hospital intermediate care offer to patients in their place of residence (whether that is at home or in a care home). The intermediate tier services will provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care

capacity / time provided for care • Reference to home equipment and adaptations • Good idea in principle but is dependent on other factors • May suit some patients but is dependent on patient need • Quality of home care is not of a high enough standard • General opposition / concerns around care at home 400 (50.2%)	than is available within the Neighbourhood services. The intermediate tier services are described in detail in Appendix 1 and include: • Extensivist Care Services, • Digital Health, • Community therapy services • Community IV Therapy Service • Glossop community paramedic service • Integrated Urgent Care Team • Reablement Service • Community Response Service The intermediate care home offer is described in the context of the Glossop neighbourhood is described in **Appendix 5**. The Tameside & Glossop Integrated Neighbourhood model includes a 'social prescribing' service delivered by staff who will provide links to non-medical services (community and voluntary sector) to support individuals and their carers in self-care and well-being. This is across all 5 neighbourhoods and will reflect the available resources in each. The Chair of Tameside and Glossop CCG received a letter from Derbyshire County Council's Strategic Director of Adult Care as the DCC response to the consultation. This response is attached as an appendix to the SCB report at **Appendix 6**. The response confirms that Derbyshire County Council's Adult Care Team based in Glossop would continue to work to support the approach to home-based intermediate care to ensure it is as effective as possible in the Glossop neighbourhood. The letter also stated that whichever option is selected following the consultation, the DCC Adult Care Team and other staff based within the Glossop neighbourhood would ensure delivery of the best service possible. The Director of Adult Services (DASS) in Tameside Council has also expressed their support for the review and reform of the intermediate care offer in the Tameside and Glossop area, and is committed to delivering and supporting the delivery of high quality services to local people that support their wellbeing, and are responsive at times when an individual requires interventions as a result of a crisis.

	The full range of intermediate care services will need to be delivered by appropriately qualified and competent staff. The CCG will ensure the ICFT are held to account through the established contract and performance monitoring process, which have a robust quality performance element to them. The same requirements will be placed on any other provider delivering intermediate care as a result of this consultation. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre Further detail of how the CCG will ensure the provider(s) of intermediate care services are held to account in terms of the delivery of a quality service are included in the Quality Impact Assessment at **Appendix 7**.
<u>POSITIVE COMMENTS IN SUPPORT OF THE HOME FIRST MODEL</u> General support around the Home First model including; • Patients preferring to stay at home • Positive for patients to be close to family and friends • General support of home based care 352 (44.2%)	The Strategic Commission and ICFT have a clear strategy for the delivery of home based intermediate care and the Home First model. As outlined in this and previous reports, one of the key principles of the model is that wherever it is possible for a person to have their care requirements met within their own place of residence and that the system will be responsive to meeting this need in a timely manner. The ICFT have implemented the 'Home First' service model to respond to meet an urgent/crisis health and/or social care need for patients. The Home First offer will ensure that individuals are supported through the most appropriate pathway with 'home' always being the default position. In light of particular concerns expressed during the consultation, further information on the application of this model to the Glossop Neighbourhood is included in **Appendix 5.**
<u>SUPPORT FOR OPTION 1 – MAINTAIN CURRENT ARRANGEMENTS OF INTERMEDIATE CARE BEDS</u> Comments around; • Agreement with Option 1 - Keep Shire Hill open / no change needed • General support for option 1 320 (40.2%)	As stated in this report, and during the consultation, the view of the Single Commission and Integrated Care Foundation Trust is that this is not a sustainable model going forwards as it does not provide optimum clinical care for all patients. The economy is not functioning to its optimum: people are in acute beds that do not need to be, they are in these beds for longer than they need to be, and they are unable to access the services they require at the time they need them. The current arrangements are fragmented – beds are

	delivered across 2 sites – Shire Hill and the Stamford Unit at Darnton House. At present community teams who in reach into the intermediate care inpatient accommodation have to travel across the locality to provide this service, diluting the capacity and time spent with individuals both in the inpatient environment and in community clinic settings. The Equality Impact Assessment at **Appendix 8** sets out the proposed mitigations in response to issues arising from the consultation and particularly the support for option 1 and views relating to Shire Hill and Glossop.
COMMENTS AROUND THE NEED FOR LOCAL SERVICES – PARTICULARLY IN GLOSSOP Comments around; • The need for local services, particularly in Glossop • Proposed Option 2 does not meet the needs of local (Glossop) residents 259 (32.5%)	Although the focus of the consultation is Intermediate Care, assurance was given in the public meetings and in responses to communication received, that the plans for Integrated Neighbourhood services would not reduce the community provision in the Glossop neighbourhood, but would enhance this provision. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre Tameside & Glossop ICFT have provided a summary of additional services and details of the integration of existing services within Glossop – attached at **Appendix 5.** As detailed above, the Strategic Director of Adult Care for Derbyshire County Council responded to the consultation to confirm that Derbyshire County Council's Adult Care Team based in Glossop would continue to work to support the approach to home-based intermediate care to ensure it is as effective as possible in the Glossop neighbourhood - see **Appendix 6**. Views from Glossopdale were heard throughout the consultation and a key concern raised was the potential loss of local beds and the impact this may have on some patients and/or their carers. Having listened to this concern, this issue has been considered in detail. Although the recommendation is that the SCB approve Option 2, as the preferred model for future provision of Intermediate

	Care, in order to provide choice for patients from Glossopdale, the SCB are asked to approve up to 8 beds at any one time for residents of Glossop. This enables those patients who wish to be cared for locally to access local provision. This will be arranged on an individual basis and between the patient, the hospital (or GP if step up care) and the Glossop neighbourhood team. Beds will only be commissioned from home care providers who can provide the appropriate support. The need for individually purchased beds within Glossop will be reviewed by commissioners annually
SPECIFIC COMMENTS / CONCERNS RELATING TO THE DELIVERY / IMPLEMENTATION OF OPTION 3 – DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES Concerns around; • Not enough care homes / too many people on waiting lists already / not enough capacity to deliver • Privatisation of NHS services • Option 3 would not work / is not feasible • More information about this option is necessary for participants to feedback properly • Comments / concerns about NHS funding / cost of implementing option 3 248 (31.1%)	As stated in the main body of this report, although an achievable option, this option relies on their being the engagement from providers to invest locally in increasing capacity. Should this be available there would be a lead in time, which would require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Strategic Commission so this is something that is possible to negotiate. Regardless of what option is determined by the Strategic Commission, the aim is always to deliver care, when appropriate, as close to home as possible. The Strategic Commission will continue to work with partners and stakeholders to develop additional capacity and facilities to meet local demand.
GENERAL COMMENTS AND CONCERNS RELATING TO TRAVEL TIME AND ACCESSIBILITY Concerns relate to; • Increased travelling times for patients – particularly those who are Glossop based • Increased travelling times for visitors - particularly those who are Glossop based • Glossop is isolated from the rest of Tameside and as such travel between Glossop and Tameside and vice versa is difficult • The transport infrastructure around	Transport on admission to the intermediate care beds for the patients / service users will be arranged by the ICFT. There will be no need for patients to arrange their own transport. The CCG produced a range of information on travel time to support the consultation process. Following the concerns expressed during the consultation, a further assessment of the public transport links has been undertaken and is included in the Equality Impact Assessment attached at **Appendix 8** to this report. Following the concerns expressed during the consultation, the CCG have collated

Glossop is of poor quality 226 (28.4%)	information on the community transport options available across the locality, with a specific focus on the Glossop neighbourhood to reflect the level of concern expressed through the consultation. This information is included in the Equality Impact Assessment at **Appendix 8**. As stated in response to the Local care issue raised by Glossopdale residents, the recommendation is that the SCB approve Option 2, as outlined within the consultation, as the preferred model for future provision of Intermediate Care. However, in addition and to offer choice of local Intermediate Care provision in light of increased travel times for some carers/ relatives, the SCB are asked to approve up to 8 beds at any one time for purchase on an individual basis for residents of Glossopdale. The need for individually purchased beds within Glossop will be reviewed by commissioners annually The Tameside and Glossop Strategic Commission will work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
KEEP SHIRE HILL / NO CHANGE TO CURRENT ARRANGEMENTS Comments relate to; • Keeping Shire Hill as it is • No need to change current arrangements • Support for Shire Hill 225 (28.2%)	The consultation that took place between 23 August and 15 November is on the delivery of bed based intermediate care. However, the issue of the estate from which the services are currently delivered was raised on numerous occasions, with regard to the potential relocation of services away from Shire Hill. Whilst the consultation is NOT on the future of Shire Hill, the potential impact on the whole site was an issue raised by a significant number of people, particularly those from the Glossop neighbourhood The decision of the SCB in January 2018 will be communicated to the ICFT who will then take any necessary action with regard to their estate and current contracts / arrangements. Shire Hill is owned by NHS Property Services (NHSPS), a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to

	NHSPS. In such circumstances the NHSPS would control the site and it would be for them to determine the future of the estate. Any capital receipts which result from a hypothetical sale of the site would accrue to NHSPS. As the asset is not owned within the local economy, there would be no financial benefit to either the ICFT or the strategic commissioner.
OPPOSITION TO OPTION 3 - DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES General opposition to Option 3, including do not like / do not agree with Option 3 and that Option 3 is not a valid option 199 (25.0%)	As stated in the main body of this report, although an achievable option, this option relies on their being the engagement from providers to invest locally in increasing capacity. Should this be available there would be a lead in time to any new facility, which would again require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Single Commission so this is something that is possible to negotiate.
PUBLIC TRANSPORT RELATED CONCERNS (PARTICULARLY IN RELATION TO TRAVELLING FROM GLOSSOP) Concerns relate to; • Public transport services between Glossop and Tameside are infrequent • There is no direct bus service between Glossop and T&G ICFT and all routes involve either changes or walking • Public transport services between Glossop and Tameside take a long time due to traffic, road infrastructure, and service routes • Public transport services between Glossop and Tameside are particularly bad in the evenings and at weekends. • Public transport services to areas of Glossop outside of the centre, i.e. Hadfield, Gamesley, and Simmondley have even worse public transport links than the centre of Glossop • Many elderly people are reliant on public transport 185 (23.2%)	Issues relating to the public transport options, particularly between the Glossop neighbourhood and the Tameside Hospital site, have been noted. A detailed assessment of the public transport links has therefore been undertaken and is included in the Equality Impact Assessment attached at **Appendix 8** to this report.
OPPOSITION TO OPTION 2 – ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD	The negative response to Option 2 has been highlighted in this report, and mitigations to the issues raised, particularly by Glossop

UNIT Comments relate to; • General opposition of option 2 • Unsuitability of option 2 – particularly for Glossop based patients • Not always best to centralise services • Negative impact on Glossop residents 167 (21.0%)	residents, have been included in the Equality Impact Assessment at **Appendix 8** The information included in **Appendix 5** describes how the new Intermediate Care offer would be delivered in the Glossop Neighbourhood in relation to home based services.
CRITICISM OF THE CONSULTATION PROCESS General criticism of the consultation process including questioning of the statistics provided as evidence. This is particularly in relation to the travel time statistics provided between Glossop and the Hospital site 163 (20.5%)	The initial proposal presented to the August meeting of the Strategic Commissioning Board included a detailed account of pre-consultation / stakeholder engagement carried out in the locality to develop the Intermediate Care proposal, including the bed-based care options. The 'case for change' was included in the August report, and reiterated in the report presented to the December SCB meeting (**Appendix 1**). All reports have been presented to the Strategic Commissioning Board, which is a meeting open to the public, and papers made available to the public via the CCG and TMBC websites. The SCB supported the recommendation that the Intermediate Care proposals were subject to the full 12 week consultation process. The consultation process included 4 public meetings which were widely advertised to ensure optimum attendance and engagement. During the 12 week consultation process the CCG and TMBC, as a Single Commission, and the ICFT ensured ongoing promotion of the consultation, and attended a number of local meetings to engage the public and local stakeholders (see section 7 of this report and **Appendix 1**).
FUTURE OF INTERMEDIATE CARE – INCREASING DEMAND AND THE NEED TO INVEST IN INTERMEDIATE CARE Comments relate to; • An increased demand for intermediate care due to the aging population • Investment required in intermediate care facilities in Tameside & Glossop • The need for local services	Tameside & Glossop health and social care plans are built on an understanding of a future level of demand for health and social care, including the demands placed on services by an ageing population. The specific proposal for intermediate care services is 'fit for purpose' for the future because: - It includes an expansion of community and home based intermediate care services to support bed based care

153 (19.2%)	- It is based on the 'home first' principle whereby patients are supported to remain at / return to their own home for any care required - The population will be supported to remain independent and supported at home and in the community through the locality's approach to integrated neighbourhood services and 'social prescribing' - The proposal is for the intermediate care beds to be part of a 'flexible community bed base', so that the need for intermediate care beds can be flexed to meet the needs of current and future demand, alongside demand for the 'discharge to assess' beds also currently provided by Tameside & Glossop ICFT. The CCG and ICFT will continually review their commissioner and provider / operational plans as part of the ongoing contract monitoring and review process, to ensure the bed provision / commissioning plans are in line with demand. The options included in this consultation do not propose any significant reduction in the number of intermediate care beds, and the number of beds proposed is in line with nationally recommended levels of bed based provision for the T&G population. The Tameside and Glossop Strategic Commission will continue to work with partners/stakeholders to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
CONCERNS AND CRITICISMS OF PRIVATE CARE Concerns include; • Criticism of care provided in private care homes • Quality of care not standardised • Care home quality is not of a high enough standard • Staffing and capacity issues e.g. not enough staff, training issues • Option 3 could result in more travel for staff and visitors	These concerns have been noted. The Strategic Commission is taking a number of pro-active measures to work with care home providers to ensure that all care & support provided meets the needs of the residents. These include annual visits to the providers to assess quality, new monthly data returns to help identify any issues/trends sooner, revised contract performance documentation to better support providers to improve, working closely with the regulator to share apposite issues, and the establishment of a new Quality improvement Team that will work with providers to improve the service.

148 (18.6%)	The aim is that by implementing all of the above all care homes providers will be able to deliver care & support to a consistently good standard. Where Commissioners believe that the appropriate standards are not being achieved, targeted support will be offered to the providers to help improve services (the new Quality Improvement Team), which will also include offers of shared training (via the local hospital) and discounted training via the Tameside Training Consortium. The lack of staff is a national issue (especially for qualified nurses) and the Commissioners are working with providers to identify new job roles within the sector to help alleviate some of these pressures and to improve the reputation of the role of the care worker.
POSITIVE COMMENTS AROUND CARE AND SERVICE AT SHIRE HILL Comments made in support of Shire Hill including; • Provision of high quality care • Friendly staff and atmosphere • Aids faster recovery • Positive for patients to be located close to family and friends (Glossop based patients) • Shire Hill is more convenient for visitors (Glossop based patients) 142 (17.8%)	The positive comments made here are reflective of the CCG and ICFT aims for intermediate care, whether home or bed based services, and irrespective of the location from which they are delivered. The aim is to commission and provide high quality services, in an environment which is conducive to faster recovery, and which supports people to return to their usual place of residence. We will ensure that intermediate care services, whether home or bed based, are commissioned and delivered in line with these aims. The comments regarding accessibility of the Shire Hill location are addressed in the EIA attached at **Appendix 8**.
SUPPORT FOR OPTION 2 - ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD UNIT General support of Option 2. Comments relate to; • Intermediate care at Stamford Unit being preferred choice • Current arrangements not suitable • A lot of patients have to travel to access services at Shire Hill • Shire Hill is inconvenient for visitors • Positive to have care in a centralised location on hospital site 132 (16.6%)	The CCG have been clear during the consultation that Option 2 is the preferred option. This has been supported by the ICFT as their preferred option as a provider of intermediate care services to the locality – home and bed based. This was declared as the preferred option for Commissioners due to: Environment; The Stamford Unit is 100% en-suite single room accommodation with significant communal space on each of the three wards which has been demonstrated to encourage social interaction and independence; Accessibility; central location and is co-located close to the Tameside Hospital site and therefore has strong public transport

	links, parking facilities and is accessible for patients and relatives. Additionally, access and short journey times for health care professionals and support services into the Stamford Unit will enable development of in-reach into the unit as proposed in the model; Recruitment and Retention; recruitment and retention of nursing and support staff at the Shire Hill hospital site is an ongoing risk due to the remote location at the edge of the conurbation; Single location; Option 2 supports the delivery of bed based intermediate care from a single location to enable the flexible use of community beds to support the Home First model and enable the approaches to Discharge to Assess and Intermediate Care to be flexed depending on the demands in the system at any point in time.
COMMENTS AND CONCERNS ABOUT NHS FUNDING Comments and concerns around; • Cuts to NHS funding • Cost of providing home care • Need for sufficient funding to make home care work efficiently • Is the proposal to have all intermediate bed based care at one site based solely on cost savings? • Patient care needs to be priority as opposed to cost 101 (12.7%)	The Tameside & Glossop Health & Social Care economy is in a challenging financial position, and has in place a clear plan for the delivery of quality and accessible services, which are affordable and in line with the economy wide financial recovery plan. As stated in the 'Frequently Asked Questions' document attached at **Appendix 3**, the CCG are ensuring affordability of services, balanced with quality and accessibility. The CCG believe the preferred option provides the best care in a modern and patient friendly environment in an accessible, central location with an improved community based offer that will support individuals to recover/recoup with the appropriate support in the appropriate place, which may be their place of residence.
UNFAIRNESS TO GLOSSOP AND NEED TO LISTEN TO GLOSSOP RESIDENTS Concerns relate to; • Unfairness of Option 2 for Glossop based patients • Need to listen to the patients / people of Glossop 93 (11.7%)	The ICFT have confirmed their intentions with regard to services for the Glossop neighbourhood. The ICFT management structure includes 5 Neighbourhood Clinical Director posts. These are GPs working within the neighbourhoods tasked with clinically leading the development and delivery of services for their neighbourhood. The Glossop role is shared by 2 GPs working in the neighbourhood. In addition, there is a dedicated Integrated Neighbourhood Manager (ICFT employed) for Glossop, driving forward the development of the neighbourhood model (a role which also exists for the other 4 neighbourhoods).

	Derbyshire County Council have submitted a response to the consultation – attached at **Appendix 6** – outlining their commitment to work with the CCG, ICFT and Tameside MBC on the development and delivery of services to the population of Glossop. The document at **Appendix 5** outlines the intermediate care and wider neighbourhood services offer to the Glossop neighbourhood. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre
PATIENT CARE AND SAFETY - VARIOUS COMMENTS POSITIVE AND NEGATIVE A variety of comments relating to patient care and safety including; • Reports of personal experience of care at Shire Hill and Stamford Unit (positive) • Benefits of Shire Hill for patient care e.g. environment, surroundings • Benefits of Stamford Unit e.g. central location • Beneficial for patient wellbeing to be closer to home • Detrimental to patient care to relocate services away from Shire Hill • No clinical advantage to relocating patients • Shire Hill readmissions have occurred due to patients being sent from Tameside Hospital too soon 87 (10.9%)	As identified in the Quality Impact Assessment at **Appendix 7,** the Strategic Commission will commission a service which ensures high levels of patient safety whether in patients' homes or bed based. The commissioner will ensure routine quality assurance mechanisms are in place to support the development and delivery of this strategy. Irrespective of the eventual option for the delivery of bed based intermediate care, the provider(s) of the model of care outlined in the paper will include the ICFT. Therefore we will monitor delivery of these services via our existing quality and contract monitoring processes. This intention has already been expressed in the Quality & Performance meetings held between the CCG and ICFT. Appropriate monitoring arrangements will be put in place for any providers delivering intermediate care as a result of this consultation. As the providers of the services will continue to include the ICFT, TMBC and DCC they are subject to statutory duties and inspections. The existing services have been assessed by CQC which includes the Stamford Unit which is the proposed location for the single service Any other providers delivering intermediate care as a result of this consultation will be subject to appropriate inspections
NEED TO INVEST IN SHIRE HILL	The consultation that took place between 23 August and 15 November is on the delivery

Comments relate to; • The need to invest in Shire Hill • Increase services available at Shire Hill • Further develop and improve facilities at Shire Hill 84 (10.5%)	of bed based intermediate care. However, the issue of the estate from which the services are currently delivered was raised on numerous occasions, with regard to the potential move of services from Shire Hill. Whilst the consultation is NOT on the future of Shire Hill, the potential impact on the whole site was an issue raised by a significant number of people, particularly those from the Glossop neighbourhood The decision of the SCB in January 2018 will be communicated to the ICFT who will then take any necessary action with regard to their estate and current contracts / arrangements. Shire Hill is owned by NHS Property Services, a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to NHSPS. In such circumstances the NHSPS would control the site and it would be for them to determine the future of the estate. Any capital receipts which result from a hypothetical sale of the site would accrue to NHSPS. As the asset is not owned within the local economy, there would be no financial benefit to either the ICFT or the strategic commissioner.
CONCERNS ABOUT STAFFING AND CAPACITY Comments relating to staffing and capacity including; • Option 2 will result in increased travel times for staff • Need for more staff • Reference to Shire Hill being staffed by local people 81 (10.2%)	The decision of the Single Commissioning Board in January 2018 will be communicated to Tameside & Glossop Integrated Care NHS Foundation Trust who will then consider the impact of the decision on the workforce. The Trust will consult with any staff affected by the decision. It is recognised that there will be an impact on travel times and this will be addressed during the consultation with staff, which will include one to one meetings.
OTHER COMMENTS REGARDING SHIRE HILL General supportive comments relating to Shire Hill including; • Personal experiences of care at Shire Hill • More convenient for Glossop based patients to be treated at Shire Hill • Shire Hill provides psychological benefits to its patients as well as physical • People prefer Shire Hill to ICFT	See comments above re the Shire Hill estate, and the detail included in the EIA at **Appendix 8** which describes the mitigating actions to be taken to address the concerns expressed in this consultation. Comments included in the consultation report attached at **Appendix 4**, which relate to experiences of intermediate care service delivery (e.g. psychological support) will be taken into account in the ongoing development of the locality intermediate care model.

• Shire Hill's accessibility to local people is the reason it is so essential • Home based care could be beneficial if Shire Hill is kept open and used as the centre point 76 (9.5%)	
CRITICISM OF CARE AT STAMFORD UNIT / HOSPITAL General criticism of care and environment at Stamford Unit / Tameside Hospital e.g. not suitable for rehabilitation patients, not enough staff, negative reports of personal experience of care 72 (9.0%)	Since July 2016 the Stamford Unit has been run by the ICFT (Tameside Hospital) and has been the location for 32 intermediate care beds. The facility has been rated 'Good' by the Care Quality Commission (CQC). Individual issues / experiences raised by members of the public relating to quality of care in the Stamford Unit have been addressed / responded to by the ICFT As included in the Quality Impact Assessment (QIA) accompanying this report at **Appendix 7**, any clinical audits relating to intermediate care will become part of the ICFT's' existing audit schedule mechanism (and applied to any other providers delivering intermediate care as a result of this consultation). The commissioned model already includes, and will continue to include, all required elements of safeguarding legislation. The GM Safeguarding Standards are already included in the ICFT contract.
OTHER COMMENTS Various comments which could not be assigned to one of the other defined themes. Comments include reference to: • Statements to the effect that home based care already exists, but offering no opinion on it • References to Stepping Hill hospital in Stockport • Asking short questions without context or explanation, i.e. 'How many beds?', 'Really?' • Short and equivocal responses such as 'maybe' 66 (8.3%)	The comments included in this theme are not substantive comments to which the CCG can offer a response.
IMPACT ON PHYSIOTHERAPY AND OTHER SERVICES AT SHIRE HILL Comments relating to physiotherapy and	Although the focus of the consultation is Intermediate Care, assurance was given in the public meetings and in responses to communication received during the

services other than intermediate care (e.g. occupational therapy) currently delivered at Shire Hill. Concern around what will happen to these services if intermediate care is no longer delivered from Shire Hill 61 (7.7%)	consultation that the locality's plans for Integrated Neighbourhood services would not reduce the community provision in the Glossop neighbourhood, but would enhance this provision Tameside & Glossop ICFT have provided a summary of additional services and details of the integration of existing services within Glossop – attached at **Appendix 5**
OTHER SUGGESTIONS / IDEAS RELATING TO INTERMEDIATE CARE Other suggestions / ideas including; • The possibility of reducing beds at Shire Hill but not removing the intermediate care provision from there completely • Ensure local people and local staff are allocated to the nearest intermediate care facility • Reference to Dr Oldham's proposed fourth option for intermediate care in Tameside and Glossop • Build a new Intermediate Care centre (in Glossop) • Build cottage style hospitals 58 (7.3%)	The comments regarding other suggestions / ideas relating to intermediate care are particularly addressed by the following recommendations (as set out as recommendations for the Strategic Commissioning Board to consider): • to offer choice of local Intermediate Care provision in light of increased travel times for some carers/ relatives, approve up to 8 beds at any one time for purchase on an individual basis for residents of Glossop • Agree that the need for individually purchased beds within Glossop will be reviewed by commissioners annually • Note that the Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods, and will maximise the use of the Glossop primary care centre • Note the intention of the Tameside and Glossop Strategic Commission to work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
TRAFFIC CONGESTION (PARTICULARLY IN RELATION TO GLOSSOP) Concerns around traffic congestion (particularly in / near Glossop) and the impact this would have on patients accessing intermediate care facilities if located centrally at the Hospital site 55 (6.9%)	See comments above re travel/transport and the travel sections of the Equality Impact Assessment at **Appendix 8**
SUPPORT FOR STAMFORD UNIT AND INTERMEDIATE CARE DELIVERED THERE Positive comments relating to the Stamford Unit and support for intermediate care to be delivered there. Including convenience for	The comments supporting the care received at the Stamford Unit have been noted, and the CCG will ensure that the standards and quality of care expected from the ICFT's services delivered from the Stamford Unit continue to be monitored via the existing

visitors, closer to travel to, fit for purpose building etc. 52 (6.5%)	ICFT contract and quality performance monitoring.
CONCERN ABOUT STAFF AND JOBS AT SHIRE HILL Concerns about staff and jobs at Shire Hill if Option 2 – all bed-based intermediate care in a single location at Stamford Unit, is implemented. Reference to the fact that a lot of Shire Hill staff are locally based so would result in increased travel. 50 (6.3%)	As detailed in this report, Tameside & Glossop Integrated Care NHS Foundation Trust, as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, will ensure the required staff engagement and consultation processes are undertaken following confirmation of the Strategic Commissioning Board's decision
SUPPORT FOR OPTION 3 - DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES Comments generally in support of the option to develop a scheme of bed based intermediate care within local private care homes 47 (5.9%)	There are providers who have indicated their interest in working on developments with the Single Commission so this is something that is possible to negotiate, although there would need to be a period of negotiation to ensure providers are commissioned in line with the CCG's specification for intermediate care services, and that all contractual and quality assurance requirements are in place.
ISSUES AROUND PARKING AT STAMFORD UNIT AND HOSPITAL SITE Concerns around parking at Stamford Unit and the hospital site. Comments included the cost implications and lack of available spaces. 46 (5.8%)	The Stamford Unit has a dedicated car park for the convenience of the visitors of patients within the Stamford Unit. In addition to this car park visitors will also be able to access any of the car parking spaces located on the Tameside Hospital site which are within a short walking distance of the Stamford Unit. The ICFT and Single Commissioner are currently developing further car parking spaces on and around the Hospital site to continue to provide sufficient parking infrastructure for the users of the services.
OPPOSITION TO OPTION 1 - MAINTAIN CURRENT ARRANGEMENTS OF INTERMEDIATE CARE BEDS Comments relate to; • Current arrangements are unsustainable • Difficulty in travelling to Shire Hill • Option 2 is most efficient / sensible option 43 (5.4%)	The commissioner's concerns regarding Option 1 have been made clear throughout the consultation, hence the presentation of option 2 as the 'preferred option'. During the consultation, although there were a significant number of responses expressing concern regarding the access issues for Glossop residents, it has been noted that this is a service which needs to meet the needs of the whole population of the CCG, in all 5 neighbourhoods. The travel and transport analysis included in the EIA at **Appendix 8** includes specific detail on the Glossop neighbourhood access, in response

	to the volume of concern expressed in the consultation, but does cover the whole locality and access for all 250,000 Tameside & Glossop residents.
TRAVEL COSTS FOR THOSE WHO MAY HAVE TO TRAVEL FURTHER Concerns around the increased travel costs of those who may have to travel further (particularly Glossop based patients) if Option 2 to deliver all bed-based intermediate care in a single location at Stamford Unit is implemented 42 (5.3%)	See comments above re travel/transport and the travel sections of the Equality Impact Assessment at **Appendix 8**
INCREASED CAR DRIVE TIMES FOR THOSE WHO MAY HAVE TO TRAVEL FURTHER Concerns around the increased car drive times of those who may have to travel further (particularly Glossop based patients) if Option 2 to deliver all bed-based intermediate care in a single location at Stamford Unit is implemented 38 (4.8%)	The comments regarding accessibility, particularly for the residents of the Glossop neighbourhood, have been acknowledged and are addressed in the Equality Impact Assessment at **Appendix 8**
PARKING IS GOOD AT SHIRE HILL Comments relating to better availability of spaces and free parking at Shire Hill. 16 (2.0%)	Comment noted. Comments also received regarding the parking at the Stamford Unit / Tameside Hospital site, which are addressed in the response above.

8 EQUALITY IMPACT ASSESSMENT

8.1 To ensure compliance with the public sector equality duty (section 149 of the Equality Act 2010) public bodies, in the exercise of their functions, must pay 'due regard' to the need to eliminate discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations.

8.2 The Equality Act 2010[3] makes certain types of discrimination unlawful on the grounds of:

- Age;
- Being or becoming a transsexual person;
- Being married or in a civil partnership;
- Being pregnant or on maternity leave;
- Disability;
- Race including colour, nationality, ethnic or national origin;
- Religion, belief or lack of religion/belief;
- Sex;
- Sexual orientation;

[3] https://www.gov.uk/guidance/equality-act-2010-guidance#overview

These are called ‘protected characteristics’.

8.3 Tameside and Glossop Clinical Commissioning Group have an additional 4 locally determined protected characteristic groups:

- Carers;
- Mental health;
- Military veterans;
- Breastfeeding.

8.4 A full Equality Impact Assessment (EIA) has been produced to support this report and can be seen at **Appendix 8**. This EIA has been produced to ensure it responds to issues raised within the consultation, provides a full evaluation of the impact of the proposed model, and explores the required mitigations.

9 IMPLEMENTING THE NEW OFFER

9.1 In order for the required improvements and efficiencies to be delivered it is necessary to implement the recommended Intermediate Care offer at the earliest opportunity.

9.2 Details of proposed actions, timelines and milestones for the implementation are included in this section in as much detail as is currently available, pending Strategic Commissioning Board approval to proceed.

9.3 The implementation of the new offer will be managed via the Care Together Programme Management Office.

Staffing Implications

9.4 Tameside and Glossop Integrated Care NHS Foundation Trust, as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, will ensure the required staff engagement and consultation processes are undertaken following confirmation of the Strategic Commissioning Board’s decision.

9.5 Staff directly affected by the proposals for bed based intermediate care have been briefed throughout the consultation process by the senior management team of Tameside and Glossop Integrated Care NHS Foundation Trust, and have been involved in the public meetings held during the consultation period. Their views have been incorporated in the consultation feedback included in this report.

Financial Implications

9.6 The consultation presented 3 options, with Option 2 expressed as the preferred option for the Clinical Commissioning Group and Single Commission.

9.7 Current budgets for the provision of intermediate care inpatient services within Tameside & Glossop are £8,718k per annum. However because of recruitment pressures and a dependency upon agency staff, we are currently heading for a £1,028k overspend against this budget. As such, if no action is taken we would require funding of £9,746k to deliver the current level of service

9.8 Option 2 has been fully costed and requires funding of £8,032k for the provision of 96 flexible community beds at Darnton House. This delivers a saving on a recurrent basis of £686k against current budget, or a saving of £1,714k against forecast spend in a do nothing scenario:

	Proposal £'000	Current Budget £'000	Do Nothing Expenditure £'000
Budget	8,032	8,718	9,746
Variance	N/A	*-686*	*-1,714*

9.9 Tameside and Glossop are in receipt of £23,226k of transformation funding from Greater Manchester Health and Social Care Partnership to support transformation of health and social care in Tameside & Glossop. £1,983k of this non recurrent money has been earmarked for developing and implementing a new model for intermediate care. Some of this money has already been used to fund additional winter beds, while the remainder is required to fund double running costs, facilitate a safe transition for patients and to fund dilapidation, removal and set up costs.

Estates Implications

9.10 The decision of the Strategic Commissioning Board will be communicated to Tameside and Glossop Integrated Care NHS Foundation Trust who will then take any necessary action with regard to their estate and current contracts / arrangements.

9.11 Shire Hill is owned by NHS Property Services, a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to NHS Property Services. Current rental payments will stop at the end of the notice period.

9.12 At the end of this period NHS Property Services will control the site and it will be for them to determine the future of the estate. Any capital receipts which result from a hypothetical sale of the site would accrue to NHS Property Services. As the asset is not owned within the local economy, there would be no financial benefit to either the Integrated Care Foundation Trust or the strategic commissioner.

Service Improvements and Outcome Measures

9.13 The Clinical Commissioning Group will ensure that the outcome of the consultation results in the development of clear outcome measures in the contract with the Integrated Care NHS Foundation Trust, to enable the monitoring of the quality of intermediate care services in Tameside and Glossop. These will be included in the contract held between Tameside and Glossop Integrated Care NHS Foundation Trust and Tameside and Glossop Clinical Commissioning Group.

9.14 A Quality Impact Assessment of the bed based intermediate care proposals has been completed and is attached at **Appendix 7**.

National Audit of Intermediate Care 2017

9.15 The initial findings of the National Audit of Intermediate Care have now been published. The Single Commission and Integrated Care NHS Foundation Trust will ensure that the report is considered in the implementation of the model proposed in this report.

10 CONCLUSIONS

10.1 In August 2017 the Single Commissioning Board agreed the outline of a model of Intermediate Care for Tameside and Glossop and approved a proposal to carry out a formal consultation on 3 options for the bed based element of Intermediate Care services.

10.2 Extensive consultation has been undertaken over a period of 12 weeks.

10.3 In December 2017, due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final paper to the Strategic Commissioning Board January meeting.

10.4 As described in the report presented to the Strategic Commissioning Board in December 2017, the Single Commission are confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration (see section 5 of this report) have been met as follows.

10.5 **Preparation and planning:** The development of the model for intermediate care – home and bed based – has been a key workstream for the Care Together programme, therefore ensuring a locality based approach between organisations, and ensuring engagement with / involvement of key stakeholders in the delivery of health and social care in Tameside and Glossop. The Clinical Commissioning Group, Tameside Metropolitan Borough Council (Single Commission) and Tameside and Glossop Integrated Care Foundation Trust have led a planned and managed approach to the development of the model and the subsequent consultation process, ensuring engagement with all key partners, the public, and patients.

10.6 **Evidence:** the 'case for change' information included in this report indicates that proposals for intermediate care have been developed based on clear clinical evidence and that they align with clinical guidelines and best practice.

10.7 **Leadership and clinical involvement**: The case for change for the intermediate care model, including the bed-based service model, has been driven by the Care Together programme, with the Integrated Care NHS Foundation Trust, the Local Authority and the Clinical Commissioning Group as key partners in the programme. This has involved working with a wide range of health and social care providers and community organisations / 3rd sector partners. The consultation and engagement work which has been undertaken between 23 August and 15 November 2017 has been under the leadership of the Clinical Commissioning Group Chair supported by the Chief Executive of the Integrated Care NHS Foundation Trust, with a significant level of input from local clinicians as documented in the report presented to the Strategic Commissioning Board in December.

10.8 **Involvement of patients and the public:** The consultation process outlined in sections 5 and 6 provide details of an extensive public and patient engagement in the consultation. Public meetings have been held, in addition to extensive publication and promotion of the consultation to encourage engagement and involvement. Meetings with a wide range of community / 3rd sector groups have taken place as part of the consultation process. The Strategic Commissioning Board meetings, where decisions are taken in relation to commissioning proposals, are public meetings.

10.9 It is recognised that to complement the Intermediate Care bed based services, the community intermediate care and Neighbourhood offers will continue to be developed and implemented, led by the Care Together Programme Board.

11 RECOMMENDATIONS

11.1 As detailed on the front of the report.

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Appendix 2

Review of Intermediate Care provision in Tameside & Glossop
(Options for the delivery of bed based Intermediate Care)

NHS Tameside and Glossop Clinical Commissioning Group (CCG) are committed to ensuring the best possible health care is provided for residents in Tameside and Glossop. However we face significant challenges in providing quality services that meet the needs of a growing older population and the increasing number of people with long-term health conditions that need care. In order to meet the health care needs of our population for the future and within the budgets available, the CCG and its partners have reviewed ways to deliver our services. This consultation focuses on how we continue providing a high quality, responsive and accessible Intermediate Care service in Tameside and Glossop in light of increased demand

1. Have you ever used Intermediate Care services in Tameside & Glossop? (Please tick one box only)

- ☐ Yes (Go to Q2)
- ☐ No (Go to Q4)

2. When did you last use Intermediate Care services in Tameside & Glossop? (Please tick one box only)

- ☐ Within the last month
- ☐ Within the last six months
- ☐ Within the last year
- ☐ Within the last two years
- ☐ More than two years ago

3. Which Intermediate Care facility / services have you previously used? (Please tick all that apply)

- ☐ Shire Hill
- ☐ Stamford Unit (on the site of Tameside Hospital)
- ☐ Grange View
- ☐ Community services / Reablement e.g. you received treatment from a nurse / physiotherapist etc in your own home
- ☐ Other (please state)

4. Intermediate Care helps people avoid going into hospital unnecessarily and supports people to come out of hospital as quickly as possible. It helps people stay in their own homes and to keep their independence for as long as possible. The Intermediate Care offer across Tameside & Glossop will include a home-based service, which will give a more intensive amount of care in people's own home. This will be provided by a joint team of social care (carers and social workers) and health professionals (nurses and therapists).

What are your thoughts on a home based Intermediate Care service being provided across Tameside & Glossop? (Please write your comments in the box below)

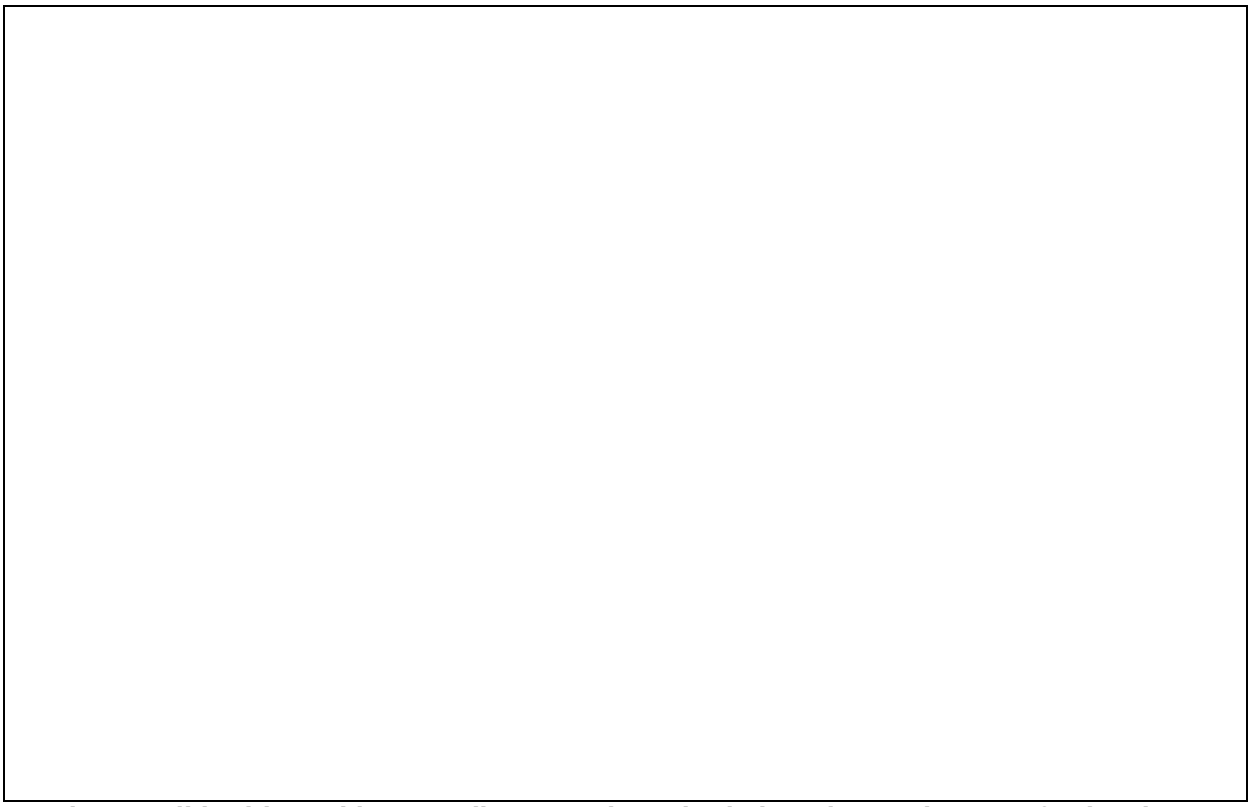
5. There are three options in our model for how bed based Intermediate Care services could be delivered across Tameside & Glossop in the future. Please tell us what each of these options would mean for you if they were implemented? (Please write your comments in the box below each option)

You can access further information about the Intermediate Care service and each option in our information document available at www.tamesideandglossopccg.org/intermediatecare

Option 1: Maintain current arrangements

This option maintains the number of beds provided at the Stamford Unit (32) within the Tameside Hospital site and maintains the current community beds provided at Shire Hill in Glossop (36 beds). There is also access to 32 'discharge to assess' beds at the Stamford Unit.

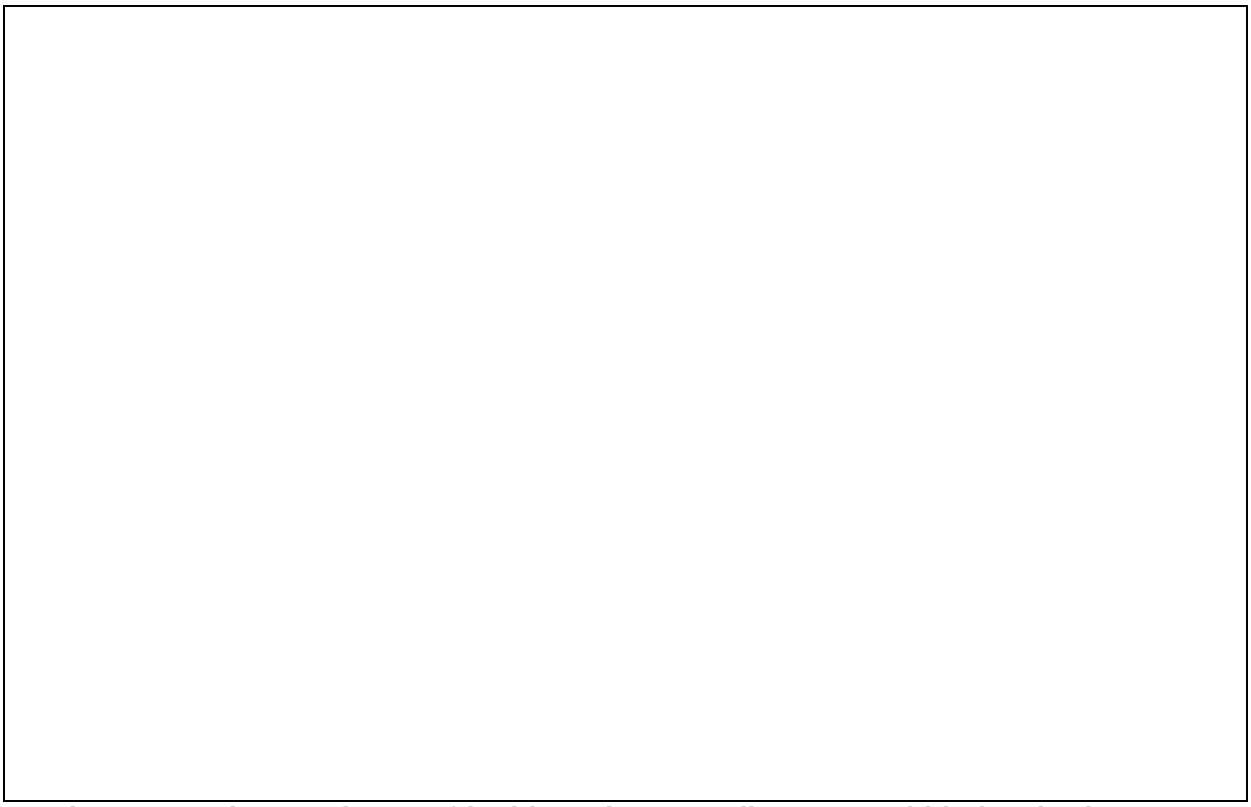
- The facilities available at each of the two locations are different and provide differing levels of care, due in part to the location of and facilities available in the buildings.
- This option requires staff to work from a number of locations, with the expectation that community and neighbourhood staff travel across the area reducing the amount of time that can be spent with individuals to help them return home quickly.
- It is our view that this is not a sustainable model for the future.
- Between April 2015 and May 2017; 847 service users stayed at Shire Hill only 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of Stamford Unit.
- Between March 2015 and May 2017; 1,279 service users stayed at Stamford Unit and 96% of them lived with 5 miles of it.
- In the off-peak period, during weekdays, 80% of residents in Tameside and Glossop can reach the Stamford Unit by public transport within 45 minutes, compared to 24% travelling to Shire Hill.



Option 2: All bed-based intermediate care in a single location at the Stamford Unit.

This is our preferred option. All bed-based Intermediate Care would be provided at a single location in the Stamford Unit run by Tameside Hospital on their site in Ashton. The hospital is rated Good by the Care Quality Commission (CQC). The provision of Intermediate Care beds at Shire Hill in Glossop would cease.

- This option provides 64 Intermediate Care beds in the Stamford Unit, Ashton
- If we located all the Intermediate Care beds along with the 'discharge to assess' beds in the Stamford Unit, we would have a dedicated building of 96 beds which could be used flexibly to accommodate daily patient need.
- 27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.
- The Stamford Unit is able to provide single room accommodation, each with their own en-suite facilities along with significant communal space on each of the three wards. This encourages social interaction and independence and provides space to support rehabilitation and patients' exercises.
- One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide intermediate care and 'discharge to assess' beds in a unit which is able to support patients with dementia.
- The Stamford Unit is located in a central location in Ashton close to Tameside Hospital. The site has good public transport links, parking facilities, is well known and is easily accessible for patients and relatives.
- Additionally easy access and short journey times for health care professionals and support staff between the Stamford Unit and main hospital will reduce staff travelling time, increase specialist support to all intermediate care beds and enable the development of services in the unit.



Option 3: Develop a scheme of bed based Intermediate Care within local private care homes

This option would require us to work with private care home providers to develop capacity within existing care homes or invest locally in increasing capacity to host bed based Intermediate Care. This option would mean that Intermediate Care beds are not located in one single location but spread out across the area where capacity can be found. This option requires care home providers to be willing to invest in increasing bed spaces and if new care homes were required, a short term solution would be required whilst capacity in the system is built.

6. If you have an alternative option on how the Intermediate Care service could be delivered across Tameside & Glossop in the future please tell us in the box below, Please explain the benefits this alternative option will bring and any financial considerations.

7. Do you have any other comments you would like to make about Intermediate Care services in Tameside & Glossop? (Please write in the box below)

About You

8. Please tick the box that best describes your interest in this issue? (Please tick one box only)

- ☐ A user or previous user of Intermediate Care services in Tameside & Glossop
- ☐ A family member or carer of someone who has used or is using Intermediate Care services in Tameside & Glossop
- ☐ A member of the public
- ☐ An employee of Tameside Council
- ☐ An employee of NHS Tameside & Glossop Clinical Commissioning Group
- ☐ An employee of Tameside & Glossop Integrated Care NHS Foundation Trust
- ☐ An employee of Derbyshire County Council or High Peak Borough Council
- ☐ A community or voluntary group
- ☐ A partner organisation
- ☐ A business / private organisation
- ☐ Other (please specify)

9. What is your home postcode? (Please state)

10. What best describes your gender? (Please tick one box only)

- ☐ Female
- ☐ Male
- ☐ Prefer to self-describe
- ☐ Prefer not to say

11. What is your age? (Please state)

12. Which ethnic group do you consider yourself to belong to? (Please tick one box only)

White

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (Please specify)

Mixed / Multiple Ethnic Groups

- ☐ White and Black Caribbean
- ☐ White and Asian
- ☐ White and Black African
- ☐ Any other Mixed / Multiple ethnic background (Please specify)

Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background (Please specify)

Asian / Asian British

- ☐ Indian
- ☐ Bangladeshi
- ☐ Pakistani
- ☐ Chinese
- ☐ Any other Asian background (Please specify)

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group (Please specify)

13. What is your religion? (Please tick one box only)

- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion
- ☐ Any other religion, please state

14. What is your sexual orientation? (Please tick one box only)

- ☐ Heterosexual / Straight
- ☐ Gay man
- ☐ Gay woman / lesbian
- ☐ Prefer not to say
- ☐ Prefer to self-describe

15. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

16. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long-term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week
- ☐ No

17. Are you a member or ex-member of the armed forces? (Please tick one box only)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

18. What is your marital status? (Please tick one box only)

- ☐ Single
- ☐ Married / Civil Partnership
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to say

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Review of Intermediate Care provision in Tameside and Glossop

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

NHS
Tameside and Glossop
Clinical Commissioning Group

TAMESIDE AND GLOSSOP
Caretogether
SINGLE COMMISSIONING FUNCTION

INTRODUCTION

NHS Tameside and Glossop Clinical Commissioning Group (CCG) is committed to ensuring the best possible health care is provided for residents in Tameside and Glossop. However we face significant challenges in providing quality services that meet the needs of a growing older population and the increasing number of people with long-term health conditions that need care. In order to meet the health care needs of our population for the future and within the budgets available, the CCG and its partners have reviewed ways to deliver our services. This consultation focuses on how we continue providing a high quality, responsive and accessible Intermediate Care service in Tameside and Glossop in light of increased demand.

WHAT IS INTERMEDIATE CARE?

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

The main aims of Intermediate Care are to:

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

HOW AND WHERE IS INTERMEDIATE CARE DELIVERED?

Intermediate Care can be provided to people in different places, for example:

- in a community hospital,
- residential home; or
- in people's own homes. We have invested heavily in this in recent years.

We've also introduced the following services as part of our Intermediate Care offer:

- Digital Health Service providing Care Homes and the Community Response Service with rapid access to an Advanced Nurse practitioner for advice via SKYPE.
- An Extensive Care Service (including additional doctors called Extensivists) to work with individuals living with complex ongoing health and care needs.
- Intravenous Therapy service now provided in the home.

A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing care will depend on the individual's needs at that time.

HOW HAVE WE DEVELOPED THE PROPOSALS?

Engagement on developing a new model for Intermediate Care began in 2014 with specific focus groups involving members of the public and patients. These sessions identified key issues that need addressing.

- There is no 'step up' into Intermediate Care bed based services which means patients are often admitted direct to hospital when care could be provided in a community setting.
- Patients stay in hospital longer than necessary whilst they are being assessed to identify their ongoing needs – which is not ideal for the hospital OR for the patient

Further engagement events have taken place more recently with patient groups from across the community to help us understand views on the current system of Intermediate Care and people's expectations for future provision. The key findings from these discussions were:

- The importance of supporting people to live independent lives but also remain safe.
- Recognition that a community based bed offer is needed but where possible individuals should be cared for at home.
- The 'step-up' offer which avoids direct admission to hospital needs to be expanded; this can be achieved through care at home or in a community based setting.
- Intermediate Care needs to focus on the physical needs of the individual but also take into consideration and be able to support their wider emotional needs, including people with mental health needs.
- The environment in which Intermediate Care is delivered needs to enable individuals to interact with others and provide physical space to help them regain their independence.

OUR APPROACH TO INTERMEDIATE CARE

Care Together is our plan in Tameside and Glossop to bring health and social care services together to improve quality and access to the services you need.

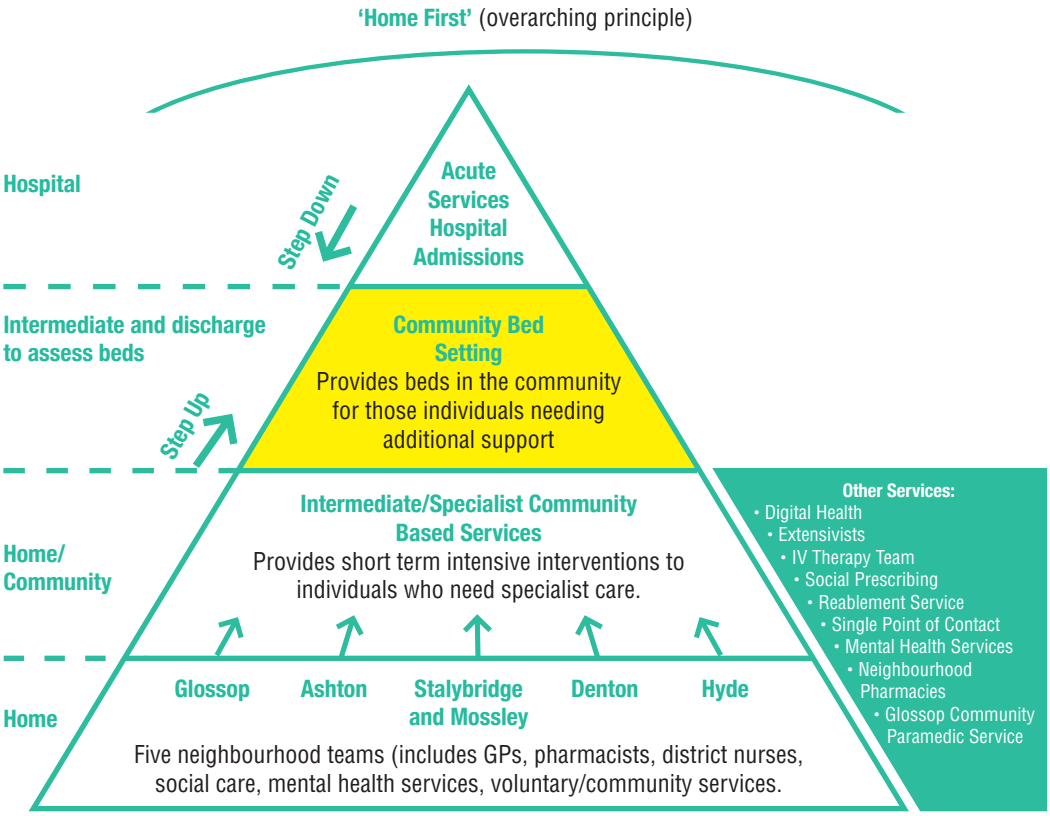
A key priority of our Care Together Programme is:

- to support people at home, wherever possible and safe to do so, or in a community bed where home is not appropriate; and
- to avoid unnecessary hospital attendances, admission and to ensure prompt and safe discharges back into the community or home.

To enable us to achieve this ambition in regards to Intermediate Care, we have implemented the 'Home First' model which comprises of two key elements: avoiding hospital admissions where unnecessary and ensuring individuals can leave hospital as soon as they are well enough to.

Our overall approach to Intermediate Care is shown below in Figure 1.1.

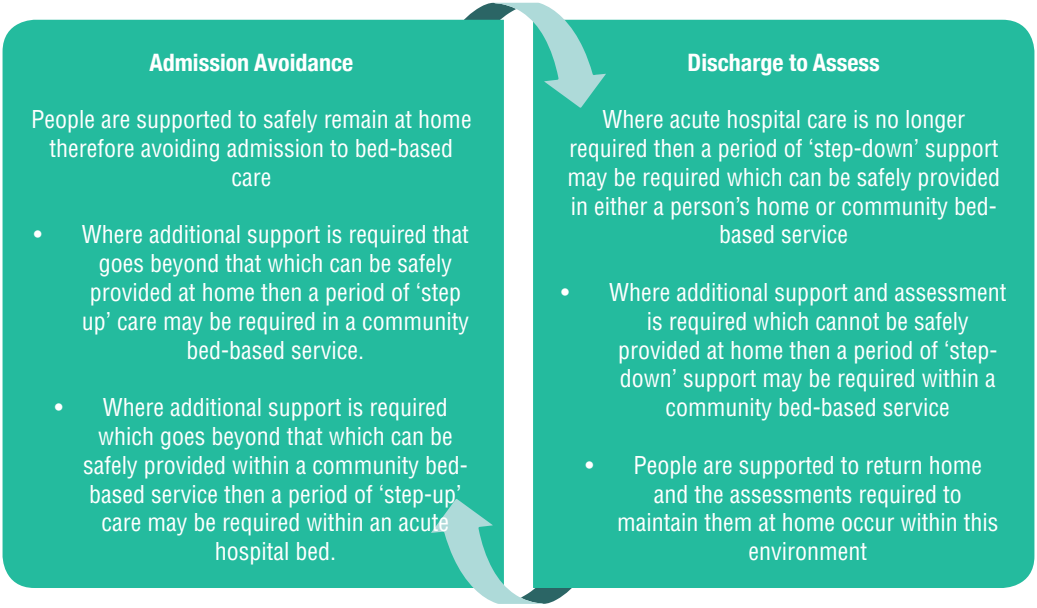
FIGURE 1.1: INTERMEDIATE CARE MODEL



The 'Home First' model ensures that people are supported through the most appropriate pathway with care provided in the home always being the preferred option. However, it is recognised that not all individuals' Intermediate Care needs can be managed safely in their own home. In some cases there is a need for a community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home without going into hospital (Admission Avoidance) or as soon as they are medically fit (Discharge to Assess).

This 'Home First' model of care, explained in the diagram below, is a key component of our overall Intermediate Care offer.

FIGURE 1.2: HOME FIRST MODEL OF CARE



In addition to Home First model, Integrated Neighbourhood Teams have been established across five localities including Glossop. This is an integrated team comprising of primary care (including GP services and pharmacists), community services such as district nursing and therapy services, social care, mental health services and the voluntary/community sector.

These Neighbourhood Teams will deliver high quality, core health and care services, tailored to the neighbourhood population in order to best meet the specific needs of the population and to improve outcomes. In respect of the intermediate care model, the Integrated Neighbourhoods through the GP, social care services and community teams will provide a co-ordinated care and support service to people who live in their neighbourhood area who have intermediate care needs. The team will also link with the intermediate tier/ specialist and urgent care services to provide additional care input where required.

If the preferred option is implemented with intermediate care provided in one central location in the Stamford Unit, these Integrated neighbourhood and specialist services will provide Glossop with a community based offer of care in addition to the service provided from the Stamford Unit. This includes a care offer from community clinic locations including the Glossop Primary Care centre, GP practices, care homes, community beds or in patients own homes. These services will enable more Glossop patients to be safely provided with intermediate care more locally instead of needing to have an inpatient stay in a community bed, based on clinical assessment.

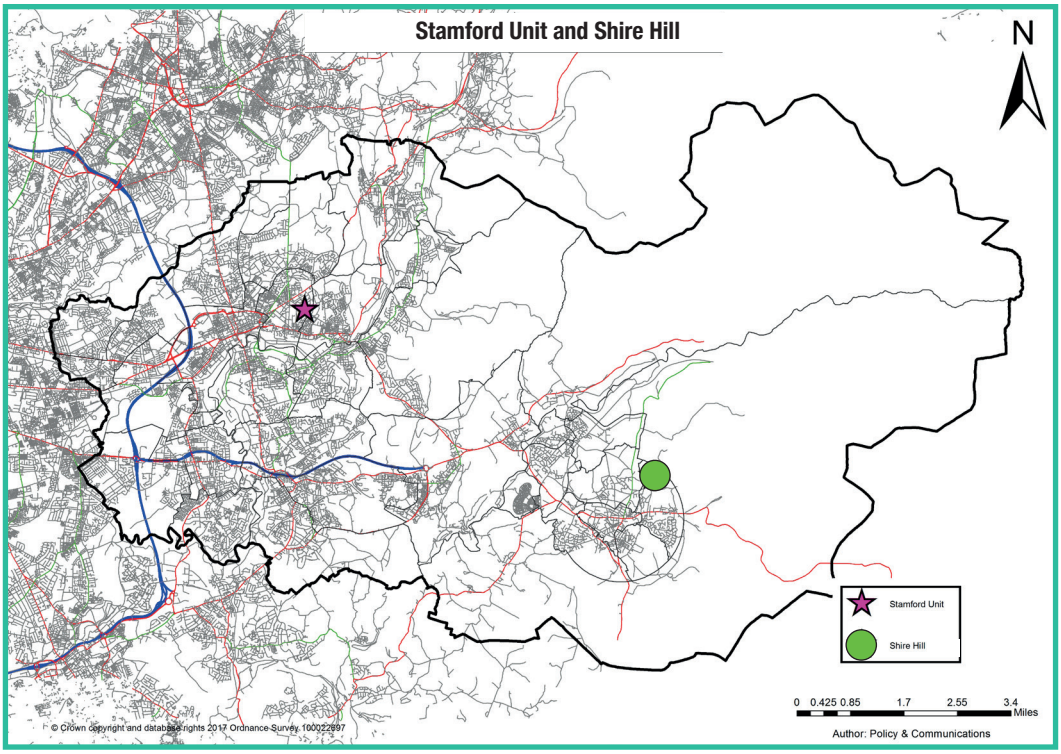
THE OPTIONS FOR PROVIDING BED BASED INTERMEDIATE CARE SERVICES

This consultation seeks your views on three options for providing the bed based Intermediate Care services (highlighted in yellow in the model in Figure 1.1).

Currently we provide 68 bed based Intermediate Care in two locations:

- 32 beds in the Stamford Unit in Ashton on the site of and run by Tameside Hospital (Tameside and Glossop Integrated Care NHS Foundation Trust).
- 36 Intermediate Care beds in Shire Hill in Glossop also run by Tameside Hospital.

FIGURE 1.3 CURRENT LOCATION OF COMMUNITY BASED BEDS



OPTION 1: MAINTAIN CURRENT ARRANGEMENTS

This option maintains the number of beds provided at the Stamford Unit (32) within the Tameside Hospital site and maintains the current community beds provided at Shire Hill in Glossop (36 beds). There is also access to 32 'discharge to assess' beds at the Stamford Unit.

- The facilities available at each of the two locations are different and provide differing levels of care, due in part to the location of and facilities available in the buildings.
- This option requires staff to work from a number of locations, with the expectation that community and neighbourhood staff travel across the area reducing the amount of time that can be spent with individuals to help them return home quickly.
- It is our view that this is not a sustainable model for the future.
- Between April 2015 and May 2017; 847 service users stayed at Shire Hill only 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of Stamford Unit.
- Between March 2015 and May 2017; 1,279 service users stayed at Stamford Unit and 96% of them lived with 5 miles of it.
- In the off-peak period, during weekdays, 80% of residents in Tameside and Glossop can reach the Stamford Unit by public transport within 45 minutes compared to 24% travelling to Shire Hill.

OPTION 2: ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD UNIT. (OUR PREFERRED OPTION)

All bed-based Intermediate Care would be provided at a single location in the Stamford Unit run by Tameside Hospital on their site in Ashton. The hospital is rated Good by the Care Quality Commission (CQC). The provision of Intermediate Care beds at Shire Hill in Glossop would cease.

- This option provides 64 Intermediate Care beds in the Stamford Unit, Ashton
- If we located all the Intermediate Care beds along with the 'discharge to assess' beds in the Stamford Unit, we would have a dedicated building of 96 beds which could be used flexibly to accommodate daily patient need.
- 27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.
- The Stamford Unit is able to provide single room accommodation, each with their own en-suite facilities along with significant communal space on each of the three wards. This encourages social interaction and independence and provides space to support rehabilitation and patients' exercises.
- One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide intermediate care and 'discharge to assess' beds in a unit which is able to support patients with dementia.
- The Stamford Unit is located in a central location in Ashton within the Tameside Hospital site. The site has good public transport links, parking facilities, is well known and is easily accessible for patients and relatives.
- Additionally easy access and short journey times for health care professionals and support staff between the Stamford Unit and main hospital will reduce staff travelling time, increase specialist support to all Intermediate Care beds and enable the development of services in the unit.

OPTION 3: DEVELOP A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES

This option would require us to work with private care home providers to develop capacity within existing care homes or invest locally in increasing capacity to host bed based Intermediate Care. This option would mean that Intermediate Care beds are not located in one single location but spread out across the area where capacity can be found. This option requires care home providers to be willing to invest in increasing bed spaces and if new care homes were required, a short term solution would be required whilst capacity in the system is built.

TABLE 1.1: SUMMARY OF OPTIONS

	Stamford Unit, Ashton	Shire Hill, Glossop	Private Care Home Provider
Current Provision	32	36	0
Option 1	32	36	0
Option 2	64	0	0
Option 3	32	0	Up to 32

HAVE YOUR SAY ON THE PROPOSALS

We are keen to hear your views on the three options set-out above. You can provide your views by:

Completing the online survey at: **www.tamesideandglossopccg.org/intermediatecare**
You can pick up a paper copy at local GPs across Tameside and Glossop.
Write to us at: NHS Tameside and Glossop Clinical Commissioning Group, Dukinfield Town Hall, King Street, Dukinfield. SK16 4LA or email us at: **tgccg.communications@nhs.net**

HOW WILL WE USE YOUR COMMENTS?

The consultation will run for 12 weeks from 23 August 2017 until 15 November 2017. Once the consultation closes, the CCG will analyse all the responses received by the closing date. This feedback from residents, along with a range of other factors including legal and financial considerations, will be taken into account when preparing a final proposal on which option should be implemented. It is proposed that a report will be taken to Single Commissioning Board with our recommendations in December 2017. This report will be available on the CCG's website: **www.tamesideandglossopccg.org**

WHERE CAN I GET MORE INFORMATION ABOUT THIS CONSULTATION?

More information, including the detailed reports presented to the Tameside & Glossop Single Commissioning Board, are available via the CCG website at: **www.tamesideandglossopccg.org**

NHS Tameside and Glossop Clinical Commissioning Group

TAMESIDE AND GLOSSOP Caretogether SINGLE COMMISSIONING FUNCTION

REVIEW OF INTERMEDIATE CARE PROVISION IN TAMESIDE AND GLOSSOP

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

23 AUGUST – 15 NOVEMBER 2017

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital.

Your views are important to us in making a decision on how Intermediate Care services will be delivered across Tameside and Glossop.

OUR PROPOSAL IS BASED ON THE BELOW

OPTION 1	OPTION 2 (PREFFERED)	OPTION 3
MAINTAIN CURRENT ARRANGEMENTS	**ALL BED BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD UNIT**	**DEVELOP A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES**
• 32 Intermediate Care beds in the Stamford Unit, Ashton. • 36 Intermediate Care beds at Shire Hill in Glossop.	• 64 Intermediate Care beds in the Stamford Unit, Ashton. • Access to the 'discharge to assess' beds at the Stamford Unit meaning a total of 96 beds which could be used flexibly.	• 32 Intermediate Care beds at the Stamford Unit, Ashton. • Up to 32 Intermediate Care beds provided by private care home providers.
• Requires staff to work across locations, reducing time spent with patients. • Facilities available at each site are different and therefore provide differing levels of care. • Not a sustainable model long term.	• One central location, which is easily accessible for patients and staff with good transport links, and removes the need to transfer patients between sites • Access for all Intermediate Care and 'discharge to assess' bed patients with dementia, to the dementia friendly facilities at the Stamford Unit.	• Intermediate Care beds would be spread out across the area where capacity can be found.

Have YOUR say

FIND OUT MORE AND HAVE YOUR SAY ON THE PROPOSAL AT:

WWW.TAMESIDEANDGLOSSOPCCG.ORG/INTERMEDIATECARE

OR PICK UP A PAPER COPY FROM YOUR LOCAL GP

NHS Tameside and Glossop Clinical Commissioning Group

Caretogether

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FACT SHEET

REVIEW OF INTERMEDIATE CARE PROVISION IN TAMESIDE AND GLOSSOP

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

1. Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of health and social care – community services, hospitals, GPs and social care.

2. Intermediate Care helps people avoid going into hospital unnecessarily, helps people be as independent as possible after a stay in hospital, and prevents people from having to move into a residential home until they really need to.

3. Intermediate Care services are provided by a variety of different professionals, from nurses and therapists to social workers. The person or team providing care will depend on the individual's needs at that time.

4. We deliver Intermediate Care in two main ways. Home First – a range of services which support people in their own home or at a location in their local community. Intermediate Care beds – beds for people coming out of hospital requiring a package of care which cannot be provided at home, or for people who need a short stay away from home for extra support to prevent them needing admission to hospital.

5. In Tameside and Glossop we have invested heavily in recent years in Home First services. We now need to look at the Intermediate Care beds to ensure they are fit for purpose, provide quality care and are affordable. Our plans for Intermediate Care beds are the focus of this consultation.

TAMESIDE AND GLOSSOP Caretogether SINGLE COMMISSIONING FUNCTION

NHS Tameside and Glossop Clinical Commissioning Group

FIND OUT MORE AND HAVE YOUR SAY ON THE PROPOSALS AT WWW.TAMESIDEANDGLOSSOPCCG.ORG/INTERMEDIATECARE

6 When developing our plans we have listened to the public and patients. Over the last two years we've sought your views on how Intermediate Care should be provided.

- **You said** – care should be provided at home first and then via Intermediate Care beds if needed
- **You said** – intermediate care beds should be used to avoid admittance to hospital where appropriate, as well as being used following discharge from hospital.

7 We currently provide 68 Intermediate Care beds across two sites – the Stamford Unit in Ashton next to Tameside Hospital and Shire Hill in Glossop. Both are managed by Tameside Hospital, now called Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

8 Our preferred option is to provide all Intermediate Care beds in one central location at the Stamford Unit in Ashton run by the ICFT, which is rated as Good by the Care Quality Commission (CQC).

9 Our preferred option is to provide 64 beds with the flexibility to use further beds in the Stamford Unit if required, depending on the daily requirement for beds.

10 We're continuing to grow and develop our Home First services which will reduce the need for Intermediate Care beds and avoid unnecessary admissions to hospital, supporting more people to stay at or return to their home.

11 847 people have stayed in Intermediate Care beds at Shire Hill in Glossop over the last two years. 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of the Stamford Unit in Ashton.

12 80% of residents in Tameside and Glossop can reach the Stamford Unit in 45 minutes by public transport compared to only 24% travelling to Shire Hill (weekdays, off-peak)

13 The Stamford Unit offers single room en-suite accommodation, communal space for social interaction, is close to wider services at Tameside Hospital and is modern and up-to-date.

14 One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide Intermediate Care beds for patients with dementia.

15 Have your say on the options for delivering bed based Intermediate Care by completing the online survey at **www.tamesideandglossopccg.org/get-involved/intermediatecare.** You can pick up a paper copy from your local GP or email **TGCCG.communications@nhs.net.**

16 27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.

FIND OUT MORE AND HAVE YOUR SAY ON THE PROPOSALS AT WWW.TAMESIDEANDGLOSSOPCCG.ORG/INTERMEDIATECARE

FREQUENTLY ASKED QUESTIONS

REVIEW OF INTERMEDIATE CARE PROVISION IN TAMESIDE AND GLOSSOP

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

Q1 Will your decision result in a reduction in the number of Intermediate Care beds across Tameside & Glossop?

A The following table outlines the number of beds currently provided and the number of beds under each option:

	Stamford Unit, Ashton	Shire Hill, Glossop	Private Care Home Providers
Current Provision	32	36	0
Option 1	32	36	0
Option 2	64	0	0
Option 3	32	0	Up to 32

Q2 Why is your preferred option to have all bed-based intermediate care in a single location at Stamford Unit?

A The Stamford Unit is located in a central location in Ashton on the Tameside Hospital site. The site has good public transport links, parking facilities, is well known and is easily accessible for patients and relatives. Additionally it will provide easy access and short journey times for health care professionals and support services between the Stamford Unit and main hospital increasing staff contact time with patients, reducing staff travelling time, increasing specialist support if required which ultimately could reduce the need for any patients to be readmitted into a hospital bed.

The Stamford Unit is able to provide single room accommodation, each with their own en-suite facilities along with significant communal space. This encourages social interaction and independence.

One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide intermediate care and 'discharge to assess' beds in a unit which is able to support patients with dementia. If we located all the intermediate Care beds along with 'discharge to assess' beds in the Stamford Unit, we would have a dedicated building of 96 beds which could be used flexibly to accomodate patient needs.

27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.

Q3 If 64 of the 96 beds at Stamford Unit are expected to be used for Intermediate Care, what will the other 32 beds be used for?

A The additional 32 beds at the Stamford Unit will primarily be used as discharge to assess beds. However, we have the flexibility to use some of these beds for Intermediate Care if the need arises, due to changes in demand.

Q4 If Intermediate Care beds are transferred to a single location in the Stamford Unit (as per Option 2 of the consultation), what will happen to patients currently based at Shire Hill?

A Intermediate Care services from bed based facilities are usually only delivered for a maximum of 6 weeks. This is not a 'long stay' option. If the location for delivery of bed based services should change as a result of this consultation, the process will be managed very carefully to minimise the number of people who have to be transferred / moved.

Q5 What will happen to the Shire Hill building if Option 2 of the consultation is implemented? Are there any other services provided from here in addition to intermediate care?

A If following the consultation process a decision is made to move the Intermediate Care bed service at Shire Hill, further work would be undertaken to determine future viability of the Shire Hill site. There is a group already working on the review of buildings across the whole of Tameside & Glossop who are aware of this proposal and will provide support on the future use of Shire Hill should the decision be made to relocate the bed based Intermediate Care service to the Stamford Unit.

Q6 Who owns the buildings where Intermediate Care beds are currently provided in Tameside & Glossop?

A The Stamford Unit (Ashton) is owned by L&M who lease the building to Tameside & Glossop Integrated Care NHS Foundation Trust. Shire Hill (Glossop) is owned by NHS Property Services.

Q7 Who will be providing the care for patients?

A Under Options 1 and 2 all care will be provided by staff from Tameside Hospital (Tameside & Glossop Integrated Care NHS Foundation Trust). Under Option 3, some care could be provided by the staff employed by the care home in which the beds are based, but the specialist Intermediate Care will be delivered by staff from Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT), who would travel to the appropriate site (care home) to do so.

Q8 If you relocate the bed based Intermediate Care service as per Option 2 of the consultation, some people may have to travel further to the Stamford Unit site. How can I get there?

A Stamford Unit is situated on the ICFT site (Tameside Hospital) and is accessible via various modes of transport including public transport. A full assessment of public transport and drive time accessibility has been undertaken as part of the Equality Impact Assessment.

Analysis shows that:

- 847 people have stayed in intermediate care beds at Shire Hill in Glossop over the last two years. 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of the Stamford Unit in Ashton.
- 80% of residents in Tameside and Glossop can reach the Stamford Unit in 45 minutes by public transport compared to only 24% travelling to Shire Hill (weekdays, off-peak)

Q9 I believe there have previously been concerns about the quality of services provided at Darnton House (the site on which Stamford Unit now sits). Is this still the case?

A No, since July 2016 the Stamford Unit has been run by the ICFT (Tameside Hospital) which is rated 'Good' by the Care Quality Commission (CQC).

Q10 Is this just about closing services?

A No, we are looking to balance affordability of services with quality and accessibility. We believe our preferred option provides the best care in a modern and patient friendly environment in an accessible, central location.

Q11 If the Intermediate Care beds are transferred to a single location in the Stamford Unit (as per Option 2 of the consultation), what will happen to the other community services currently delivered from Shire Hill?

A Dedicated services provided to Glossop residents such as Physiotherapy and Occupational Therapy will still be delivered in Glossop.

Q12 Is this consultation just about saving money?

A No, this consultation aims to ensure that we have a high quality Intermediate Care which provides effective outcomes, accessibility and affordability so there is a sustainable service for future years. This is about doing what is right for all local people - this is a service for patients across the whole of Tameside and Glossop and has to consider and balance the needs of all. In Tameside and Glossop we have invested heavily in recent years in Home First services. We now need to look at the Intermediate Care beds (the focus of this consultation) to ensure they are fit for purpose, provide quality care, balance accessibility for all and are affordable.

Q13 Will I get the same level of service that I do now?

A Under our preferred option we believe the level of service will improve.

The Stamford Unit is able to provide single room accommodation, each with their own en-suite facilities along with significant communal space. This encourages social interaction and independence.

One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide intermediate care and 'discharge to assess' beds in a unit which is able to support patients with dementia.

The Stamford Unit is located in a central location in Ashton on the Tameside Hospital site. The site has good public transport links, parking facilities, is well known and is easily accessible for patients and relatives. Additionally it will provide easy access and short journey times for health care professionals and support services between the Stamford Unit and the main hospital as required.

A full Quality Impact Assessment has been completed as part of this process.

Q14 Why can't you leave things as they are?

A Tameside and Glossop Clinical Commissioning Group (CCG) are committed to ensuring the best possible health care is provided for residents in Tameside and Glossop. However we face significant challenges in providing quality services that meet the needs of a growing older population and the increasing number of people with long-term health conditions that need care. In order to meet the health care needs of our population for the future and within the budgets available, the CCG and its partners have reviewed ways to deliver our services. We believe that there is a better way of delivering the Intermediate Care service, which is more affordable and will result in better service for patients. We feel that maintaining services as they are currently does not provide this.

Q15 How will my views to the consultation help you make a decision?

A Your views are very important to us in making a decision on how Intermediate Care services will be delivered across Tameside & Glossop in future. The consultation will run for 12 weeks from 23 August 2017 until 15 November 2017. Once the consultation closes, the CCG will analyse all the responses received by the closing date. This feedback from residents, along with a range of other factors including legal and financial considerations, will be taken into account when preparing a final proposal on which option should be implemented.

Q16 How have you calculated how long it takes for people to travel to the locations where Intermediate Care is provided in Tameside & Glossop (i.e. Shire Hill and Stamford Unit on the site of Tameside hospital)?

A A Basemap's TRACC software was used to calculate travel times to both Shire Hill and Stamford Unit on the site of Tameside hospital (Tameside and Glossop Integrated Care NHS Foundation Trust) using public transport at both peak and off peak time periods. This covers all major public transport options across Tameside and Glossop including bus, train and tram.

TRACC was also used to calculate drive times at both peak and off peak time periods, and walk times.

Full details of this public transport, drive time and walk time analysis (including maps) is included in the Equality Impact Assessment.

Q17 Will employees be at risk of redundancy as a result of the outcome of the consultation?

A If a decision is taken to move Intermediate Care beds from Shire Hill formal consultation will commence with staff. We do not expected that there will be any compulsory redundancies for employees irrespective of which option is decided upon and implemented.

Q18 When will the final decision be made?

A It is proposed that a report will be taken to Single Commissioning Board with our recommendations in December 2017. This report will be available on the CCG's website at **www.tamesideandglossopccg.org**

Q19 What about infection control? I've been told that the Stamford Unit does not meet infection control requirements.

A Both the Stamford Unit and Shire Hill meet all the required infection prevention standards appropriate for the services they provide.

Q20 Is the bed-based element of the Intermediate Care service suitable for bariatric weight patients?

A Both the Stamford Unit and Shire Hill will be able to accommodate bariatric patients.

Q21 Who can be cared for in the Intermediate Care beds included in this consultation?

A The intermediate care beds commissioned by NHS Tameside & Glossop Clinical Commissioning Group at the Stamford Unit and Shire Hill are for patients registered with Tameside & Glossop GP surgeries. Patients usually start their care at the Tameside & Glossop Integrated Care NHS Foundation Trust (Tameside General Hospital). However they can also be transferred in where their acute hospital based care may have been delivered elsewhere (e.g. Manchester Royal Infirmary, Stepping Hill Hospital) and they require a period of Intermediate Care before going home. Although, this group of patients is quite small.

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Review of Intermediate Care provision in Tameside and Glossop

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

23 AUGUST – 15 NOVEMBER 2017

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital.

Your views are important to us in making a decision on how Intermediate Care services will be delivered across Tameside and Glossop.

FIND OUT MORE AND HAVE YOUR SAY ON THE PROPOSAL AT:

WWW.TAMESIDEANDGLOSSOPCCG.ORG/INTERMEDIATECARE

OR PICK UP A PAPER COPY FROM YOUR LOCAL GP

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APPENDIX 4

Intermediate Care provision in Tameside and Glossop – Analysis of Consultation Survey Responses

1.0 Executive Summary

- Of the 1,358 total responses **797** respondents provided a substantive comment (i.e. to questions 4 to 7) upon which detailed analysis could be undertaken
- Around two-thirds of respondents provided information around their demographic profile (includes prefer not to say option where relevant)
- Responses to the open questions (question 4 to 7) could be assigned to one or more of **34** consolidated themes
- The most commonly mentioned themes were around reference to expectations or concerns relating to the Home First model (i.e. a home based Intermediate Care service) made by over half of respondents (50.2%); positive comments relating to the Home First model (44.2%); and Support for Option 1 (40.2%).
- The least commonly mentioned themes related to travel costs (5.3%); car drive times (4.8%); and parking good – positive at Shire Hill (2.0%).
- Where analysis could be undertaken by demographic group, the top three mentioned themes remained as reference to expectations or concerns relating to the Home First model, positive comments relating to the Home First model and Support for Option 1.

2.0 Response Rates

2.1 In total, **1,358** responses were received to the Intermediate Care consultation survey.

2.2 Over 1,750 paper questionnaires were issued and **153** paper copies returned to NHS Tameside & Glossop Clinical Commissioning Group (CCG) using the pre-paid envelopes provided. These **153** returned paper responses are included in the total number of responses.

2.3 Of the total **1,358** responses received, **393** (29%) answered only Question 1, "Have you ever used Intermediate Care services in Tameside & Glossop?" That leaves **965** responses on which analysis can be undertaken (i.e. answered question 1 plus at least one other question). Of these **965**, a further **168** participants did not provide a substantive response to any of the open-text questions. That leaves a total of **797** respondents who provided a substantive response (i.e. to questions 4 to 7) upon which analysis could be undertaken (as detailed in table 1).

Table 1: Overall responses on which analysis can be undertaken

	No. of responses
Total number of responses received	1,358
Number of respondents who answered only Question 1(Have you ever used Intermediate Care services in Tameside & Glossop)	393
Number of respondents who proceeded past Question 1	965
Number of respondents who proceeded past Question 1 and provided a substantive response (i.e. to questions 4 to 7) upon which analysis could be undertaken	**797**

2.4 Table 2 details the number of responses by question. Questions 1 to 3 were quantitative questions and questions 4 to 7 were qualitative questions. Detailed analysis of all questions can be found at section 4.0 Consultation Analysis.

Table 2: Responses by question

Question	No. of responses
Question 1 - Have you ever used Intermediate Care services in Tameside & Glossop?	1358
Question 2 - When did you last use Intermediate Care services in Tameside & Glossop?	491
Question 3 (multiple response question) - Which Intermediate Care facility / services have you previously used?	494
Question 4 - What are your thoughts on a home based Intermediate Care service being provided across Tameside & Glossop?	751
Question 5 - Option 1: Maintain current arrangements	575
Question 5 - Option 2: All bed-based intermediate care in a single location at the Stamford Unit	535
Question 5 - Option 3: Develop a scheme of bed based Intermediate Care within local private care homes	517
Question 6 – If you have an alternative option on how the Intermediate Care service could be delivered in the future across Tameside & Glossop in the future please tell us.	234
Question 7 – Do you have any other comments you would like to make about Intermediate Care services in Tameside & Glossop?	339

2.5 Responses to questions 4 to 7 were assigned themes based on the content of respondent's comments. Table 3 details the number of themes for each qualitative question.

Table 3: Number of themes for questions 4 to 7

Question	No. of responses
Question 4 - What are your thoughts on a home based Intermediate Care service being provided across Tameside & Glossop?	26
Question 5 - Option 1: Maintain current arrangements	24
Question 5 - Option 2: All bed-based intermediate care in a single location at the Stamford Unit	26
Question 5 - Option 3: Develop a scheme of bed based Intermediate Care within local private care homes	17
Question 6 – If you have an alternative option on how the Intermediate Care service could be delivered in the future across Tameside & Glossop in the future please tell us.	14
Question 7 – Do you have any other comments you would like to make about Intermediate Care services in Tameside & Glossop?	23

2.6 Upon analysing the responses to questions 4 to 7 into themes, it became apparent that respondents had made similar comments across all six open questions. The number of themes detailed in table 3 have therefore been collated into **34** consolidated themes covering all 6 open questions. Detailed analysis of these consolidated themes is covered in section 4.2.

3.0 Demographic Information

3.1 Of the 965 respondents who proceeded past Question 1, around two-thirds provided information around their demographic profile. This information is outlined in table 4.

Table 4: Demographic data responses

Demographic Group	Number of Responses[1]	% of Responses
Gender	656	68.0
Age	624[2]	64.7
Ethnic Group	644	66.7
Religion	634	65.7
Sexual Orientation	635	65.8
Disability	653	67.7
Carers	643	66.6
Veterans	643	66.6
Marital Status	654	67.8
Postcode	614[3]	63.6

3.2 Table 5 details the number of respondents who provided demographic data by question.

Table 5: Demographic data responses

	Question 4	Question 5 - Option 1	Question 5 - Option 2	Question 5 - Option 3	Question 6	Question 7	Consolidated Themes
Gender	586	515	497	485	225	329	627
Age Group	560	491	478	468	213	311	596
Ethnic Group	577	505	489	478	224	320	616
Religion	570	498	485	472	222	313	605
Sexual Orientation	567	501	483	472	221	312	605
Disability	584	513	494	483	223	326	623
Carers	575	503	486	474	223	324	613
Armed Forces	575	505	490	479	224	322	613
Marital Status	583	511	493	482	225	325	623
Health Neighbourhood[4]	751	575	535	517	234	339	797

3.3 Table 6 details the achieved sample from the survey against the Tameside & Glossop population.

[1] Includes those who selected 'Prefer not to say'

[2] Based on those respondents who provided a valid age which could be grouped into the age bands used for analysis purposes i.e. under 65 and 65+

[3] Based on those respondents who provided a postcode which matched a Tameside & Glossop postcode, or provided a part postcode enabling categorisation into a Tameside & Glossop health neighbourhood. The following part postcodes were categorised into health neighbourhoods as follows: North (OL6, OL7), South (SK14), East (SK15, SK16, OL5), West (M34, M43), Glossop (SK13)

[4] Total includes those categorised into a health neighbourhood as per footnote 3, plus 'Not Provided' and 'No Match / Invalid Postcode'.

Table 6: Population and achieved sample

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Gender		
Male	49.1	31.1
Female	50.9	66.8
Prefer to self-describe	Not available	0.2
Prefer not to say		2.0
Age[5]		
Under 18	21.9	0.2
18 – 29	14.5	4.6
30 – 49	26.3	21.6
50 - 64	19.8	40.1
65+	17.5	33.5
Ethnicity		
White	91.8	97.5
BME	8.2	2.5
Religion		
Christian	64.2	65.3
Bhuddist	0.2	0.3
Hindu	1.3	0.5
Jewish	0.04	0.0
Muslim	3.9	0.5
Sikh	0.05	0.0
No religion	24.0	28.4
Any other religion	6.0	5.0
Sexual Orientation		
Heterosexual / Straight	93.4[6]	84.1
Gay man	2.0[7]	1.1
Gay woman / Lesbian		0.8
Prefer not to say	Not available	12.6
Prefer to self-describe		1.4
Disability		
Yes	20.5	33.4
No	79.5	66.6
Carer		
Yes	10.9	42.5
No	89.1	57.5
Armed Forces Member / Ex-Member		
Yes	Not available	3.7
No		92.8
Prefer not to say		3.4
Marital Status		
Single	34.8	12.4
Married / Civil Partnership	44.4	62.7
Divorced	13.2	7.6
Widowed	7.5	7.3
Prefer not to say	Not available	9.9

[5] Based on those respondents who provided an exact age to enable categorisation
[6] Figure taken from Annual Population Survey 2016, ONS
[7] Figure taken from findings of ONS, Sexual Identity, UK 2016

3.4 Table 7 details the achieved sample from the survey by neighbourhood area compared to the Tameside & Glossop population. The achieved sample figures are based on the 613 respondents who provided a postcode which matched a Tameside & Glossop postcode, or provided a part postcode enabling categorisation into a Tameside & Glossop health neighbourhood. Over three-quarters of respondents (76.4%) were from the Glossop area.

Table 7: Population and achieved sample

Health Neighbourhood	Tameside & Glossop Households[8] (%)	Achieved sample (%)
North (Ashton)	18.4	5.0
South (Hyde & Longdendale)	18.2	7.2
East (Stalybridge, Dukinfield & Mossley)	27.5	6.5
West (Denton, Droylsden & Audenshaw)	23.1	4.9
Glossop	12.9	76.4

3.5 A total of 639 respondents also stated their interest in the consultation (Question 8). The majority of respondents were either a member of the public (33.5%) or a family member or carer of someone who has used or is using Intermediate Care services in Tameside & Glossop (31.5%). Responses are detailed in table 8.

Table 8: Respondent's interest in consultation

Interest in Issue	%
A business/private organisation	0.2
A community or voluntary group	1.1
A family member or carer of someone who has used or is using Intermediate Care services in Tameside & Glossop	31.5
A member of the public	33.5
A partner organisation	0.9
A user or previous user of Intermediate Care services in Tameside & Glossop	16.9
An employee of Derbyshire County Council or High Peak Borough Council	0.8
An employee of NHS Tameside & Glossop Clinical Commissioning Group	1.1
An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	6.6
An employee of Tameside Council	1.1
Other (please specify)	6.4

3.6 Further analysis relating to question 8 including cross tabulation by demographic group (where this information is available) can be found at Appendix 1.

3.7 Weighting the data to account for over and under-sampling of particular sections of the population is not necessary, given that the Intermediate Care consultation was available via NHS Tameside & Glossop Clinical Commissioning Group web pages and was open to all residents and is not a fixed/controlled sample. No personal data was collected as part of the consultation process.

[8] Figures are based on the number of households in each postcode sector area.

4.0 Consultation Analysis

4.1. Analysis of questions 1 to 3

4.1.1 43.2% of respondents reported to have used Intermediate Care services in Tameside & Glossop within the last two years.

4.1.2 Of those who had used Intermediate Care services within the last two years, the largest proportion had done so more than two years ago (34.4%). Just over one in ten had used Intermediate Care services within the last month (13.0%).

4.1.3 Table 9 details the Intermediate Care services previously used by those who answered yes to question 1. The majority (83.6%) reported to have used Shire Hill.

Table 9: Intermediate Care services previously used

Consolidated Theme	No.	%
Shire Hill	413	83.6
Stamford Unit (on the site of Tameside Hospital)	46	9.3
Grange View	27	5.5
Community services / Reablement e.g. you received treatment from a nurse / physiotherapist etc in your own home	82	16.6
Other	24	4.9

4.1.4 Further analysis of questions 1 to 3 can be found at Appendix 1 including cross tabulation by demographic group (where this information is available).

4.2. Quantitative analysis of qualitative questions (questions 4 to 7)

4.2.1 Upon analysing the responses to questions 4 to 7 into themes, it became apparent that respondents had made similar comments across all six open questions. Table 3 in section 2.0 details the number of themes per question. As many of the themes had cross over between the six open text questions, responses to these have been collated and consolidated into **34** themes.

4.2.2 Appendix 1 provides a full breakdown of the consolidated theme analysis including cross tabulation by demographic group (where this information is available). Further details of the original themes pre-consolidation can be found at Appendix 2. The matrix at Appendix 3 details the pre-consolidated themes and the original themes which sit within each one.

4.2.3 The most commonly mentioned themes were around reference to expectations or concerns relating to the Home First model (i.e. a home based Intermediate Care service) made by over half of respondents (50.2%); positive comments relating to the Home First model (44.2%); and support for Option 1 (40.2%).

4.2.4 The least commonly mentioned themes were related to travel costs (5.3%); car drive times (4.8%); and parking good – positive at Shire Hill (2.0%).

4.2.5 Table 10 outlines the number and proportion of respondents[9] who made reference to a particular theme within their response to questions 4 to 7.

[9] Based on those respondents who provided a substantive response upon which analysis could be undertaken (n=797)

Table 10: Number / % of responses by consolidated theme

Consolidated Theme	No.	%
Public expectations and concerns around the Home First model	400	50.2
Positive comments in support of the Home First model	352	44.2
Support for Option 1 – maintain current arrangements of Intermediate Care beds	320	40.2
Comments around the need for local services – particularly in Glossop	259	32.5
Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	248	31.1
General comments and concerns relating to travel time and accessibility	226	28.4
Keep Shire Hill / no change to current arrangements	225	28.2
Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	199	25.0
Public transport related concerns (particularly in relation to travelling from Glossop)	185	23.2
Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	167	21.0
Criticism of the consultation process	163	20.5
Future of intermediate care – increasing demand and the need to invest in intermediate care	153	19.2
Concerns and criticisms of private care	148	18.6
Positive comments around care and service at Shire Hill	142	17.8
Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	132	16.6
Comments and concerns about NHS funding	101	12.7
Unfairness to Glossop and need to listen to Glossop residents	93	11.7
Patient care and safety - various comments positive and negative	87	10.9
Need to invest in Shire Hill	84	10.5
Concerns about staffing and capacity	81	10.2
Other comments regarding Shire Hill	76	9.5
Criticism of care at Stamford Unit / Hospital	72	9.0
Other comments	66	8.3
Impact on physiotherapy and other services at Shire Hill	61	7.7
Other suggestions / ideas relating to intermediate care	58	7.3
Traffic congestion (particularly in relation to Glossop)	55	6.9
Support for Stamford Unit and intermediate care delivered there	52	6.5
Concern about staff and jobs at Shire Hill	50	6.3
Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	47	5.9
Issues around parking at Stamford Unit and Hospital site	46	5.8
Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	43	5.4
Travel costs for those who may have to travel further	42	5.3
Increased car drive times for those who may have to travel further	38	4.8
Parking is good at Shire Hill	16	2.0

4.2.6 The 34 consolidated themes have also been cross tabulated by demographic group in order to identify any trends. Key headlines by demographic group are detailed below. Due to the small numbers by individual category for ethnic group, religion, sexual orientation, military veterans and health neighbourhood meaningful analysis for these groups is not possible.

- In terms of gender, women were most likely to comment about Home First – Expectations / Concerns (54.7%), Home First – Positive Comments (45.1%) and Support for Option 1 (43.0%). Of the men who made a comment, over half (53.6%) made reference to Support for Option 1, 48.5% referred to Home First – Positive Comments (48.5%) and 44.8% commented about Home First – Expectations / Concerns.

- These three themes again emerged as those most commonly mentioned by both age groups – those aged under 65 and those aged 65+. For both age groups Home First – Expectations / Concerns was mentioned by over half of respondents from each age group (53.5% aged 65+ and 51.8% aged under 65). Home First – Positive Comments were made by 49.5% of those aged 65+ and 44.5% of those aged under 65. Support for Option 1 was referred to by 49.5% of those aged 65+ and 44.0% of those aged under 65.

- Similar patterns by theme were also seen in terms of disability. Over half of respondents (50.2%) who reported that their day-to-day activities were limited because of a health problem or disability which had lasted, or was expected to last, at least 12 months made a comment regarding Home First – Expectations / Concerns. A further 46.8% made reference to Home First – Positive Comments and 45.3% Support for Option 1. Respondents who did not report that their day-to-day activities were limited because of a health problem or disability were more likely to mention Home First – Expectations / Concerns (52.6%), Support for Option 1 (47.1%) or Home First – Positive Comments (44.3%).

- Likewise carers and non-carers were also most likely to mention these three themes. Home First – Expectations / Concerns (carers 51.9% v non-carers 51.6%), Support for Option 1 (carers 50.4% v non-carers 43.9%) and Home First – Positive Comments (carers 45.8% v non-carers 45.3%). Over two-fifths of carers (43.9%) also made reference to Need for Local Services – Glossop compared to 35.9% of non-carers.

- Again a similar pattern was seen for marital status were across all categories (i.e. single, married / civil partnership, divorced and widowed) the most common mentioned themes were Home First – Positive Comments, Home First – Expectations / Concerns or Support for Option 1. Full details can be found in the tables at Appendix 2.

Question 1 Crosstabulation

*Data supressed due to small numbers

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	587	43.2	43.2	43.2
	No	771	56.8	56.8	100.0
	Total	1358	100.0	100.0	

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 10. What best describes your gender? (Please tick one box only) Crosstabulation

			10. What best describes your gender? (Please tick one box				
			Female	Male	Prefer to self-describe	Prefer not to say	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	198	88	*	7	294
		% within 10. What best describes your gender? (Please tick one box only)	45.2%	43.1%	*	53.8%	44.8%
	No	Count	240	116	*	6	362
		% within 10. What best describes your gender? (Please tick one box only)	54.8%	56.9%	*	46.2%	55.2%
Total		Count	438	204	*	13	656
		% within 10. What best describes your gender? (Please tick one box only)	100.0%	100.0%	*	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Age_Group Crosstabulation

			Age_Group					
			Under 18	18 - 29	30 - 49	50 - 64	65+	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	*	17	54	106	101	278
		% within Age_Group	*	58.6%	40.0%	42.4%	48.3%	44.6%
	No	Count	*	12	81	144	108	346
		% within Age_Group	*	41.4%	60.0%	57.6%	51.7%	55.4%
Total		Count	*	29	135	250	209	624
		% within Age_Group	*	100.0%	100.0%	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Ethnic_Group Crosstabulation

			Ethnic_Group		
			White	BME	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick	Yes	Count	286	*	291
		% within Ethnic_Group	45.6%	*	45.2%
	No	Count	341	12	353
		% within Ethnic_Group	54.4%	70.6%	54.8%
Total		Count	627	17	644
		% within Ethnic_Group	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 13. What is your religion? (Please tick one box only) Crosstabulation

			13. What is your religion? (Please tick one box only)						
			Christian (including Church of England,	Buddhist	Hindu	Muslim	No religion	Any other religion (please state)	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	191	*	*	*	75	14	283
		% within 13. What is your religion? (Please tick one box only)	46.1%	*	*	*	41.7%	43.8%	44.6%
	No	Count	223	*	*	*	105	18	351
		% within 13. What is your religion? (Please tick one box only)	53.9%	*	*	*	58.3%	56.3%	55.4%
Total		Count	414	*	*	*	180	32	634
		% within 13. What is your religion? (Please tick one box only)	100.0%	*	*	*	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 14. What is your sexual orientation? Crosstabulation

			14. What is your sexual orientation?					
			Heterosexual / Straight	Gay man	Gay woman / lesbian	Prefer not to say	Prefer to self-describe	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	234	*	*	43	7	288
		% within 14. What is your sexual orientation?	43.8%	*	*	53.8%	77.8%	45.4%
	No	Count	300	*	*	37	*	347
		% within 14. What is your sexual orientation?	56.2%	*	*	46.3%	*	54.6%
Total		Count	534	7	*	80	9	635
		% within 14. What is your sexual orientation?	100.0%	100.0%	*	100.0%	100.0%	100.0%

*Data supressed due to small numbers

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Disability Crosstabulation

			Disability		
			Disabled - Yes	Disabled - No	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	130	165	295
		% within Disability	59.6%	37.9%	45.2%
	No	Count	88	270	358
		% within Disability	40.4%	62.1%	54.8%
Total		Count	218	435	653
		% within Disability	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Carers Crosstabulation

			Carers		
			Carer - Yes	Carer - No	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	144	145	289
		% within Carers	52.7%	39.2%	44.9%
	No	Count	129	225	354
		% within Carers	47.3%	60.8%	55.1%
Total		Count	273	370	643
		% within Carers	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 17. Are you a member or ex-member of the armed forces? (Please tick one box only) Crosstabulation

			17. Are you a member or ex-member of the			
			Yes	No	Prefer not to say	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	11	270	11	292
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	45.8%	45.2%	50.0%	45.4%
	No	Count	13	327	11	351
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	54.2%	54.8%	50.0%	54.6%
Total		Count	24	597	22	643
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 18. What is your marital status? (Please tick one box only) Crosstabulation

			18. What is your marital status? (Please tick one box only)					
			Single	Married / Civil Partnership	Divorced	Widowed	Prefer not to say	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	28	179	20	28	41	296
		% within 18. What is your marital status? (Please tick one box only)	34.6%	43.7%	40.0%	58.3%	63.1%	45.3%
	No	Count	53	231	30	20	24	358
		% within 18. What is your marital status? (Please tick one box only)	65.4%	56.3%	60.0%	41.7%	36.9%	54.7%
Total		Count	81	410	50	48	65	654
		% within 18. What is your marital status? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*Data supressed due to small numbers

1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Health Neighbourhood Crosstabulation

			Health Neighbourhood							
			Glossop	North	South	East	West	Not Provided	No match or invalid postcode	Total
1. Have you ever used Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Yes	Count	241	*	16	8	9	299	9	587
		% within Health Neighbourhood	51.4%	*	36.4%	20.0%	30.0%	41.8%	32.1%	43.2%
	No	Count	228	26	28	32	21	417	19	771
		% within Health Neighbourhood	48.6%	83.9%	63.6%	80.0%	70.0%	58.2%	67.9%	56.8%
Total		Count	469	31	44	40	30	716	28	1358
		% within Health Neighbourhood	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Question 2 Crosstabulation

*Data supressed due to small numbers

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)

		Frequency	Valid Percent
Valid	Within the last month	64	13.0
	Within the last six months	83	16.9
	Within the last year	84	17.1
	Within the last two years	91	18.5
	More than two years ago	169	34.4
	Total	491	100.0
Missing	System	96	
Total		587	

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 10. What best describes your gender? (Please tick one box only) Crosstabulation

			10. What best describes your gender? (Please tick one box				
			Female	Male	Prefer to self-describe	Prefer not to say	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	25	16	*	*	43
		% within 10. What best describes your gender? (Please tick one box only)	13.0%	18.4%	*	*	15.0%
	Within the last six months	Count	29	12	*	*	42
		% within 10. What best describes your gender? (Please tick one box only)	15.1%	13.8%	*	*	14.6%
	Within the last year	Count	39	14	*	*	53
		% within 10. What best describes your gender? (Please tick one box only)	20.3%	16.1%	*	*	18.5%
	Within the last two years	Count	34	18	*	*	56
		% within 10. What best describes your gender? (Please tick one box only)	17.7%	20.7%	*	*	19.5%
	More than two years ago	Count	65	27	*	*	93
		% within 10. What best describes your gender? (Please tick one box only)	33.9%	31.0%	*	*	32.4%
Total		Count	192	87	*	7	287
		% within 10. What best describes your gender? (Please tick one box only)	100.0%	100.0%	*	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Age_Group Crosstabulation

			Age_Group				
			18 - 29	30 - 49	50 - 64	65+	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	*	11	16	12	41
		% within Age_Group	*	21.2%	15.2%	12.2%	15.1%
	Within the last six months	Count	*	9	15	15	42
		% within Age_Group	*	17.3%	14.3%	15.3%	15.5%
	Within the last year	Count	6	7	22	12	47
		% within Age_Group	37.5%	13.5%	21.0%	12.2%	17.3%
	Within the last two years	Count	*	10	20	20	51
		% within Age_Group	*	19.2%	19.0%	20.4%	18.8%
	More than two years ago	Count	*	15	32	39	90
		% within Age_Group	*	28.8%	30.5%	39.8%	33.2%
Total		Count	16	52	105	98	271
		% within Age_Group	100.0%	100.0%	100.0%	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Ethnic_Group Crosstabulation

			Ethnic_Group		
			White	BME	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	42	*	42
		% within Ethnic_Group	15.1%	*	14.8%
	Within the last six months	Count	36	*	39
		% within Ethnic_Group	12.9%	*	13.8%
	Within the last year	Count	52	*	53
		% within Ethnic_Group	18.6%	*	18.7%
	Within the last two years	Count	57	*	57
		% within Ethnic_Group	20.4%	*	20.1%
	More than two years ago	Count	92	*	92
		% within Ethnic_Group	33.0%	*	32.5%
Total		Count	279	*	283
		% within Ethnic_Group	100.0%	*	100.0%

*Data supressed due to small numbers

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 13. What is your religion? (Please tick one box only) Crosstabulation

			13. What is your religion? (Please tick one box only)					
			Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Buddhist	Muslim	No religion	Any other religion (please state)	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	24	*	*	12	*	40
		% within 13. What is your religion? (Please tick one box only)	12.8%	*	*	16.7%	*	14.5%
	Within the last six months	Count	25	*	*	8	*	38
		% within 13. What is your religion? (Please tick one box only)	13.4%	*	*	11.1%	*	13.8%
	Within the last year	Count	31	*	*	17	*	51
		% within 13. What is your religion? (Please tick one box only)	16.6%	*	*	23.6%	*	18.5%
	Within the last two years	Count	42	*	*	13	*	59
		% within 13. What is your religion? (Please tick one box only)	22.5%	*	*	18.1%	*	21.4%
	More than two years ago	Count	65	*	*	22	*	88
		% within 13. What is your religion? (Please tick one box only)	34.8%	*	*	30.6%	*	31.9%
Total		Count	187	*	*	72	14	276
		% within 13. What is your religion? (Please tick one box only)	100.0%	*	*	100.0%	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 14. What is your sexual orientation? Crosstabulation

			14. What is your sexual orientation?					
			Heterosexual / Straight	Gay man	Gay woman / lesbian	Prefer not to say	Prefer to self-describe	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	37	*	*	*	*	42
		% within 14. What is your sexual orientation?	16.2%	*	*	*	*	14.9%
	Within the last six months	Count	31	*	*	*	*	41
		% within 14. What is your sexual orientation?	13.6%	*	*	*	*	14.6%
	Within the last year	Count	44	*	*	*	*	51
		% within 14. What is your sexual orientation?	19.3%	*	*	*	*	18.1%
	Within the last two years	Count	42	*	*	14	*	58
		% within 14. What is your sexual orientation?	18.4%	*	*	33.3%	*	20.6%
	More than two years ago	Count	74	*	*	14	*	89
		% within 14. What is your sexual orientation?	32.5%	*	*	33.3%	*	31.7%
Total		Count	228	*	*	42	7	281
		% within 14. What is your sexual orientation?	100.0%	*	*	100.0%	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Disability Crosstabulation

			Disability		
			Disabled - Yes	Disabled - No	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	19	23	42
		% within Disability	14.8%	14.4%	14.6%
	Within the last six months	Count	27	16	43
		% within Disability	21.1%	10.0%	14.9%
	Within the last year	Count	24	29	53
		% within Disability	18.8%	18.1%	18.4%
	Within the last two years	Count	22	37	59
		% within Disability	17.2%	23.1%	20.5%
	More than two years ago	Count	36	55	91
		% within Disability	28.1%	34.4%	31.6%
Total		Count	128	160	288
		% within Disability	100.0%	100.0%	100.0%

*Data supressed due to small numbers

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Carers Crosstabulation

			Carers		
			Carer - Yes	Carer - No	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	24	18	42
		% within Carers	17.0%	12.8%	14.9%
	Within the last six months	Count	21	21	42
		% within Carers	14.9%	14.9%	14.9%
	Within the last year	Count	30	23	53
		% within Carers	21.3%	16.3%	18.8%
	Within the last two years	Count	29	29	58
		% within Carers	20.6%	20.6%	20.6%
	More than two years ago	Count	37	50	87
		% within Carers	26.2%	35.5%	30.9%
Total		Count	141	141	282
		% within Carers	100.0%	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 17. Are you a member or ex-member of the armed forces? (Please tick one box only) Crosstabulation

			17. Are you a member or ex-member of the			
			Yes	No	Prefer not to say	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	*	38	*	42
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	14.4%	*	14.7%
	Within the last six months	Count	*	41	*	43
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	15.6%	*	15.1%
	Within the last year	Count	*	46	*	52
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	17.5%	*	18.2%
	Within the last two years	Count	*	52	*	58
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	19.8%	*	20.4%
	More than two years ago	Count	*	86	*	90
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	32.7%	*	31.6%
Total		Count	11	263	11	285
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * 18. What is your marital status? (Please tick one box only) Crosstabulation

			18. What is your marital status? (Please tick one box only)					
			Single	Married / Civil Partnership	Divorced	Widowed	Prefer not to say	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	*	25	*	*	7	42
		% within 18. What is your marital status? (Please tick one box only)	*	14.2%	*	*	17.1%	14.6%
	Within the last six months	Count	7	20	*	6	8	43
		% within 18. What is your marital status? (Please tick one box only)	26.9%	11.4%	*	22.2%	19.5%	14.9%
	Within the last year	Count	*	33	*	*	7	52
		% within 18. What is your marital status? (Please tick one box only)	*	18.8%	*	*	17.1%	18.1%
	Within the last two years	Count	7	31	*	*	13	59
		% within 18. What is your marital status? (Please tick one box only)	26.9%	17.6%	*	*	31.7%	20.5%
	More than two years ago	Count	*	67	6	10	6	92
		% within 18. What is your marital status? (Please tick one box only)	*	38.1%	33.3%	37.0%	14.6%	31.9%
Total		Count	26	176	18	27	41	288
		% within 18. What is your marital status? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*Data supressed due to small numbers

2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only) * Health Neighbourhood Crosstabulation

			Health Neighbourhood							
			Glossop	North	South	East	West	Not Provided	No match or invalid postcode	Total
2. When did you last use Intermediate Care services in Tameside &; Glossop? (Please tick one box only)	Within the last month	Count	26	*	*	*	*	23	*	64
		% within Health Neighbourhood	11.0%	*	*	*	*	10.9%	*	13.0%
	Within the last six months	Count	31	*	*	*	*	42	*	83
		% within Health Neighbourhood	13.1%	*	*	*	*	19.9%	*	16.9%
	Within the last year	Count	49	*	*	*	*	33	*	84
		% within Health Neighbourhood	20.8%	*	*	*	*	15.6%	*	17.1%
	Within the last two years	Count	53	*	*	*	*	36	*	91
		% within Health Neighbourhood	22.5%	*	*	*	*	17.1%	*	18.5%
	More than two years ago	Count	77	*	*	*	*	77	*	169
		% within Health Neighbourhood	32.6%	*	*	*	*	36.5%	*	34.4%
Total		Count	236	*	14	8	9	211	9	491
		% within Health Neighbourhood	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Question 3 Crosstabulation

*Data supressed due to small numbers

Q3 Overall

			Yes	Total
Q3Multiple[a]	Shire Hill	Count	413	413
		% within	83.6%	
	Stamford Unit (on the site of Tameside	Count	46	46
		% within	9.3%	
	Grange View	Count	27	27
		% within	5.5%	
	Community/services/Reablement e.g. you	Count	82	82
		% within	16.6%	
	Other (please state)	Count	24	24
		% within	4.9%	
Total		Count	494	494

Percentages and totals are based on respondents.

a. Group

Q3 Gender Crosstabulation

			10. What best describes your gender? (Please tick one box				
			Female	Male	Prefer to self-describe	Prefer not to say	Total
Q3multipleresponse[a]	Shire Hill	Count	166	71	*	7	245
		% within Q10	84.3%	81.6%	*	100.0%	
	Stamford Unit (on the site of Tameside	Count	21	8	*	*	30
		% within Q10	10.7%	9.2%	*	*	
	Grange View	Count	11	*	*	*	12
		% within Q10	5.6%	*	*	*	
	Community/services/Reablement e.g. you	Count	43	12	*	*	56
		% within Q10	21.8%	13.8%	*	*	
	Other (please state)	Count	13	*	*	*	18
		% within Q10	6.6%	*	*	*	
Total		Count	197	87	*	7	292

Percentages and totals are based on respondents.

a. Group

Q3 AgeGroup Crosstabulation

			Age_Group				
			18 - 29	30 - 49	50 - 64	65+	Total
Q3multipleresponse[a]	Shire Hill	Count	17	47	96	70	230
		% within AgeGroup	100.0%	88.7%	90.6%	70.0%	
	Stamford Unit (on the site of Tameside	Count	*	7	14	9	30
		% within AgeGroup	*	13.2%	13.2%	9.0%	
	Grange View	Count	*	*	*	*	11
		% within AgeGroup	*	*	*	*	
	Community/services/Reablement e.g. you	Count	*	8	15	28	54
		% within AgeGroup	*	15.1%	14.2%	28.0%	
	Other (please state)	Count	*	*	*	13	18
		% within AgeGroup	*	*	*	13.0%	
Total		Count	17	53	106	100	276

Percentages and totals are based on respondents.

a. Group

Q3 EthnicGroup Crosstabulation

			Ethnic_Group		
			White	BME	Total
Q3multipleresponse[a]	Shire Hill	Count	240	*	244
		% within EthnicGroup	84.5%	*	
	Stamford Unit (on the site of Tameside	Count	28	*	30
		% within EthnicGroup	9.9%	*	
	Grange View	Count	11	*	11
		% within EthnicGroup	3.9%	*	
	Community/services/Reablement e.g. you	Count	54	*	54
		% within EthnicGroup	19.0%	*	
	Other (please state)	Count	18	*	18
		% within EthnicGroup	6.3%	*	
Total		Count	284	*	289

Percentages and totals are based on respondents.

a. Group

*Data supressed due to small numbers

Q3 Religion Crosstabulation

			13. What is your religion? (Please tick one box only)					
			Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Buddhist	Muslim	No religion	Any other religion (please state)	Total
Q3multipleresponse[a]	Shire Hill	Count	151	*	*	69	10	233
		% within Q13	79.9%	*	*	92.0%	71.4%	
	Stamford Unit (on the site of Tameside	Count	23	*	*	*	*	30
		% within Q13	12.2%	*	*	*	*	
	Grange View	Count	8	*	*	*	*	11
		% within Q13	4.2%	*	*	*	*	
	Community/services/Reablement e.g. you	Count	42	*	*	6	*	53
		% within Q13	22.2%	*	*	8.0%	*	
	Other (please state)	Count	17	*	*	*	*	19
		% within Q13	9.0%	*	*	*	*	
Total		Count	189	*	*	75	14	281

Percentages and totals are based on respondents.
a. Group

Q3 and Sexual Orientation Crosstabulation

			14. What is your sexual orientation?					
			Heterosexual / Straight	Gay man	Gay woman / lesbian	Prefer not to say	Prefer to self-describe	Total
Q3multipleresponse[a]	Shire Hill	Count	192	*	*	37	6	238
		% within Q14	82.8%	*	*	86.0%	85.7%	
	Stamford Unit (on the site of Tameside	Count	24	*	*	*	*	30
		% within Q14	10.3%	*	*	*	*	
	Grange View	Count	8	*	*	*	*	11
		% within Q14	3.4%	*	*	*	*	
	Community/services/Reablement e.g. you	Count	44	*	*	9	*	55
		% within Q14	19.0%	*	*	20.9%	*	
	Other (please state)	Count	19	*	*	*	*	19
		% within Q14	8.2%	*	*	*	*	
Total		Count	232	*	*	43	7	286

Percentages and totals are based on respondents.
a. Group

Q3 and Disability Crosstabulation

			Disability		
			Disabled - Yes	Disabled - No	Total
Q3multipleresponse[a]	Shire Hill	Count	97	148	245
		% within Disability	74.6%	90.8%	
	Stamford Unit (on the site of Tameside	Count	15	16	31
		% within Disability	11.5%	9.8%	
	Grange View	Count	*	8	12
		% within Disability	*	4.9%	
	Community/services/Reablement e.g. you	Count	37	18	55
		% within Disability	28.5%	11.0%	
	Other (please state)	Count	8	10	18
		% within Disability	6.2%	6.1%	
Total		Count	130	163	293

Percentages and totals are based on respondents.
a. Group

Q3 and Carers Crosstabulation

			Carers		
			Carer - Yes	Carer - No	Total
Q3multipleresponse[a]	Shire Hill	Count	123	116	239
		% within Carers	85.4%	81.1%	
	Stamford Unit (on the site of Tameside	Count	13	18	31
		% within Carers	9.0%	12.6%	
	Grange View	Count	7	*	12
		% within Carers	4.9%	*	
	Community/services/Reablement e.g. you	Count	31	25	56
		% within Carers	21.5%	17.5%	
	Other (please state)	Count	*	13	18
		% within Carers	*	9.1%	
Total		Count	144	143	287

Percentages and totals are based on respondents.
a. Group

*Data supressed due to small numbers

Q3 and Armed Forces Crosstabulation

			17. Are you a member or ex-member of the armed forces? (Please tick one box only)			
			Yes	No	Prefer not to say	Total
Q3multipleresponse[a]	Shire Hill	Count	10	221	11	242
		% within Q17	90.9%	82.5%	100.0%	
	Stamford Unit (on the site of Tameside	Count	*	26	*	31
		% within Q17	*	9.7%	*	
	Grange View	Count	*	11	*	12
		% within Q17	*	4.1%	*	
	Community/services/Reablement e.g. you	Count	*	54	*	56
		% within Q17	*	20.1%	*	
	Other (please state)	Count	*	17	*	18
		% within Q17	*	6.3%	*	
Total		Count	11	268	11	290

Percentages and totals are based on respondents.
a. Group

Q3 and Marital Status Crosstabulation

			18. What is your marital status? (Please tick one box only)					
			Single	Married / Civil Partnership	Divorced	Widowed	Prefer not to say	Total
Q3multipleresponse[a]	Shire Hill	Count	25	154	13	16	37	245
		% within Q18	89.3%	86.5%	68.4%	57.1%	90.2%	
	Stamford Unit (on the site of Tameside	Count	*	16	*	6	*	31
		% within Q18	*	9.0%	*	21.4%	*	
	Grange View	Count	*	8	*	*	*	12
		% within Q18	*	4.5%	*	*	*	
	Community/services/Reablement e.g. you	Count	*	27	6	10	8	55
		% within Q18	*	15.2%	31.6%	35.7%	19.5%	
	Other (please state)	Count	*	10	*	*	*	19
		% within Q18	*	5.6%	*	*	*	
Total		Count	28	178	19	28	41	294

Percentages and totals are based on respondents.
a. Group

Q3 and HealthNeighbourhood Crosstabulation

			Health Neighbourhood							
			Glossop	North	South	East	West	Not Provided	No match or invalid postcode	Total
Q3multipleresponse[a]	Shire Hill	Count	215	*	10	6	*	172	7	413
		% within HealthNeighbourhood	89.6%	*	66.7%	75.0%	*	82.7%	77.8%	
	Stamford Unit (on the site of Tameside	Count	20	*	*	*	*	17	*	46
		% within HealthNeighbourhood	8.3%	*	*	*	*	8.2%	*	
	Grange View	Count	*	*	*	*	*	17	*	27
		% within HealthNeighbourhood	*	*	*	*	*	8.2%	*	
	Community/services/Reablement e.g. you	Count	38	*	6	*	*	30	*	82
		% within HealthNeighbourhood	15.8%	*	40.0%	*	*	14.4%	*	
	Other (please state)	Count	12	*	*	*	*	6	*	24
		% within HealthNeighbourhood	5.0%	*	*	*	*	2.9%	*	
Total		Count	240	*	15	8	9	208	9	494

Percentages and totals are based on respondents.
a. Group

Consolidated Themes from Questions 4, 5a, 5b, 5c, 6 and 7

*Data supressed due to small numbers

Consolidated Themes Overall

Theme			Yes	Total
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	185	185
		%	23.2%	
	Increased car drive times for those who may have to travel further	Count	38	38
		%	4.8%	
	Traffic congestion (particularly in relation to Glossop)	Count	55	55
		%	6.9%	
	Travel costs for those who may have to travel further	Count	42	42
		%	5.3%	
	Parking is good at Shire Hill	Count	16	16
		%	2.0%	
	Issues around parking at Stamford Unit and Hospital site	Count	46	46
		%	5.8%	
	General comments and concerns relating to travel time and accessibility	Count	226	226
		%	28.4%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	320	320
		%	40.2%	
	Keep Shire Hill / no change to current arrangements	Count	225	225
		%	28.2%	
	Need to invest in Shire Hill	Count	84	84
		%	10.5%	
	Impact on physiotherapy and other services at Shire Hill	Count	61	61
		%	7.7%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	132	132
		%	16.6%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	47	47
		%	5.9%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	43	43
		%	5.4%	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	167	167
		%	21.0%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	199	199
		%	25.0%	
	Criticism of care at Stamford Unit / Hospital	Count	72	72
		%	9.0%	
	Support for Stamford Unit and intermediate care delivered there	Count	52	52
		%	6.5%	
	Positive comments around care and service at Shire Hill	Count	142	142
		%	17.8%	
	Other comments regarding Shire Hill	Count	76	76
		%	9.5%	
	Comments and concerns about NHS funding	Count	101	101
		%	12.7%	
	Criticism of the consultation process	Count	163	163
		%	20.5%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	153	153
		%	19.2%	
	Comments around the need for local services – particularly in Glossop	Count	259	259
		%	32.5%	
	Concern about staff and jobs at Shire Hill	Count	50	50
		%	6.3%	
	Positive comments in support of the Home First model	Count	352	352
		%	44.2%	
	Public expectations and concerns around the Home First model	Count	400	400
		%	50.2%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	93	93
		%	11.7%	
	Concerns and criticisms of private care	Count	148	148
		%	18.6%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	248	248
		%	31.1%	
	Other suggestions / ideas relating to intermediate care	Count	58	58
		%	7.3%	
	Concerns about staffing and capacity	Count	81	81
		%	10.2%	
	Patient care and safety - various comments positive and negative	Count	87	87
		%	10.9%	
	Other comments	Count	66	66
		%	8.3%	
Total		Count	797	797

*Data supressed due to small numbers

Consolidated Theme and Gender Crosstabulation

Theme			10. What best describes your gender? (Please tick one box only)				
			Female	Male	Prefer to self-describe	Prefer not to say	Total
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	121	42	*	7	170
		% within Q10	28.9%	21.6%	*	53.8%	
	Increased car drive times for those who may have to travel further	Count	26	10	*	*	37
		% within Q10	6.2%	5.2%	*	*	
	Traffic congestion (particularly in relation to Glossop)	Count	29	19	*	*	48
		% within Q10	6.9%	9.8%	*	*	
	Travel costs for those who may have to travel further	Count	22	15	*	*	39
		% within Q10	5.3%	7.7%	*	*	
	Parking is good at Shire Hill	Count	11	*	*	*	15
		% within Q10	2.6%	*	*	*	
	Issues around parking at Stamford Unit and Hospital site	Count	29	12	*	*	41
		% within Q10	6.9%	6.2%	*	*	
	General comments and concerns relating to travel time and accessibility	Count	137	55	*	*	197
		% within Q10	32.7%	28.4%	*	*	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	180	104	*	8	292
		% within Q10	43.0%	53.6%	*	61.5%	
	Keep Shire Hill / no change to current arrangements	Count	143	69	*	*	214
		% within Q10	34.1%	35.6%	*	*	
	Need to invest in Shire Hill	Count	57	22	*	*	81
		% within Q10	13.6%	11.3%	*	*	
	Impact on physiotherapy and other services at Shire Hill	Count	41	13	*	*	54
		% within Q10	9.8%	6.7%	*	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	80	40	*	*	122
		% within Q10	19.1%	20.6%	*	*	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	27	17	*	*	45
		% within Q10	6.4%	8.8%	*	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	27	12	*	*	40
		% within Q10	6.4%	6.2%	*	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	96	56	*	6	158
		% within Q10	22.9%	28.9%	*	46.2%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	124	61	*	*	187
		% within Q10	29.6%	31.4%	*	*	
	Criticism of care at Stamford Unit / Hospital	Count	48	17	*	*	67
		% within Q10	11.5%	8.8%	*	*	
	Support for Stamford Unit and intermediate care delivered there	Count	35	15	*	*	50
		% within Q10	8.4%	7.7%	*	*	
	Positive comments around care and service at Shire Hill	Count	89	31	*	*	123
		% within Q10	21.2%	16.0%	*	*	
	Other comments regarding Shire Hill	Count	43	19	*	*	62
		% within Q10	10.3%	9.8%	*	*	
	Comments and concerns about NHS funding	Count	56	25	*	*	86
		% within Q10	13.4%	12.9%	*	*	
	Criticism of the consultation process	Count	93	45	*	6	144
		% within Q10	22.2%	23.2%	*	46.2%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	98	37	*	*	138
		% within Q10	23.4%	19.1%	*	*	
	Comments around the need for local services – particularly in Glossop	Count	164	73	*	7	244
		% within Q10	39.1%	37.6%	*	53.8%	
	Concern about staff and jobs at Shire Hill	Count	33	13	*	*	48
		% within Q10	7.9%	6.7%	*	*	
	Positive comments in support of the Home First model	Count	189	94	*	*	284
		% within Q10	45.1%	48.5%	*	*	
	Public expectations and concerns around the Home First model	Count	229	87	*	9	326
		% within Q10	54.7%	44.8%	*	69.2%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	61	26	*	*	89
		% within Q10	14.6%	13.4%	*	*	
	Concerns and criticisms of private care	Count	98	38	*	*	138
		% within Q10	23.4%	19.6%	*	*	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	154	73	*	*	232
		% within Q10	36.8%	37.6%	*	*	
	Other suggestions / ideas relating to intermediate care	Count	40	14	*	*	54
		% within Q10	9.5%	7.2%	*	*	
	Concerns about staffing and capacity	Count	52	17	*	*	71
		% within Q10	12.4%	8.8%	*	*	
	Patient care and safety - various comments positive and negative	Count	58	22	*	*	82
		% within Q10	13.8%	11.3%	*	*	
	Other comments	Count	36	23	*	*	60
		% within Q10	8.6%	11.9%	*	*	
Total		Count	419	194	*	13	627

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Age Group Crosstabulation

Theme			Age_Group					Total
			Under 18	18 - 29	30 - 49	50 - 64	65+	
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	*	*	23	73	65	165
		% within AgeGroup	*	*	18.1%	29.7%	32.8%	
	Increased car drive times for those who may have to travel further	Count	*	*	*	21	12	36
		% within AgeGroup	*	*	*	8.5%	6.1%	
	Traffic congestion (particularly in relation to Glossop)	Count	*	*	7	16	21	47
		% within AgeGroup	*	*	5.5%	6.5%	10.6%	
	Travel costs for those who may have to travel further	Count	*	*	*	14	17	36
		% within AgeGroup	*	*	*	5.7%	8.6%	
	Parking is good at Shire Hill	Count	*	*	*	*	10	15
		% within AgeGroup	*	*	*	*	5.1%	
	Issues around parking at Stamford Unit and Hospital site	Count	*	*	*	15	21	41
		% within AgeGroup	*	*	*	6.1%	10.6%	
	General comments and concerns relating to travel time and accessibility	Count	*	6	44	73	69	192
		% within AgeGroup	*	25.0%	34.6%	29.7%	34.8%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	*	11	58	105	98	273
		% within AgeGroup	*	45.8%	45.7%	42.7%	49.5%	
	Keep Shire Hill / no change to current arrangements	Count	*	9	39	84	72	204
		% within AgeGroup	*	37.5%	30.7%	34.1%	36.4%	
	Need to invest in Shire Hill	Count	*	*	13	35	30	78
		% within AgeGroup	*	*	10.2%	14.2%	15.2%	
	Impact on physiotherapy and other services at Shire Hill	Count	*	*	9	21	20	50
		% within AgeGroup	*	*	7.1%	8.5%	10.1%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	*	*	29	42	39	114
		% within AgeGroup	*	*	22.8%	17.1%	19.7%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	*	*	10	16	16	44
		% within AgeGroup	*	*	7.9%	6.5%	8.1%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	*	*	9	14	13	37
		% within AgeGroup	*	*	7.1%	5.7%	6.6%	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	*	*	26	60	61	151
		% within AgeGroup	*	*	20.5%	24.4%	30.8%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	*	*	29	73	69	177
		% within AgeGroup	*	*	22.8%	29.7%	34.8%	
	Criticism of care at Stamford Unit / Hospital	Count	*	*	13	25	24	63
		% within AgeGroup	*	*	10.2%	10.2%	12.1%	
	Support for Stamford Unit and intermediate care delivered there	Count	*	*	9	19	21	49
		% within AgeGroup	*	*	7.1%	7.7%	10.6%	
	Positive comments around care and service at Shire Hill	Count	*	6	19	48	49	122
		% within AgeGroup	*	25.0%	15.0%	19.5%	24.7%	
	Other comments regarding Shire Hill	Count	*	*	8	23	23	57
		% within AgeGroup	*	*	6.3%	9.3%	11.6%	
	Comments and concerns about NHS funding	Count	*	*	17	30	37	85
		% within AgeGroup	*	*	13.4%	12.2%	18.7%	
	Criticism of the consultation process	Count	*	*	20	54	62	140
		% within AgeGroup	*	*	15.7%	22.0%	31.3%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	*	*	24	56	47	132
		% within AgeGroup	*	*	18.9%	22.8%	23.7%	
	Comments around the need for local services – particularly in Glossop	Count	*	6	43	104	79	232
		% within AgeGroup	*	25.0%	33.9%	42.3%	39.9%	
	Concern about staff and jobs at Shire Hill	Count	*	8	10	21	6	45
		% within AgeGroup	*	33.3%	7.9%	8.5%	3.0%	
	Positive comments in support of the Home First model	Count	*	15	59	102	98	275
		% within AgeGroup	*	62.5%	46.5%	41.5%	49.5%	
	Public expectations and concerns around the Home First model	Count	*	13	66	127	106	312
		% within AgeGroup	*	54.2%	52.0%	51.6%	53.5%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	*	*	20	38	24	86
		% within AgeGroup	*	*	15.7%	15.4%	12.1%	
	Concerns and criticisms of private care	Count	*	*	29	60	46	140
		% within AgeGroup	*	*	22.8%	24.4%	23.2%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	*	9	57	92	66	224
		% within AgeGroup	*	37.5%	44.9%	37.4%	33.3%	
	Other suggestions / ideas relating to intermediate care	Count	*	*	17	19	17	53
		% within AgeGroup	*	*	13.4%	7.7%	8.6%	
	Concerns about staffing and capacity	Count	*	*	10	28	25	67
		% within AgeGroup	*	*	7.9%	11.4%	12.6%	
	Patient care and safety - various comments positive and negative	Count	*	*	15	38	27	81
		% within AgeGroup	*	*	11.8%	15.4%	13.6%	
	Other comments	Count	*	*	10	23	23	58
		% within AgeGroup	*	*	7.9%	9.3%	11.6%	
Total		Count	*	24	127	246	198	596

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Themes and <65 and ≥65 Crosstabulation (Age Group 2)

Themes			Age_Group_2		Total
			Under 65	65+	
Newmultiplethemeincage2[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	100	65	165
		% within Age_Group_2	25.1%	32.8%	
	Increased car drive times for those who may have to travel further	Count	24	12	36
		% within Age_Group_2	6.0%	6.1%	
	Traffic congestion (particularly in relation to Glossop)	Count	26	21	47
		% within Age_Group_2	6.5%	10.6%	
	Travel costs for those who may have to travel further	Count	19	17	36
		% within Age_Group_2	4.8%	8.6%	
	Parking is good at Shire Hill	Count	*	10	15
		% within Age_Group_2	*	5.1%	
	Issues around parking at Stamford Unit and Hospital site	Count	20	21	41
		% within Age_Group_2	5.0%	10.6%	
	General comments and concerns relating to travel time and accessibility	Count	123	69	192
		% within Age_Group_2	30.9%	34.8%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	175	98	273
		% within Age_Group_2	44.0%	49.5%	
	Keep Shire Hill / no change to current arrangements	Count	132	72	204
		% within Age_Group_2	33.2%	36.4%	
	Need to invest in Shire Hill	Count	48	30	78
		% within Age_Group_2	12.1%	15.2%	
	Impact on physiotherapy and other services at Shire Hill	Count	30	20	50
		% within Age_Group_2	7.5%	10.1%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	75	39	114
		% within Age_Group_2	18.8%	19.7%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	28	16	44
		% within Age_Group_2	7.0%	8.1%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	24	13	37
		% within Age_Group_2	6.0%	6.6%	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	90	61	151
		% within Age_Group_2	22.6%	30.8%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	108	69	177
		% within Age_Group_2	27.1%	34.8%	
	Criticism of care at Stamford Unit / Hospital	Count	39	24	63
		% within Age_Group_2	9.8%	12.1%	
	Support for Stamford Unit and intermediate care delivered there	Count	28	21	49
		% within Age_Group_2	7.0%	10.6%	
	Positive comments around care and service at Shire Hill	Count	73	49	122
		% within Age_Group_2	18.3%	24.7%	
	Other comments regarding Shire Hill	Count	34	23	57
		% within Age_Group_2	8.5%	11.6%	
	Comments and concerns about NHS funding	Count	48	37	85
		% within Age_Group_2	12.1%	18.7%	
	Criticism of the consultation process	Count	78	62	140
		% within Age_Group_2	19.6%	31.3%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	85	47	132
		% within Age_Group_2	21.4%	23.7%	
	Comments around the need for local services – particularly in Glossop	Count	153	79	232
		% within Age_Group_2	38.4%	39.9%	
	Concern about staff and jobs at Shire Hill	Count	39	6	45
		% within Age_Group_2	9.8%	3.0%	
	Positive comments in support of the Home First model	Count	177	98	275
		% within Age_Group_2	44.5%	49.5%	
	Public expectations and concerns around the Home First model	Count	206	106	312
		% within Age_Group_2	51.8%	53.5%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	62	24	86
		% within Age_Group_2	15.6%	12.1%	
	Concerns and criticisms of private care	Count	94	46	140
		% within Age_Group_2	23.6%	23.2%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	158	66	224
		% within Age_Group_2	39.7%	33.3%	
	Other suggestions / ideas relating to intermediate care	Count	36	17	53
		% within Age_Group_2	9.0%	8.6%	
	Concerns about staffing and capacity	Count	42	25	67
		% within Age_Group_2	10.6%	12.6%	
	Patient care and safety - various comments positive and negative	Count	54	27	81
		% within Age_Group_2	13.6%	13.6%	
	Other comments	Count	35	23	58
		% within Age_Group_2	8.8%	11.6%	
Total		Count	398	198	596

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Ethnic Group Crosstabulation

Theme			Ethnic_Group		Total
			White	BME	
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	167	*	168
		% within EthnicGroup	27.8%	*	
	Increased car drive times for those who may have to travel further	Count	35	*	36
		% within EthnicGroup	5.8%	*	
	Traffic congestion (particularly in relation to Glossop)	Count	47	*	48
		% within EthnicGroup	7.8%	*	
	Travel costs for those who may have to travel further	Count	38	*	38
		% within EthnicGroup	6.3%	*	
	Parking is good at Shire Hill	Count	14	*	14
		% within EthnicGroup	2.3%	*	
	Issues around parking at Stamford Unit and Hospital site	Count	42	*	42
		% within EthnicGroup	7.0%	*	
	General comments and concerns relating to travel time and accessibility	Count	189	*	192
		% within EthnicGroup	31.5%	*	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	279	6	285
		% within EthnicGroup	46.5%	37.5%	
	Keep Shire Hill / no change to current arrangements	Count	211	*	211
		% within EthnicGroup	35.2%	*	
	Need to invest in Shire Hill	Count	75	*	79
		% within EthnicGroup	12.5%	*	
	Impact on physiotherapy and other services at Shire Hill	Count	46	*	51
		% within EthnicGroup	7.7%	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	118	*	121
		% within EthnicGroup	19.7%	*	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	43	*	45
		% within EthnicGroup	7.2%	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	40	*	40
		% within EthnicGroup	6.7%	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	152	*	155
		% within EthnicGroup	25.3%	*	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	182	*	184
		% within EthnicGroup	30.3%	*	
	Criticism of care at Stamford Unit / Hospital	Count	60	*	64
		% within EthnicGroup	10.0%	*	
	Support for Stamford Unit and intermediate care delivered there	Count	45	*	48
		% within EthnicGroup	7.5%	*	
	Positive comments around care and service at Shire Hill	Count	122	*	123
		% within EthnicGroup	20.3%	*	
	Other comments regarding Shire Hill	Count	62	*	62
		% within EthnicGroup	10.3%	*	
	Comments and concerns about NHS funding	Count	84	*	86
		% within EthnicGroup	14.0%	*	
	Criticism of the consultation process	Count	136	*	141
		% within EthnicGroup	22.7%	*	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	130	*	135
		% within EthnicGroup	21.7%	*	
	Comments around the need for local services – particularly in Glossop	Count	233	*	238
		% within EthnicGroup	38.8%	*	
	Concern about staff and jobs at Shire Hill	Count	42	*	47
		% within EthnicGroup	7.0%	*	
	Positive comments in support of the Home First model	Count	273	8	281
		% within EthnicGroup	45.5%	50.0%	
	Public expectations and concerns around the Home First model	Count	309	9	318
		% within EthnicGroup	51.5%	56.3%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	88	*	88
		% within EthnicGroup	14.7%	*	
	Concerns and criticisms of private care	Count	133	*	137
		% within EthnicGroup	22.2%	*	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	223	*	228
		% within EthnicGroup	37.2%	*	
	Other suggestions / ideas relating to intermediate care	Count	50	*	54
		% within EthnicGroup	8.3%	*	
	Concerns about staffing and capacity	Count	65	*	67
		% within EthnicGroup	10.8%	*	
	Patient care and safety - various comments positive and negative	Count	76	*	81
		% within EthnicGroup	12.7%	*	
	Other comments	Count	54	*	58
		% within EthnicGroup	9.0%	*	
Total		Count	600	16	616

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Religion Crosstabulation

Theme			13. What is your religion? (Please tick one box only)						
			Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Buddhist	Hindu	Muslim	No religion	Any other religion (please state)	Total
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	107	*	*	*	53	6	167
		% within Q13	27.4%	*	*	*	30.1%	18.8%	
	Increased car drive times for those who may have to travel further	Count	26	*	*	*	6	*	35
		% within Q13	6.7%	*	*	*	3.4%	*	
	Traffic congestion (particularly in relation to Glossop)	Count	29	*	*	*	15	*	47
		% within Q13	7.4%	*	*	*	8.5%	*	
	Travel costs for those who may have to travel further	Count	20	*	*	*	15	*	37
		% within Q13	5.1%	*	*	*	8.5%	*	
	Parking is good at Shire Hill	Count	11	*	*	*	*	*	15
		% within Q13	2.8%	*	*	*	*	*	
	Issues around parking at Stamford Unit and Hospital site	Count	26	*	*	*	12	*	42
		% within Q13	6.7%	*	*	*	6.8%	*	
	General comments and concerns relating to travel time and accessibility	Count	122	*	*	*	59	11	192
		% within Q13	31.3%	*	*	*	33.5%	34.4%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	179	*	*	*	85	15	281
		% within Q13	45.9%	*	*	*	48.3%	46.9%	
	Keep Shire Hill / no change to current arrangements	Count	124	*	*	*	64	14	203
		% within Q13	31.8%	*	*	*	36.4%	43.8%	
	Need to invest in Shire Hill	Count	45	*	*	*	24	10	80
		% within Q13	11.5%	*	*	*	13.6%	31.3%	
	Impact on physiotherapy and other services at Shire Hill	Count	33	*	*	*	15	*	53
		% within Q13	8.5%	*	*	*	8.5%	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	88	*	*	*	25	*	120
		% within Q13	22.6%	*	*	*	14.2%	*	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	29	*	*	*	10	*	42
		% within Q13	7.4%	*	*	*	5.7%	9.4%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	31	*	*	*	8	*	39
		% within Q13	7.9%	*	*	*	4.5%	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	88	*	*	*	49	14	153
		% within Q13	22.6%	*	*	*	27.8%	43.8%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	109	*	*	*	61	13	183
		% within Q13	27.9%	*	*	*	34.7%	40.6%	
	Criticism of care at Stamford Unit / Hospital	Count	42	*	*	*	17	*	63
		% within Q13	10.8%	*	*	*	9.7%	*	
	Support for Stamford Unit and intermediate care delivered there	Count	38	*	*	*	9	*	50
		% within Q13	9.7%	*	*	*	5.1%	*	
	Positive comments around care and service at Shire Hill	Count	84	*	*	*	29	6	120
		% within Q13	21.5%	*	*	*	16.5%	18.8%	
	Other comments regarding Shire Hill	Count	39	*	*	*	17	*	61
		% within Q13	10.0%	*	*	*	9.7%	*	
	Comments and concerns about NHS funding	Count	51	*	*	*	30	6	87
		% within Q13	13.1%	*	*	*	17.0%	18.8%	
	Criticism of the consultation process	Count	79	*	*	*	50	12	142
		% within Q13	20.3%	*	*	*	28.4%	37.5%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	75	*	*	*	44	9	132
		% within Q13	19.2%	*	*	*	25.0%	28.1%	
	Comments around the need for local services – particularly in Glossop	Count	139	*	*	*	83	13	238
		% within Q13	35.6%	*	*	*	47.2%	40.6%	
	Concern about staff and jobs at Shire Hill	Count	19	*	*	*	21	*	45
		% within Q13	4.9%	*	*	*	11.9%	*	
	Positive comments in support of the Home First model	Count	188	*	*	*	72	15	277
		% within Q13	48.2%	*	*	*	40.9%	46.9%	
	Public expectations and concerns around the Home First model	Count	196	*	*	*	101	18	318
		% within Q13	50.3%	*	*	*	57.4%	56.3%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	60	*	*	*	22	*	87
		% within Q13	15.4%	*	*	*	12.5%	*	
	Concerns and criticisms of private care	Count	90	*	*	*	39	8	138
		% within Q13	23.1%	*	*	*	22.2%	25.0%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	137	*	*	*	77	12	227
		% within Q13	35.1%	*	*	*	43.8%	37.5%	
	Other suggestions / ideas relating to intermediate care	Count	34	*	*	*	16	*	55
		% within Q13	8.7%	*	*	*	9.1%	*	
	Concerns about staffing and capacity	Count	42	*	*	*	21	*	67
		% within Q13	10.8%	*	*	*	11.9%	*	
	Patient care and safety - various comments positive and negative	Count	56	*	*	*	18	*	77
		% within Q13	14.4%	*	*	*	10.2%	*	
	Other comments	Count	31	*	*	*	24	*	59
		% within Q13	7.9%	*	*	*	13.6%	*	
Total		Count	390	*	*	*	176	32	605

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Sexual Orientation Crosstabulation

Theme			14. What is your sexual orientation?					Total
			Heterosexual / Straight	Gay man	Gay woman / lesbian	Prefer not to say	Prefer to self-describe	
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	137	*	*	26	*	165
		% within Q14	27.0%	*	*	33.8%	*	
	Increased car drive times for those who may have to travel further	Count	32	*	*	*	*	34
		% within Q14	6.3%	*	*	*	*	
	Traffic congestion (particularly in relation to Glossop)	Count	39	*	*	*	*	43
		% within Q14	7.7%	*	*	*	*	
	Travel costs for those who may have to travel further	Count	30	*	*	7	*	37
		% within Q14	5.9%	*	*	9.1%	*	
	Parking is good at Shire Hill	Count	10	*	*	*	*	13
		% within Q14	2.0%	*	*	*	*	
	Issues around parking at Stamford Unit and Hospital site	Count	36	*	*	*	*	40
		% within Q14	7.1%	*	*	*	*	
	General comments and concerns relating to travel time and accessibility	Count	161	*	*	23	*	192
		% within Q14	31.7%	*	*	29.9%	*	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	227	*	*	47	*	283
		% within Q14	44.7%	*	*	61.0%	*	
	Keep Shire Hill / no change to current arrangements	Count	160	*	*	35	*	199
		% within Q14	31.5%	*	*	45.5%	*	
	Need to invest in Shire Hill	Count	63	*	*	15	*	78
		% within Q14	12.4%	*	*	19.5%	*	
	Impact on physiotherapy and other services at Shire Hill	Count	36	*	*	12	*	51
		% within Q14	7.1%	*	*	15.6%	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	104	*	*	11	*	118
		% within Q14	20.5%	*	*	14.3%	*	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	38	*	*	*	*	42
		% within Q14	7.5%	*	*	*	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	34	*	*	*	*	39
		% within Q14	6.7%	*	*	*	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	122	*	*	26	*	154
		% within Q14	24.0%	*	*	33.8%	*	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	149	*	*	29	*	184
		% within Q14	29.3%	*	*	37.7%	*	
	Criticism of care at Stamford Unit / Hospital	Count	47	*	*	13	*	63
		% within Q14	9.3%	*	*	16.9%	*	
	Support for Stamford Unit and intermediate care delivered there	Count	40	*	*	6	*	48
		% within Q14	7.9%	*	*	7.8%	*	
	Positive comments around care and service at Shire Hill	Count	105	*	*	9	*	116
		% within Q14	20.7%	*	*	11.7%	*	
	Other comments regarding Shire Hill	Count	50	*	*	6	*	57
		% within Q14	9.8%	*	*	7.8%	*	
	Comments and concerns about NHS funding	Count	69	*	*	15	*	87
		% within Q14	13.6%	*	*	19.5%	*	
	Criticism of the consultation process	Count	104	*	*	28	*	138
		% within Q14	20.5%	*	*	36.4%	*	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	107	*	*	19	*	128
		% within Q14	21.1%	*	*	24.7%	*	
	Comments around the need for local services – particularly in Glossop	Count	191	*	*	37	*	234
		% within Q14	37.6%	*	*	48.1%	*	
	Concern about staff and jobs at Shire Hill	Count	35	*	*	*	*	45
		% within Q14	6.9%	*	*	*	*	
	Positive comments in support of the Home First model	Count	239	*	*	30	*	278
		% within Q14	47.0%	*	*	39.0%	*	
	Public expectations and concerns around the Home First model	Count	257	*	*	47	*	314
		% within Q14	50.6%	*	*	61.0%	*	
	Unfairness to Glossop and need to listen to Glossop residents	Count	67	*	*	17	*	86
		% within Q14	13.2%	*	*	22.1%	*	
	Concerns and criticisms of private care	Count	114	*	*	18	*	136
		% within Q14	22.4%	*	*	23.4%	*	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	185	*	*	35	*	227
		% within Q14	36.4%	*	*	45.5%	*	
	Other suggestions / ideas relating to intermediate care	Count	46	*	*	7	*	55
		% within Q14	9.1%	*	*	9.1%	*	
	Concerns about staffing and capacity	Count	49	*	*	14	*	67
		% within Q14	9.6%	*	*	18.2%	*	
	Patient care and safety - various comments positive and negative	Count	70	*	*	7	*	79
		% within Q14	13.8%	*	*	9.1%	*	
	Other comments	Count	46	*	*	9	*	58
		% within Q14	9.1%	*	*	11.7%	*	
Total		Count	508	6	*	77	9	605

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Disability Crosstabulation

Theme			Disability		Total
			Disabled - Yes	Disabled - No	
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	64	105	169
		% within Disability	31.5%	25.0%	
	Increased car drive times for those who may have to travel further	Count	8	27	35
		% within Disability	3.9%	6.4%	
	Traffic congestion (particularly in relation to Glossop)	Count	18	31	49
		% within Disability	8.9%	7.4%	
	Travel costs for those who may have to travel further	Count	19	20	39
		% within Disability	9.4%	4.8%	
	Parking is good at Shire Hill	Count	*	11	15
		% within Disability	*	2.6%	
	Issues around parking at Stamford Unit and Hospital site	Count	14	27	41
		% within Disability	6.9%	6.4%	
	General comments and concerns relating to travel time and accessibility	Count	62	136	198
		% within Disability	30.5%	32.4%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	92	198	290
		% within Disability	45.3%	47.1%	
	Keep Shire Hill / no change to current arrangements	Count	66	145	211
		% within Disability	32.5%	34.5%	
	Need to invest in Shire Hill	Count	26	55	81
		% within Disability	12.8%	13.1%	
	Impact on physiotherapy and other services at Shire Hill	Count	22	32	54
		% within Disability	10.8%	7.6%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	39	79	118
		% within Disability	19.2%	18.8%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	11	35	46
		% within Disability	5.4%	8.3%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	12	27	39
		% within Disability	5.9%	6.4%	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	58	99	157
		% within Disability	28.6%	23.6%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	65	119	184
		% within Disability	32.0%	28.3%	
	Criticism of care at Stamford Unit / Hospital	Count	28	38	66
		% within Disability	13.8%	9.0%	
	Support for Stamford Unit and intermediate care delivered there	Count	17	32	49
		% within Disability	8.4%	7.6%	
	Positive comments around care and service at Shire Hill	Count	45	79	124
		% within Disability	22.2%	18.8%	
	Other comments regarding Shire Hill	Count	20	41	61
		% within Disability	9.9%	9.8%	
	Comments and concerns about NHS funding	Count	30	58	88
		% within Disability	14.8%	13.8%	
	Criticism of the consultation process	Count	58	89	147
		% within Disability	28.6%	21.2%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	36	101	137
		% within Disability	17.7%	24.0%	
	Comments around the need for local services – particularly in Glossop	Count	73	170	243
		% within Disability	36.0%	40.5%	
	Concern about staff and jobs at Shire Hill	Count	13	33	46
		% within Disability	6.4%	7.9%	
	Positive comments in support of the Home First model	Count	95	186	281
		% within Disability	46.8%	44.3%	
	Public expectations and concerns around the Home First model	Count	102	221	323
		% within Disability	50.2%	52.6%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	23	66	89
		% within Disability	11.3%	15.7%	
	Concerns and criticisms of private care	Count	45	93	138
		% within Disability	22.2%	22.1%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	69	164	233
		% within Disability	34.0%	39.0%	
	Other suggestions / ideas relating to intermediate care	Count	18	36	54
		% within Disability	8.9%	8.6%	
	Concerns about staffing and capacity	Count	23	48	71
		% within Disability	11.3%	11.4%	
	Patient care and safety - various comments positive and negative	Count	25	56	81
		% within Disability	12.3%	13.3%	
	Other comments	Count	17	43	60
		% within Disability	8.4%	10.2%	
Total		Count	203	420	623

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Carers Crosstabulation

Theme			Carers		Total
			Carer - Yes	Carer - No	
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	75	88	163
		% within Carers	28.6%	25.1%	
	Increased car drive times for those who may have to travel further	Count	11	23	34
		% within Carers	4.2%	6.6%	
	Traffic congestion (particularly in relation to Glossop)	Count	18	28	46
		% within Carers	6.9%	8.0%	
	Travel costs for those who may have to travel further	Count	19	18	37
		% within Carers	7.3%	5.1%	
	Parking is good at Shire Hill	Count	7	6	13
		% within Carers	2.7%	1.7%	
	Issues around parking at Stamford Unit and Hospital site	Count	18	22	40
		% within Carers	6.9%	6.3%	
	General comments and concerns relating to travel time and accessibility	Count	86	106	192
		% within Carers	32.8%	30.2%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	132	154	286
		% within Carers	50.4%	43.9%	
	Keep Shire Hill / no change to current arrangements	Count	100	108	208
		% within Carers	38.2%	30.8%	
	Need to invest in Shire Hill	Count	37	43	80
		% within Carers	14.1%	12.3%	
	Impact on physiotherapy and other services at Shire Hill	Count	21	32	53
		% within Carers	8.0%	9.1%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	42	76	118
		% within Carers	16.0%	21.7%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	16	30	46
		% within Carers	6.1%	8.5%	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	11	28	39
		% within Carers	4.2%	8.0%	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	67	85	152
		% within Carers	25.6%	24.2%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	78	104	182
		% within Carers	29.8%	29.6%	
	Criticism of care at Stamford Unit / Hospital	Count	26	41	67
		% within Carers	9.9%	11.7%	
	Support for Stamford Unit and intermediate care delivered there	Count	23	26	49
		% within Carers	8.8%	7.4%	
	Positive comments around care and service at Shire Hill	Count	55	64	119
		% within Carers	21.0%	18.2%	
	Other comments regarding Shire Hill	Count	34	29	63
		% within Carers	13.0%	8.3%	
	Comments and concerns about NHS funding	Count	38	48	86
		% within Carers	14.5%	13.7%	
	Criticism of the consultation process	Count	67	74	141
		% within Carers	25.6%	21.1%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	55	82	137
		% within Carers	21.0%	23.4%	
	Comments around the need for local services – particularly in Glossop	Count	115	126	241
		% within Carers	43.9%	35.9%	
	Concern about staff and jobs at Shire Hill	Count	17	30	47
		% within Carers	6.5%	8.5%	
	Positive comments in support of the Home First model	Count	120	159	279
		% within Carers	45.8%	45.3%	
	Public expectations and concerns around the Home First model	Count	136	181	317
		% within Carers	51.9%	51.6%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	27	60	87
		% within Carers	10.3%	17.1%	
	Concerns and criticisms of private care	Count	62	74	136
		% within Carers	23.7%	21.1%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	94	134	228
		% within Carers	35.9%	38.2%	
	Other suggestions / ideas relating to intermediate care	Count	19	36	55
		% within Carers	7.3%	10.3%	
	Concerns about staffing and capacity	Count	29	42	71
		% within Carers	11.1%	12.0%	
	Patient care and safety - various comments positive and negative	Count	45	35	80
		% within Carers	17.2%	10.0%	
	Other comments	Count	26	33	59
		% within Carers	9.9%	9.4%	
Total		Count	262	351	613

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Armed Forces Crosstabulation

Theme			forces? (Please tick one box only)			
			Yes	No	Prefer not to say	Total
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	*	156	10	167
		% within Q17	*	27.5%	45.5%	
	Increased car drive times for those who may have to travel further	Count	*	33	*	35
		% within Q17	*	5.8%	*	
	Traffic congestion (particularly in relation to Glossop)	Count	*	47	*	47
		% within Q17	*	8.3%	*	
	Travel costs for those who may have to travel further	Count	*	32	*	38
		% within Q17	*	5.6%	*	
	Parking is good at Shire Hill	Count	*	15	*	15
		% within Q17	*	2.6%	*	
	Issues around parking at Stamford Unit and Hospital site	Count	*	41	*	42
		% within Q17	*	7.2%	*	
	General comments and concerns relating to travel time and accessibility	Count	*	182	*	192
		% within Q17	*	32.1%	*	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	9	266	10	285
		% within Q17	37.5%	46.9%	45.5%	
	Keep Shire Hill / no change to current arrangements	Count	*	199	6	207
		% within Q17	*	35.1%	27.3%	
	Need to invest in Shire Hill	Count	*	75	*	81
		% within Q17	*	13.2%	*	
	Impact on physiotherapy and other services at Shire Hill	Count	*	50	*	54
		% within Q17	*	8.8%	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	10	105	*	119
		% within Q17	41.7%	18.5%	*	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	*	43	*	45
		% within Q17	*	7.6%	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	*	37	*	39
		% within Q17	*	6.5%	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	*	143	7	154
		% within Q17	*	25.2%	31.8%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	9	170	7	186
		% within Q17	37.5%	30.0%	31.8%	
	Criticism of care at Stamford Unit / Hospital	Count	*	58	6	65
		% within Q17	*	10.2%	27.3%	
	Support for Stamford Unit and intermediate care delivered there	Count	*	44	*	50
		% within Q17	*	7.8%	*	
	Positive comments around care and service at Shire Hill	Count	*	113	*	120
		% within Q17	*	19.9%	*	
	Other comments regarding Shire Hill	Count	*	60	*	63
		% within Q17	*	10.6%	*	
	Comments and concerns about NHS funding	Count	6	76	*	87
		% within Q17	25.0%	13.4%	*	
	Criticism of the consultation process	Count	*	133	7	143
		% within Q17	*	23.5%	31.8%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	*	128	7	136
		% within Q17	*	22.6%	31.8%	
	Comments around the need for local services – particularly in Glossop	Count	*	226	12	241
		% within Q17	*	39.9%	54.5%	
	Concern about staff and jobs at Shire Hill	Count	*	38	6	47
		% within Q17	*	6.7%	27.3%	
	Positive comments in support of the Home First model	Count	14	256	9	279
		% within Q17	58.3%	45.1%	40.9%	
	Public expectations and concerns around the Home First model	Count	15	289	13	317
		% within Q17	62.5%	51.0%	59.1%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	*	81	*	87
		% within Q17	*	14.3%	*	
	Concerns and criticisms of private care	Count	*	130	6	139
		% within Q17	*	22.9%	27.3%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	11	209	9	229
		% within Q17	45.8%	36.9%	40.9%	
	Other suggestions / ideas relating to intermediate care	Count	*	49	*	55
		% within Q17	*	8.6%	*	
	Concerns about staffing and capacity	Count	*	63	*	71
		% within Q17	*	11.1%	*	
	Patient care and safety - various comments positive and negative	Count	*	79	*	81
		% within Q17	*	13.9%	*	
	Other comments	Count	*	56	*	59
		% within Q17	*	9.9%	*	
Total		Count	24	567	22	613

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Marital Status Crosstabulation

Theme			18. What is your marital status? (Please tick one box only)					
			Single	Married / Civil Partnership	Divorced	Widowed	Prefer not to say	Total
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	17	106	8	14	24	169
		% within Q18	23.0%	26.9%	16.7%	32.6%	37.5%	
	Increased car drive times for those who may have to travel further	Count	*	24	*	*	*	36
		% within Q18	*	6.1%	*	*	*	
	Traffic congestion (particularly in relation to Glossop)	Count	6	34	*	*	*	47
		% within Q18	8.1%	8.6%	*	*	*	
	Travel costs for those who may have to travel further	Count	*	23	*	*	*	39
		% within Q18	*	5.8%	4.2%	*	*	
	Parking is good at Shire Hill	Count	*	12	*	*	*	15
		% within Q18	*	3.0%	*	*	*	
	Issues around parking at Stamford Unit and Hospital site	Count	6	26	*	6	*	42
		% within Q18	8.1%	6.6%	*	14.0%	*	
	General comments and concerns relating to travel time and accessibility	Count	20	129	17	12	18	196
		% within Q18	27.0%	32.7%	35.4%	27.9%	28.1%	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	31	180	22	17	40	290
		% within Q18	41.9%	45.7%	45.8%	39.5%	62.5%	
	Keep Shire Hill / no change to current arrangements	Count	30	124	17	13	24	208
		% within Q18	40.5%	31.5%	35.4%	30.2%	37.5%	
	Need to invest in Shire Hill	Count	*	48	9	6	13	81
		% within Q18	*	12.2%	18.8%	14.0%	20.3%	
	Impact on physiotherapy and other services at Shire Hill	Count	*	37	*	*	10	54
		% within Q18	*	9.4%	*	*	15.6%	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	13	78	11	11	6	119
		% within Q18	17.6%	19.8%	22.9%	25.6%	9.4%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	6	27	*	*	*	45
		% within Q18	8.1%	6.9%	*	*	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	*	22	6	*	*	39
		% within Q18	*	5.6%	12.5%	*	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	17	99	9	8	24	157
		% within Q18	23.0%	25.1%	18.8%	18.6%	37.5%	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	17	123	13	12	21	186
		% within Q18	23.0%	31.2%	27.1%	27.9%	32.8%	
	Criticism of care at Stamford Unit / Hospital	Count	*	33	*	9	14	66
		% within Q18	*	8.4%	*	20.9%	21.9%	
	Support for Stamford Unit and intermediate care delivered there	Count	6	37	*	*	*	50
		% within Q18	8.1%	9.4%	*	*	*	
	Positive comments around care and service at Shire Hill	Count	17	79	9	12	7	124
		% within Q18	23.0%	20.1%	18.8%	27.9%	10.9%	
	Other comments regarding Shire Hill	Count	7	38	*	*	7	61
		% within Q18	9.5%	9.6%	*	*	10.9%	
	Comments and concerns about NHS funding	Count	7	54	9	*	13	87
		% within Q18	9.5%	13.7%	18.8%	*	20.3%	
	Criticism of the consultation process	Count	15	97	7	*	19	143
		% within Q18	20.3%	24.6%	14.6%	*	29.7%	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	14	86	11	8	16	135
		% within Q18	18.9%	21.8%	22.9%	18.6%	25.0%	
	Comments around the need for local services – particularly in Glossop	Count	26	157	16	15	30	244
		% within Q18	35.1%	39.8%	33.3%	34.9%	46.9%	
	Concern about staff and jobs at Shire Hill	Count	13	22	*	*	8	46
		% within Q18	17.6%	5.6%	*	*	12.5%	
	Positive comments in support of the Home First model	Count	37	180	27	17	20	281
		% within Q18	50.0%	45.7%	56.3%	39.5%	31.3%	
	Public expectations and concerns around the Home First model	Count	40	200	22	21	39	322
		% within Q18	54.1%	50.8%	45.8%	48.8%	60.9%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	11	56	*	*	13	89
		% within Q18	14.9%	14.2%	*	*	20.3%	
	Concerns and criticisms of private care	Count	15	86	18	6	14	139
		% within Q18	20.3%	21.8%	37.5%	14.0%	21.9%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	24	152	19	10	26	231
		% within Q18	32.4%	38.6%	39.6%	23.3%	40.6%	
	Other suggestions / ideas relating to intermediate care	Count	*	37	*	*	6	55
		% within Q18	*	9.4%	*	*	9.4%	
	Concerns about staffing and capacity	Count	6	43	6	*	10	69
		% within Q18	8.1%	10.9%	12.5%	*	15.6%	
	Patient care and safety - various comments positive and negative	Count	*	60	7	*	8	82
		% within Q18	*	15.2%	14.6%	*	12.5%	
	Other comments	Count	8	38	*	7	*	61
		% within Q18	10.8%	9.6%	*	16.3%	*	
Total		Count	74	394	48	43	64	623

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

*Data supressed due to small numbers

Consolidated Theme and Health Neighbourhood Crosstabulation

Theme			Health Neighbourhood						No match or invalid postcode	Total
			Glossop	North	South	East	West	Not Provided		
Multiplec onsolidat edtheme s[a]	Public transport related concerns (particularly in relation to travelling from Glossop)	Count	144	*	7	8	*	16	*	185
		% within HealthNeighbourhood	32.1%	*	16.7%	21.1%	*	8.8%	*	
	Increased car drive times for those who may have to travel further	Count	30	*	*	*	*	*	*	38
		% within HealthNeighbourhood	6.7%	*	*	*	*	*	*	
	Traffic congestion (particularly in relation to Glossop)	Count	45	*	*	*	*	7	*	55
		% within HealthNeighbourhood	10.0%	*	*	*	*	3.8%	*	
	Travel costs for those who may have to travel further	Count	38	*	*	*	*	*	*	42
		% within HealthNeighbourhood	8.5%	*	*	*	*	*	*	
	Parking is good at Shire Hill	Count	16	*	*	*	*	*	*	16
		% within HealthNeighbourhood	3.6%	*	*	*	*	*	*	
	Issues around parking at Stamford Unit and Hospital site	Count	36	*	*	*	*	*	*	46
		% within HealthNeighbourhood	8.0%	*	*	*	*	*	*	
	General comments and concerns relating to travel time and accessibility	Count	167	*	7	7	*	33	*	226
		% within HealthNeighbourhood	37.2%	*	16.7%	18.4%	*	18.1%	*	
	Support for Option 1 – maintain current arrangements of Intermediate Care beds	Count	250	*	11	*	7	32	10	320
		% within HealthNeighbourhood	55.7%	*	26.2%	*	24.1%	17.6%	35.7%	
	Keep Shire Hill / no change to current arrangements	Count	197	*	6	*	*	16	*	225
		% within HealthNeighbourhood	43.9%	*	14.3%	*	*	8.8%	*	
	Need to invest in Shire Hill	Count	73	*	*	*	*	*	*	84
		% within HealthNeighbourhood	16.3%	*	*	*	*	*	*	
	Impact on physiotherapy and other services at Shire Hill	Count	46	*	*	*	*	7	*	61
		% within HealthNeighbourhood	10.2%	*	*	*	*	3.8%	*	
	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	Count	24	22	21	23	15	18	9	132
		% within HealthNeighbourhood	5.3%	75.9%	50.0%	60.5%	51.7%	9.9%	32.1%	
	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	28	*	*	*	*	*	*	47
		% within HealthNeighbourhood	6.2%	*	*	*	*	*	*	
	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	Count	10	9	6	6	6	*	*	43
		% within HealthNeighbourhood	2.2%	31.0%	14.3%	15.8%	20.7%	*	*	
	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	Count	143	*	*	*	*	13	*	167
		% within HealthNeighbourhood	31.8%	*	*	*	*	7.1%	*	
	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	Count	122	11	13	16	11	19	7	199
		% within HealthNeighbourhood	27.2%	37.9%	31.0%	42.1%	37.9%	10.4%	25.0%	
	Criticism of care at Stamford Unit / Hospital	Count	51	*	*	*	*	7	*	72
		% within HealthNeighbourhood	11.4%	*	*	*	*	3.8%	*	
	Support for Stamford Unit and intermediate care delivered there	Count	16	*	*	14	8	*	*	52
		% within HealthNeighbourhood	3.6%	*	*	36.8%	27.6%	*	*	
	Positive comments around care and service at Shire Hill	Count	106	*	10	*	*	19	*	142
		% within HealthNeighbourhood	23.6%	*	23.8%	*	*	10.4%	*	
	Other comments regarding Shire Hill	Count	60	*	*	*	*	15	*	76
		% within HealthNeighbourhood	13.4%	*	*	*	*	8.2%	*	
	Comments and concerns about NHS funding	Count	63	*	8	*	6	16	*	101
		% within HealthNeighbourhood	14.0%	*	19.0%	*	20.7%	8.8%	*	
	Criticism of the consultation process	Count	132	*	*	*	*	19	*	163
		% within HealthNeighbourhood	29.4%	*	*	*	*	10.4%	*	
	Future of intermediate care – increasing demand and the need to invest in intermediate care	Count	116	*	*	*	*	21	6	153
		% within HealthNeighbourhood	25.8%	*	*	*	*	11.5%	21.4%	
	Comments around the need for local services – particularly in Glossop	Count	218	*	*	*	*	21	6	259
		% within HealthNeighbourhood	48.6%	*	*	*	*	11.5%	21.4%	
	Concern about staff and jobs at Shire Hill	Count	35	*	*	*	*	*	*	50
		% within HealthNeighbourhood	7.8%	*	*	*	*	*	*	
	Positive comments in support of the Home First model	Count	168	21	28	25	24	72	14	352
		% within HealthNeighbourhood	37.4%	72.4%	66.7%	65.8%	82.8%	39.6%	50.0%	
	Public expectations and concerns around the Home First model	Count	250	7	18	16	11	80	18	400
		% within HealthNeighbourhood	55.7%	24.1%	42.9%	42.1%	37.9%	44.0%	64.3%	
	Unfairness to Glossop and need to listen to Glossop residents	Count	79	*	*	*	*	*	*	93
		% within HealthNeighbourhood	17.6%	*	*	*	*	*	*	
	Concerns and criticisms of private care	Count	94	6	11	12	6	13	6	148
		% within HealthNeighbourhood	20.9%	20.7%	26.2%	31.6%	20.7%	7.1%	21.4%	
	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	Count	180	8	16	11	8	18	7	248
		% within HealthNeighbourhood	40.1%	27.6%	38.1%	28.9%	27.6%	9.9%	25.0%	
	Other suggestions / ideas relating to intermediate care	Count	41	*	*	*	*	*	*	58
		% within HealthNeighbourhood	9.1%	*	*	*	*	*	*	
	Concerns about staffing and capacity	Count	51	*	6	*	*	12	*	81
		% within HealthNeighbourhood	11.4%	*	14.3%	*	*	6.6%	*	
	Patient care and safety - various comments positive and negative	Count	62	*	7	*	*	6	*	87
		% within HealthNeighbourhood	13.8%	*	16.7%	*	*	3.3%	*	
	Other comments	Count	31	7	7	*	*	8	6	66
		% within HealthNeighbourhood	6.9%	24.1%	16.7%	*	*	4.4%	21.4%	
Total		Count	449	29	42	38	29	182	28	797

Percentages and totals are based on respondents.

a. Dichotomy group tabulated at value 1.

Question 8 Crosstabulation

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only)

		Frequency	Valid Percent
Valid	A user or previous user of Intermediate Care services in Tameside & Glossop	108	16.9
	A family member or carer of someone who has used or is using Intermediate Care services in Tameside & Glossop	201	31.5
	A member of the public	214	33.5
	An employee of Tameside Council	7	1.1
	An employee of NHS Tameside & Glossop Clinical Commissioning Group	7	1.1
	An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	42	6.6
	An employee of Derbyshire County Council or High Peak Borough Council	*	*
	A community or voluntary group	7	1.1
	A partner organisation	*	*
	A business / private organisation	*	*
	Other (please specify)	41	6.4
	Total	639	100.0

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * 10. What best describes your gender? (Please tick one box only) Crosstabulation

			10. What best describes your gender? (Please tick one box				
			Female	Male	Prefer to self-describe	Prefer not to say	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care services in Tameside & Glossop	Count	61	44	*	*	107
		% within 10. What best describes your gender? (Please tick one box only)	14.8%	22.7%	*	*	17.2%
	A family member or carer of someone who has used or is using Intermediate Care	Count	145	46	*	7	198
		% within 10. What best describes your gender? (Please tick one box only)	35.1%	23.7%	*	53.8%	31.9%
	A member of the public	Count	122	81	*	*	207
		% within 10. What best describes your gender? (Please tick one box only)	29.5%	41.8%	*	*	33.3%
	An employee of Tameside Council	Count	*	*	*	*	7
		% within 10. What best describes your gender? (Please tick one box only)	*	*	*	*	1.1%
	An employee of NHS Tameside & Glossop Clinical Commissioning Group	Count	6	*	*	*	6
		% within 10. What best describes your gender? (Please tick one box only)	1.5%	*	*	*	1.0%
	An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	Count	32	7	*	*	39
		% within 10. What best describes your gender? (Please tick one box only)	7.7%	3.6%	*	*	6.3%
	An employee of Derbyshire County Council or High Peak Borough Council	Count	*	*	*	*	*
		% within 10. What best describes your gender? (Please tick one box only)	*	*	*	*	*
	A community or voluntary group	Count	*	*	*	*	7
		% within 10. What best describes your gender? (Please tick one box only)	*	*	*	*	1.1%
	A partner organisation	Count	*	*	*	*	*
		% within 10. What best describes your gender? (Please tick one box only)	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*
		% within 10. What best describes your gender? (Please tick one box only)	*	*	*	*	*
	Other (please specify)	Count	31	8	*	*	39
		% within 10. What best describes your gender? (Please tick one box only)	7.5%	4.1%	*	*	6.3%
Total		Count	413	194	*	13	621
		% within 10. What best describes your gender? (Please tick one box only)	100.0%	100.0%	*	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * Age_Group Crosstabulation

			Age_Group					
			Under 18	18 - 29	30 - 49	50 - 64	65+	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care	Count	*	*	22	36	40	103
		% within Age_Group	*	*	16.4%	14.8%	22.0%	17.5%
	A family member or carer of someone who	Count	*	10	33	87	54	184
		% within Age_Group	*	35.7%	24.6%	35.7%	29.7%	31.2%
	A member of the public	Count	*	9	44	78	65	197
		% within Age_Group	*	32.1%	32.8%	32.0%	35.7%	33.4%
	An employee of Tameside Council	Count	*	*	*	*	*	6
		% within Age_Group	*	*	*	*	*	1.0%
	An employee of NHS Tameside & Glossop	Count	*	*	*	*	*	*
		% within Age_Group	*	*	*	*	*	*
	An employee of Tameside & Glossop	Count	*	*	18	17	*	39
		% within Age_Group	*	*	13.4%	7.0%	*	6.6%
	An employee of Derbyshire County	Count	*	*	*	*	*	*
		% within Age_Group	*	*	*	*	*	*
	A community or voluntary group	Count	*	*	*	*	*	7
		% within Age_Group	*	*	*	*	*	1.2%
	A partner organisation	Count	*	*	*	*	*	*
		% within Age_Group	*	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*	*
		% within Age_Group	*	*	*	*	*	*
	Other (please specify)	Count	*	*	*	13	18	37
		% within Age_Group	*	*	*	5.3%	9.9%	6.3%
Total		Count	*	28	134	244	182	589
		% within Age_Group	*	100.0%	100.0%	100.0%	100.0%	100.0%

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * Ethnic_Group Crosstabulation

			Ethnic_Group		
			White	BME	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care	Count	102	*	104
		% within Ethnic_Group	17.1%	*	17.0%
	A family member or carer of someone who	Count	192	*	195
		% within Ethnic_Group	32.3%	*	32.0%
	A member of the public	Count	197	*	202
		% within Ethnic_Group	33.1%	*	33.1%
	An employee of Tameside Council	Count	*	*	7
		% within Ethnic_Group	*	*	1.1%
	An employee of NHS Tameside & Glossop	Count	*	*	*
		% within Ethnic_Group	*	*	*
	An employee of Tameside & Glossop	Count	39	*	40
		% within Ethnic_Group	6.6%	*	6.6%
	An employee of Derbyshire County	Count	*	*	*
		% within Ethnic_Group	*	*	*
	A community or voluntary group	Count	7	*	7
		% within Ethnic_Group	1.2%	*	1.1%
	A partner organisation	Count	*	*	*
		% within Ethnic_Group	*	*	*
	A business / private organisation	Count	*	*	*
		% within Ethnic_Group	*	*	*
	Other (please specify)	Count	38	*	39
		% within Ethnic_Group	6.4%	*	6.4%
Total		Count	595	15	610
		% within Ethnic_Group	100.0%	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * 13. What is your religion? (Please tick one box only) Crosstabulation

			13. What is your religion? (Please tick one box only)						
			Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Buddhist	Hindu	Muslim	No religion	Any other religion (please state)	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care services in Tameside & Glossop	Count	70	*	*	*	26	*	99
		% within 13. What is your religion? (Please tick one box only)	18.1%	*	*	*	14.9%	*	16.6%
	A family member or carer of someone who has used or is using Intermediate Care	Count	125	*	*	*	51	15	194
		% within 13. What is your religion? (Please tick one box only)	32.4%	*	*	*	29.1%	51.7%	32.4%
	A member of the public	Count	123	*	*	*	69	9	203
		% within 13. What is your religion? (Please tick one box only)	31.9%	*	*	*	39.4%	31.0%	33.9%
	An employee of Tameside Council	Count	*	*	*	*	*	*	7
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	1.2%
	An employee of NHS Tameside & Glossop Clinical Commissioning Group	Count	*	*	*	*	*	*	*
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	*
	An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	Count	27	*	*	*	10	*	38
		% within 13. What is your religion? (Please tick one box only)	7.0%	*	*	*	5.7%	*	6.4%
	An employee of Derbyshire County Council or High Peak Borough Council	Count	*	*	*	*	*	*	*
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	*
	A community or voluntary group	Count	*	*	*	*	*	*	7
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	1.2%
	A partner organisation	Count	*	*	*	*	*	*	*
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*	*	*
		% within 13. What is your religion? (Please tick one box only)	*	*	*	*	*	*	*
	Other (please specify)	Count	24	*	*	*	9	*	34
		% within 13. What is your religion? (Please tick one box only)	6.2%	*	*	*	5.1%	*	5.7%
Total		Count	386	*	*	*	175	29	598
		% within 13. What is your religion? (Please tick one box only)	100.0%	*	*	*	100.0%	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * 14. What is your sexual orientation? Crosstabulation

			14. What is your sexual orientation?					
			Heterosexual / Straight	Gay man	Gay woman / lesbian	Prefer not to say	Prefer to self-describe	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care services in Tameside &	Count	80	*	*	18	*	103
		% within 14. What is your sexual orientation?	15.9%	*	*	24.7%	*	17.3%
	A family member or carer of someone who has used or is using	Count	157	*	*	26	*	191
		% within 14. What is your sexual orientation?	31.2%	*	*	35.6%	*	32.0%
	A member of the public	Count	171	*	*	24	*	198
		% within 14. What is your sexual orientation?	34.0%	*	*	32.9%	*	33.2%
	An employee of Tameside Council	Count	7	*	*	*	*	7
		% within 14. What is your sexual orientation?	1.4%	*	*	*	*	1.2%
	An employee of NHS Tameside & Glossop Clinical Commissioning	Count	*	*	*	*	*	*
		% within 14. What is your sexual orientation?	*	*	*	*	*	*
	An employee of Tameside & Glossop Integrated Care NHS	Count	36	*	*	*	*	39
		% within 14. What is your sexual orientation?	7.2%	*	*	*	*	6.5%
	An employee of Derbyshire County Council or High Peak	Count	*	*	*	*	*	*
		% within 14. What is your sexual orientation?	*	*	*	*	*	*
	A community or voluntary group	Count	6	*	*	*	*	7
		% within 14. What is your sexual orientation?	1.2%	*	*	*	*	1.2%
	A partner organisation	Count	*	*	*	*	*	*
		% within 14. What is your sexual orientation?	*	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*	*
		% within 14. What is your sexual orientation?	*	*	*	*	*	*
	Other (please specify)	Count	32	*	*	*	*	35
		% within 14. What is your sexual orientation?	6.4%	*	*	*	*	5.9%
Total		Count	503	*	*	73	9	596
		% within 14. What is your sexual orientation?	100.0%	*	*	100.0%	100.0%	100.0%

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * Disability Crosstabulation

			Disability		
			Disabled - Yes	Disabled - No	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care	Count	59	46	105
		% within Disability	30.1%	11.0%	17.1%
	A family member or carer of someone who	Count	55	144	199
		% within Disability	28.1%	34.4%	32.4%
	A member of the public	Count	62	142	204
		% within Disability	31.6%	34.0%	33.2%
	An employee of Tameside Council	Count	*	6	7
		% within Disability	*	1.4%	1.1%
	An employee of NHS Tameside & Glossop	Count	*	6	6
		% within Disability	*	1.4%	1.0%
	An employee of Tameside & Glossop	Count	*	35	39
		% within Disability	*	8.4%	6.4%
	An employee of Derbyshire County	Count	*	*	*
		% within Disability	*	*	*
	A community or voluntary group	Count	*	*	7
		% within Disability	*	*	1.1%
	A partner organisation	Count	*	*	*
		% within Disability	*	*	*
	A business / private organisation	Count	*	*	*
		% within Disability	*	*	*
	Other (please specify)	Count	10	27	37
		% within Disability	5.1%	6.5%	6.0%
Total		Count	196	418	614
		% within Disability	100.0%	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * Carers Crosstabulation

			Carers		
			Carer - Yes	Carer - No	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care	Count	37	64	101
		% within Carers	14.5%	18.2%	16.6%
	A family member or carer of someone who	Count	115	84	199
		% within Carers	45.1%	23.9%	32.8%
	A member of the public	Count	63	137	200
		% within Carers	24.7%	38.9%	32.9%
	An employee of Tameside Council	Count	*	*	7
		% within Carers	*	*	1.2%
	An employee of NHS Tameside & Glossop	Count	*	*	6
		% within Carers	*	*	1.0%
	An employee of Tameside & Glossop	Count	14	26	40
		% within Carers	5.5%	7.4%	6.6%
	An employee of Derbyshire County	Count	*	*	*
		% within Carers	*	*	*
	A community or voluntary group	Count	*	*	7
		% within Carers	*	*	1.2%
	A partner organisation	Count	*	*	*
		% within Carers	*	*	*
	A business / private organisation	Count	*	*	*
		% within Carers	*	*	*
	Other (please specify)	Count	14	23	37
		% within Carers	5.5%	6.5%	6.1%
Total		Count	255	352	607
		% within Carers	100.0%	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * 17. Are you a member or ex-member of the armed forces? (Please tick one box only) Crosstabulation

			17. Are you a member or ex-member of the armed forces? (Please tick one box only)			
			Yes	No	Prefer not to say	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care services in Tameside & Glossop	Count	*	98	*	104
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	17.5%	*	17.2%
	A family member or carer of someone who has used or is using Intermediate Care services in Tameside &	Count	7	174	11	192
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	30.4%	31.0%	50.0%	31.7%
	A member of the public	Count	9	186	7	202
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	39.1%	33.2%	31.8%	33.3%
	An employee of Tameside Council	Count	*	7	*	7
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	1.2%	*	1.2%
	An employee of NHS Tameside & Glossop Clinical Commissioning Group	Count	*	6	*	6
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	1.1%	*	1.0%
	An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	Count	*	37	*	40
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	6.6%	*	6.6%
	An employee of Derbyshire County Council or High Peak Borough Council	Count	*	*	*	*
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	*	*	*
	A community or voluntary group	Count	*	7	*	7
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	1.2%	*	1.2%
	A partner organisation	Count	*	*	*	*
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	*	*	*
	A business / private organisation	Count	*	*	*	*
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	*	*	*
	Other (please specify)	Count	*	36	*	37
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	*	6.4%	*	6.1%
Total		Count	23	561	22	606
		% within 17. Are you a member or ex-member of the armed forces? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%

*Data supressed due to small numbers

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * 18. What is your marital status? (Please tick one box only) Crosstabulation

			18. What is your marital status? (Please tick one box only)					
			Single	Married / Civil Partnership	Divorced	Widowed	Prefer not to say	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care services in Tameside & Glossop	Count	10	59	7	12	17	105
		% within 18. What is your marital status? (Please tick one box only)	13.0%	15.3%	15.6%	29.3%	27.0%	17.2%
	A family member or carer of someone who has used or is using Intermediate Care	Count	19	128	12	12	25	196
		% within 18. What is your marital status? (Please tick one box only)	24.7%	33.2%	26.7%	29.3%	39.7%	32.0%
	A member of the public	Count	31	131	18	10	13	203
		% within 18. What is your marital status? (Please tick one box only)	40.3%	33.9%	40.0%	24.4%	20.6%	33.2%
	An employee of Tameside Council	Count	*	*	*	*	*	7
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	1.1%
	An employee of NHS Tameside & Glossop Clinical Commissioning Group	Count	*	*	*	*	*	6
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	1.0%
	An employee of Tameside & Glossop Integrated Care NHS Foundation Trust	Count	10	28	*	*	*	40
		% within 18. What is your marital status? (Please tick one box only)	13.0%	7.3%	*	*	*	6.5%
	An employee of Derbyshire County Council or High Peak Borough Council	Count	*	*	*	*	*	*
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	*
	A community or voluntary group	Count	*	*	*	*	*	7
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	1.1%
	A partner organisation	Count	*	*	*	*	*	*
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*	*
		% within 18. What is your marital status? (Please tick one box only)	*	*	*	*	*	*
	Other (please specify)	Count	*	22	*	6	*	37
		% within 18. What is your marital status? (Please tick one box only)	*	5.7%	*	14.6%	*	6.0%
Total		Count	77	386	45	41	63	612
		% within 18. What is your marital status? (Please tick one box only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

8. Please tick the box that best describes your interest in this issue? (Please tick one box only) * Health Neighbourhood Crosstabulation

			Health Neighbourhood							
			Glossop	North	South	East	West	Not Provided	No match or invalid postcode	Total
8. Please tick the box that best describes your interest in this issue? (Please tick one box only)	A user or previous user of Intermediate Care	Count	92	*	*	*	*	*	*	108
		% within Health Neighbourhood	20.6%	*	*	*	*	*	*	16.9%
	A family member or carer of someone who	Count	145	*	13	8	14	10	6	201
		% within Health Neighbourhood	32.4%	*	35.1%	21.1%	50.0%	29.4%	23.1%	31.5%
	A member of the public	Count	150	14	10	19	8	10	*	214
		% within Health Neighbourhood	33.6%	48.3%	27.0%	50.0%	28.6%	29.4%	*	33.5%
	An employee of Tameside Council	Count	*	*	*	*	*	*	*	7
		% within Health Neighbourhood	*	*	*	*	*	*	*	1.1%
	An employee of NHS Tameside & Glossop	Count	*	*	*	*	*	*	*	7
		% within Health Neighbourhood	*	*	*	*	*	*	*	1.1%
	An employee of Tameside & Glossop	Count	27	*	*	*	*	*	*	42
		% within Health Neighbourhood	6.0%	*	*	*	*	*	*	6.6%
	An employee of Derbyshire County	Count	*	*	*	*	*	*	*	*
		% within Health Neighbourhood	*	*	*	*	*	*	*	*
	A community or voluntary group	Count	*	*	*	*	*	*	*	7
		% within Health Neighbourhood	*	*	*	*	*	*	*	1.1%
	A partner organisation	Count	*	*	*	*	*	*	*	*
		% within Health Neighbourhood	*	*	*	*	*	*	*	*
	A business / private organisation	Count	*	*	*	*	*	*	*	*
		% within Health Neighbourhood	*	*	*	*	*	*	*	*
	Other (please specify)	Count	22	*	*	*	*	*	6	41
		% within Health Neighbourhood	4.9%	*	*	*	*	*	*	6.4%
Total		Count	447	29	37	38	28	34	26	639
		% within Health Neighbourhood	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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Question 4 Ranked Themes

Theme	Number of Responses Mentioning Theme
General support of care at home - other comments	320
Comment about how home care will be staffed - resource / capacity / time provided for care	172
General opposition of care at home - other comments	107
Need for local services	94
Need for intermediate care beds (i.e. non-home based / hospital based)	81
Other comments regarding Shire Hill	75
Transport/Travel Time/Accessibility Comment	71
Keep Shire Hill	66
Good idea in principle but dependent on other factors	64
Home care suits some, not all patients, depending on patient need	46
Comments / concerns about NHS funding	41
Patients prefer to stay at home	37
Some people are better cared for in hospital	34
Shire Hill - safety / high quality care	29
Concern for those who live alone	25
Patient care and safety - negative	23
Shire Hill - aids faster recovery	15
Reference to home equipment and adaptations	13
Criticism of Stamford Unit / Tameside Hospital	11
Comments relating to physiotherpay service/other services delivered at Shire Hill	11
Positive to be close to family and friends	10
Will increase pressure on family and friends	10
Shire Hill - friendly staff / atmosphere	10
Other	9
Reference to consultation process	7
Concern about Shire Hill Staff/Jobs	5

Question 5, Option 1 Ranked Themes

Theme	Number of Responses Mentioning Theme
Agree with Option 1 - Keep Shire Hill open / no change needed	195
Need for local services in Glossop	135
Public transport	127
General support for option 1 - other comments	103
Other transport / travel time / accessibility related comment	84
Questioning of statistics (including travel time) provided as part of consultation process	81
Shire Hill is more convinient for visitors	63
General opposition of option 1 - other comments	43
Other reference to consultation process	43
Staffing and capactiy	42
Traffic congestion / issues	32
Patient care and safety - positive	31
Comments relating to physiotherapy service / other services delivered at Shire Hill	29
Demand for Intermediate Care in T&G will increase in future/ageing population	26
Travel costs	24
Support for intermediate care services at Stamford Unit / Tameside Hospital	23
Concern about Shire Hill Staff/Jobs	22
Invest in Shire Hill	20
Car drive times	19
Comments / concerns about NHS funding	14
Parking - poor at Stamford Unit / Tameside Hospital	12
Patient care and safety - negative	10
Parking - good at Shire Hill	5
Other	4

Question 5, Option 2 Ranked Themes

Theme	Number of Responses Mentioning Theme
General opposition of option 2 - other comments	167
Other transport / travel time / accessibility related comment	90
Agree with option 2	88
Unfairness for Glossop residents	82
Public transport	76
Does not meet needs of local population	63
Shire Hill is more convinient for visitors	56
Comments relating to Tameside Hospital / Stamford Unit - negative	52
Staffing and capacity	49
Need for local services in Glossop	45
Patient care and safety - negative	44
General support for option 2 - other comments	41
Parking - poor at Stamford Unit / Tameside Hospital	30
Other reference to consultation process	23
Concern about Shire Hill Staff/Jobs	21
Traffic congestion / issues	20
Comments relating to Tameside Hospital / Stamford Unit - positive	20
Other	19
Invest in Shire Hill	19
Travel costs	17
Comments relating to physiotherapy service / other services delivered at Shire Hill	17
Car drive times	16
Questioning of statistics (including travel time) provided as part of consultation process	16
Comments / concerns about NHS funding	15
Patient care and safety - positive	10
Parking - good at Shire Hill	9

Question 5, Option 3 Ranked Themes

Theme	Number of Responses Mentioning Theme
General opposition of option 3 - other comments	197
Not enough care homes / too many on waiting lists already / not enough capacity	79
Would not work / not feasible	73
Comments / concerns about NHS funding / cost of implementing option 3	64
Privatisation of NHS services	61
Patient care and safety - negative	59
Staffing and capacity	58
QSupport for Shire Hill	47
Quality of local care home is not of a high enough standard	39
General support for option 3 - other comments	32
Travel and accessibility - negative	23
More information about this option is necessary for participants to feedback properly	21
Need for local services in Glossop	17
Agree with option 3	9
Travel and accessibility - positive	5
Other	5
Patient care and safety - positive	1

Question 6 Ranked Themes

Theme	Number of Responses Mentioning Theme
Reiterating support for option 1	94
Improve facilities at / invest in Shire Hill	56
Need for local services	42
Staffing and capacity comments	31
Alternative Option Suggested	31
Comments / concerns about NHS funding	19
Support for home based care	17
Transport/Travel Time/Accessibility	16
Reiterating support for option 2	12
Reiterating support for option 3	10
Other	10
Reduce beds in Shire Hill, but do not remove IC provision entirely	9
Reiterating opposition to option 3	3
Reiterating opposition to option 2	1

Question 7 Ranked Themes

Theme	Number of Responses Mentioning Theme
Support for Shire Hill / no change to service needed	159
Need for local services	81
Other reference to consultation process	34
Invest in Intermediate Care facilities acrosGlossop and/or Tameside	33
Other transport / travel time / accessibility related comment	26
Other	25
Comments / convcerns about NHS funding	23
Support for Intermediate Care at Stamford Unit / Tameside Hospital	18
Public transport	17
ICFT standards/care- negative comment	17
Demand for Intermediate Care in T&G will increase in future/ageing population	15
Comments relating to physiotherapy service / other services delivered at Shire Hill	13
Concern about Shire Hill Staff/Jobs	12
Listen to patients and/or the people of Glossop	11
Concerns re Homcare	11
Support for care at home	10
Traffic congestion	6
Parking - negative at Stamford Unit / Tameside Hospital	5
Car drive times	4
Travel costs	3
Questioning of statistics (including travel time) provided as part of consultation process	3
Parking - positive at Shire hill	2
Parking - negative at Shire Hill	1

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	Public transport related concerns (particularly in relation to travelling from Glossop)	185
5a(8)	Public transport	127
5b(9)	Public transport	76
7(5)	Public transport	17

	Increased car drive times for those who may have to travel further	38
5a(9)	Car drive times	19
5b(10)	Car drive times	16
7(6)	Car drive times	4

	Traffic congestion (particularly in relation to Glossop)	55
5a(10)	Traffic congestion / issues	32
5b(11)	Traffic congestion / issues	20
7(7)	Traffic congestion	6

	Travel costs for those who may have to travel further	42
5a(13)	Travel costs	24
5b(14)	Travel costs	17
7(12)	Travel costs	3

	Parking is good at Shire Hill	16
5a(11)	Parking - good at Shire Hill	5
5b(12)	Parking - good at Shire Hill	9
7(8)	Parking - positive at Shire hill	2

	Issues around parking at Stamford Unit and Hospital site	46
5a(12)	Parking - poor at Stamford Unit / Tameside Hospital	12
5b(13)	Parking - poor at Stamford Unit / Tameside Hospital	30
7(11)	Parking - negative at Stamford Unit / Tameside Hospital	5

	General comments and concerns relating to travel time and accessibility	226
4(25)	Transport/Travel Time/Accessibility Comment	71
5a(14)	Other transport / travel time / accessibility related comment	84
5b(15)	Other transport / travel time / accessibility related comment	90
6(17)	Transport/Travel Time/Accessibility	16
7(13)	Other transport / travel time / accessibility related comment	26

	Support for Option 1 – maintain current arrangements of Intermediate Care beds	320
5a(3)	Agree with Option 1 - Keep Shire Hill open / no change needed	195
5a(4)	General support for option 1 - other comments	103
6(1)	Reiterating support for option 1	94

	Keep Shire Hill / no change to current arrangements	225
4(29)	Keep Shire Hill	66
5c(12)	QSupport for Shire Hill	47
7(1)	Support for Shire Hill / no change to service needed	159

	Need to invest in Shire Hill	84
5a(25)	Invest in Shire Hill	20
5b(29)	Invest in Shire Hill	19
6(7)	Improve facilities at / invest in Shire Hill	56

	Impact on physiotherapy and other services at Shire Hill	61
4(27)	Comments relating to physiotherpay service/other services delivered at Shire Hill	11
5a(17)	Comments relating to physiotherapy service / other services delivered at Shire Hill	29
5b(22)	Comments relating to physiotherapy service / other services delivered at Shire Hill	17
7(17)	Comments relating to physiotherapy service / other services delivered at Shire Hill	13

	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	132
5b(7)	Agree with option 2	88
5b(8)	General support for option 2 - other comments	41
6(2)	Reiterating support for option 2	12

	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	47
5c(3)	Agree with option 3	3
5c(4)	General support for option 3 - other comments	32
6(3)	Reiterating support for option 3	10

	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	43
5a(7)	General opposition of option 1 - other comments	43

	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	167
5b(5)	General opposition of option 2 - other comments	167
6(5)	Reiterating opposition to option 2	1

	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	199
5c(11)	General opposition of option 3 - other comments	197
6(6)	Reiterating opposition to option 3	3

	Criticism of care at Stamford Unit / Hospital	72
4(18)	Criticism of Stamford Unit / Tameside Hospital	11
5b(18)	Comments relating to Tameside Hospital / Stamford Unit - negative	52
7(25)	ICFT standards/care- negative comment	17

	Support for Stamford Unit and intermediate care delivered there	52
5a(6)	Support for intermediate care services at Stamford Unit / Tameside Hospital	23
5b(17)	Comments relating to Tameside Hospital / Stamford Unit - positive	20
7(3)	Support for Intermediate Care at Stamford Unit / Tameside Hospital	18

	Positive comments around care and service at Shire Hill	142
4(10)	Shire Hill - aids faster recovery	15
4(11)	Shire Hill - friendly staff / atmosphere	10
4(12)	Shire Hill - safety / high quality care	29
5a(26)	Shire Hill is more convinient for visitors	63
5b(30)	Shire Hill is more convinient for visitors	56
5c(2)	Patient care and safety - positive	1

	Other comments regarding Shire Hill	76
4(13)	Other comments regarding Shire Hill	75
7(9)	Parking - negative at Shire Hill	1

	Comments and concerns about NHS funding	101
4(19)	Comments / concerns about NHS funding	41
5a(19)	Comments / concerns about NHS funding	14
5b(23)	Comments / concerns about NHS funding	15
6(9)	Comments / concerns about NHS funding	19
7(16)	Comments / convcerns about NHS funding	23

	Criticism of the consultation process	163
4(20)	Reference to consultation process	7
5a(15)	Questioning of statistics (including travel time) provided as part of consultation process	81
5a(16)	Other reference to consultation process	43
5b(19)	Questioning of statistics (including travel time) provided as part of consultation process	16
5b(20)	Other reference to consultation process	23
7(14)	Questioning of statistics (including travel time) provided as part of consultation process	3
7(15)	Other reference to consultation process	34

	Future of intermediate care – increasing demand and the need to invest in intermediate care	153
4(8)	Need for local services	94
5a(27)	Demand for Intermediate Care in T&G will increase in future/ageing population	26
7(22)	Demand for Intermediate Care in T&G will increase in future/ageing population	15
7(23)	Invest in Intermediate Care facilities acrosGlossop and/or Tameside	33

	Comments around the need for local services – particularly in Glossop	259
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5b(2)	Does not meet needs of local population	63
5b(4)	Need for local services in Glossop	45
5c(13)	Need for local services in Glossop	17
6(8)	Need for local services	42
7(2)	Need for local services	81

	Concern about staff and jobs at Shire Hill	50
4(30)	Concern about Shire Hill Staff/Jobs	5
5a(24)	Concern about Shire Hill Staff/Jobs	22
5b(28)	Concern about Shire Hill Staff/Jobs	21
7(24)	Concern about Shire Hill Staff/Jobs	12

	Positive comments in support of the Home First model	352
4(1)	Patients prefer to stay at home	38
4(2)	Positive to be close to family and friends	10
4(3)	General support of care at home - other comments	320
6(15)	Support for home based care	17
7(4)	Support for care at home	10

	Public expectations and concerns around the Home First model	400
4(4)	Concern for those who live alone	25
4(5)	Will increase pressure on family and friends	10
4(6)	Some people are better cared for in hospital	34
4(7)	General opposition of care at home - other comments	107
4(9)	Need for intermediate care beds (i.e. non-home based / hospital based)	81
4(15)	Patient care and safety - negative	23
4(16)	Comment about how home care will be staffed - resource / capacity / time provided for care	172
4(17)	Reference to home equipment and adaptations	13
4(26)	Good idea in principle but dependent on other factors	64
4(28)	Home care suits some, not all patients, depending on patient need	46
7(27)	Concerns re Homcare	11

	Unfairness to Glossop and need to listen to Glossop residents	93
5b(1)	Unfairness for Glossop residents	82
7(26)	Listen to patients and/or the people of Glossop	11

	Concerns and criticisms of private care	148
5c(5)	Staffing and capacity	58
5c(8)	Patient care and safety - negative	59
5c(1)	Travel and accessibility - positive	5
5c(7)	Travel and accessibility - negative	23
5c(19)	Quality of local care home is not of a high enough standard	39

	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	248
5c(6)	Not enough care homes / too many on waiting lists already / not enough capacity	79
5c(9)	Privatisation of NHS services	61
5c(10)	Would not work / not feasible	73
5c(20)	More information about this option is necessary for participants to feedback properly	21
5c(14)	Comments / concerns about NHS funding / cost of implementing option 3	64

	Other suggestions / ideas relating to intermediate care	58
6(16)	Reduce beds in Shire Hill, but do not remove IC provision entirely	9
6(18)	Alternative Option Suggested	31
6(10)	Staffing and capacity comments	31

	Concerns about staffing and capacity	81
5a(18)	Staffing and capactiy	42
5b(21)	Staffing and capacity	49

	Patient care and safety - various comments positive and negative	87
5a(2)	Patient care and safety - positive	31
5b(6)	Patient care and safety - positive	10
5a(5)	Patient care and safety - negative	10
5b(3)	Patient care and safety - negative	44

	Other comments	66
4(23)	Other	9
5a(22)	Other	4
5b(26)	Other	19
5c(17)	Other	5
6(13)	Q5(2)_Other	10
7(20)	Other	25

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APPENDIX 5

Tameside & Glossop Integrated Care NHS Foundation Trust

Additional Services and Integration of existing services within Glossop

Glossopdale has a Community Specialist Paramedic, now permanently funded following a positive evaluation of the test scheme. As well as providing a blue light response in Glossop, the post holder supports and liaises with other parts of the neighbourhood team, to prevent people having to be conveyed to Tameside General Hospital unnecessarily.

Glossop has an established model of working together across agencies, to get the best outcomes for its population. A weekly meeting of health, adult social care and The Bureau, enables a team approach to supporting our most vulnerable residents. The aim of this is to prevent people going into crisis by pre-empting change and being proactive in the management of the situation. Many more people in the neighbourhood have agreed to allow us to work in this way and they are benefitting from a joined up approach which they are at the centre of.

There is a fantastic Community and Voluntary offer in the Glossopdale area, delivered in many forms by 'The Bureau'. There is more capacity than ever before, to enable people to access advice and support that are based on more than medicine, which links people to the community and encourages self-care and peer support. The Bureau is part of the neighbourhood team at all levels from the strategic management team, the neighbourhood operational group and the weekly MDTs clinic location.

Glossop was the first neighbourhood to introduce a new social prescribing service (supported by the Bureau) which provides people with non-medical service options to improve their health and well being.

Home-based intermediate Services
Home-based intermediate tier services, offer intensive packages of care to people in their own homes (including residential and nursing homes) by an integrated team providing both health and social care input based on individual need.

In the Home
In addition to the home first model there are also community and specialist intermediate tier services in place (and new services being implemented as part of the Integrated Neighbourhoods) which are provided in the community setting and form part of the out of hospital intermediate care offer to patients in their place of residence (whether that is at home or in a care home).
The intermediate tier services will provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care than is available within the Neighbourhood services.

The intermediate tier services are described in detail in appendix one and include:

- Extensivist Care Services,
- Digital Health,
- Community therapy services
- Community IV Therapy Service
- Glossop community paramedic service.

Tameside and Glossop Integrated Care Trust has established a Glossop Integrated Neighbourhood Team, which is an integrated team comprising Primary care (including GP services and pharmacists), community services such as district nursing and therapy services, social care, Mental Health services and the voluntary/community sector.

These Neighbourhood Teams to deliver high quality and connected core health and care services, tailored to the neighbourhood population in order to best meet the specific needs of the population and to improve outcomes. In respect of intermediate care model the Integrated Neighbourhoods through the GP, social care services and community teams will provide a co-ordinated care and support service to people who live in their neighbourhood area who have intermediate care needs. The team will also link with the intermediate tier/specialist and urgent care services to provide additional care input where required.

These Integrated neighbourhood and Specialist services will be provided from community clinic locations including the Glossop Primary Care centre, GP practises, care homes, community beds or in patients own homes. These services will be fully integrated and will enable more Glossop patients to be safely provided with intermediate care in their own homes or at community clinic locations instead of needing to have an inpatient stay in a community bed, based on clinical assessment.

With respect to home based Intermediate Care the Glossop health and care system is taking part in the NESTA 100 day challenge which is aiming to improve the way in which the neighbourhood supports people, who have been given the news that they have a life limiting condition. The focus is early support and relationship building, to promote living life and reducing anxiety.

Clinic Services

Other services that have been introduced and will be provided to Glossop residents from clinic locations in Glossop are;

- Neighbourhood Pharmacists
- Minor illness scheme
- 7 day primary care access via GTD
- Extensive Care service
- Community IV Therapy
- The Digital health service is providing access to Hospital clinicians for Glossop care homes and the Glossop community Paramedic
- A new mental health service 'Improving Access to Psychological Therapies' (IAPT) is currently being procured and will be provided in Glossop locations for the Glossop population.
- Physiotherapy and OT clinics will be delivered in the Glossop Primary Care centre for Glossop residents.

The GP practices in Glossop have purchased the patient information system, EMIS remote which enable sharing of knowledge, skills and potentially GP capacity across the neighbourhood

Attached at Appendix 1 is a document which outlines how the Intermediate Care offer will operate for the population of the Glossop neighbourhood.

Appendix 1

Intermediate Care Model for Glossop

Vision for New Model of Care for Tameside and Glossop

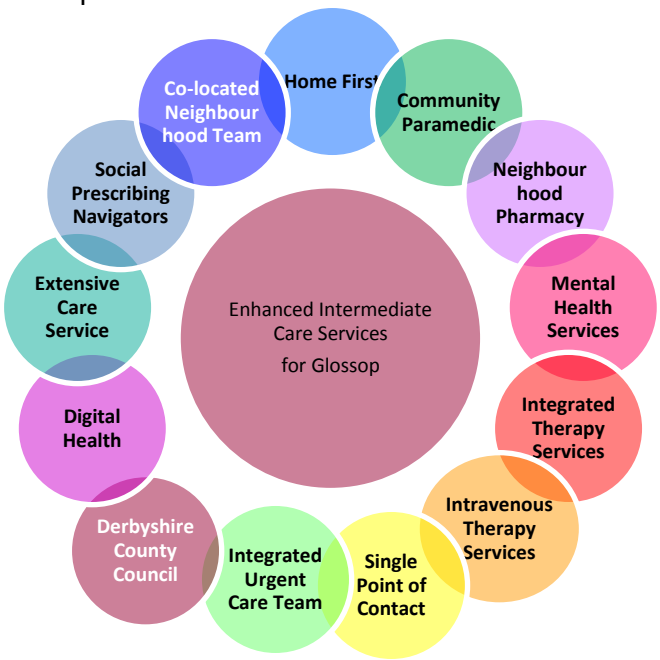
Tameside and Glossop health and care system has recognised that it needs to develop new models of health and social care to meet the changing needs of is population, including an aging population with more complex and long term health and care needs and the need to provide high quality and effective care closer to the patients' home.

The two key aspects of the new model of care is the creation of Integrated Neighbourhood teams in 5 localities and Urgent Integrated Care. The Integrated Neighbourhoods will bring together health and social care delivery and dramatically improve the coordination of care through individual care plans and the sharing of expertise. They will proactively identify those people with the most significant ongoing health and care support needs. The urgent integrated care will have responsibility for looking after local people who are in social crisis, or who are seriously unwell.

Vision for Enhanced Intermediate Care

The aim of the intermediate care model is to provide fully integrated services which support the rehabilitation and recuperation of patients, to enable them to continue living at home in all but most challenging cases. With a requirement for;

- Home-based intermediate tier services, offering intensive packages of care to people in their own homes (including residential and nursing homes) by an integrated team providing both health and social care input based on individual need.



- Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages.

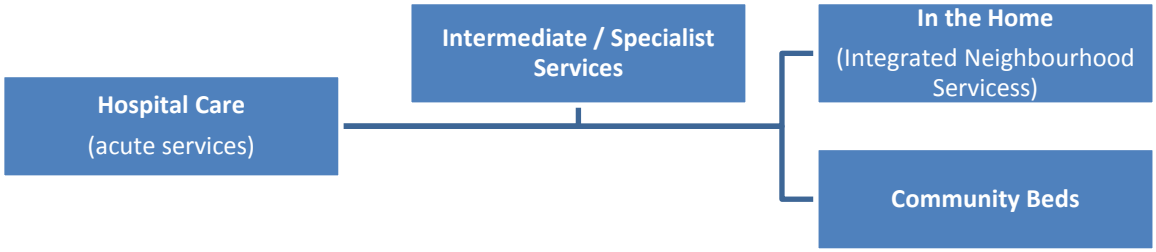
What Intermediate Care looks like now for Patients?

When Mrs Smith slipped and fell in her own home she pulled her alarm cord. The community response team visited Mrs Smith and called 999 as she had pain in her leg and was struggling to stand. The paramedics took Mrs Smith to Tameside Emergency Department where an x-ray was and showed that there was no fracture. Mrs Smith was admitted to the medical assessment unit and then to a medical ward to have assessments undertaken by the Occupational Therapist, Physiotherapist and Social Worker. Following 10 days in hospital Mrs Smith was dependent on the nursing and caring staff to support her and it was recommended that she be discharged to an Intermediate Care Unit. In IMC further assessments were undertaken by the OT, Physio and

Social Worker and Mrs Smith received rehab to improve her mobility and promote independence following her fall. After 4 weeks in the unit Mrs Smith was assessed to return home by the social worker and the OT. The social worker arranged for carers to visit her 4 times a day to provide personal care and preparation of her meals.

Proposed Intermediate Care Model for Glossop

There are four interfaces where intermediate care services are provided to patients;



Below is a description of how services will be provided at each of these interfaces to make up the intermediate care offer to Glossop residents.

Hospital Care

The urgent element of the Intermediate Care model are the Acute care, hospital based services which are in place to respond to the urgent/crisis health and/or social care need for patients. The acute care is supported by the Home First and IUCT service to ensure patients are supported through the most appropriate pathway out of the acute hospital with "home" always being the goal.

Home First

Home First

One of the key principles of the model is that wherever it is possible for a person to have their care requirements met within their own place of residence and that the system will be responsive to meeting this need in a timely manner. Tameside and Glossop Integrated Care Trust has implemented the "Home First" service model, which responds to meet an urgent/crisis health and/or social care need for patients. The Home First offer will ensure that individuals are supported through the most appropriate pathway with "home" always being the default position. However, it is recognised that not all individuals intermediate care can be managed safely in their own home and there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place. The Community bed base will provide this additional support and is the bedded component of the intermediate care Model.

Integrated Urgent Care Team

Integrated Urgent Care Team (IUCT)

Integrated Urgent Care Team (IUCT) made up of therapists (physio and occupational), nurses, social workers and other care and support staff. The team works between the hospital and the community, supporting people or who are experiencing some difficulties within their own home or who have been discharged from hospital, intermediate care or other health and social care environments. The team will have a key role in responding to people with urgent care needs. The Team can provide care calls for upto 72 hours until longer term care can be put in place. Ongoing support will then be provided working with the Neighbourhood Teams, who will manage their ongoing care and support needs where possible. IUCT is fundamental to the intermediate care offer and is a key interface between the Integrated Neighbourhoods, community services and the acute setting ensuring that people are supported in the environment that is suited to their own care needs.

Intermediate / Specialist Community Based Services

In addition to the home first model there are also community and specialist intermediate tier services in place (and new services being implemented as part of the Integrated Neighbourhoods) which are provided in the community setting and form part of the out of hospital intermediate care offer to patients in their place of residence (whether that is at home or in a care home).
The intermediate tier services will provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care than is available within the Neighbourhood services.
The intermediate tier services which will provide services for the intermediate care offer include;

Extensivist Care Services

A new Extensivist service has commenced to work with those individuals living with complex ongoing health and care needs, to improve their health and wellbeing and reduce demand on services by ensuring that their care is managed more effectively. This will be staffed by specialist Extensivist GPs with clinics being provided from the Glossop primary care centre, who will work with a cohort of high risk patients identified through risk stratification.

Intravenous Therapy (IV) Service

7 day Community IV therapy service to provide IV therapy in the home setting to allow early discharge from hospital or avoid a hospital stay for IV therapy.

Digital Health

Digital Health Service is a new innovative service which provides Care Homes and the Community Response Service with access via SKYPE to an Advanced Nurse Practitioner for clinical consultation and advice to avoid unnecessary ED attendances for our elderly population.

Community Therapy services

These community based services provide assessment and treatment in a number of settings, including Glossop Primary Care Centre, nursing and residential homes, clinics and group sessions. These services include;
Community Physiotherapy/Occupational Therapy - The Team provide a service to patient who require physiotherapy assessment/treatment in their own homes this would include residential and nursing homes. The Occupational Therapy (OT's) is provided by internal referral only from the physiotherapists in the Team. The Team also provide assessment and provision of mobility aids for patients to maintain independence. The Team also takes the lead in provision of case management and therapeutic intervention for patients with MND. Another element to the service is management of respiratory disorders encouraging self –management and coping strategies.

Speech and Language Team (SALT) - The SALT provide services to the Community this would include residential and nursing homes. Assessment, diagnosis and management of swallowing impairment and advice on the management of these conditions. The team work on communication impairment and provide alternative strategies for patient to communicate, the team also work on voice control and management of conditions such as stammering. The team have close working links with Community Dietetics, Community Physiotherapy and Occupational Therapy and the Community Neuro Rehabilitation Team.

Community Dietetics - The Community Dietetics team see patients for a range of conditions where diet and nutrition is part of the long term treatment e.g. Neurological, Oncology, GI conditions, Chronic Obstructive Pulmonary Disease, Diabetes and Home Enteral Tube Feeding the service is provided in a number of

ways these being; Home visits, Clinics, Nursing and Residential Homes. The Team also work closely with GP's and provide advice on the appropriate prescribing of Nutritional Supplements.

Community Neuro Rehabilitation Team CNRT - The CNRT assess and treat patients who have an acquired neurological diagnosis from patient who have a registered Tameside & Glossop GP. The team is a multi-disciplinary, holistic, goal led service consisting of; Physiotherapy, Occupational Therapy, Speech and Language Therapy, Specialist Rehabilitation Nurse's, Parkinson's Specialist Nurse, Psychology, Technical Instructors and Team support staff. The Early Supported Discharge Team (ESDT) which is part of the CNRT support patients to live independently as possible in their home after a period of hospitalisation following a Stroke.

Community Podiatry - The podiatry service provides assessment, diagnosis, treatment and advice to improve tissue viability, mobility, to reduce pain and promote foot health. The key roles of the podiatry team are to work as a multi-disciplinary clinical teams e.g. specialist diabetes teams, vascular and diabetes clinics, physiotherapy musculo-skeletal teams and District Nursing teams. The team provide assessment, diagnosis and treatment of foot health problems, provision of preventative interventions and foot health education, provide Screening of diabetes patients within their GP practice and are involved in providing training to carers, health care and social care professionals.

Glossop Community Paramedic

Glossop neighbourhood is the only neighbourhood within Tameside and Glossop that has a dedicated community paramedic who is part of the integrated community team and supports Glossop GP's, care homes and the community teams providing first response and specialist paramedic advice, assessment and treatment for patients in Glossop who might otherwise need emergency admission to hospital, including intermediate care patients.

Neighbourhood Pharmacy

The neighbourhood pharmacy service will be one of the key services within the integrated neighbourhood model of care. Pharmacists will work as part of the neighbourhood team to help identify patients at risk and intervene to reduce the need for patients to need to access hospital based services. The neighbourhood pharmacy service will support patients to self-manage their well-being and long term conditions through optimises medicines, as well as improving communication between GPs and other health care professionals.

Single Point of Contact

It is important that people have a single point of contact for all their care needs as we begin to provide a holistic approach to care. Patients will have one telephone number to contact health and social care professionals across the range of services. The SPOC will be based in one place, co-locating health and social care staff, and will operate 7 days a week. The SPOC will provide a 7 day phone line to help and guide people and professionals.

What out of Hospital Integrated Intermediate Care could look like for Patients?

When Mrs Smith slipped and fell in her own home she pulled her alarm cord. The community response team visited Mrs Smith and contacted the digital health centre through their 4G tablet device. The digital health nurses could see Mrs Smith to assess her and were able to rule out any obvious serious injury, the team provided advice and guidance and made a referral to the community Integrated Urgent Care Team to help Mrs Smith to mobilise following her fall. A Nurse from IUCT team assessed Mrs Smith and as a trusted assessor provided some equipment to help Mrs Smith's mobilise around her house and asked for one of the team's carers to visit in the

evening to assist Mrs Smith to make her evening meals. The teams Physio provided Mrs Smith with some exercises she could do to increase the movement in her leg. After two days of support from the IUCT service Mrs Smith was able to manage independently in her own home but said that she would miss the company of the team. The IUCT team provided contact numbers for Action Together to provide Mrs Smith with the details of community voluntary services that she can get involved with.

Community Beds

A **flexible** community bed-base is key to effective intermediate care as it supports an individual's needs that cannot be met through home based intermediate care. By providing an enabling environment for further assessment; rehabilitation; completion of treatment and/or recuperation, it will prevent unnecessary admissions to hospital (through step up) or into long term care and facilitate timely discharge to assess for those people not able to be assessed at home but do not require Acute care.

When home is not the default position for the provision of care for an individual, the flexible community beds base will offer:

- Step down capacity for discharge to assess (including complex assessments)
- Step up capacity to avoid acute admission
- Intermediate Care Services

The ICFT is the provider of all intermediate care beds for Tameside and Glossop in two locations, Stamford Unit and Shire Hill. Following the implementation of home first model which ensures delivery of robust intermediate care services in the home setting, this model proposes that all the community beds should be located in the Stamford Unit facility in order to utilise the resource flexibly to meet the needs of the patients across the health economy and fully deliver the service model for intermediate care beds.

What Community Bed Intermediate Care could look like for Patients?

Mr Jones was admitted to Tameside and Glossop's flexible community bed base following a recent illness which required acute treatment in hospital. Mr Jones having COPD and diabetes had been admitted to hospital 3 times in the last year. At the IMC unit Mr Jones was assessed by the physiotherapist and provided with a list of 'goals' to be achieved during his stay and how long it was expected that this would take. After only 5 days at the unit Mr Jones had met his goals so a 'Home First' discharge to assess was arranged so that Mr Jones could continue his rehabilitation in his own home as soon as possible. Mr Jones was assessed by a physiotherapist and a social worker who were able to wrap around care and support until Mr Jones regained his confidence and independence. The IUCT team noted that Mr Jones has two long term conditions and has recently been admitted and discharged from hospital so made a referral to the Extensivist service so that Mr Jones could benefit from some enhanced medical intervention before his long term care needs could be fully met within his integrated neighbourhood.

Integrated Neighbourhood services

Tameside and Glossop Integrated Care Trust has established five Integrated Neighbourhood Teams, which will be Multi-disciplinary teams comprising Primary care (including GP services and pharmacists), community services such as district nursing and therapy services, social care, Mental Health services and the voluntary/community sector, one of which is for the Glossop neighbourhood.

The vision of these Neighbourhood Teams to deliver high quality and connected core health and care services, tailored to the neighbourhood population in order to best meet the specific needs of the population and to improve outcomes.

In respect of intermediate care model the Integrated Neighbourhoods through the GP, social care services and community teams will provide a co-ordinated care and support service to people who live in their neighbourhood area who have

intermediate care needs. The team will also link with the intermediate tier/specialist and urgent care services to provide additional care input where required.

Mental Health Service

We are working to improve and integrate mental health services to better support the needs of individuals. This is being done by aligning all available resources within the locality including existing and new resources as part of our Care Together programme.

One of the key priority's is to increase mental health capacity within the Integrated Neighbourhoods through:

a) increasing access to emotional and mental health well-being workers by offering easy accessible drop-ins in GP surgeries and other community locations and a broadened mental health offer with a wider range of interventions;

b) developing a new model, integrated with the Neighbourhood Teams, to meet the needs of people with complex needs;

c) increasing dementia support in the Neighbourhoods by integrating Dementia Practitioners and Admiral nurses in the Neighbourhood Teams, as well as working with a Dementia Support Worker from the Alzheimer's Society; and

d) establishing a self-management education college to support people to develop the knowledge and skills to manage their own health.

Social Prescribing Navigators

A social prescribing service within the neighbourhood teams who provide links to non-medical services to support individuals in self care and well being.

Community Social Care

Social care services are provided by Derbyshire County Council these assess and provide care to patients to ensure they are able to remain independent for as long as possible and to delay placements into long term residential care.

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MATLOCK
DE4 3AG

Dr A Dow
Tameside and Glossop CCG

Ask for: Joy Hollister
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Email:Joy.hollister@derbyshire.gov.uk
Date: 13/11/2017

Dear Dr Dow

Tameside and Glossop Intermediate Care consultation

Please find below Derbyshire County Council's response to the Intermediate Care consultation, currently being coordinated by Tameside and Glossop CCG on behalf of the Single Commissioning Board.

The consultation regarding the potential removal of beds from Shire Hill to the Stamford Unit adjacent to Tameside Hospital has caused considerable local public concern, with many residents of Glossop and the surrounding areas expressing their objections to the potential loss of Shire Hill Hospital as a well-regarded local community resource. It is clear from the activity led by the local community throughout the course of the consultation that many people value Shire Hill Hospital and the services it provides to the local population. The authority feels it is important that these views and reflections are considered within the consultation analysis and that Tameside and Glossop CCG, the Integrated Care Trust and partners work collectively to address the issues raised should the preferred option be taken forward.

Derbyshire County Council believes that it is important to people requiring care and support to maintain their independence for as long as possible and this overall vision is in line with work which is progressing across all of Derbyshire. The authority notes that the Intermediate Care offer across Tameside and Glossop will include a home-based service, which will give a more intensive amount of care in people's own home. Derbyshire County Council's Adult Care Team based in Glossop would continue to work to support this approach to ensure it is as effective as possible.

Whichever option is selected following the consultation, the authority will work through its Adult Care Team and other staff based within Glossopdale to

ensure we deliver the best service we can for local people once a decision about the location of the beds has been made. The authority would like to highlight the following issues and request that they are considered within the consultation analysis:

a) Quality of care and appropriate provision for Derbyshire residents

Any changes to Intermediate Care provision would have implications for the population in Glossop and therefore the authority would welcome the opportunity to continue to work with NHS colleagues from Tameside in order to ensure that high quality care and support for Derbyshire residents are maintained as the new model of care is established. Furthermore, Adult Care is keen to ensure that the new model of care proposed by Tameside and Glossop CCG also fits with wider area-based provision which operates within the Glossopdale area and this supports positive outcomes for individuals. For example, additional support may be provided through the dementia reablement service and recent work relating to end of life care. The authority feels it is important that service provision is not considered in isolation by each organisation, but holistically so that it best meets the needs of individuals living within Glossop and the surrounding area.

b) Workforce recruitment and retention

Particular areas of concern relate to ensuring there are appropriate levels of staffing in place to allow for the Home First model of care and community-based Intermediate Care models to be effectively delivered. Ensuring that there are enhanced levels of community nursing, therapy, social care and assessment capacity established before the transfer of beds takes place.

c) Public confidence in new models of care

It is clear from the analysis included as an appendix to the Tameside and Glossop CCG report that Shire Hill is well utilised by people living within the SK13 postcode which covers Glossop and the surrounding area and constitutes 28.2% of all referrals. Concern has also been expressed locally that in some cases individuals are re-admitted to Tameside Hospital from Shire Hill as they may have been discharged early and potentially still required care in an acute hospital setting. Therefore, ensuring confidence in any new model of care will be particularly important for Glossop as these residents are most likely to be affected by the changes in provision should options two or three proposed within the consultation document be taken forward. Feedback during the consultation to the Adult Care Area Team and local elected members has been that understanding what health and care provision is on offer within the area is sometimes difficult due to the complex commissioning and delivery arrangements and this may need to be addressed moving

forward. In addition there is a perception that joined up models of care are not as advanced in Glossop than in other parts of Tameside and Glossop CCG area, so it may be that further work needs to take place to ensure that local residents concerns are addressed.

d) Ensuring Home First is fully operational within the Glossop area

Should options two or three be selected the authority would like to seek reassurance that both the Home First offer and the home-based intermediate care offer commissioned by Tameside and Glossop CCG are fully established and operational before any changes are made to provision of beds at Shire Hill Hospital, including the appropriate transfer and provision of staff. In addition, a number of other services, such as a Falls Clinic and Pulmonary Rehabilitation Support are operated from a base at Shire Hill. Therefore, ensuring there is provision based within Glossop of these support services through an integrated model of care will be crucial moving forward. This approach is in line with the principles the authority outlined in relation to the Better Care Closer to Home Consultation which was run by North Derbyshire and Hardwick CCGs in 2016. This approach therefore ensures consistency and helps build public confidence and the quality of new care models are fully understood before changes are made**.**

e) Adult Care Service demand pressures

NHS partners in Tameside need to be aware that if option two is taken forward Adult Care staff will be required to spend more time outside of Glossop undertaking assessments, support planning and related work if the beds are solely located at the site near to Tameside Hospital. Managing any increased demand for services and mitigating the effects of these would of course be subject to the ongoing availability of funding, particularly in relation to the improved Better Care Fund, and if this is not secured the sustainability of current service response times may be an issue. More broadly, the Better Care Fund supports a range of demand management initiatives, which may need to be reviewed should the national funding picture change and any specific issues related to Tameside and Glossop CCG area would need to be considered within this. Furthermore, commissioners may need to consider the best point at which to change the bed provision, if option two or three are progressed. There is a national focus on delayed transfers of care at the moment, with ambitious targets having been set by NHS England. Failure to meet these targets will results in a significant loss of funding for social care. Anticipated high winter pressures of both health and social care services may result in capacity issues across the system and therefore careful planning in relation to any changes to bed provision needs to be undertaken with the engagement of all partners to ensure that the transition is as smooth as possible for organisations, patients and their families.

f) Transport and journey times

Within the consultation report, transport modelling has formed an important element to the development of the proposals. If services were to transfer from Shire Hill to the Stamford Unit it is important to acknowledge the increased journey time residents from Glossop and surrounding communities, as quoted in the Quality Impact Assessment. However, local knowledge and insight from professionals and individuals who live in Glossop and the surrounding area suggest that this is a 'best case' scenario, especially for the journey times for using public transport, as at rush hour or in adverse weather the journey time would be considerably longer. In addition to length of journey, travelling to Tameside Hospital can involve a journey on several buses, which for some individuals such as the frail elderly can be a more challenging experience, especially at peak times. Unless individuals live in the centre of Glossop many individuals would have to travel into the town centre and then onwards to Tameside again making journeys more complex for some Derbyshire residents. Affordability of journeys by public transport for residents is also another key factor which has not be considered in the analysis. Affordability could be particularly significant for communities such as Gamesley, which is identified as being in the most deprived decile of Lower Super Output Areas (LSOA) according to the Index of Multiple Deprivation (2015) statistics or for particular segments of the population, such as a pensioner on a low income. Friends, relatives or carers of a patient who may be required to make multiple journeys to the Stamford Unit may also experience issues in relation to affordability and ability to travel. Commissioners within Tameside should consider in more detail how friends, relatives and carers can be supported to travel the greater distance to the Stamford Unit via appropriate transport arrangements. Whilst a range of mitigations are highlighted, including community transport or volunteer car scheme funding, it is important to note that some of these are reliant on grant funding, which will need to be secured on an ongoing basis.

g) Rurality of areas surrounding Glossop

Within the consultation report, analysis has focused on the Tameside and Glossop CCG area and a hard boundary has been utilised in terms of this analysis. There may be small numbers of people who access services within the Tameside and Glossop CCG area who live outside the CCG area, potentially in some of the more rural areas of Derbyshire. For individuals in the rural communities surrounding Glossop town centre journey time by car and public transport may also be lengthy and therefore rurality should potentially be considered as an issue within the final quality impact assessment undertaken by the CCG.

h) Market shaping and development

Finally, if the third option regarding the development of the market was followed, this may be more challenging in the more rural communities near to and surrounding Glossop. Derbyshire County Council, in line with Care Act 2014 requirements, has worked to develop and shape the market across the rural High Peak area and experience suggests that market development and the delivery of care via private, voluntary and independent sector providers can be very challenging. Therefore, if this option were selected careful planning would be required to ensure that the approach was sustainable. I understand that some views have been expressed in the consultation that the Shire Hill site could potentially be used as an extra care or older people's housing development and this too would need to be considered carefully. In addition, views have been expressed throughout the consultation that commissioning decisions for the Glossop could be more coordinated across the range of partners that work within the area. I would be happy to explore how this can be effectively developed, as this fits with the broader direction of travel outlined being undertaken elsewhere in the county as part of the Derbyshire STP for strategic commissioning and it would make sense to have a county wide approach to this issue.

I hope that the above information is useful and informs the consultation analysis and the development of the final proposals put forward for decision by the Tameside and Glossop Single Commissioning Board. Should you require any further information or clarification on any of the information provided above please do not hesitate to contact me.

Yours sincerely

Joy Hollister

Strategic Director Adult Care

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NHS
Tameside and Glossop
Clinical Commissioning Group

Tameside
Metropolitan Borough

Quality Impact Assessment

Title of scheme: Intermediate Care in Tameside & Glossop

Project Lead for scheme: Jessica Williams, Interim Director of Commissioning (report prepared by Alison Lewin, Deputy Director of Commissioning)

Brief description of scheme: Tameside & Glossop Single Commission has led the development of a locality strategy for Intermediate Care. The Single Commission were asked to bring back a fully developed proposed model to the Strategic Commissioning Board (SCB) in December 2017. In August 2017 the Strategic Commissioning Board agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options have been the subject of public consultation over a 12 week period from 23rd August to 15th November 2017. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop. The outcomes expected from a model of intermediate care are:

- Maximising independence
- Preventing unnecessary hospital admissions
- Preventing unnecessary admissions to long term residential care
- Following hospital admissions, optimising discharges to usual place of residence

What is the anticipated impact on the following areas of quality? NB please see appendix 1 for examples of impact on quality.							What is the likelihood of risk occurring?						What is the overall risk score (impact x likelihood)			Comments
	Neutral /Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	**Low**	**Moderate**	**High 15-25**	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25	
Patient Safety	0						0						0			The Single Commission will commission a service which ensures high levels of patient safety whether in patients' homes or bed based. The commissioner will ensure routine quality assurance mechanisms are in place to support the development and delivery of this strategy. Irrespective of the eventual option for the delivery of bed based intermediate care, the provider(s) of the model of care outlined in the paper will include Tameside & Glossop Integrated Care NHS Foundation Trust. Therefore we will monitor delivery of these services via our existing quality and contract monitoring processes. This intention has already been expressed in the Quality & Performance meetings held between the CCG and ICFT.
Clinical effectiveness	0						0						0			The proposed model described in the paper will ensure delivery of clinically effective services which will be outlined in contractual documentation. The case for change included in the paper presented to the Strategic Commissioning Board describes the reasons for the proposed changes. Any clinical audits relating to intermediate care will become part of the ICFT's existing audit

															schedule mechanism, and any other contracts arising from this consultation.
Patient experience		1						1					1			There will continue to be high levels of patient engagement and involvement in the further development and implementation of this model following the SCB decision in January 2018. A period of formal consultation has been undertaken (23/8 – 15/11), the detail of which is included in the full report. The commissioner and provider expectation is that the model commissioned and delivered will deliver improvements in patient experience, addressing any areas identified by the public / patients during the consultation. The commissioners will seek assurance on expected Improvements in patient experience via the existing quality and contract monitoring process.
Safeguarding children or adults	0						0						0			The commissioned model will include all required elements of safeguarding legislation, as the provider(s) will include Tameside & Glossop Integrated Care NHS Foundation Trust. The GM Safeguarding Standards are included in the ICFT contract and will be included in any contracts relating to the delivery of intermediate care arising from this consultation.
Human resources/ organisational development/ staffing/ competence			2							3				6		Members of ICFT staff have been included in the consultation process, including those staff currently working from the Shire Hill unit. The ICFT have led a process of staff engagement through the period of formal consultation and will ensure the required staff engagement processes are undertaken once a decision is made regarding the future option for the delivery of bed based intermediate care. The ICFT will be responsible for ensuring the full range of intermediate care services are delivered by appropriately qualified and competent staff. The CCG will ensure the ICFT are held to account through the contracting process for doing so. The same requirements will be placed on any other provider delivering intermediate care as a result of this consultation.

Statutory duty/ inspections	0						0						0			As the providers of the services will continue to include the ICFT, TMBC and DCC they are subject to statutory duties and inspections. The proposed location for the single site intermediate care service, expressed as the preferred option in the consultation, has been subject to CQC assessments via T&GICFT. Any other providers delivering intermediate care as a result of this consultation will be subject to appropriate inspections.
Adverse publicity/ reputation				3							4			8		There has been a strong negative response from a proportion of the population in the locality to the CCG's preferred option. This response and the full consultation process have been summarised in the full report to which this QIA relates, and will be provided in more detail to the January SCB meeting. A detailed EIA is in production to support the SCB decision making process, addressing the issues raised through the consultation process. Depending on the recommendation and subsequent decision It is possible that there will be continued adverse reaction following the decision of the Single Commissioning Board. The process followed throughout this project has been the evidence based decision making framework approved in January 2017 by the Tameside and Glossop Single Commissioning Board (SCB). This framework is the agreed approach to evidence based decision making which covers engagement and consultation; equality and diversity; and quality and risk.
Finance	0						0						0			The intermediate care bed based services proposal has been developed as part of the Care Together programme and the locality financial plan. Any proposal presented to SCB will include comments from the locality finance team.
Service/business interruption	0						0						0			The implementation of the model developed as a result of this work will be done with minimal service / business interruption. The commissioner and ICFT will ensure that the implementation of whichever model is approved by SCB has minimum service / business interruption and impact on patients / public.

Environmental impact		1					0						1			Travel times for car users and public transport routes have been considered as part of the EIA, which will enable the consideration of the impact on car use and travel time as a result of the final proposal to be presented to SCB. Issues relating to transport have arisen during the consultation. Mitigating actions have been considered and will be included in the EIA.
Compliance with NHS Constitution	0						0						0			The delivery of intermediate care services is part of the locality's wider 'urgent care' system, as it supports patient flow through local services, therefore supporting delivery of the NHS constitution relating to standards for urgent care / A&E. The proposed model will also support the expectation of quality improvements through the delivery of the National system wide CQUIN supporting proactive and safe discharge, enabling patients to get back to their usual place of residence in a timely and safe way.
Partnerships	0						0						0			This is a key programme of work for Care Together and therefore involves key providers in the system. 3rd sector and patient groups have been included in this process, along with the public via the formal consultation process. The intermediate care proposals were the topic of a workshop session at the Partnership Engagement Network conference in October 2017. Derbyshire County Council representatives have been involved in the consultation process and have provided a formal response.
Public Access	0						0						0			Full mapping of access and travel times has been undertaken, presented throughout the consultation, and will be included in the EIA, which will determine the impact on travel times and accessibility by car and public transport of any proposed option. Default position with this model will be home based care as the preferred option, thus minimising issues and negative impact regarding public access.

Public Choice	0						0						0			There has been significant public and patient involvement and engagement via the formal consultation process (in addition to the pre-consultation engagement which has taken place). The consultation process has provided forums and opportunities for an open and honest debate which has considered the interests of the community, public and patients. The consultation process has ensured that, based on evidence, alternatives / options have been considered, the impact of the different options have been understood and explained, that consequences to the options have been considered and that key stakeholders have been engaged throughout the process. Responses to the consultation process have been conscientiously taken into account to inform decision making. Patient choice in terms of NHS constitutional requirements does not apply to intermediate care.

Has an equality analysis assessment been completed?	YES / ~~NO~~	Please submit to SCB alongside this assessment
Is there evidence of appropriate public engagement / consultation?	YES / ~~NO~~	Please submit to SCB alongside this assessment

Sign off:

Quality Impact assessment completed by	**Alison Lewin**
Position	**Deputy Director of Commissioning**
Signature	**Alison Lewin**
Date	**21st November 2017**
Nursing and Quality Directorate Review	
Name	**Lynn Jackson**
Position	**Quality and Patient Experience Lead**
Signature	**Lynn Jackson**
Date	**22/11/2017**

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Subject / Title	Intermediate Care

Team	**Department**	**Directorate**
Commissioning	Commissioning	Commissioning

Start Date	**Completion Date**

Project Lead Officer	Alison Lewin
Contract / Commissioning Manager	Alison Lewin
Assistant Director/ Director	Jessica Williams

EIA Group (lead contact first)	**Job title**	**Service**
Jessica Williams	Interim Director of Commissioning	Commissioning
Dr Alan Dow	CCG Chair	CCG
Alison Lewin	Deputy Director of Commissioning	Commissioning
Simon Brunet		
Jody Smith		
Michael Clegg		

PART 1 – INITIAL SCREENING

1a.	**What is the project, proposal or service / contract change?**	Tameside & Glossop Single Commission have led the development of a locality strategy for Intermediate Care. The Single Commission were asked to bring back a fully developed proposed model to the Strategic Commissioning Board (SCB) in December 2017. A period of consultation on the proposed model was undertaken from 23rd August to 15th November 2017. Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform SCB of the consultation progress and process, initial themes and the next steps to ensure a final report with recommendations to the SCB January meeting.

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		This EIA supports the report to SCB which includes full detail of the consultation analysis, and responds to issues arising within the consultation and explores mitigations.
1b.	**What are the main aims of the project, proposal or service / contract change?**	**Proposed Model of Intermediate Care in Tameside & Glossop:** The proposals for Intermediate Care have been prepared jointly by Tameside and Glossop Integrated Care NHS Foundation Trust and the Single Commission and have been designed to support delivery of the Commissioning Strategy for Intermediate care services. The strategy document describes the aim to support rehabilitation and recuperation, maximising people's ability to function independently, and enabling them to continue living at home in all but most challenging cases. With a requirement for: • Home-based intermediate tier services, offering intensive packages of care to people in their own homes (including residential and nursing homes) provided by an integrated team providing both health and social care input based on individual need. • Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages. • An ability to care for clients with all levels of dementia, in an appropriate setting. In August 2017 the Single Commissioning Board agreed to consult on 3 options for the delivery of Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options have been the subject of public consultation over a 12 week period from 23rd August to 15th November 2017. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop. **Option 1: Maintain Current Arrangements** - Delivery of bed based intermediate care from the Stamford Unit at Darnton House (32 beds) and Shire Hill in Glossop (36 beds). **Option 2: Use of available 96 bedded unit** - Transfer of all bed-based intermediate care to a single location in the Stamford Unit at Darnton House. **Option 3: Stimulation of the Local Market to**

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		Develop Single / Multi Site - Engagement with local providers to develop capacity within existing care homes, or the development of capacity in new homes. Whilst the benefits of a larger scheme would not be realised, it is possible that in the longer term, once the Integrated Neighbourhoods and Home First models have fully embedded, that there could be a benefit to developing capacity at a neighbourhood level. The maturity of the wider economy may mean that fewer community beds are required, and that services could be developed at a neighbourhood level to meet need. The Strategic Commissioning Board approved the proposal that the Single Commission with the Integrated Care Foundation Trust enter into formal consultation based on the 3 options outlined above, stating the case for the preferred option as option 2.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?
Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	✓			The majority of users of the current intermediate care services are frail / elderly people requiring additional support to regain/maintain their independence. The demographics of people accessing current services have been analysed fully as part of this project prior to the development of any proposed model. The age demographics are contained in Section 2c below. This highlights that during 2017 over 90% of those admitted at either Shire Hill or the Stamford Unit were over the age of 65 years 18% of the Tameside and Glossop population are over the age of 65 years.
Disability	✓			The people who will require support from these services could be those with existing disabilities. 18.5% (approx. 48,000) of the population of Tameside and Glossop over the age of 65 years have a long term condition or disability.
Ethnicity		✓		There could be an indirect impact as people across all ethnicities could be

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				users of intermediate care services Section S2c below highlights that over 85% of those admitted during 2017 were 'White British' at the Stamford Unit and over 55% (2015) were White British at Shire Hill. For Shire Hill a large proportion of ethnicity data for service users is unknown (otherwise I think there could be an inference that the other 45% of service users are BME which isn't the case)
Sex / Gender		✓		There could be an indirect impact as people of any sex/gender could be users of intermediate care services
Religion or Belief			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Religion or Belief in any significant sense
Sexual Orientation			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Sexual Orientation in any significant sense
Gender Reassignment			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Gender Reassignment in any significant sense
Pregnancy & Maternity			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Pregnancy & Maternity in any significant sense
Marriage & Civil Partnership			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Marriage & Civil Partnership in any significant sense
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health	✓			The commissioner's strategy and the locality proposals for an intermediate care model both include statements referring to the need to address the mental health needs of patients requiring intermediate care, including

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				those with a diagnosis of dementia. There are currently 2,865 living with dementia in Tameside and Glossop and the diagnosis rate is 74.8% Both Tameside and Glossop and England's prevalence for dementia is 0.8%. Tameside and Glossop's Mental Health prevalence rate is: 0.83% (2024 people); and the national prevalence is 0.9% Depression: 10.71% (20969 people) for T&G; 8.3% Nationally. The proposed consultation will include engagement with these groups
Carers	✓			The commissioner's strategy and the locality proposals for an intermediate care model both include statements referring to the need to address the mental health needs of patients requiring intermediate care, including those with a diagnosis of dementia. There are currently 2,865 living with dementia in Tameside and Glossop and the diagnosis rate is 74.8% Both Tameside and Glossop and England's prevalence for dementia is 0.8%. Tameside and Glossop's Mental Health prevalence rate is: 0.83% (2024 people); and the national prevalence is 0.9% Depression: 10.71% (20969 people) for T&G; 8.3% Nationally. The proposed consultation will include engagement with these groups
Military Veterans			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Military Veterans in any significant sense
Breast Feeding			✓	There is no anticipation that the development or implementation of this strategy will impact directly or indirectly on Breast Feeding in any significant sense
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (*e.g. vulnerable residents, isolated residents, low income households)*				
Group (*please state)*	**Direct Impact**	**Indirect Impact**	**Little / No Impact**	**Explanation**

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n/a				

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		✓	
1e.	**What are your reasons for the decision made at 1d?**	A full EIA is required as the protected characteristics of **age, disability, mental health and carers** may be directly impacted by the proposed delivery model. The protected characteristics of **ethnicity and sex/gender** may be indirectly impacted by the proposed delivery model.	

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The purpose of this EIA is to aid compliance with the public sector equality duty (section 149 of the Equality Act 2010), which requires that public bodies, in the exercise of their functions, pay 'due regard' to the need to eliminate discrimination, victimisation, and harassment; advance equality of opportunity; and foster good relations.

What is intermediate care? Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of the health and social care system –community services, hospitals, GPs and social care.

What are the aims of intermediate care? There are three main aims of intermediate care and they are to:

Help people avoid going into hospital unnecessarily;
Help people be as independent as possible after a stay in hospital; and
Prevent people from having to move into a residential home until they really need to.

Where is intermediate care delivered? Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes.

How is intermediate care delivered? A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time.

A number of factors and service reviews have led to the identification of Intermediate Care as a priority for the Tameside & Glossop locality, as set out in the paper presented to the Single Commissioning Board on 22nd August (available on the CCG website http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board). In order to improve the intermediate care offer, and within that a bed-based intermediate care provision, a

revised model for bed-based intermediate care is being proposed.

Proposed Model of Intermediate Care in Tameside & Glossop: The proposals for Intermediate Care have been prepared jointly by Tameside and Glossop Integrated Care NHS Foundation Trust and the Single Commission and have been designed to support delivery of the commissioning strategy for Intermediate care services. The strategy document describes the aim to support rehabilitation and recuperation, maximising people's ability to function independently, and enabling them to continue living at home in all but most challenging cases. With a requirement for:

- Home-based intermediate tier services, offering intensive packages of care to people in their own homes (including residential and nursing homes) provided by an integrated team providing both health and social care input based on individual need.
- Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages.
- An ability to care for clients with all levels of dementia, in an appropriate setting.

Home First: One of the key principles within the Tameside & Glossop Care Together approach to integrated care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. This principle is embodied in this proposal for an intermediate care model. In order to be responsive to people's needs and deliver against this principle Tameside & Glossop ICFT has implemented the "Home First" service model. This model will provide a response to meet an urgent/crisis health and/or social care need. Home first is fundamental to the intermediate care offer and is a key interface between the Integrated Neighbourhoods, community services and the acute setting, ensuring people are supported in the environment that is suited to their own care needs and most likely to achieve positive outcomes. This supports the intermediate care aims of

- Helping people avoid going into hospital unnecessarily;
- Helping people be as independent as possible after a stay in hospital; and
- Preventing people from having to move into a residential home until they really need to

The Home First offer will ensure that people are supported through the most appropriate pathway with "home" always being the default position. However, it is recognised that not all individuals' intermediate care needs can be managed safely in their own home. In some cases there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.

Community Bed Setting - Overview: The health and social care economy has commissioned community based beds from a range of sources from across the locality. This includes intermediate care beds, spot beds and an arrangement for discharge to assess beds. In order to improve the community bed offer locally a revised model is being proposed in this report. The key principle of the flexible community bed base model is that support will be delivered through location-based community beds providing general nursing whilst encouraging independence and reablement, alongside in-reach from specialist teams such as therapy services, primary care and mental health. This will ensure individual centred management plans based on care needs that support people's transition back home effectively and ensure a smooth transfer of care, when necessary, to the Integrated Neighbourhood. A flexible community bed-base is key to effective

intermediate care as it supports an individual's needs that cannot be met through home based intermediate care. By providing an enabling environment for further assessment, rehabilitation, completion of treatment and/or recuperation, it will prevent unnecessary admissions to hospital (through step up) or into long term care, and facilitate timely 'discharge to assess' for those people not able to be assessed at home, but who do not require acute hospital based care. When home is not an option for the provision of care for an individual, the flexible community beds base will offer:

- Step down capacity for discharge to assess (including complex assessments)
- Step up capacity to avoid acute admission
- Intermediate Care Capacity
- Recuperation beds that offer an opportunity to re-stabilise prior to undertaking rehabilitation
- Specialist assessment and rehabilitation for people with dementia

The model will provide community beds for individuals with dementia who are at risk of being admitted to hospital or remaining in a hospital bed because they are awaiting assessments. At present there is no local provision to meet this requirement outside of the acute settings meaning that these individuals remain in hospital for longer than is necessary.

Current Provision: Tameside & Glossop ICFT is the provider of all intermediate care beds for Tameside and Glossop as of 1st July 2017, and currently provides community beds from two locations: 64 beds in the Stamford Unit at Darnton House[1], which is a 3-floor 96 bedded purpose-built nursing home adjacent to the Tameside Hospital site (the Trust currently uses two floors, one for intermediate care and one for discharge to assess) and 36 intermediate care beds in Shire Hill Hospital located in Glossop.

Options for the delivery of bed based intermediate care: The Single Commission and Integrated Care Foundation Trust identified 3 options for the delivery of Intermediate Care beds. All options were considered alongside the ongoing development and delivery of the Care Together model of care, in particular the Home First model, Integrated Neighbourhoods, the Intermediate / Specialist Community Based Services, and acute hospital based elements of intermediate care.

In August 2017 the Single Commissioning Board agreed to consult on 3 options for the delivery of Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options are:

Option 1: Maintain Current Arrangements - Delivery of bed based intermediate care from the

[1] Tameside and Glossop Integrated Care NHS Foundation Trust registered from 1st July 2016 with the CQC the location of The Stamford Unit at Darnton House. This was to provide a community in-patient facility as part its intermediate care services. Services in the Stamford Unit at Darnton House are accessed via agreed Trust patient pathways and it operates as community wards for medically stable patients who are having their discharge planned and enabled. They form part of services provided by the Trust as a provider of commissioned Acute and Community services for the population of Tameside and Glossop within the Integrated Care Foundation Trust.

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Stamford Unit at Darnton House (32 beds) and Shire Hill in Glossop (36 beds).

Option 2 (presented as the CCG's preferred option): Use of available 96 bedded unit - Transfer of all bed-based intermediate care to a single location in the Stamford Unit at Darnton House.

Option 3: Stimulation of the Local Market to Develop Single / Multi Site - Engagement with local providers to develop capacity within existing care homes, or the development of capacity in new homes. Whilst the benefits of a larger scheme would not be realised, it is possible that in the longer term, once the Integrated Neighbourhoods and Home First models have fully embedded, that there could be a benefit to developing capacity at a neighbourhood level. The maturity of the wider economy may mean that fewer community beds are required, and that services could be developed at a neighbourhood level to meet need.

The 3 options have been the subject of public consultation over a 12 week period from 23rd August to 15th November 2017. Details of the consultation process are included in the January Strategic Commissioning Board report, to which this EIA is an appendix.

2b. Issues to Consider

The consultation on the 3 options for bed based intermediate care, which have been the subject of a 12 week consultation process, were presented with a range of supporting information, including a commissioner and Integrated Care NHS Foundation Trust view on each, as described below.

Option 1: Maintain current arrangements
Delivery of bed based intermediate care from the Stamford Unit at Darnton House (32 beds) and Shire Hill in Glossop (36 beds).

The view of the SC and ICFT is that this is not a sustainable model going forwards. As described in the report, the economy is not functioning to its optimum: people are in acute beds that do not need to be, they are in these beds for longer than they need to be, and they are unable to access the services they require at the time they need them. The current arrangements are fragmented – beds are delivered across 2 sites – Shire Hill and the Stamford Unit at Darnton House. At present staff are working from a number of bases, with the expectation that community and neighbourhood staff travel across the locality, diluting the capacity and time that could be inputted with individuals to maximise the potential for returning home promptly. This option does not deliver the vision of a single location for bed based intermediate care.

Option 2: Use of available 96 bedded unit
Transfer of all bed-based intermediate care to a single location in the Stamford Unit at Darnton House. This is the preferred option from the assessment carried out by the Single Commission and ICFT for the following reasons:
Whilst the aim of the home first model is to use the community beds flexibly to meet the demand at any point in time, the notional intermediate care bed figure proposed is 64 beds.
Patient Environment; - The Stamford Unit is 100% en-suite single room accommodation with significant communal space on each of the three wards which has been demonstrated to encourage social interaction and independence. Additionally one floor of the Stamford Unit in the

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Darnton Building has been designed as dementia friendly with access to outside space and wandering routes, which will enable the Trust to provide community beds for patients with Dementia.

- Accessibility – the Stamford Unit is located in a central location and is co-located close to the Tameside Hospital site and therefore has strong public transport links, ample parking and is easily accessible for patients and relatives. Additionally easy access and short journey times for health care professionals and support services into Darnton Building will enable development of in-reach into the unit as proposed in the model.
- Recruitment and Retention – recruitment and retention of nursing and support staff at the Shire Hill hospital site is an ongoing risk due to the remote location at the edge of the conurbation and lack of public transport access.
- Single location – option 2 supports the delivery of bed based intermediate care from a single location to enable the flexible use of community beds to support the Home First model and enable the approaches to Discharge to Assess and Intermediate Care to be flexed depending on the demands in the system at any point in time
- Tameside and Glossop Integrated Care NHS Foundation Trust registered from 1st July 2016 with the CQC the location of The Stamford Unit at Darnton House.
- The Stamford Unit at Darnton House was originally furnished as a 'dementia friendly' building with furniture from the 1950s and décor to aid dementia patients.
- This option meets the national definition of 'intermediate care' from a combination of home and bed-based services and is in line with the recommendations of the Contingency Planning Team report from 2015

Option 3: Stimulation of the Local Market to Develop Single/Multi Site
Engagement with local providers to develop capacity within existing care homes, or the development of capacity in new homes is an option. Whilst the benefits of a larger scheme would not be realised, it is possible that in the longer term, once the Integrated Neighbourhoods and Home First models have fully embedded, that there could be a benefit to developing capacity at a neighbourhood level. The maturity of the wider economy may mean that fewer community beds are required, and that services could be developed at a neighbourhood level to meet need.

This option relies on their being the engagement from providers to invest locally in increasing capacity. Should this be available there would be a lead in time to any new building, which would again require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Single Commission so this is something that is possible to negotiate. While the current capacity has been estimated, it is difficult to commit at this time to the capacity that may be required in the economy in 2-3 years' time, which is the information a provider would need in order for providers to invest in new capacity.

Preferred option: The Single Commissioning Board approved the proposal that the Single Commission with the Integrated Care Foundation Trust enter into formal consultation based on the 3 options outlined above, stating the case for the preferred option as option 2.

Consultation Process

The consultation ran from 23rd August 2017 to 15th November 2017. The consultation was hosted on the CCG website in the form of a standard questionnaire (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) with an

introduction to explain the reason for the changes followed by a series of questions.

In addition to the online consultation, paper copies were made available in all 39 GP surgeries across Tameside & Glossop and made available at all public meetings and meetings with community groups. Paper copy responses were inputted to the online consultation system

The online consultation closed on Wednesday 15th November. Paper copies of the questionnaire were accepted until 5pm on Friday 17th November 2017.

A 'Fact Sheet' was developed by the Single Commission and the Integrated Care Foundation Trust which was posted on the CCG website consultation page. This sheet was updated throughout the consultation process to reflect questions raised through the public meetings and other community engagement processes undertaken.

A 'Frequently Asked Questions' section of the consultation page on the CCG website was in place from the start of the consultation process, and was expanded throughout the 12 weeks' consultation to include questions raised through the meetings undertaken during the 12 weeks.

Four public meetings were held during the period of the consultation. Two were held in the Glossop neighbourhood, one in Droylsden (Tameside) and one in Ashton (Tameside). All 4 meetings were filmed and the full recording of the meetings posted on the CCG consultation website The recorded attendance figures for each meeting can be seen below:

Meeting Date and Location	Number of Attendees
21st September 2017, Bradbury House, Glossop	92
11th October, Age UK, Ashton-under-Lyne	12
17th October, Guardsman Tony Downes House Droylsden	4
1st November, Glossopdale Community College, Glossop	205

Details of the issues raised at the public meetings can be seen in the Strategic Commissioning Board report presented on 12th December 2017.

Copies of all consultation materials are appended to the December and January SCB reports.

Planning, assuring and delivering service change for patients
In October 2015 NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance states that 'NHS England's role in reconfiguration is to support commissioners and their local partners to develop clear, evidence based proposals for service reconfiguration, and to undertake assurance as mandated by the Government.[2]

The guidance includes four tests of service reconfiguration, with an expectation that the proposal satisfies the four tests. The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice

[2] https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

- Clear, clinical evidence base
- Support for proposals from commissioners

There are also four key themes outlined in the guidance for service reconfiguration. These are:

- **Preparation and planning**: planned and managed approach from the start which establishes clear roles, a shared approach between organisations, and builds alignment on the case for change
- **Evidence**: ensure proposals are underpinned by clear clinical evidence and align with clinical guidance and best practice
- **Leadership and clinical involvement**: Clinicians should determine and drive the case for change
- **Involvement of patients and the public**: Critical that patients and the public are involved throughout the development, planning and decision making

The NHS guidance has been taken into consideration when establishing and running the consultation process described in this paper and the CCG are confident that these standards have been met.

Promotion and Communications
The Intermediate Care consultation has been promoted extensively since 23rd August 2017. In addition to the page on the CCG website (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) the consultation has been shared and promoted in a number of ways. Details of the promotion of the consultation and media coverage were included in the report presented to the December meeting of the Strategic Commissioning Board.

Community and Patient Engagement
In addition to the consultation hosted on the CCG website, and the public meetings, 105 community and patient groups were contacted by the CCG directly by letter or email to inform them of the consultation and invite them to be involved.

The consultation was presented to a number of stakeholders between 23rd August and 15th November 2017. Full details of the community and wider engagement activities undertaken are included in the paper presented to the December meeting of the Strategic Commissioning Board, This includes details of all meetings attended. Targeted work has been undertaken during the consultation with specific groups including those identified as protected characteristic groups who may be impacted directly by the proposals through the consultation. The groups invited to engage in the consultation process are listed in **Appendix 1** to this EIA.

In total, **1,358** responses were received to the Intermediate Care consultation survey. Over 1,750 paper questionnaires were issued and **153** paper copies returned to NHS Tameside & Glossop Clinical Commissioning Group (CCG) using the pre-paid envelopes provided. These **153** returned paper responses are included in the total number of responses. Details of the responses received are included in section 2c below.

A summary of the response to the consultation questionnaire is as follows:

- Of the 1,358 total responses **797** respondents provided a substantive comment (i.e. to questions 4 to 7) upon which detailed analysis could be undertaken

- Around two-thirds of respondents provided information around their demographic profile (includes prefer not to say option where relevant)
- Responses to the open questions (question 4 to 7) could be assigned to one or more of **34** consolidated themes
- The most commonly mentioned themes were around reference to expectations or concerns relating to the Home First model (i.e. a home based Intermediate Care service) made by over half of respondents (50.2%); positive comments relating to the Home First model (44.2%); and Support for Option 1 (40.2%).
- The least commonly mentioned themes related to travel costs (5.3%); car drive times (4.8%); and parking good – positive at Shire Hill (2.0%).
- Where analysis could be undertaken by demographic group, the top three mentioned themes remained as reference to expectations or concerns relating to the Home First model, positive comments relating to the Home First model and Support for Option 1.

A full report on the results of the consultation is attached to the January SCB report at Appendix 4.

As detailed in sections 1c and 2c of this EIA, the protected characteristics of **age, disability, mental health and carers** may be directly impacted by the proposed delivery model due to the demographics of the users of intermediate care services. The protected characteristics of **ethnicity and sex/gender** may be indirectly impacted by the proposed delivery model. Service user data was analysed in advance of and during the consultation, around the key protected characteristic groups, to help understand how they may be impacted by any of the 3 options included within the consultation. This data along with potential impact is detailed in Section 2c (below).

The themes arising from the analysis of the consultation results, which can be seen in the table below, have also been considered and addressed in preparing this EIA:

Consolidated Theme
Public expectations and concerns around the Home First model
Positive comments in support of the Home First model
Support for Option 1 – maintain current arrangements of Intermediate Care beds
Comments around the need for local services – particularly in Glossop
Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes
General comments and concerns relating to travel time and accessibility
Keep Shire Hill / no change to current arrangements
Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes
Public transport related concerns (particularly in relation to travelling from Glossop)
Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford

Unit
Criticism of the consultation process
Future of intermediate care – increasing demand and the need to invest in intermediate care
Concerns and criticisms of private care
Positive comments around care and service at Shire Hill
Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit
Comments and concerns about NHS funding
Unfairness to Glossop and need to listen to Glossop residents
Patient care and safety - various comments positive and negative
Need to invest in Shire Hill
Concerns about staffing and capacity
Other comments regarding Shire Hill
Criticism of care at Stamford Unit / Hospital
Other comments
Impact on physiotherapy and other services at Shire Hill
Other suggestions / ideas relating to intermediate care
Traffic congestion (particularly in relation to Glossop)
Support for Stamford Unit and intermediate care delivered there
Concern about staff and jobs at Shire Hill
Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes
Issues around parking at Stamford Unit and Hospital site
Opposition to Option 1 - maintain current arrangements of Intermediate Care beds
Travel costs for those who may have to travel further
Increased car drive times for those who may have to travel further
Parking is good at Shire Hill

More detail on the themes and the proportion of responses to each can be seen in the Consolidated Themes document attached at **Appendix 2.**

2c. Impact

This EIA has identified that protected characteristic groups who could be directly affected by changes to an intermediate care delivery model are **age, disability, mental health and carers**. This EIA has also identified that the protected characteristic groups of **ethnicity** and **sex/gender** could be indirectly affected. Data on local service use and the demographics of service users was collated in preparation for the consultation (and included in the EIA presented to the Strategic Commissioning Board in August 2017) to quantify the potential impact on protected characteristic groups.

The sections below outline the data collated in advance of the consultation, further details prepared

in response to / following the consultation, and evidence that representatives of the protected characteristic groups were involved in the consultation.

Age

Intermediate care is something which, in the main, is provided to support frail and / or elderly people. Activity data for the current facility on the hospital site in Ashton Under Lyne (the Stamford Unit, Darnton House) and Shire Hill Hospital was presented within the EIA accompanying the August 2017 report, and shows the following spilt in terms of the age of the people accessing the bed based intermediate and discharge to assess models:

	2015		2016		2017	
Age on admission	<65	65+	<65	65+	<65	65+
Stamford Unit	43	475	53	362	38	371
%	8.3	91.6	12.77	87.22	9.1	90.7
Shire Hill	19	263	21	352	12	141
%	6.7	93	5.6	94.3	7.8	92.1

The above table breaks down the age range of patients admitted to the Intermediate Care Units and shows that the 65+ age group are higher users of the Intermediate Care facilities.

Targeted work has been undertaken during the consultation with specific groups including those over the age of 65 years who may be impacted directly by the proposals through the consultation. The groups invited to engage in the consultation process are listed in **Appendix 1** to this EIA.

The responses to the consultation show that 624 responses to the consultation included details of the respondents' age. Of the achieved sample from the consultation responses, details of the age of people completing the questionnaire are included in the table below:

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Age[3]		
Under 18	21.9	0.2
18 – 29	14.5	4.6
30 – 49	26.3	21.6
50 - 64	19.8	40.1
65+	17.5	33.5

The proportion of the population of Tameside & Glossop who are over 65 is 17.5%, yet the responses to the consultation from this age group exceed 33% which is evidence that we have been able to engage the protected characteristic group in the consultation process, and that their views are represented in the report presented to the SCB.

Disability

As stated in section 1 of this EIA, the people who will require support from these services could be

[3] Based on those respondents who provided an exact age to enable categorisation

those with existing disabilities. 18.5% (approx. 48,000) of the population of Tameside and Glossop over the age of 65 years have a long term condition or disability. The table below outlines long term limiting illness and disability data for Tameside & Glossop CCG area, Tameside MBC and High Peak (the local authority which Glossop is within) (Census 2011).

Disability	NHS Tameside and Glossop	% of Total Population with day to day activities limited	High Peak	% of Total Population with day to day activities limited	Tameside	% of Total Population with day to day activities limited
Day-to-day activities limited a lot	26,080	10.33	7,451	8.20	23,307	10.63
Day-to-day activities limited a little	25,757	10.20	9,013	9.92	22,624	10.32
Day-to-day activities not limited	200,577	79.46	74,428	81.89	173,393	79.06
All categories: Long-term health problem or disability	252,414	100.00	90,892	100.00	219,324	100.00

Census data 2011 provides details of people who live in Tameside who have a long term condition or disability. This shows that over 19,000 people aged 65+ (58% of those aged 65+) are limited in day to day activities, and the total number aged under 65 with day to activities limited are over 25,000 (13% of those aged 65 and under)

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Age	Total Population	Day-to-day activities limited	% of Total Population with Day-to-Day activities limited
All categories: Age	217,736	44,504	20.4
Age 65 to 69	10,486	4,609	43.95
Age 70 to 74	8,420	4,420	52.49
Age 75 to 79	6,294	3,942	62.63
Age 80 to 84	4,262	3,152	73.96
Age 85 and over	3,481	2,989	85.87
Total aged 65+ with day-to-day activities limited	32,943	19,112	58.02
Total under 65 with day-to-day activities limited	184,793	25,392	13.74

Census data 2011 provides details of people who live in High Peak (the local authority which Glossop is within) who have a long term condition or disability. This shows that over 7,600 people aged 65+ (50% of those aged 65+) are limited in day to day activities, and the total number aged under 65 with day to activities limited are over 8,000 (13% of those aged 65 and under).

Age	**Total Population**	**Day-to-day activities limited**	**% of Total Population with Day-to-Day activties limited**
All categories: Age	89,867	15,801	17.6
Age 65 to 69	4,915	1,624	33.04
Age 70 to 74	3,662	1,548	42.27
Age 75 to 79	2,851	1,602	56.19
Age 80 to 84	2,056	1,461	71.06
Age 85 and over	1,619	1,377	85.05
Total aged 65+ with day-to-day activities limited	15,103	7,612	50.40
Total under 65 with day-to-day activities limited	74,764	8,189	10.95

Through the consultation we have engaged with representatives of community groups supporting people with disabilities and long term conditions, as reflected in **Appendix xx** of this EIA.

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The consultation responses (see table below) show that where we have demographic information 33.4% of the responses were from people who deemed themselves to have a disability, against a locality population percentage of 20.5%, therefore showing that the responses received included the protected characteristic group of people with a disability.

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Disability		
Yes	20.5	33.4
No	79.5	66.6

Mental Health
The commissioner's strategy and the locality proposals for an intermediate care model both include statements referring to the need to address the mental health needs of patients requiring intermediate care, including those with a diagnosis of dementia. There are currently 2,865 living with dementia in Tameside and Glossop.
Both Tameside and Glossop and England's prevalence for dementia is 0.8%.
Tameside and Glossop's Mental Health prevalence rate is: 0.83% (2024 people); and the national prevalence is 0.9% Depression: 10.71% (20969 people) for T&G; 8.3% Nationally.

Carers
Carers data taken from Census 2011 for Tameside & Glossop CCG area indicates that 10.9% of people across Tameside & Glossop provide unpaid care.

The consultation responses included 42.5% of responses from people who saw themselves as having caring responsibilities, against a locality population average of 10.9%. This shows that we have reached the protected characteristic group of 'carers' through this consultation and that their views are reflected in the consultation report presented to the Strategic Commissioning Board.

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Carer		
Yes	10.9	42.5
No	89.1	57.5

Ethnicity
The ethnicity of patients accessing the current intermediate care bed based services has been collated from the past 3 years and is as follows:

2015-2017 Shire Hill

Any Other Ethnic Group	Asian/Asian Brit - India	Not Known	Not Stated	Other Ethnic Gro	White - any other	White - British	White - Irish	Grand Total	% White British	% either not stated or

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	n			up - Chinese	White b/g					not known
3	2	123	118	2	5	308	5	556	55.39	43.34

2015-2017 Stamford Unit, Darnton House

Other	Asian British Bangladesh	Asian British Indian	Asian British Pakistan	Asian British Other Asian	CC_MSGG	Mixed White Asian	Not Known	Not Stated	White Other	White British	White Irish	NULL	Grand Total	% White British	% either not stated or not known
11	1	19	4	1	1	3	78	58	13	1127	6	20	1342	83.9	10.1

The above tables highlight the 'White British' ethnicity has the majority of admissions in the community bed bases, and also shows the Stamford Unit, Darnton House having the most varied ethnic diversity for admissions. The overall ethnicity breakdown for T&G from Census 2011 is also included here for comparison:

Ethnic Group	Number	%
All Persons	**252,414**	
White British	225,792	89.5%
White Irish	1,855	0.7%
Gypsy or Irish Traveller	40	0.0%
White Other	4,014	1.6%
All White	**231,701**	**91.8%**
Mixed: White & Black Carribean	1,479	0.6%
Mixed: White & Black African	565	0.2%
Mixed: White & Asian	948	0.4%
Mixed: Other	586	0.2%
All Mixed	**3,578**	**1.4%**
Asian: Indian	3,738	1.5%
Asian: Pakistani	4,954	2.0%
Asian: Bangladeshi	4,296	1.7%
Asian: Chinese	1,031	0.4%
Asian: Other	804	0.3%
All Asian	**14,823**	**5.9%**
Black: African	1,222	0.5%
Black: Carribean	421	0.2%
Black: Other	231	0.1%
All Black	**1,874**	**0.7%**
Other: Arab	168	0.1%
Any Other Ethnic Group	270	0.1%
All Other	**438**	**0.2%**

Source: 2011 Census

Over 89% of the Tameside and Glossop population are White British and of these over 94% are over the age of 65 years.
The data in the consultation report shows that the responses are generally reflective of the Tameside & Glossop population and previous service users from an ethnicity perspective, as detailed in the table below.

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Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Ethnicity		
White	91.8	97.5
BME	8.2	2.5

Sex/Gender

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Gender		
Male	49.1	31.1
Female	50.9	66.8
Prefer to self-describe	Not available	0.2
Prefer not to say		2.0

Accessibility of Services
The proposal covers home and bed-based intermediate care, with home being the preferred option wherever possible. However, the consultation is focused on the model for the delivery of bed based intermediate care, and the 3 options set out in section 2b of this EIA. The consultation process highlighted that accessibility of services, due in part to the age profile of service users and their main carers was an issue.

This was expected to be an issue which would arise, therefore the CCG prepared and shared data as part of the consultation process to review travel times across the Tameside & Glossop locality, and the postcode of previous users of bed based intermediate care at the Stamford Unit and Shire Hill Hospital. This information was included in the EIA which accompanied the report presented to the Strategic Commissioning Board in August 2017, where the decision to consult was made.

The data below (and attached in **Appendix 3** to this EIA) is the data which was prepared for the August 2017 SCB report, and which was used in the consultation process between 23rd August and 15th December.

Postcode Data
Attached at **Appendix 3** are tables including postcodes of patients/service users between 2015-17 including detail of the Tameside and Glossop neighbourhoods they were resident in at the time of admission.

The total number of admissions to the existing Intermediate Care Units are as follows:

Stamford Unit, Darnton House Summary

Year	Ward Stays	Notes
2015	518	Transitional Care Unit open March 15 to Nov 15
2016	415	Stamford Unit open June 16 to December 16
2017	409	Jan 17 to May 18th 2017

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Shire Hill Summary

Year	Ward Stays	Notes
2015	293	Apr 15 to Dec 15
2016	398	Jan-16 to Dec 16
2017	161	Jan 17 to May 18th 2017

Further analysis can be seen in **Appendix 3** which contains the following documentation:

- Breakdown of patients/service users 2015-2017 to Shire Hill and the Stamford Unit, Darnton House including postcodes /registered GP practices
- Number of referrals to Shire Hill by postcode sector
- Number of referrals to Stamford Unit (Intermediate Care Unit) by postcode sector
- Table showing number of referrals per postcode sector to Shire Hill and Stamford Unit
- Number of referrals to Shire Hill from GP practices
- Number of referrals to Stamford Unit (Intermediate Care Unit) from GP practices

From the patients/service users admitted during 2015-17, the largest percentage of patients from the Hyde Neighbourhood were admitted to Shire Hill. The largest percentage of patients from the Denton Neighbourhood were admitted to the Stamford Unit, Darnton House.

Further analysis of the postcode data of patients/service users using intermediate care services at Shire Hill and Stamford Unit, Darnton House shows that of all Shire Hill patients between 2015 - May 2017, 7.4% lived within 1 mile of Shire Hill whereas 10.7% lived within 1 mile of Stamford Unit, Darnton House. For more information / analysis please see **Appendix 3**

Maps showing patients/service users living with within a 1, and 5 mile radius of Shire Hill and Stamford Unit, Darnton House are also included.

Travel Times

In order to support the development of the Intermediate Care model and inform the consultation process with the public and patients, transport analysis was undertaken. The transport information was included as part of the consultation materials for transparency and to give the public and patients an opportunity to comment on it and articulate their own experiences of travel and access to services.

Basemap's TRACC software was used to calculate travel times to both Shire Hill and Stamford Unit, Darnton House using public transport at both peak and off peak time periods. This covers all major public transport options across Tameside and Glossop including bus, train and tram.

TRACC was also used to calculate drive times at both peak and off peak time periods, and walk times.

Detailed analysis of this drive time, public transport and walk time analysis is attached. Some of the key headlines can be found below.

Drive Times

Further drive time analysis can be found on page 20 of **Appendix 3**.

- During weekdays 0700-0900, 86.3% of Tameside and Glossop residents are within 0-15

minutes' drive of the Stamford Unit compared to 19.3% within 0-15 minutes' drive of Shire Hill.

- During weekdays 1000-1600, 89.3% of residents are within 0-15 minutes' drive of the Stamford Unit comparted to 20.8% within 0-15 minutes' drive of Shire Hill.
- During weekdays 1600-1900, 86.2% of residents are within 0-15 minutes' drive of the Stamford Unit compared to 20.2% within 0-15 minutes' drive of Shire Hill.
- At weekends 0700-1900, 92% of residents are within 0-15 minutes' drive of the Stamford Unit compared to 22.2% within 0-15 minutes' drive of Shire Hill.
- For all four of the above drive time periods 99.8% of residents are within 0-30 minutes' drive of both the Stamford Unit and Shire Hill.

Public Transport

Further drive time analysis can be found on page 20 of **Appendix 3**.

During weekdays 0700-0900 (Tuesday as an example):

- 9% of residents can reach the Stamford Unit by public transport within 0-15 minutes compared to 3.1% to Shire Hill.
- 39.1% of residents can reach the Stamford Unit by public transport within 0-30 minutes and 11.3% to Shire Hill.
- 71.6% of residents can reach the Stamford Unit by public transport within 0-45 minutes and 16.7% to Shire Hill.
- 96.4% can reach the Stamford Unit by public transport within 0-60 minutes and 35.9% to Shire Hill.

During weekdays 1000-1600 (Tuesday as an example), using public transport:

- Within 0-15 minutes, 9.2% of residents can reach the Stamford Unit and 1.9% to Shire Hill.
- Within 0-30 minutes, 40.3% can reach the Stamford Unit and 10.7% to Shire Hill.
- Within 0-45 minutes, 79.6% can reach the Stamford Unit and 24% to Shire Hill.
- Within 0-60 minutes, 99.2% can reach the Stamford Unit and 54.8% to Shire Hill

During weekdays 1600-1900 (Tuesday as an example), using public transport:

- Within 0-15 minutes, 8.5% of residents can reach the Stamford Unit and 1.9% to Shire Hill.
- Within 0-30 minutes, 37.8% can reach the Stamford Unit and 11.2% to Shire Hill.
- Within 0-45 minutes, 77.7% can reach the Stamford Unit and 25.3% to Shire Hill.
- Within 0-60 minutes, 99% can reach the Stamford Unit and 57.1% to Shire Hill.

During weekends 1000-1600 (Saturday as an example), using public transport:

- Within 0-15 minutes, 9.2% of residents can reach the Stamford Unit and 1.9% to Shire Hill
- Within 0-30 minutes, 40.1% can reach the Stamford Unit and 10.6% to Shire Hill
- Within 0-45 minutes, 78.7% can reach the Stamford Unit and 23.9% to Shire Hill
- Within 0-60 minutes, 99% can reach the Stamford Unit and 54.9% to Shire Hill

Walk Time

Further walk time analysis can be found on page 20 of Appendix 3.

In terms of walk time alone:

- 3.6% of residents can walk to the Stamford unit within 0-15 minutes and 0.6% can walk to Shire Hill.
- 15.7% can walk to the Stamford Unit within 0-30 minutes and 4.5% can walk to Shire Hill.
- 31.8% can walk to the Stamford Unit within 0-45 minutes and 9.1% can walk to Shire Hill.
- 43.5% can walk to the Stamford Unit within 0-60 minutes and 13% can walk to Shire Hill.

Key Location Travel Time Analysis

Travel times between 14 key locations (Ashton, Mossley, Stalybridge, Dukinfield, Hyde, Broadbottom, Hattersley, Mottram, Denton, Audenshaw, Droylsden, Hadfield, Gamesley, and Glossop) and both the Stamford Unit and Shire Hill were calculated for various modes of transport

and time periods.

Drive Times

Further key location travel time analysis can be found on page 21 of Appendix 3.

For all four drive time time-periods (weekdays 0700-0900; weekdays 1000-1600; weekdays 1600-1900; weekends 0700-1900) the drive time between 10 of the key locations (Ashton, Mossley, Stalybridge, Dukinfield, Hyde, Hattersley, Mottram, Denton, Audenshaw and Droylsden) was quicker to the Stamford Unit than the drive time between these locations and Shire Hill. For all four drive time time-periods the drive time between Broadbottom, Hadfield, Gamesley and Glossop to Shire Hill was quicker than the drive time between these four locations and the Stamford Unit.

The longest drive time to Shire Hill across all time periods was from Droylsden:

- Weekdays 0700-0900: 25.87 minutes
- Weekdays 1000-1600: 25.2 minutes
- Weekdays 1600-1900: 25.89 minutes
- Weekends 0700-1900: 24.54 minutes

The shortest drive time to Shire Hill across all time periods was from Glossop:

- Weekdays 0700-0900: 3.73 minutes
- Weekdays 1000-1600: 3.99 minutes
- Weekdays 1600-1900: 3.98 minutes
- Weekends 0700-1900: 3.84 minutes

The longest drive time to the Stamford Unit across all time periods was from Glossop:

- Weekdays 0700-0900: 17.55 minutes
- Weekdays 1000-1600: 18.13 minutes
- Weekdays 1600-1900: 18.98 minutes
- Weekends 0700-1900: 17.47 minutes

The shortest drive time to the Stamford Unit across all time periods was from Ashton:

- Weekdays 0700-0900: 4.67 minutes
- Weekdays 1000-1600: 4.5 minutes
- Weekdays 1600-1900: 4.66 minutes
- Weekends 0700-1900: 4.27 minutes

Public Transport

Further key location travel time analysis can be found on page 22 of Appendix 3.

For all four public transport time-periods (Tuesday 0700-0900; Tuesday 1000-1600; Tuesday 1600-1900; Saturday 1000-1600) the public transport travel time between Ashton, Mossley, Stalybridge, Dukinfield, Hyde, Hattersley, Mottram, Denton, Audenshaw and Droylsden to the Stamford Unit was quicker than the public transport travel time between these 10 locations and Shire Hill. For all four public transport time-periods the public transport travel time between Broadbottom, Hadfield, Gamesley and Glossop to Shire Hill was quicker the public transport travel time between these four locations and the Stamford Unit.

The longest public transport travel times to Shire Hill were:

- Tuesday 0700-0900: Droylsden: 76.26 minutes
- Tuesday 1000-1600: Droylsden: 65.69 minutes
- Tuesday 1600-1900: Droylsden: 67.69 minutes
- Saturday 1000-1600: Mossley: 65.18 minutes

The shortest public transport travel times to Shire Hill were:

- Tuesday 0700-0900: Glossop: 9.17 minutes
- Tuesday 1000-1600: Glossop: 9.44 minutes
- Tuesday 1600-1900: Glossop: 9.44 minutes
- Saturday 1000-1600: Glossop: 9.44 minutes

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The longest public transport travel times to the Stamford Unit were:

- Tuesday 0700-0900: Gamesley: 48.65 minutes
- Tuesday 1000-1600: Broadbottom: 47.93 minutes
- Tuesday 1600-1900: Broadbottom: 44.93 minutes
- Saturday 1000-1600: Broadbottom: 47.93 minutes

The shortest public transport travel times to the Stamford Unit were:

- Tuesday 0700-0900: Ashton: 12:13 minutes
- Tuesday 1000-1600: Ashton: 12:13 minutes
- Tuesday 1600-1900: Ashton: 10.96 minutes
- Saturday 1000-1600: Ashton: 12:13 minutes

Walk Times

Further key location travel time analysis can be found on page 23 of **Appendix 3**.
The walk time to Stamford Unit is shorter from Ashton, Mossley, Stalybridge, Dukinfield, Hyde, Hattersley, Mottram, Denton, Audenshaw and Droylsden than the walk time to Shire Hill.
The walk time to Shire Hill from Broadbottom, Hadfield, Gamesley, and Glossop is shorter than the walk time to Stamford Unit.
The longest walk time to Shire Hill is from Droylsden at 208.3 minutes and the shortest is from Glossop at 20.24 minutes.
The longest walk time to the Stamford Unit is from Glossop at 137.32 minutes and the shortest is from Stalybridge at 22.49 minutes.

Updates to Transport Data

The information above was shared through the consultation process to ensure public awareness of the analysis undertaken and the consideration of travel times and access as a potentially key issue. As identified in this EIA and in the report prepared for the Strategic Commissioning Board, the issue of travel times and transport remained a concern, particularly for the residents of the Glossop locality when considering option 2 and the option of removing services from the Shire Hill location.

Concern was also expressed regarding the validity of the data presented and the sources used by the CCG/Single commission.

In light of these concerns, an update of the travel and transport options has been undertaken, using alternative data sources, and providing additional detail on the options available with regard to public transport across the locality. This information is included at **Appendix 4**.

Further transport analysis: Glossop – ICFT journey

The issue of travel times and transport was raised by a number of respondents to the consultation and was a major theme of the feedback, particularly for the residents of the Glossop locality. Concern was also expressed regarding the length of time it takes to travels from the Glossop area to the Stamford Unit at the ICFT site. Alongside this a number of respondents questioned the validity of the data presented and the sources/systems used to arrive at the analysis shown above. In light of these concerns, some further travel analysis has been undertaken for the Glossop – ICFT journey using a number of different tool – 5 in total including the TRACC system. The systems are: TRACC, TfGM Journey Planner, Traveline, Google Maps and Micromarketer. That additional analysis is summarised below and the full travel time analysis, explanations of the systems used and some further information on bus services is attached at Appendix 4 The table below shows the range of travel times across the five tools (where the tool provides data for that mode and time

period).

	Morning	Afternoon	Evening
Walk	2 hours 17 minutes – 2 hours 19 minutes	2 hours 17 minutes – 2 hours 19 minutes	2 hours 17 minutes – 2 hours 19 minutes
Drive	18 minutes – 35 minutes*	18 minutes – 26 minutes	16 minutes – 35 minutes**
Train	59 minutes – 1 hour 12 minutes	1 hour 16 minutes – 1 hour 57 minutes	1 hour 1 minute – 1 hour 8 minutes
Bus (+Walk)	41 minutes – 1 hour 3 minutes	41 minutes – 1 hour 3 minutes	41 minutes – 51 minutes
Bus (Direct)	47 minutes – 1 hour 9 minutes	1 hour 15 minutes – 1 hour 21 minutes	54 minutes – 59 minutes

* 35 minute figure is Peak/Rush Hour: 7:00am-9:00am

** 35 minute figure is Peak/Rush Hour: 4:00pm-7:00pm

Note: Table indicates the range across the five travel time calculator tools. Not all tools were able to calculate times for all modes of travel.

SUMMARY

The data above identifies how we have engaged representatives from the protected characteristic groups in the consultation process, and how the results of the consultation reflect this (where demographic information is available). However, there are key themes arising from the consultation which require particular attention, and which cut across all protected characteristic groups. These are:

- Accessibility of Services (travel time and access)
- Quality of patient care (across all intermediate care services)
- Delivery of services to the Glossop neighbourhood

These issues are therefore included in section 2d below, where mitigations are identified, in some cases specific to the areas of the Tameside & Glossop locality where they were deemed to be of particular concern. The impact of the accessibility of services, and services in the Glossop neighbourhood, impact predominantly on the Glossop neighbourhood and not the other 4 Tameside neighbourhoods.

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2d. Mitigations (where you have identified an impact, what can done to reduce or mitigate the impact?)	
Age	The data in section 2C shows that the age group using intermediate care services are predominantly aged 65+ years and over, and that the response to the consultation include responses from this age group. To ensure the views of this cohort of the local population are taken into account, the consultation process included local groups and sections of the population within this protected characteristic group, and they were supported and encouraged to engage in the consultation. This is evident in the consultation results, and in the information included in this report. Through the process of implementation and ongoing service review, the CCG (Single Commission) and ICFT will ensure the ongoing engagement with service users, including those from the protected characteristic groups, to ensure services delivered are in line with their needs. The sections below including the mitigations relating to accessibility, service quality and services in the Glossop neighbourhood are in response to views expressed by respondents irrespective of their protected characteristic group, and are therefore included as issues in their own right, with respective mitigations.
Disability	The data in section 2c shows that the consultation process effectively engaged people with disabilities, and that their views are reflected in this report. The CCG (Single Commission) and ICFT will ensure that the implementation and ongoing review of intermediate care services is done with input from people representing the local population and the protected characteristic groups identified in this EIA. The sections below including the mitigations relating to accessibility, service quality and services in the Glossop neighbourhood are in response to views expressed by respondents irrespective of their protected characteristic group, and are therefore included as issues in their own right, with respective mitigations.
Mental Health	The CCG ensured engagement of groups representing people with mental health needs, as shown in the list of groups who were involved in the consultation process, attached at **Appendix 1**. The CCG (Single Commission) and ICFT will ensure that the implementation and ongoing review of intermediate care services is done with input from people representing the local population and the protected characteristic groups identified in this EIA. The implementation of the intermediate care model will include the appropriate standards in relation to support for people with dementia, to ensure that people with intermediate care needs who also have dementia are able to benefit from both home and bed based intermediate care. The CCG leads for the commissioning of dementia

	services (from the commissioning and quality & safeguarding directorates) are providing guidance on this work. The sections below including the mitigations relating to accessibility, service quality and services in the Glossop neighbourhood are in response to views expressed by respondents irrespective of their protected characteristic group, and are therefore included as issues in their own right, with respective mitigations
Carers	The data include in section 2c shows effective engagement of carers in the consultation process. We will ensure that throughout the implementation and ongoing review of intermediate care services, we engage representatives of this protected characteristic group. The Partnership Engagement Network will be used to ensure ongoing engagement with a range of stakeholders in further work on intermediate care, and will include representation from the protected characteristic groups, including those representing carers. The sections below including the mitigations relating to accessibility, service quality and services in the Glossop neighbourhood are in response to views expressed by respondents irrespective of their protected characteristic group, and are therefore included as issues in their own right, with respective mitigations.
Ethnicity	The CCG / Single Commission will work with the Integrated Care NHS Foundation Trust to ensure that any future engagement and involvement relating to intermediate care reflects the population who access these services, including consideration of the ethnicity of service users. The commissioners will ensure the ICFT record the ethnicity of users of intermediate care, so that this information can inform any ongoing review and monitoring or the services.
Sex / Gender	The CCG / Single Commission will work with the Integrated Care NHS Foundation Trust to ensure that any future engagement and involvement relating to intermediate care reflects the population who access these services, including consideration of the gender of service users.
Accessibility of Services (travel time and access)	The proposal covers home and bed-based intermediate care, with home being the preferred option wherever possible. We will look to mitigate any impact on service users/patients/carers by minimising the impact of any travel implications to the intermediate care sites, including minimising the movement of existing patients to another base as a result of the implementation of the proposals contained within this document. Transport on admission to the intermediate care beds for the patients / service users will be arranged by the Integrated Care Foundation Trust. There will be no need for patients to arrange their own transport The CCG have re-run the analysis of travel times, as set out in section 2c and **Appendix 4** of this document, to ensure the original calculations

	on which the proposals were based are not as unrealistic as suggested in some responses to the consultation. The Strategic Commission and Integrated Care Foundation Trust will ensure details of all community transport options are made available to people using intermediate care and other ICFT services. A piece of work is being undertaken to review the delivery of all patient transport services across the Tameside & Glossop locality. As stated in the main report and in previous presentations, including those given at the public meetings, one of the key principles within the Tameside & Glossop Care Together approach to integrated intermediate care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. This principle is embodied in this proposal for an intermediate care model. 'Home First' is fundamental to the intermediate care offer and is a key interface between the Integrated Neighbourhoods, community services and the acute setting, ensuring people are supported in the environment that is suited to their own care needs and most likely to achieve positive outcomes. This supports the intermediate care aims of: • Helping people avoid going into hospital unnecessarily; • Helping people be as independent as possible after a stay in hospital; and • Preventing people from having to move into a residential home until they really need to The Home First offer will ensure that people are supported through the most appropriate pathway with "home" always being the default position. The ongoing development and expansion of home based intermediate care services, and the neighbourhood offer in all 5 Tameside & Glossop neighbourhoods aims to reduce the need for bed based care, including bed based intermediate care. To consider the needs of carers and families who need to visit their relatives the CCG and ICFT will be as flexible as possible in relation to visiting times in bed based intermediate care. Derbyshire County Council have emphasised their intention to work with the ICFT and CCG on the delivery of whichever model is the outcome of this consultation / SCB decision, ensuring the needs of the Glossop population are met, whether at home or in bed based care, and wherever this is located. To offer choice of local Intermediate Care provision in light of increased travel times for some carers/ relatives, the Strategic Commissioning Board are to be asked to approve up to 8 beds at any one time for purchase on an individual basis for residents of Glossop, and to agree

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	that the need for individually purchased beds within Glossop will be reviewed by commissioners annually. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre Tameside and Glossop Strategic Commission will work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
Quality of patient care (across all intermediate care services)	The CCG have produced a Quality Impact Assessment to accompany the Strategic Commissioning Board report on Intermediate Care. This QIA sets out the measures the CCG will put in place to provide assurance in relation to the delivery of intermediate care. This includes: Patient Safety: The Single Commission will commission a service which ensures high levels of patient safety whether in patients' homes or bed based. The commissioner will ensure routine quality assurance mechanisms are in place to support the development and delivery of this strategy. Irrespective of the eventual option for the delivery of bed based intermediate care, the provider(s) of the model of care outlined in the paper will include Tameside & Glossop Integrated Care NHS Foundation Trust. Therefore we will monitor delivery of these services via our existing quality and contract monitoring processes. This intention has already been expressed in the Quality & Performance meetings held between the CCG and ICFT Patient experience: There will continue to be high levels of patient engagement and involvement in the further development and implementation of this model following the SCB decision in January 2018. The commissioner and provider expectation is that the model commissioned and delivered will deliver improvements in patient experience, addressing any areas identified by the public / patients during the consultation. The commissioners will seek assurance on expected Improvements in patient experience via the existing quality and contract monitoring process. Safeguarding: The commissioned model will include all required elements of safeguarding legislation, as the provider(s) will include Tameside & Glossop Integrated Care NHS Foundation Trust. The GM Safeguarding Standards are included in the ICFT contract and will be included in any contracts relating to the delivery of intermediate care arising from this consultation. Statutory duty/ inspections: As the providers of the services will continue to include the ICFT, TMBC and DCC they are subject to

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	statutory duties and inspections. The proposed location for the single site intermediate care service, expressed as the preferred option in the consultation, has been subject to CQC assessments via T&GICFT. Any other providers delivering intermediate care as a result of this consultation will be subject to appropriate inspections.
Delivery of services to the Glossop neighbourhood	Although the focus of the consultation was Intermediate Care, assurance was given in the public meetings and in responses to communication received during the consultation that the locality's plans for Integrated Neighbourhood services would not reduce the community provision in the Glossop neighbourhood, but would enhance this provision. Tameside & Glossop ICFT have provided a summary of additional services and details of the integration of existing services within Glossop – attached to the main Strategic Commissioning Board report. The ICFT management structure includes 5 Neighbourhood Clinical Director posts. These are GPs working within the neighbourhoods tasked with clinically leading the development and delivery of services for their neighbourhood. The Glossop role is shared by 2 GPs working in the neighbourhood. In addition, there is a dedicated Integrated Neighbourhood Manager (ICFT employed) for Glossop, driving forward the development of the neighbourhood model (a role which also exists for the other 4 neighbourhoods). Derbyshire County Council have emphasised their intention to work with the ICFT and CCG on the delivery of whichever model is the outcome of this consultation / SCB decision, ensuring the needs of the Glossop population are met, whether at home or in bed based care, and wherever this is located. The response from Derbyshire County Council Adult Social Care is included in the main SCB report at Appendix 6. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre

2e. Evidence Sources
- National Audit of Intermediate Care (2015) - Utilisation Management Review (2014/15) - Staff & Public Engagement / Consultation findings - Census 2011 - QOF 2015/2016 - ONS 2014 health geography mid-year population estimates - Basemap – TRACC Software - TfGM Journey Planner - Traveline

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- Google Maps
- Micromarketer

2f. Monitoring progress		
Issue / Action	**Lead Officer**	**Timescale**
Monitor impact of the Home First service to establish if there has been a reduction in Intermediate Care bed use	ICFT to provide relevant information to T&G CCG (Ali Lewin)	Propose quarterly as part of ICFT contract monitoring
Monitor demographics of Intermediate Care service users to further understand the profile of those who use the service and ensure it continues to fit their needs	ICFT to provide relevant information to T&G CCG (Ali Lewin)	Propose quarterly as part of ICFT contract monitoring
Monitor readmission rates of patients who have previously used Intermediate Care services in Tameside & Glossop	ICFT to provide relevant information to T&G CCG (Ali Lewin)	Propose quarterly as part of ICFT contract monitoring
Continue to monitor the application of routine quality assurance mechanisms to ensure high levels of patient safety for those in receipt of Intermediate Care - whether as part of Home First model or bed based	ICFT to provide relevant information to T&G CCG (Ali Lewin)	Propose quarterly as part of ICFT contract monitoring
Continue to monitor patient experience of implemented Intermediate Care model	ICFT to provide relevant information to T&G CCG (Ali Lewin)	Propose quarterly as part of ICFT contract monitoring

Signature of Contract / Commissioning Manager	**Date**
Alison Lewin	
Signature of Assistant Director / Director	**Date**
Jessica Williams	

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APPENDIX 1

Tameside & Glossop Clinical Commissioning Group Intermediate Care Consultation

COMMUNITY AND WIDER ENGAGEMENT: COMMUNITY GROUPS

Access Glossop	Fitoverfifty	Mencap
Action Together	Foodbanks	MIND TOG
Adullam Homes	Glossop Arts project	MS Society
Age Concern Glossop	Glossopdale Furniture Project	National Childbirth Trust Glossop and District
Age UK	Glossop Sure Start Children's	New Life Church Ashton
Age UK Derby & Derbyshire	Glossopdale Street Pastors	Newsdisk
Alzheimer's Association	Glossopdale VIP Group	Outreach Glossop
Amber Trust	Glossopdale Women's Institute	Over 50s Computer Group
Anthony Seddon Centre	Grafton Centre	Over 75s Project
Bare Necessities	Greystones	Padfield Residents Society
Be Well	G52	Parish Church of All Saints Glossop
Blythe House	Healthwatch Derbyshire	Parkinsons Equipment
Branching Out Glossop	Healthwatch Tameside	Patient Advice & Liaison Service
Bridges	High Peak Community Group	Peak Active Sport
CAP Money Course	High Peak Community Safety Partnership	Peak Film Society
Cascade Baby Bundles	High Peak CVS	People First
Central Methodist Church Hyde	High Peak Disability Sport	Probation service Public Health
Change Grow Live	High Peak Fibromyalgia& ME CFC Support Group	Reuben's Retreat
Church of the Nazarene	High Peak Foodbank	Samaritans Buxton
Citizens Advice Bureau	High Peak Learning Disabilities Team	SSAFA
Countryside Volunteers	High Peak MS Support Local Contact	St Charles RC Church
Cranberries	High Peak Night stop	St Marys RC Church
Crossroads	High Peak Prostate Cancer Support Group	Stockport Cerebral Palsy Society
Deaf & Hearing Support	High Peak ROKPA	Stroke Association
Dementia Friendly Glossop	Home Start High Peak	Tameside & Glossop MIND
Derbyshire Alcohol Advice Service	Hyde Bangladeshi Welfare Association	Tameside & Glossop NHS Trust
Derbyshire Carers	Hyde Community Action	Tameside & Glossop Stroke Information & Support Group
Do Sport UK	Infinity Initiatives	Tameside African Refugee Association
Elim Church	Jericho Café	Tameside Carers Association
Enable Housing Association	Khush Amdid	Tameside Sight
Europia	Life you Choose	TASCA
Fairplay	Making Space	The Helping Hand Hyde

Dementia Action Alliance	Trinity Church Audenshaw	Whitfield Parish
Tameside and Glossop Dementia Action Alliance	Volunteer Centre	West African Development
Tameside Armed Service Community (TASC)	Volunteer Centre Glossop and District	Write From the Heart
Tameside Fibromyalgia & ME/CFS Support Group	Timeswap Time Bank	Youth Forum

	Public transport related concerns (particularly in relation to travelling from Glossop)	185
5a(8)	Public transport	127
5b(9)	Public transport	76
7(5)	Public transport	17

	Increased car drive times for those who may have to travel further	38
5a(9)	Car drive times	19
5b(10)	Car drive times	16
7(6)	Car drive times	4

	Traffic congestion (particularly in relation to Glossop)	55
5a(10)	Traffic congestion / issues	32
5b(11)	Traffic congestion / issues	20
7(7)	Traffic congestion	6

	Travel costs for those who may have to travel further	42
5a(13)	Travel costs	24
5b(14)	Travel costs	17
7(12)	Travel costs	3

	Parking is good at Shire Hill	16
5a(11)	Parking - good at Shire Hill	5
5b(12)	Parking - good at Shire Hill	9
7(8)	Parking - positive at Shire hill	2

	Issues around parking at Stamford Unit and Hospital site	46
5a(12)	Parking - poor at Stamford Unit / Tameside Hospital	12
5b(13)	Parking - poor at Stamford Unit / Tameside Hospital	30
7(11)	Parking - negative at Stamford Unit / Tameside Hospital	5

	General comments and concerns relating to travel time and accessibility	226
4(25)	Transport/Travel Time/Accessibility Comment	71
5a(14)	Other transport / travel time / accessibility related comment	84
5b(15)	Other transport / travel time / accessibility related comment	90
6(17)	Transport/Travel Time/Accessibility	16
7(13)	Other transport / travel time / accessibility related comment	26

	Support for Option 1 – maintain current arrangements of Intermediate Care beds	320
5a(3)	Agree with Option 1 - Keep Shire Hill open / no change needed	195
5a(4)	General support for option 1 - other comments	103
6(1)	Reiterating support for option 1	94

	Keep Shire Hill / no change to current arrangements	225
4(29)	Keep Shire Hill	66
5c(12)	QSupport for Shire Hill	47
7(1)	Support for Shire Hill / no change to service needed	159

	Need to invest in Shire Hill	84
5a(25)	Invest in Shire Hill	20
5b(29)	Invest in Shire Hill	19
6(7)	Improve facilities at / invest in Shire Hill	56

	Impact on physiotherapy and other services at Shire Hill	61
4(27)	Comments relating to physiotherpay service/other services delivered at Shire Hill	11
5a(17)	Comments relating to physiotherapy service / other services delivered at Shire Hill	29
5b(22)	Comments relating to physiotherapy service / other services delivered at Shire Hill	17
7(17)	Comments relating to physiotherapy service / other services delivered at Shire Hill	13

	Support for Option 2 - all bed-based intermediate care in a single location at the Stamford Unit	132
5b(7)	Agree with option 2	88
5b(8)	General support for option 2 - other comments	41
6(2)	Reiterating support for option 2	12

	Support for Option 3 - developing a scheme of bed based intermediate care within local private care homes	47
5c(3)	Agree with option 3	3
5c(4)	General support for option 3 - other comments	32
6(3)	Reiterating support for option 3	10

	Opposition to Option 1 - maintain current arrangements of Intermediate Care beds	43
5a(7)	General opposition of option 1 - other comments	43

	Opposition to Option 2 – all bed-based intermediate care in a single location at the Stamford Unit	167
5b(5)	General opposition of option 2 - other comments	167
6(5)	Reiterating opposition to option 2	1

	Opposition to Option 3 - developing a scheme of bed based intermediate care within local private care homes	199
5c(11)	General opposition of option 3 - other comments	197
6(6)	Reiterating opposition to option 3	3

	Criticism of care at Stamford Unit / Hospital	72
4(18)	Criticism of Stamford Unit / Tameside Hospital	11
5b(18)	Comments relating to Tameside Hospital / Stamford Unit - negative	52
7(25)	ICFT standards/care- negative comment	17

	Support for Stamford Unit and intermediate care delivered there	52
5a(6)	Support for intermediate care services at Stamford Unit / Tameside Hospital	23
5b(17)	Comments relating to Tameside Hospital / Stamford Unit - positive	20
7(3)	Support for Intermediate Care at Stamford Unit / Tameside Hospital	18

	Positive comments around care and service at Shire Hill	142
4(10)	Shire Hill - aids faster recovery	15
4(11)	Shire Hill - friendly staff / atmosphere	10
4(12)	Shire Hill - safety / high quality care	29
5a(26)	Shire Hill is more convinient for visitors	63
5b(30)	Shire Hill is more convinient for visitors	56
5c(2)	Patient care and safety - positive	1

	Other comments regarding Shire Hill	76
4(13)	Other comments regarding Shire Hill	75
7(9)	Parking - negative at Shire Hill	1

	Comments and concerns about NHS funding	101
4(19)	Comments / concerns about NHS funding	41
5a(19)	Comments / concerns about NHS funding	14
5b(23)	Comments / concerns about NHS funding	15
6(9)	Comments / concerns about NHS funding	19
7(16)	Comments / convcerns about NHS funding	23

	Criticism of the consultation process	163
4(20)	Reference to consultation process	7
5a(15)	Questioning of statistics (including travel time) provided as part of consultation process	81
5a(16)	Other reference to consultation process	43
5b(19)	Questioning of statistics (including travel time) provided as part of consultation process	16
5b(20)	Other reference to consultation process	23
7(14)	Questioning of statistics (including travel time) provided as part of consultation process	3
7(15)	Other reference to consultation process	34

	Future of intermediate care – increasing demand and the need to invest in intermediate care	153
4(8)	Need for local services	94
5a(27)	Demand for Intermediate Care in T&G will increase in future/ageing population	26
7(22)	Demand for Intermediate Care in T&G will increase in future/ageing population	15
7(23)	Invest in Intermediate Care facilities acrosGlossop and/or Tameside	33

	Comments around the need for local services – particularly in Glossop	259
5a(1)	Need for local services in Glossop	135
5b(2)	Does not meet needs of local population	63
5b(4)	Need for local services in Glossop	45
5c(13)	Need for local services in Glossop	17
6(8)	Need for local services	42
7(2)	Need for local services	81

	Concern about staff and jobs at Shire Hill	50
4(30)	Concern about Shire Hill Staff/Jobs	5
5a(24)	Concern about Shire Hill Staff/Jobs	22
5b(28)	Concern about Shire Hill Staff/Jobs	21
7(24)	Concern about Shire Hill Staff/Jobs	12

	Positive comments in support of the Home First model	352
4(1)	Patients prefer to stay at home	38
4(2)	Positive to be close to family and friends	10
4(3)	General support of care at home - other comments	320
6(15)	Support for home based care	17
7(4)	Support for care at home	10

	Public expectations and concerns around the Home First model	400
4(4)	Concern for those who live alone	25
4(5)	Will increase pressure on family and friends	10
4(6)	Some people are better cared for in hospital	34
4(7)	General opposition of care at home - other comments	107
4(9)	Need for intermediate care beds (i.e. non-home based / hospital based)	81
4(15)	Patient care and safety - negative	23
4(16)	Comment about how home care will be staffed - resource / capacity / time provided for care	172
4(17)	Reference to home equipment and adaptations	13
4(26)	Good idea in principle but dependent on other factors	64
4(28)	Home care suits some, not all patients, depending on patient need	46
7(27)	Concerns re Homcare	11

	Unfairness to Glossop and need to listen to Glossop residents	93
5b(1)	Unfairness for Glossop residents	82
7(26)	Listen to patients and/or the people of Glossop	11

	Concerns and criticisms of private care	148
5c(5)	Staffing and capacity	58
5c(8)	Patient care and safety - negative	59
5c(1)	Travel and accessibility - positive	5
5c(7)	Travel and accessibility - negative	23
5c(19)	Quality of local care home is not of a high enough standard	39

	Specific comments / concerns relating to the delivery / implementation of Option 3 – developing a scheme of bed based intermediate care within local private care homes	248
5c(6)	Not enough care homes / too many on waiting lists already / not enough capacity	79
5c(9)	Privatisation of NHS services	61
5c(10)	Would not work / not feasible	73
5c(20)	More information about this option is necessary for participants to feedback properly	21
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6(16)	Reduce beds in Shire Hill, but do not remove IC provision entirely	9
6(18)	Alternative Option Suggested	31
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5a(18)	Staffing and capactiy	42
5b(21)	Staffing and capacity	49

	Patient care and safety - various comments positive and negative	87
5a(2)	Patient care and safety - positive	31
5b(6)	Patient care and safety - positive	10
5a(5)	Patient care and safety - negative	10
5b(3)	Patient care and safety - negative	44

	Other comments	66
4(23)	Other	9
5a(22)	Other	4
5b(26)	Other	19
5c(17)	Other	5
6(13)	Q5(2)_Other	10
7(20)	Other	25

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Contents

Shire Hill Summary

2015 Ward Stays by Postcode

Patient Postcode	Number of Ward Stays
SK13	89
SK14	48
M34	39
OL6	26
SK15	24
SK16	21
M43	19
OL5	14
OL7	10
SK23	*
OL3	*
CH2	*
Grand Total	**293**

2016 Ward Stays by Postcode

Patient Postcode	Number of Ward Stays
SK13	113
SK14	56
M34	51
SK15	44
OL6	31
SK16	28
OL7	28
OL5	25
M43	21
S73	*
Grand Total	**398**

2017 Ward Stays by Postcode (Jan to Date)

Patient Postcode	Number of Ward Stays
SK14	42
SK13	38
M34	21
SK15	17
SK16	12
OL7	10
OL6	9
M43	8
OL5	*
BS39	*
Grand Total	**161**

* = data of 5 or less has been suppressed

Stamford Unit Summary

2015 Ward Stays by Postcode

Patient Postcode	Number of Ward Stays
SK14	84
OL6	70
SK15	58
SK16	48
M43	35
SK13	31
OL7	28
OL5	20
M40	*
OL9	*
OL8	*
OL4	*
M11	*
TS26	*
BA13	*
M20	*
M18	*
M33	*
OL3	*
CH2	*
SS2	*
M35	*
WA14	*
PE19	*
CW12	*
Grand Total	**518**

2016 Ward Stays by Postcode

Patient Postcode	Number of Ward Stays
M34	86
SK15	59
SK14	57
OL6	50
OL7	35
SK16	32
M43	32
SK13	25
OL5	10
OL3	*
SK6	*
M12	*
SK1	*
M40	*
CB9	*
SK17	*
M25	*
SK7	*
CW12	*
M45	*
ME3	*
SK3	*
NULL	*
SK8	*
M35	*
SK9	*
TS4	*
WN7	*

2016 Ward Stays Continued

M33	*
OL9	*
Grand Total	**415**

2017 Ward Stays by Postcode (Jan-Date)

Patient Postcode	Number of Ward Stays
SK14	68
M34	63
OL6	51
OL7	48
SK15	45
SK16	44
SK13	39
M43	34
OL5	*
SK6	*
M11	*
M33	*
TF3	*
BL9	*
M25	*
OL9	*
BS39	*
SK5	*
Grand Total	**392**

* = data of 5 or less has been suppressed

Shire Hill Referrals by GP Practice

* = data of 5 or less has been suppressed

2015 Ward Stays by GP Practice

Neighbourhood	GP Practice	Number of Ward Stays
Glossop	MANOR HOUSE SURGERY	30
N/A	WESLEY STREET	19
Hyde	MOTTRAM MOOR	16
Denton	DENTON MEDICAL PRACTICE	14
N/A	PENNINE MEDICAL CENTRE	13
Denton	MEDLOCK VALE MED. PRACT.	11
Hyde	THE BROOKE SURGERY	11
Hyde	DONNEYBROOK MEDICAL CTR	11
Glossop	HADFIELD MEDICAL CENTRE	11
Ashton	BEDFORD HOUSE MEDICAL CTR	9
Ashton	ALBION MEDICAL PRACTICE	9
Ashton	GORDON STREET MED.CTR.	9
Hyde	THORNLEY HOUSE MED/CTR	8
Denton	CHURCHGATE SURGERY	8
Hyde	HATTERSLEY HEALTH CENTRE	8
Glossop	HOWARD MEDICAL PRACTICE	7
Hyde	DAVAAR MEDICAL CENTRE	7
Glossop	SIMMONDLEY MED PRCTICE	7
Denton	WINDMILL MEDICAL PRACTICE	7
N/A	THE SURGERY	6
Stalybridge	STAVELEIGH MEDICAL CENTRE	6
Denton	76 MARKET STREET	6
Stalybridge	LOCKSIDE MEDICAL CENTRE	6

Neighbourhood	GP Practice	Number of Ward Stays
Stalybridge	THE PIKE MED CTR	*
Ashton	CHAPEL STREET MEDICAL CTR	*
Hyde	THE SMITHY SURGERY	*
Hyde	WEST END MEDICAL CENTRE	*
Hyde	CLARENDON MEDICAL CENTRE	*
Hyde	HT PRACTICE, ASHTON PCC	*
Hyde	GROSVENOR MEDICAL CENTRE	*
Hyde	STALYBRIDGE RESOURCE CTR	*
Hyde	STAMFORD HOUSE	*
Hyde	TAME VALLEY MEDICAL CTR.	*
Hyde	THE HOLLIES SURGERY	*
Hyde	LIME SQUARE	*
Hyde	1-3 ALBION DRIVE	*
Hyde	KING STREET MEDICAL CTR.	*
Hyde	TOWN HALL SURGERY	*
Hyde	THE FAMILY SURGERY	*
Hyde	BROKEN CROSS SURGERY	*
	Grand Total	**293**

2016 Ward Stays by GP Practice

Neighbourhood	GP Practice	Number of Ward Stays
Glossop	MANOR HOUSE SURGERY	43
Hyde	MOTTRAM MOOR	24
N/A	PENNINE MEDICAL CENTRE	23
N/A	WESLEY STREET	18
Denton	WINDMILL MEDICAL PRACTICE	17
Ashton	BEDFORD HOUSE MEDICAL CTR	16
Glossop	HADFIELD MEDICAL CENTRE	15
Stalybridge	GROSVENOR MEDICAL CENTRE	14
Hyde	DAVAAR MEDICAL CENTRE	14
Hyde	THE SMITHY SURGERY	14
Stalybridge	STAVELEIGH MEDICAL CENTRE	13
Denton	DENTON MEDICAL PRACTICE	12
Denton	MEDLOCK VALE MED. PRACT.	12
Ashton	TAME VALLEY MEDICAL CTR.	11
Glossop	HOWARD MEDICAL PRACTICE	11
Denton	76 MARKET STREET	11
Denton	CHURCHGATE SURGERY	10
Hyde	DONNEYBROOK MEDICAL CTR	10
Ashton	ALBION MEDICAL PRACTICE	10
Ashton	HT PRACTICE, ASHTON PCC	10
Hyde	THE BROOKE SURGERY	9
Glossop	SIMMONDLEY MED PRCTICE	9
Stalybridge	KING STREET MEDICAL CTR.	8
Hyde	CLARENDON MEDICAL CENTRE	8
Glossop	THE SURGERY	6
Ashton	WATERLOO MEDICAL CENTRE	6
Hyde	THORNLEY HOUSE MED/CTR	*
Stalybridge	LOCKSIDE MEDICAL CENTRE	*
Hyde	HATTERSLEY HEALTH CENTRE	*
Stalybridge	STALYBRIDGE RESOURCE CTR	*
Ashton	CHAPEL STREET MEDICAL CTR	*
Ashton	WEST END MEDICAL CENTRE	*
Stalybridge	TOWN HALL SURGERY	*
Ashton	GORDON STREET MED.CTR.	*
N/A	CORNERSTONE CENTRE	*
Stalybridge	MOSSLEY MEDICAL PRACTICE	*
Ashton	STAMFORD HOUSE	*
Hyde	THE HOLLIES SURGERY	*
N/A	LIME SQUARE	*
Stalybridge	THE PIKE MED CTR	*
Denton	1-3 ALBION DRIVE	*
	Grand Total	**398**

2017 Ward Stays by GP Practice (Jan to Date)

Neighbourhood	GP Practice	Number of Ward Stays
Glossop	MANOR HOUSE SURGERY	17
Hyde	DONNEYBROOK MEDICAL CTR	10
Hyde	MOTTRAM MOOR	9
Ashton	BEDFORD HOUSE MEDICAL CTR	7
Hyde	HATTERSLEY HEALTH CENTRE	7
Hyde	DAVAAR MEDICAL CENTRE	7
Denton	DENTON MEDICAL PRACTICE	7
Glossop	HOWARD MEDICAL PRACTICE	7
Denton	76 MARKET STREET	6
Stalybridge	STAVELEIGH MEDICAL CENTRE	6
n/a	WESLEY STREET	6
Denton	WINDMILL MEDICAL PRACTICE	*
Ashton	ALBION MEDICAL PRACTICE	*
Hyde	THE BROOKE SURGERY	*
Hyde	THORNLEY HOUSE MED/CTR	*
Stalybridge	STALYBRIDGE RESOURCE CTR	*
Denton	CHURCHGATE SURGERY	*
Denton	MEDLOCK VALE MED. PRACT.	*
Stalybridge	KING STREET MEDICAL CTR.	*
Stalybridge	LOCKSIDE MEDICAL CENTRE	*
Hyde	THE SMITHY SURGERY	*
Glossop	HADFIELD MEDICAL CENTRE	*
Stalybridge	GROSVENOR MEDICAL CENTRE	*
Glossop	SIMMONDLEY MED PRCTICE	*
Ashton	WEST END MEDICAL CENTRE	*
Hyde	CLARENDON MEDICAL CENTRE	*
Ashton	HT PRACTICE, ASHTON PCC	*
Stalybridge	THE PIKE MED CTR	*

Neighbourhood	GP Practice	Number of Ward Stays
Ashton	CHAPEL STREET MEDICAL CTR	*
Ashton	TAME VALLEY MEDICAL CTR.	*
Ashton	WATERLOO MEDICAL CENTRE	*
Stalybridge	HOLLYBANK	*
n/a	PENNINE MEDICAL CENTRE	*
n/a	HARPTREE SURGERY	*
n/a	HGR OPENSHAW PCC	*
Glossop	THE SURGERY	*
n/a	THE FAMILY SURGERY	*
	Grand Total	**161**

Stamford Unit Referrals by GP Practice

2015 Ward Stays by GP Practice

Neighbourhood	GP Practice	Number of Ward Stays
Denton	WINDMILL MEDICAL PRACTICE	36
Denton	HAUGHTON/THORNLEY MEDICAL CENTRES	29
Ashton	ALBION MEDICAL PRACTICE	24
Ashton	BEDFORD HOUSE MEDICAL CENTRE	24
Hyde	DONNEYBROOK MEDICAL CENTRE	22
Hyde	HAUGHTON/THORNLEY MEDICAL CENTRES	20
Ashton	CHAPEL STREET MEDICAL CENTRE	18
Hyde	HATTERSLEY GROUP PRACTICE	18
Hyde	CLARENDON MEDICAL CENTRE	18
Stalybridge	GROSVENOR MEDICAL CENTRE	17
Denton	CHURCHGATE SURGERY	17
Denton	DENTON MEDICAL PRACTICE	16
Denton	MEDLOCK VALE MEDICAL PRACTICE	15
N/A	LIME SQUARE MEDICAL CENTRE	14
Hyde	THE HOLLIES SURGERY	12
Hyde	THE BROOKE SURGERY	12
Stalybridge	ST.ANDREW'S HOUSE SURGERY	12
Hyde	AWBURN HOUSE MEDICAL PRACTICE	12
Denton	MARKET STREET MEDICAL PRACTICE	12
	STAVELEIGH MEDICAL CENTRE	11
	GORDON STREET MEDICAL CENTRE	11
	PENNINE MEDICAL CENTRE	11
	PIKE MEDICAL PRACTICE	10
	MANOR HOUSE SURGERY	8
	WATERLOO MEDICAL CENTRE	8
	KING STREET MEDICAL CENTRE	8
	TAME VALLEY MEDICAL CENTRE	8
	HADFIELD MEDICAL CENTRE	7

Neighbourhood	GP Practice	Number of Ward Stays
	LAMBGATES HEALTH CENTRE	7
	TOWN HALL SURGERY	6
	DAVAAR MEDICAL CENTRE	6
	DROYLSDEN MEDICAL PRACTICE	6
	GROUP PRACTICE CENTRE	*
	LOCKSIDE MEDICAL CENTRE	*
	WEST END MEDICAL CENTRE	*
	EASTLANDS MEDICAL CENTRE	*
	THE SMITHY SURGERY	*
	GUIDE BRIDGE MEDICAL PRACTICE	*
	STAMFORD HOUSE	*
	FLORENCE HOUSE MEDICAL PRACTICE	*
	DR MOKASHI	*
	FAMILY SURGERY	*
	CORNERSTONE FAMILY PRACTICE	*
	ALEXANDRA GROUP MED PRACT	*
	MOSSLEY MEDICAL PRACTICE	*
	THE MAZHARI & KHAN PRACTICE	*
	FIVE OAKS FAMILIY PRACTICE	*
	LINDLEY HOUSE HEALTH CENTRE	*
	ASHTON GP SERVICE	*
	EDENBRIDGE MED PRACTICE	*
	THE WEAVER VALE SURGERY	*
	PARK VIEW GROUP PRACTICE	*
	ARCHWOOD MEDICAL PRACTICE	*
	GORTON MEDICAL CENTRE	*
	THE SURGERY 1	*
	COTTAGE LANE SURGERY	*

2015 Ward Stays Continued

BROKEN CROSS SURGERY	*
SIMMONDLEY MEDICAL PRACTICE	*
ALVANLEY FAMILY PRACTICE	*
SIDDIQUE & AGHA	*
Grand Total	**518**

2016 Ward Stays by GP Practice

Neighbourhood	GP Practice	Number of Ward Stays
Denton	WINDMILL MEDICAL PRACTICE	39
Denton	HAUGHTON/THORNLEY MEDICAL CENTRES	24
Ashton	ALBION MEDICAL PRACTICE	21
Stalybridge	STAVELEIGH MEDICAL CENTRE	19
Hyde	DONNEYBROOK MEDICAL CENTRE	18
Ashton	TAME VALLEY MEDICAL CENTRE	16
Denton	DENTON MEDICAL PRACTICE	16
Hyde	THE BROOKE SURGERY	14
Ashton	BEDFORD HOUSE MEDICAL CENTRE	14
Denton	MARKET STREET MEDICAL PRACTICE	13
Denton	CHURCHGATE SURGERY	12
Stalybridge	LOCKSIDE MEDICAL CENTRE	12
Ashton	CHAPEL STREET MEDICAL CENTRE	10
Hyde	AWBURN HOUSE MEDICAL PRACTICE	10
Ashton	STAMFORD HOUSE	10
Stalybridge	GROSVENOR MEDICAL CENTRE	9
Hyde	CLARENDON MEDICAL CENTRE	9
Ashton	HT PRACTICE	9
N/A	PENNINE MEDICAL CENTRE	8
N/A	LIME SQUARE MEDICAL CENTRE	8
Hyde	THE SMITHY SURGERY	8
Stalybridge	KING STREET MEDICAL CENTRE	8
Glossop	MANOR HOUSE SURGERY	8
Ashton	WEST END MEDICAL CENTRE	7
Glossop	COTTAGE LANE SURGERY	6
Stalybridge	TOWN HALL SURGERY	6
Ashton	GORDON STREET MEDICAL CENTRE	6
Stalybridge	ST.ANDREW'S HOUSE SURGERY	6
Denton	MEDLOCK VALE MEDICAL PRACTICE	6

Neighbourhood	GP Practice	Number of Ward Stays
Ashton	ASHTON GP SERVICE	*
Hyde	DAVAAR MEDICAL CENTRE	*
Hyde	HATTERSLEY GROUP PRACTICE	*
Glossop	SIMMONDLEY MEDICAL PRACTICE	*
Hyde	THE HOLLIES SURGERY	*
Glossop	LAMBGATES HEALTH CENTRE	*
N/A	SADDLEWORTH MEDICAL PRACTICE	*
Stalybridge	PIKE MEDICAL PRACTICE	*
N/A	THE MAZHARI & KHAN PRACTICE	*
Glossop	HADFIELD MEDICAL CENTRE	*
Denton	DROYLSDEN MEDICAL PRACTICE	*
N/A	CORNERSTONE FAMILY PRACTICE	*
N/A	FLORENCE HOUSE MEDICAL PRACTIC	*
N/A	DR MOKASHI	*
Glossop	GROUP PRACTICE CENTRE	*
N/A	PARK VIEW GROUP PRACTICE	*
Ashton	WATERLOO MEDICAL CENTRE	*
N/A	CHADSFIELD MEDICAL PRACTICE	*
N/A	NORTHENDEN GROUP PRACTICE	*
N/A	ARCHWOOD MEDICAL PRACTICE	*
N/A	ADDINGHAM SURGERY	*
N/A	THE VILLAGE SURGERY	*
Denton	GUIDE BRIDGE MEDICAL PRACTICE	*
N/A	THE ENDEAVOUR PRACTICE	*
N/A	WILKINSON PRACTICE	*
N/A	GATLEY MEDICAL CENTRE	*
N/A	ALVANLEY FAMILY PRACTICE	*
N/A	THE UPLANDS MEDICAL PRACTICE	*
N/A	FIVE OAKS FAMILIY PRACTICE	*

2016 Ward Stays continued

Neighbourhood	GP Practice	Number of Ward Stays
N/A	READESMOOR MEDICAL GROUP PRACTICE	*
N/A	BRINNINGTON HEALTH CENTRE 2	*
N/A	FAILSWORTH GROUP PRACTICE	*
N/A	GORTON MEDICAL CENTRE	*
N/A	DR DD THOMAS' PRACTICE	*
Stalybridge	MILLBROOK MEDICAL PRACTICE	*
Stalybridge	MOSSLEY MEDICAL PRACTICE	*
	Grand Total	**415**

2017 Ward Stays by GP Practice (Jan to Date)

* = data of 5 or less has been suppressed

Neighbourhood	GP Practice	Number of Ward Stays
Ashton	BEDFORD HOUSE MEDICAL CENTRE	20
Hyde	DAVAAR MEDICAL CENTRE	21
Ashton	ALBION MEDICAL PRACTICE	22
Hyde	CLARENDON MEDICAL CENTRE	16
Denton	WINDMILL MEDICAL PRACTICE	18
Ashton	TAME VALLEY MEDICAL CENTRE	13
Hyde	DONNEYBROOK MEDICAL CENTRE	17
Ashton	CHAPEL STREET MEDICAL CENTRE	14
Glossop	MANOR HOUSE SURGERY	17
Hyde	AWBURN HOUSE MEDICAL PRACTICE	14
Denton	MEDLOCK VALE MEDICAL PRACTICE	14
Denton	DENTON MEDICAL PRACTICE	13
N/A	LIME SQUARE MEDICAL CENTRE	11
Stalybridge	GROSVENOR MEDICAL CENTRE	9
Stalybridge	KING STREET MEDICAL CENTRE	13
Ashton	STAMFORD HOUSE	9
Hyde	HAUGHTON/THORNLEY MEDICAL CENTRES	17
Glossop	LAMBGATES HEALTH CENTRE	10
Stalybridge	ST.ANDREW'S HOUSE SURGERY	7
Hyde	THE BROOKE SURGERY	10
Stalybridge	STAVELEIGH MEDICAL CENTRE	12
Glossop	SIMMONDLEY MEDICAL PRACTICE	6
Ashton	HT PRACTICE	11
Denton	CHURCHGATE SURGERY	9
Ashton	GORDON STREET MEDICAL CENTRE	*
Denton	GUIDE BRIDGE MEDICAL PRACTICE	8
N/A	PENNINE MEDICAL CENTRE	9
Glossop	GROUP PRACTICE CENTRE	*
Hyde	HATTERSLEY GROUP PRACTICE	6
Stalybridge	LOCKSIDE MEDICAL CENTRE	7
Denton	MARKET STREET MEDICAL PRACTICE	7
Ashton	WATERLOO MEDICAL CENTRE	*
Stalybridge	TOWN HALL SURGERY	6
Denton	DROYLSDEN MEDICAL PRACTICE	*
N/A	FIRSWAY HEALTH CENTRE	*
Ashton	ASHTON GP SERVICE	*
Hyde	THE SMITHY SURGERY	*
N/A	THE MISBOURNE SURGERY	*
N/A	SILVERDALE MEDICAL PRACTICE	*
N/A	CORNERSTONE FAMILY PRACTICE	*
N/A	FIVE OAKS FAMILIY PRACTICE	*
N/A	DR MOKASHI	*
N/A	WILKINSON PRACTICE	*
N/A	GORTON MEDICAL CENTRE	*
N/A	EASTLANDS MEDICAL CENTRE	*
Ashton	WEST END MEDICAL CENTRE	*
N/A	HARPTREE SURGERY	*
Glossop	HADFIELD MEDICAL CENTRE	*
	Grand Total	**409**

Number of Referrals to Shire Hill Intermediate Care Unit Per Postcode Sector April 2015-May 2017

N

OL5
42

OL6
66

OL7
48

T&G ICFT

SK15
85

M43
48

SK16
61

SK13
240

M34
111

SK14
146

Shire
Hill ICU

Number of Referrals from Postcodes outside T&G CCG Area: 5

Shire Hill ICU

T&G ICFT

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

Number of Referrals to ICFT Intermediate Care Unit Per Postcode Sector March 2015-May 2017

N

OL5
35
OL6
171
111
SK15
162
T&G ICFT
M43
101
OL7
124
SK16
M34
271
SK14
209
SK13
95
Shire Hill ICU

Number of Referrals from Postcodes outside T&G CCG Area: 63

Shire Hill ICU
T&G ICFT

0 0.425 0.85 1.7 2.55 3.4 Miles

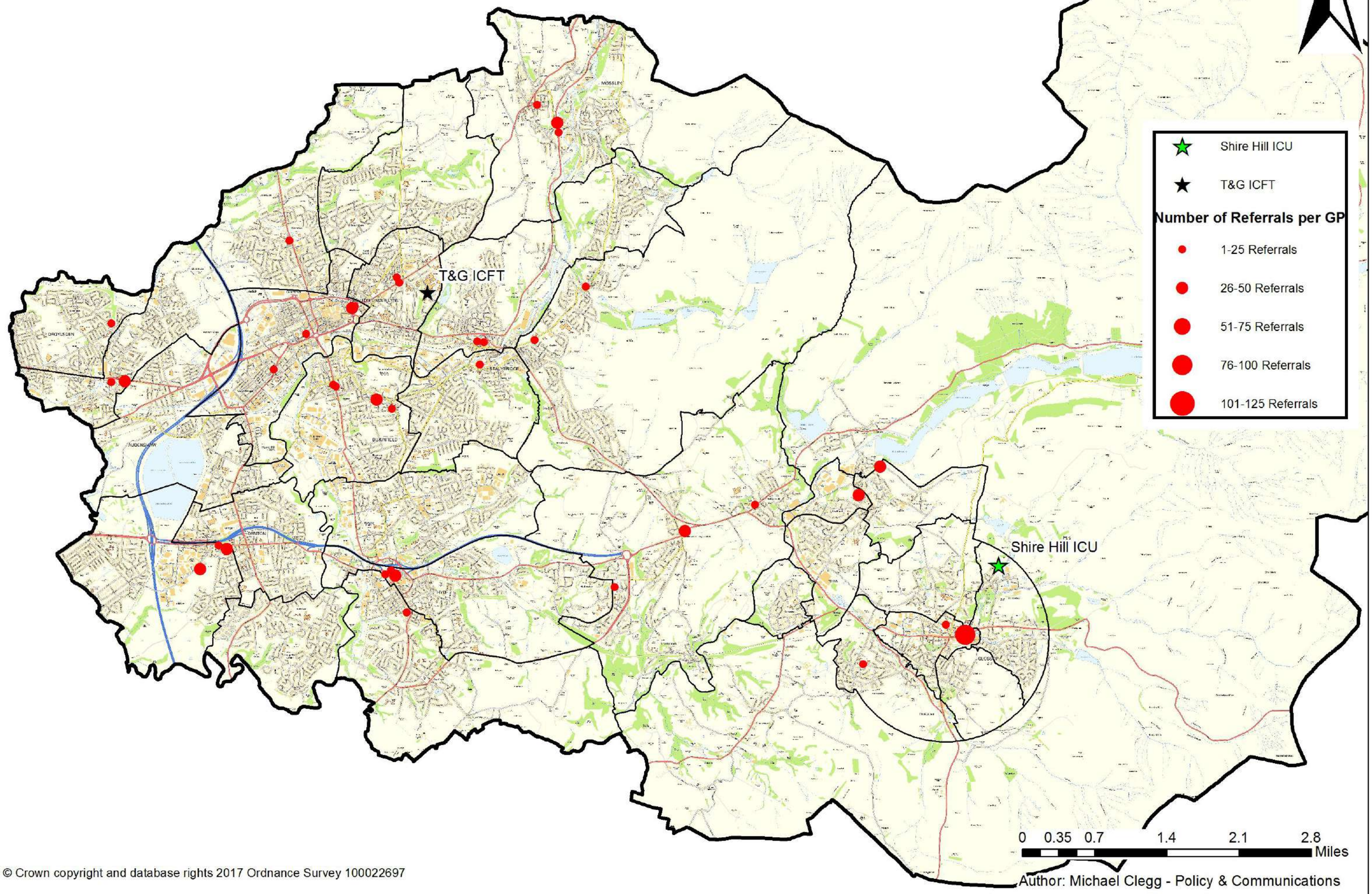
Author: Michael Clegg - Policy & Communications

Postcode Sector	Shire Hill	
	Number of Referrals to Shire Hill (Apr 2015 - May 2017)	Percentage of Referrals to Shire Hill (Apr 2015 - May 2017)
M34	111	13.0
M43	48	5.6
OL5	42	4.9
OL6	66	7.7
OL7	48	5.6
SK13	240	28.2
SK14	146	17.1
SK15	85	10.0
SK16	61	7.2
Other Postcodes	5	0.6
Total	**852**	**100.0**

Postcode Sector	ICFT	
	Number of Referrals to ICFT (Mar 2015 - May 2017)	Percentage of Referrals to ICFT (Mar 2015 - May 2017)
M34	271	20.2
M43	101	7.5
OL5	35	2.6
OL6	171	12.7
OL7	111	8.3
SK13	95	7.1
SK14	209	15.6
SK15	162	12.1
SK16	124	9.2
Other Postcodes	63	4.7
Total	**1342**	**100.0**

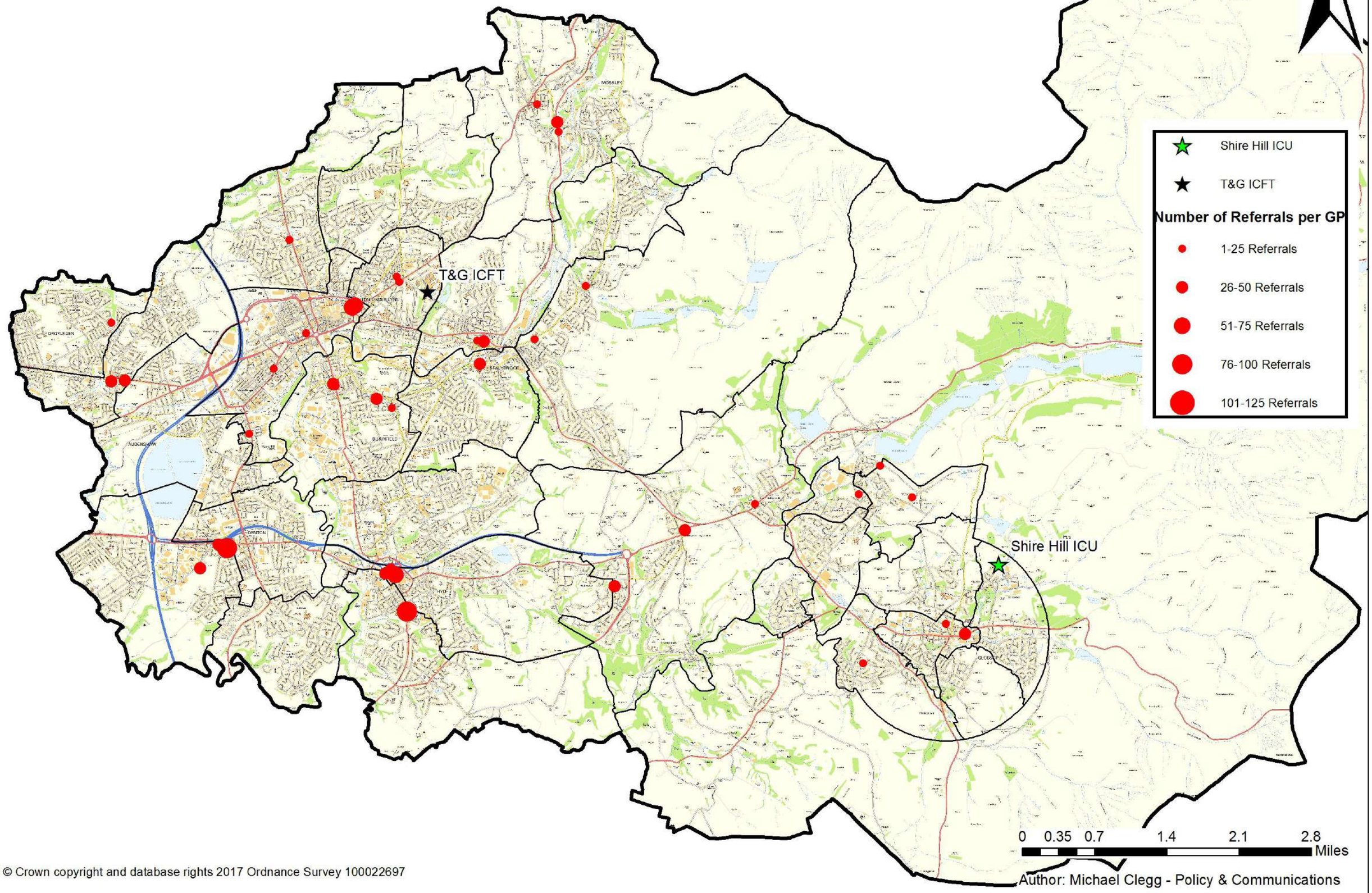
Postcode Sector	Combined Shire Hill and ICFT	
	Total number of Referrals to Shire Hill and ICFT (Data periods as above)	Percentage of Total Referrals to Shire Hill and ICFT Combined (Data periods as above)
M34	382	17.4
M43	149	6.8
OL5	77	3.5
OL6	237	10.8
OL7	159	7.2
SK13	335	15.3
SK14	355	16.2
SK15	247	11.3
SK16	185	8.4
Other Postcodes	68	3.1
Total	**2194**	**100.0**

Referrals from GP Surgeries to Shire Hill Intermediate Care Unit April 2015-May 2017



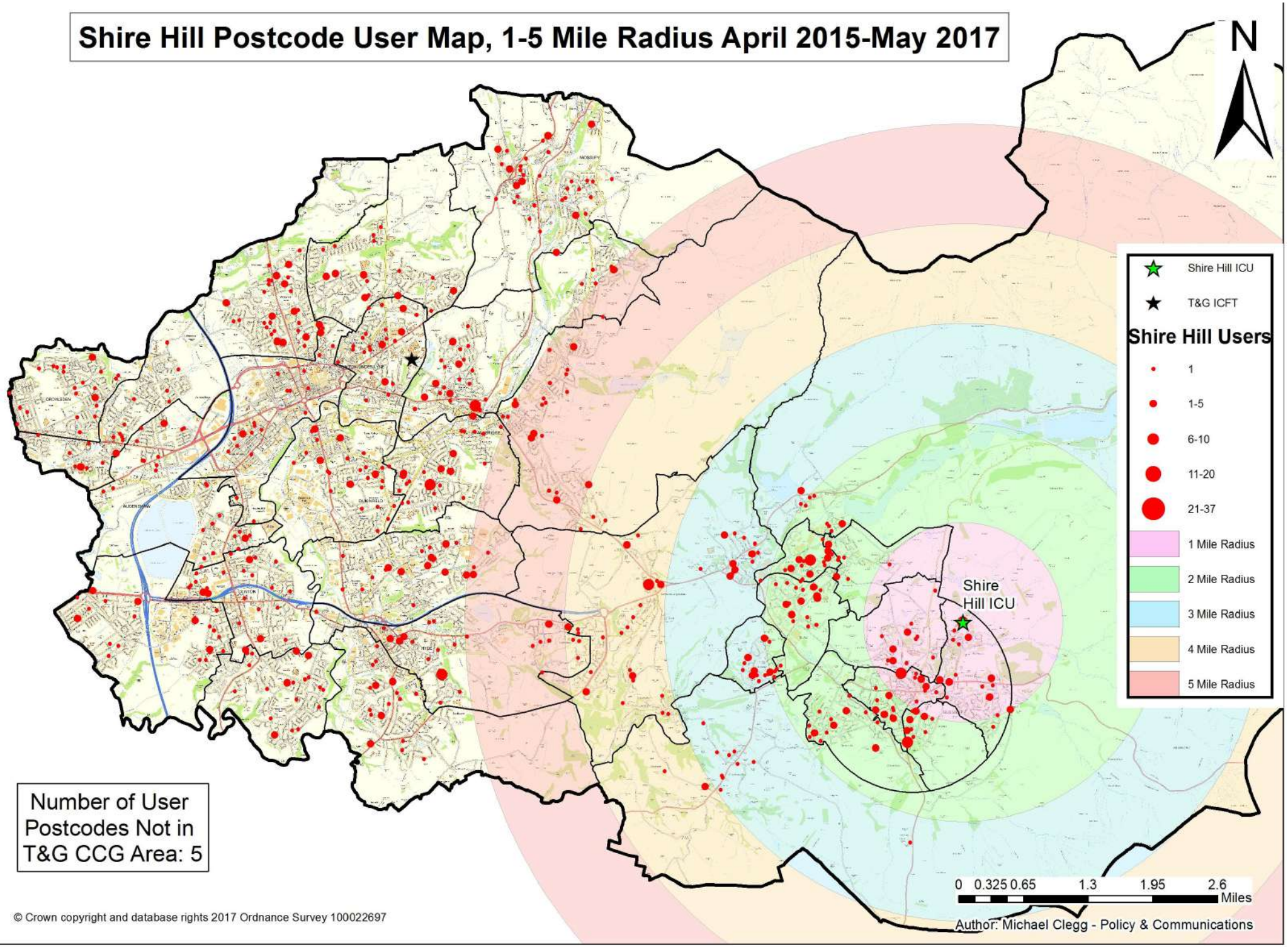
Author: Michael Clegg - Policy & Communications

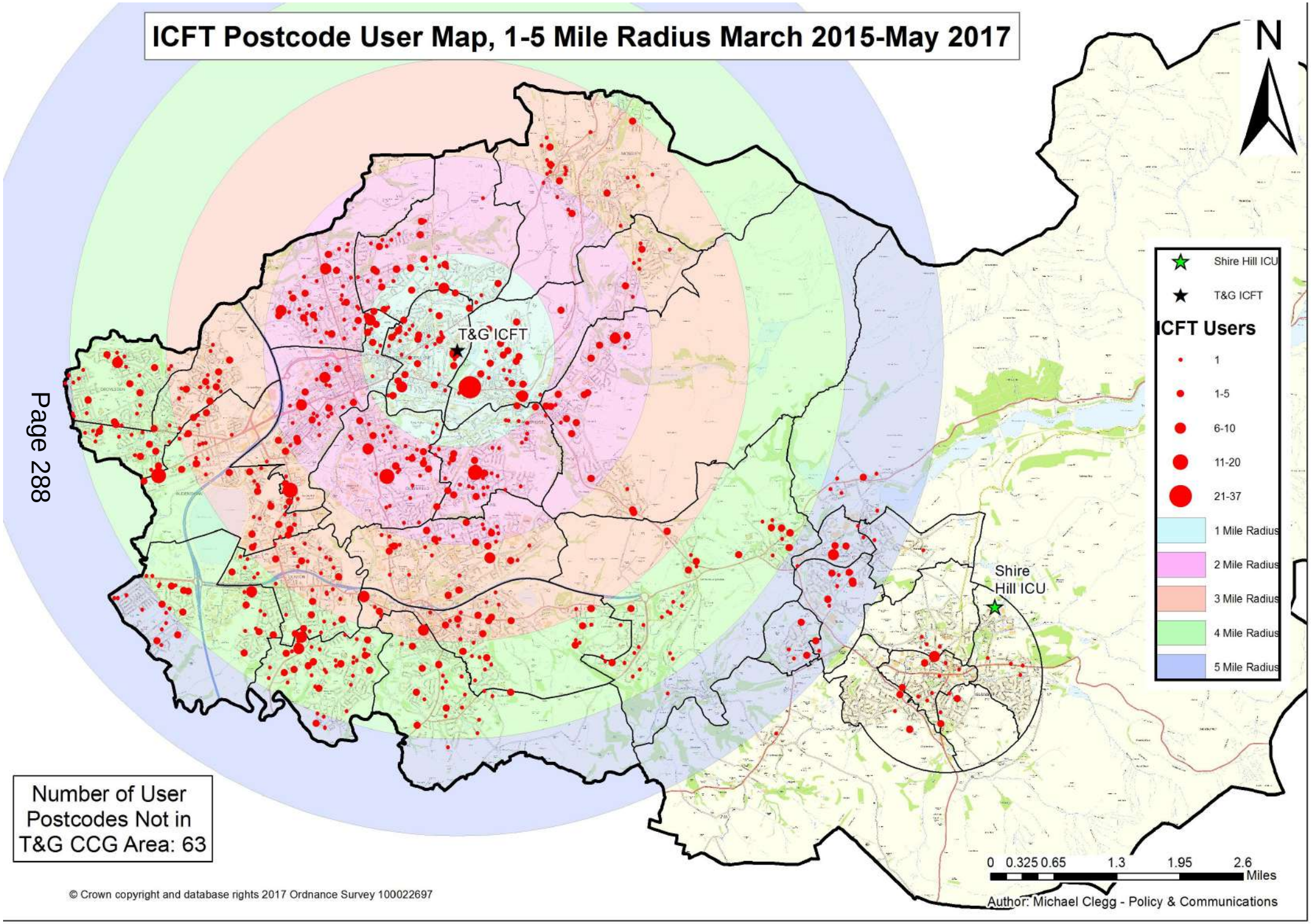
Referrals from GP Surgeries to ICFT Intermediate Care Unit March 2015-May 2017



Author: Michael Clegg - Policy & Communications

Shire Hill Postcode User Map, 1-5 Mile Radius April 2015-May 2017




ICFT Postcode User Map, 1-5 Mile Radius March 2015-May 2017
N
T&G ICFT
Shire Hill ICU
Shire Hill ICU
T&G ICFT
ICFT Users
1
1-5
6-10
11-20
21-37
1 Mile Radius
2 Mile Radius
3 Mile Radius
4 Mile Radius
5 Mile Radius
Number of User Postcodes Not in T&G CCG Area: 63
0 0.325 0.65 1.3 1.95 2.6
Miles
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Intermediate Care Unit	Number of service users from Tameside and Glossop postcodes
Shire Hill (April 2015-May 2017)	847
ICFT (March 2015-May 2017)	1279

Shire Hill Users	Number of Shire Hill users within 1 mile radius of:	% within 1 mile radius of:	Number of Shire Hill users within 2 mile radius of:	% within 2 mile radius of:	Number of Shire Hill users within 3 mile radius of:	% within 3 mile radius of:	Number of Shire Hill users within 4 mile radius of:	% within 4 mile radius of:	Number of Shire Hill users within 5 mile radius of:	% within 5 mile radius of:	Number of Shire Hill users outside of 5 mile radius of:	% outside of 5 mile radius of:
Shire Hill	63	7.4	209	24.7	255	30.1	296	34.9	339	40.0	508	60.0
ICFT	91	10.7	261	30.8	412	48.6	588	69.4	707	83.5	140	16.5

ICFT Users	Number of ICFT users within 1 mile radius of:	% within 1 mile radius of:	Number of ICFT users within 2 mile radius of:	% within 2 mile radius of:	Number of ICFT users within 3 mile radius of:	% within 3 mile radius of:	Number of ICFT users within 4 mile radius of:	% within 4 mile radius of:	Number of ICFT users within 5 mile radius of:	% within 5 mile radius of:	Number of ICFT users outside of 5 mile radius of:	% outside of 5 mile radius of:
Shire Hill	20	1.6	89	7.0	111	8.7	146	11.4	206	16.1	1073	83.9
ICFT	216	16.9	569	44.5	837	65.4	1156	90.4	1231	96.2	48	3.8

Mode of Transport/Time Period	Location	% of Population within 0-15 Minutes	% of Population within 0-30 Minutes	% of Population within 0-45 Minutes	% of Population within 0-60 Minutes	% of Population 60 Minutes +
Drive Time Monday-Friday 0700-0900	Shire Hill	19.3	99.8	99.8	99.8	0.2
	ICFT	86.3	99.8	99.8	99.8	0.2
Drive Time Monday-Friday 1000-1600	Shire Hill	20.8	99.8	99.8	99.8	0.2
	ICFT	89.3	99.8	99.8	99.8	0.2
Drive Time Monday-Friday 1600-1900	Shire Hill	20.2	99.8	99.8	99.8	0.2
	ICFT	86.2	99.8	99.8	99.8	0.2
Drive Time Weekend 0700-1900	Shire Hill	22.2	99.8	99.8	99.8	0.2
	ICFT	92.0	99.8	99.8	99.8	0.2
Public Transport Tuesday 0700-0900	Shire Hill	3.1	11.3	16.7	35.9	64.1
	ICFT	9.0	39.1	71.6	96.4	3.6
Public Transport Tuesday 1000-1600	Shire Hill	1.9	10.7	24.0	54.8	45.2
	ICFT	9.2	40.3	79.6	99.2	0.8
Public Transport Tuesday 1600-1900	Shire Hill	1.9	11.2	25.3	57.1	42.9
	ICFT	8.5	37.8	77.7	99.0	1.0
Public Transport Saturday 1000-1600	Shire Hill	1.9	10.6	23.9	54.9	45.1
	ICFT	9.2	40.1	78.7	99.0	1.0
Walk Time	Shire Hill	0.6	4.5	9.1	13.0	87.0
	ICFT	3.6	15.7	31.8	43.5	56.5

Mode of Transport/Time Period	Location	Count of Population within 0-15 Minutes	Count of Population within 0-30 Minutes	Count of Population within 0-45 Minutes	Count of Population within 0-60 Minutes	Count of Population 60 Minutes +
Drive Time Monday-Friday 0700-0900	Shire Hill	48819	251913	251913	251913	505
	ICFT	217865	251913	251913	251913	505
Drive Time Monday-Friday 1000-1600	Shire Hill	52371	251913	251913	251913	505
	ICFT	225274	251913	251913	251913	505
Drive Time Monday-Friday 1600-1900	Shire Hill	51092	251872	251913	251913	505
	ICFT	217582	251913	251913	251913	505
Drive Time Weekend 0700-1900	Shire Hill	55905	251913	251913	251913	505
	ICFT	232161	251913	251913	251913	505
Public Transport Tuesday 0700-0900	Shire Hill	7773	28559	42178	90534	161884
	ICFT	22684	98597	180776	243314	9104
Public Transport Tuesday 1000-1600	Shire Hill	4826	26892	60650	138329	114089
	ICFT	23323	101624	200858	250422	1996
Public Transport Tuesday 1600-1900	Shire Hill	4854	28314	63845	144022	108396
	ICFT	21526	95450	196140	249866	2552
Public Transport Saturday 1000-1600	Shire Hill	4826	26787	60266	138571	113847
	ICFT	23187	101098	198558	249998	2420
Walk Time	Shire Hill	1406	11339	22973	32825	219593
	ICFT	8960	39705	80157	109868	142550

Travel Times from Key Locations within Tameside and Glossop

Location	Drive Time Mon-Fri 0700-0900 (Time in Minutes)		Drive Time Mon-Fri 1000-1600 (Time in Minutes)		Drive Time Mon-Fri 1600-1900 (Time in Minutes)		Drive Time Weekend 0700-1900 (Time in Minutes)	
	Shire Hill	ICFT	Shire Hill	ICFT	Shire Hill	ICFT	Shire Hill	ICFT
Ashton	22.49	4.67	21.33	4.5	22.91	4.66	20.11	4.27
Mossley	21.71	7.11	20.3	7.18	21.15	7.09	19.37	7.02
Stalybridge	17.49	4.71	16.36	4.71	17.03	4.87	15.61	4.58
Dukinfield	22.13	5.98	21.49	5.79	22.29	6	20.14	5.46
Hyde	17.45	12.4	17.38	12.33	17.04	12.8	16.56	11.3
Broadbottom	12.36	14.45	12.93	14.14	12.98	14.43	12.37	13.41
Hattersley	13.9	12.54	13.15	12.02	13.15	12.51	12.49	11.57
Mottram	11.17	9.96	10.49	9.54	10.59	10.18	9.93	9.22
Denton	20.56	10.64	19.92	10.41	20.11	10.73	19.13	9.77
Audenshaw	22.97	8.12	22.6	7.44	22.83	7.8	21.75	6.99
Droylsden	25.87	9.29	25.52	9.16	25.89	9.54	24.54	8.89
Hadfield	4.96	14.44	5.23	13.89	5.19	14.67	5.13	13.4
Gamesley	8.86	14.55	9.49	15.62	9.1	15.23	8.94	14.05
Glossop	3.73	17.55	3.99	18.13	3.98	18.98	3.84	17.47

Travel Times from Key Locations within Tameside and Glossop

Location	Public Transport Tuesday 0700-0900 (Time in Minutes)		Public Transport Tuesday 1000-1600 (Time in Minutes)		Public Transport Tuesday 1600-1900 (Time in Minutes)		Public Transport Saturday 1000-1600 (Time in Minutes)	
	Shire Hill	ICFT	Shire Hill	ICFT	Shire Hill	ICFT	Shire Hill	ICFT
Ashton	56.7	12.13	51.56	12.13	51.56	10.96	51.56	12.13
Mossley	62.18	15.5	65.18	14.5	66.92	17.5	65.18	14.5
Stalybridge	43.7	14.58	41.7	14.58	39.82	14.58	41.7	14.58
Dukinfield	75.91	28.06	65.07	25.32	62.78	27.14	65.07	25.32
Hyde	61.18	39.2	50.94	38.83	49.55	39.2	50.94	38.83
Broadbottom	45.38	45.81	35.14	47.93	34.14	44.93	35.14	47.93
Hattersley	47.89	32.79	41.71	34.79	41.71	34.79	41.71	34.79
Mottram	28.38	26.38	30.38	26.51	29.66	26.51	30.38	26.51
Denton	70.9	40.39	59.66	36.37	57.66	37.37	59.66	37.37
Audenshaw	60.9	33.92	50.66	31.77	50.66	32.42	50.66	31.77
Droylsden	76.26	31.14	65.69	31.14	67.69	33.34	64.69	31.14
Hadfield	26.36	41.63	26.93	41.63	27.89	41.63	26.93	41.63
Gamesley	30.79	48.65	30.96	43.21	29.68	43.21	30.96	43.21
Glossop	9.17	48.49	9.44	41.06	9.44	41.06	9.44	41.06

Travel Times from Key Locations within Tameside and Glossop

Location	Walk Time (Time in Minutes)	
	Shire Hill	ICFT
Ashton	165.63	25.9
Mossley	168.63	56.05
Stalybridge	129.34	22.49
Dukinfield	162.31	37.22
Hyde	137.41	69.83
Broadbottom	83.58	101.61
Hattersley	97.97	89.88
Mottram	75.02	74.8
Denton	167.31	80.28
Audenshaw	189.64	60.69
Droylsden	208.3	73.01
Hadfield	34.31	113.82
Gamesley	53.94	115.16
Glossop	20.24	137.32

Shire Hill ICU, Drive Time, Monday-Friday, 0700-0900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

0 0.425 0.85 1.7 2.55 3.4 Miles

Author: Michael Clegg - Policy & Communications

T&G ICFT, Drive Time, Monday-Friday, 0700-0900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

0 0.425 0.85 1.7 2.55 3.4
Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU, Drive Time, Monday-Friday, 1000-1600

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

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T&G ICFT, Drive Time, Monday-Friday, 1000-1600

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T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

0 0.425 0.85 1.7 2.55 3.4
Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU, Drive Time, Monday-Friday, 1600-1900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

0 0.425 0.85 1.7 2.55 3.4 Miles

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T&G ICFT, Drive Time, Monday-Friday, 1600-1900

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Shire Hill ICU

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Time Bands
0-15 Minutes
16 - 30 Minutes

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Shire Hill ICU, Drive Time, Weekend, 0700-1900

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Time Bands
0-15 Minutes
16 - 30 Minutes

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T&G ICFT, Drive Time, Weekend, 0700-1900

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T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16 - 30 Minutes

0 0.425 0.85 1.7 2.55 3.4
Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU, Public Transport/Walking Times, Saturday, 1000-1600

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

T&G ICFT, Public Transport/Walking Times, Saturday, 1000-1600

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT

Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2
Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU, Public Transport/Walking Times, Tuesday, 0700-0900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

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T&G ICFT, Public Transport/Walking Times, Tuesday 0700-0900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

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Shire Hill ICU, Public Transport/Walking Times, Tuesday, 1000-1600

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T&G ICFT

Shire Hill ICU

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T&G ICFT
Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

T&G ICFT, Public Transport/Walking Times, Tuesday, 1000-1600

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T&G ICFT

Shire Hill ICU

Shire Hill ICU

T&G ICFT

Time Bands

0-15 Minutes

16-30 Minutes

31-45 Minutes

46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU, Public Transport/Walking Times, Tuesday, 1600-1900

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T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT
Time Bands
0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

T&G ICFT, Public Transport/Walking Times, Tuesday, 1600-1900

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT

Time Bands

0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

Shire Hill ICU Walk Time

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T&G ICFT

Shire Hill ICU

Shire Hill ICU
T&G ICFT

Time Bands

0-15 Minutes
16-30 Minutes
31-45 Minutes
46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2
Miles

Author: Michael Clegg - Policy & Communications

T&G ICFT Walk Time

N

T&G ICFT

Shire Hill ICU

Shire Hill ICU

T&G ICFT

Time Bands

0-15 Minutes

16-30 Minutes

31-45 Minutes

46-60 Minutes

0 0.4 0.8 1.6 2.4 3.2 Miles

Author: Michael Clegg - Policy & Communications

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Travel from Norfolk Square Glossop to T&G ICFT Weekday Morning

	TRACC	TFGM	Traveline	Google Maps	Micromarketer
Walk	2 hours 17 minutes	2 hours 18 minutes	X	2 hour 19 minutes	X
Drive	18.33 minutes (10:00-16:00)	21 minutes	X	28 minutes	Peak - 7-9am 30 - 35 minutes
Train	X	1 hour 5 minutes 10:29 10:32 (3 minutes) Walk to GLOSSOP train station 10:32 10:58 (26 minutes) Take train to GUIDE BRIDGE train station 10:58 11:01 (3 minutes) Walk to Guide Bridge (Stop C), Stockport RD, Shops, Guide Bridge 11:06 11:14 (8 minutes) Take 347 bus to Wellington RD Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 11:14 11:15 (1 minute) Walk to Ashton Bus Station (Stand C), Wellington RD, Ashton Under Lyne 11:23 11:34 (11 minutes) Take 231 bus to Hartshead Sth nr Tameside Hosp, Hospital, Tameside General Hospital	1 hour 12 minutes Depart 10:27, Arrive 10:31 Walk to Glossop Train Station 4 minutes Depart 10:32, Arrive 10:48 Train to Flowery Field 16 minutes Depart 10:48, Arrive 10:56 Walk to Ashton Rd Nr Markham St, Flowery Field 8 minutes. Depart 11:05, Arrive 11:19 Take 346 bus to Penny Meadow Nr Glebe St, Ashton Under Lyne 14 minutes. Depart 11:19, Arrive 11:39 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 20 minutes.	59 minutes 10:28 10:32 (4 minutes) Walk to GLOSSOP train station 10:32 10:58 (26 minutes) Train from Glossop to Guide Bridge Station 10:58 11:05 (7 minutes) Walk from Guide Bridge Station to Guide Bridge (Stop C) 11:05 11:12 (7 minutes) Take bus 219 from Guide Bridge (Stop C) to Ashton Bus Station 11:12 11:20 (8 minutes) Walk from Ashton Bus Station to Ashton Bus Station (Stand P) 11:20 11:24 (4 minutes) Take bus 333 from Ashton Bus Station (Stand P) to Queens Road 11:24 11:27 (3 minutes) Walk from Queens Road to Tameside General Hospital	X
Bus and Walk	41.06 minutes (10:00-16:00) Calculation undertaken for all available methods of public transport, of which the combination of bus and walk was the fastest.	46 minutes-59 minutes 59 minutes 10:03 10:51 (48 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 10:51 11:02 (11 minutes) Walk to Tameside General Hospital 46 minutes 10:53 11:28 (35 minutes) Take 236 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 11:28 11:39 (11 minutes) Walk to Tameside General Hospital	51 minutes-1 hour 3 minutes 1 hour 3 minutes 48 minutes. Depart 10:03, Arrive 10:51 From High Street West Adj Market Hall, Glossop, take 237 bus to Stamford Park (Stop E), Stamford St, Stamford Park Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 15 minutes. Depart 10:51, Arrive 11:06 51 minutes From High Street West Adj Market Hall, Glossop, take 236 bus to Stamford Park (Stop E), Stamford St, Stamford Park 36 minutes. Depart 10:53, Arrive 11:29 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 15 minutes. Depart 11:29, Arrive 11:44	47 minutes- 59 minutes 59 minutes 10:03 10:51 (48 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 10:51 11:02 (11 minutes) Walk to Tameside General Hospital 47 minutes 10:53 11:22 (29 minutes) Take 236 bus to 'The Organ' pub 11:22 11:26 Wait (4 minutes) 11:26 11:40 (14 minutes) Take 387 bus from 'The Organ' pub to Tameside General Hospital	X
Bus Direct to T&G ICFT	X	1 hour 9 minutes 10:23 11:19 (56 minutes) Take 237 bus to Ashton Bus Station (Stand E), Wellington RD, Ashton Under Lyne 11:19 11:23 (4 minutes) 11:23 11:32 (9 minutes) Take 231 bus to Hartshead Sth nr Tameside Hosp, Hospital, Tameside General Hospital	1 hour 15 minutes From High Street West Adj Market Hall, Glossop, take 237 bus to Wellington Rd Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 56 minutes. Depart 10:03, Arrive 10:59 10:59 11:08 (9 minutes) From Ashton Bus Station (Stand D), Wellington Rd, Ashton Under Lyne, take 350 bus to Tameside Gen Hosp (Stop C), Hartshead Way, Tameside General Hospital 10 minutes. Depart 11:08, Arrive 11:18	47 minutes 10:53 11:22 (29 minutes) Take 236 bus to 'The Organ' pub 11:22 11:26 Wait (4 minutes) 11:26 11:40 (14 minutes) Take 387 bus from 'The Organ' pub to Tameside General Hospital	X

Travel from Norfolk Square Glossop to T&G ICFT Weekday Afternoon

	TRACC	TFGM	Traveline	Google Maps	Micromarketer
Walk	2 hours 17 minutes	2 hours 18 minutes	X	2 hour 19 minutes	X
Drive	18.33 minutes (10:00-16:00)	21 minutes	X	26 minutes	Off-Peak - 9am - 4pm 20-25 minutes
Train	X	1 hour 16 minutes 14:19 14:22 (3 minutes) Walk to GLOSSOP train station 14:22 14:58 (36 minutes) Take train to GUIDE BRIDGE train station 14:58 15:01 (3 minutes) Walk to Guide Bridge (Stop C), Stockport RD, Shops, Guide Bridge 15:06 15:14 (8 minutes) Take 347 bus to Wellington RD Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 15:14 15:15 (1 minute) Walk to Ashton Bus Station (Stand D), Wellington RD, Ashton Under Lyne 15:20 15:29 (9 minutes) Take 350 bus to Tameside Gen Hosp (Stop C), Hartshead Way, Hospital, Tameside General Hospital 15:29 15:35 (6 minutes) Walk to Tameside General Hospital	1 hour 57 minutes Walk to Glossop Train Station 4 minutes. Depart 14:17, Arrive 14:21 Train to Manchester Piccadilly 47 minutes. Depart 14:22, Arrive 15:09 Train to Stalybridge Train station 12 minutes. Depart 15:41, Arrive 15:53 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 21 minutes. Depart 15:53, Arrive 16:14	1 hour 19 minutes 14:18 14:22 (4 minutes) Walk to GLOSSOP TRAIN STATION 14:22 14:42 (20 minutes) Train to Hattersley train station 14:42 15:00 (18 minutes) Walk (and wait for bus) to Hattersley Station Stop B 15:00 15:37 (37 minutes) 387 bus from Hattersley Station Stop B to Tameside General Hospital	X
Bus and Walk	41.06 minutes (10:00-16:00) Calculation undertaken for all available methods of public transport, of which the combination of bus and walk was the fastest.	48 minutes-59 minutes 59 minutes 14:03 14:51 (48 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 14:51 15:02 (11 minutes) Walk to Tameside General Hospital 48 minutes 14:50 15:27 (37 minutes) Take 236 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 15:27 15:38 (11 minutes) Walk to Tameside General Hospital	52 minutes-1 hour 3 minutes 1 hour 3 minutes From High Street West Adj Market Hall, Glossop, take 237 bus to Stamford Park (Stop E), Stamford St, Stamford Park 48 minutes. Depart 14:03, Arrive 14:51 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 15 minutes. Depart 14:51, Arrive 15:06 52 minutes From High Street West Adj Market Hall, Glossop, take 236 bus to Stamford Park (Stop E), Stamford St, Stamford Park 37 minutes. Depart 14:50, Arrive 15:27 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 15 minutes. Depart 15:27, Arrive 15:42	48 minutes-59 minutes 59 minutes 14:03 14:51 (48 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 14:51 15:02 (11 minutes) Walk to Tameside General Hospital 48 minutes 14:50 15:27 (37 minutes) Take 236 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 15:27 15:38 (11 minutes) Walk to Tameside General Hospital	X
Bus Direct to T&G ICFT	X	1 hour 21 minutes 14:03 14:59 (56 minutes) Take 237 bus to Ashton Bus Station (Stand E), Wellington RD, Ashton Under Lyne 14:59 15:13 (14 minutes) 15:13 15:24 (11 minutes) Take 231 bus to Hartshead Sth nr Tameside Hosp, Hospital, Tameside General Hospital	1 hour 15 minutes From High Street West Adj Market Hall, Glossop, take 237 bus to Wellington Rd Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 56 minutes. Depart 14:03, Arrive 14:59 14:59 15:08 (9 minutes) From Ashton Bus Station (Stand D), Wellington Rd, Ashton Under Lyne, take 350 bus to Tameside Gen Hosp (Stop C), Hartshead Way, Tameside General Hospital 10 minutes. Depart 15:08, Arrive 15:18	1 hour 21 minutes 14:03 14:59 (56 minutes) Take bus 237 to Ashton Bus Station 14:59 15:13 (14 minutes) Wait 15:13 15:24 (11 minutes) Take bus 231 from Ashton Bus Station Stand C to Tameside General Hospital	X

Travel from Norfolk Square Glossop to T&G ICFT Weekday Evening

	TRACC	TFGM	Traveline	Google Maps	Micromarketer
Walk	2 hours 17 minutes	2 hours 18 minutes	X	2 hour 19 minutes	X
Drive	15.54 minutes (19:00-23:00)	21 minutes	X	22 minutes	Peak (16:00-19:00 30-35 minutes)
Train	X	1 hour 2 minutes 19:05 19:08 (3 minutes) Walk to GLOSSOP train station 19:08 19:27 (19 minutes) Take train to GUIDE BRIDGE train station 19:27 19:30 (3 minutes) Walk to Guide Bridge (Stop C), Stockport RD, Shops, Guide Bridge 19:39 19:45 (6 minutes) Take 219 bus to Wellington RD Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 19:45 19:46 Walk to Ashton Bus Station (Stand E), Wellington RD, Ashton Under Lyne 1 minute, 85m 19:51 19:56 (5 minutes) Take 237 bus to Stamford Park (Stop D), Stamford Square, Stamford Park 19:56 20:07 (11 minutes,) Walk to Tameside General Hospital	1 hour 8 minutes Walk to Glossop Station 4 minutes. Depart 19:03, Arrive 19:07 Train to Flowery Field 16 minutes. Depart 19:08, Arrive 19:24 Take 340 bus to Stalybridge Bus Stn (Stop B), Stalybridge Bs, Stalybridge 13 minutes. Depart 19:33, Arrive 19:46First in Greater Manchester Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 25 minutes. Depart 19:46, Arrive 20:11	1 hour 1 minutes 19:04 19:08 (4 minutes) Walk to GLOSSOP TRAIN STATION 19:08 19:27 (19 minutes) Take train to Guide Bridge station 19:27 19:49 (22 minutes) Walk to (and wait at) Guide Bridge Stop C 19:49 19:55 (6 minutes) Take 219 bus to from Guide Bridge Stop C to Ashton Bus Station Stand E 19:55 20:00 (5 minutes) Walk from Ashton Bus Station Stand E to (and wait at) Ashton Bus Station Stand F 20:00 20:05 (5 minutes) Take 389 bus from Ashton Bus Station Stand F to Tameside General Hospital	X
Bus and Walk	41.06 minutes (16:00-19:00) Calculation undertaken for all available methods of public transport, of which the combination of bus and walk was the fastest.	47 minutes 19:43 20:19 (36 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 20:19 20:30 (11 minutes) Walk to Tameside General Hospital	51 minutes From High Street West Adj Market Hall, Glossop, take 237 bus to Stamford Park (Stop E), Stamford St, Stamford Park 36 minutes. Depart 19:43, Arrive 20:19 Walk to Tameside General Hospital, Ashton Under Lyne, Greater Manchester 15 minutes. Depart 20:19, Arrive 20:34	47 minutes 19:43 20:19 (36 minutes) Take 237 bus to Stamford Park (Stop E), Stamford ST, O/S House 1, Stamford Park 20:19 20:30 (11 minutes) Walk to Tameside General Hospital	X
Bus Direct to T&G ICFT	X	59 minutes 19:43 20:25 (42 minutes) Take 237 bus to Wellington RD Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 20:25 20:35 (10 minutes) 20:35 20:42 (7 minutes) Take 350 bus to Tameside Gen Hospital (Stop C), Hartshead Way, Tameside General Hospital	59 minutes From High Street West Adj Market Hall, Glossop, take 237 bus to Wellington Rd Nr Shopping Centre Ashton Bus Station, Ashton Under Lyne 42 minutes. Depart 19:43, Arrive 20:25 20:25 20:35 (10 minutes) From Ashton Bus Station (Stand D), Wellington Rd, Ashton Under Lyne, take 350 bus to Tameside Gen Hosp (Stop C), Hartshead Way, Tameside General Hospital 7 minutes. Depart 20:35, Arrive 20:42	54 minutes 19:43 20:16 (33 minutes) Take 237 bus to Stalybridge Station 20:16 20:26 (10 minutes) Wait 20:26 20:37 (11 minutes) Take bus 389 from Stalybridge Station Stop E to Tameside General Hospital	X

Source

TRACC	TFGM	Traveline	Google Maps	Micromarketer
Tracc software is created by a company called Basemap.The data processed through Tracc to extract the travel times is called Trafficmaster TM Speed. Trafficmaster TM Speed data is GPS sourced and centrally purchased by the Department of Transport. The drive time in minutes figures are bi-directional so are an average of both directions of travel. The drive time in minutes is by any available road route and Tracc calculates the 'fastest route' between the given locations. Trafficmaster TM Speed data is calculated annually, meaning that the figure is derived from the speed of sample cars travelling Monday-Friday throughout the entire year (this would include school holidays and bank holidays). To calculate the public transport times a dataset containing information from the Traveline National Dataset, Associate of Train Operating Companies and NAPTAN, is processed through Tracc. The public transport dataset is updated quarterly, and includes buses, national rail, tram, light rail, local coaches etc.	The Transport for Greater Manchester (TFGM) route planner is publically available and can be accessed via the following link: https://my.tfgm.com/#/planner/	The Traveline route planner is publically available and can be accessed here: http://www.traveline.info/	The google maps route planner is publically available and can be found via the following link: https://www.google.co.uk/maps/dir/	MicromarketerG3 is an integrated geographical analysis tool that enables drive times between two locations to be calculated. The software provides an average speed for every road segment for three time periods during the day, these are: • Peak (07:00 – 09:00, 16:00 – 19:00) • Off-Peak (09:00 – 16:00) • Night (19:00 – 07:00) The standard drivetimes use NavStreets data supplied by HERE, which is the same data used in many satellite navigation systems.

Source: Transport for Greater Manchester

Bus	Direction	Departure Stop	First	Last	Frequency (Per hour defined as the number of buses within an hour period from on the hour mark, i.e. 10:00-11:00, 13:00-14:00, 17:00-18:00, etc.)
236	Glossop-Ashton Under Lyne	Glossop, Adj Market Hall	06:37	18:59	•Between 06:00 and 07:00 two per hour •Between 07:00 and 15:00 one per hour •Between 16:00 and 19:00 at least one per hour
236	Ashton Under Lyne-Glossop	Ashton Under Lyne, Ashton Bus Station (Stand E)	05:29	18:23	Between 05:00 and 19:00 at least one per hour
237	Glossop-Ashton Under Lyne	Glossop, Adj Market Hall	05:44	23:43	•Between 06:00 and 10:00 at least one per hour •Between 10:00 and 17:00 two per hour •Between 17:00 and 00:00 at least one per hour
237	Ashton Under Lyne-Glossop	Ashton Under Lyne, Ashton Bus Station (Stand E)	06:18	23:31	•Between 06:00 and 07:00 at least one per hour •Between 09:00 and 19:00 two per hour •Between 19:00 and 00:00 at least one per hour
387	Ashton Under Lyne-Hyde (Stops at Tameside General Hospital)	Ashton Under Lyne, Ashton Bus Station (Stand F)	07:50	17:53	•Between 07:00 and 18:00 one per hour
231	Lumb LN at Turning Circle, Rodo Ltd, Littlemoss (Stops at Tameside General Hospital)	Ashton Under Lyne, Ashton Bus Station (Stand C)	06:53	18:23	•Between 06:00 and 07:00 one per hour •Between 07:00 and 17:00 at least two per hour •Between 17:00 and 18:00 one per hour
350	Ashton-Under-Lyne-Oldham (Stops at Tameside General Hospital)	Ashton-Under-Lyne Bus Station (Stand D)	06:00	22:35	•Between 06:00 and 07:00 three per hour •Between 07:00 and 08:00 four per hour •Between 08:00 and 17:00 five per hour •Between 17:00 and 18:00 four per hour •Between 18:00 and 20:00 two per hour •Between 20:00 and 23:00 1 per hour

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Appendix 9

Email from Unison regarding Intermediate Care Consultation 25th September 2017

From: Bull, James
Sent: 25 September 2017 08:36
To: listening2patients (NHS TAMESIDE AND GLOSSOP CCG)
Subject: Web enquiry: Listening to patients

Dear Madam/Sir,

UNISON representatives recently attended the public meeting at Bradbury Community House on 21st October, arranged as part of the ongoing intermediate care consultation. It was evident that a considerable number of people attended but were unable to gain access to the venue because it was at capacity.

Given this, I am writing to request that another meeting is held in Glossop in order to engage with the wider public and discuss the proposals with those unable to put across their point of view or listen to the panel's contributions last Thursday. UNISON feels it is crucial that the strength of interest and feeling in this consultation is met with a commitment to arrange an additional meeting in order to ensure the local community in Glossop is listened to fully, and not disenfranchised. I know this view is shared by a number of our members, and members of the public in the wider community.

Thank you in anticipation of your consideration of this request.

Kind regards,
James.

James Bull
UNISON North West

Sir John Oldham

Response to consultation on intermediate care provision in Tameside and Glossop

I write as a former GP of Glossop (28 years) but also as former national clinical lead for long term conditions at the Dept of Health and previous Chair of the Independent Commission on Whole Person care. On that commission we undertook a global literature review of the evidence base of integrated care. I currently advise on the implementation of integrated care in the UK and other countries.

Firstly I strongly support, and admire, the development of integrated care in Tameside. I also want to recognise the tremendous work of Karen James (CEO Tameside Integrated FT) in turning around Tameside hospital to be a safe and good hospital once more. Unfortunately the intermediate care strategy as set out will not deliver the expected results, and in particular will be detrimental for the people of Glossopdale.

Centralising services such as stroke care is right and has strong clinical evidence. Centralising intermediate care beds is not, and is unsupported by the clinical evidence. The evidence points to better outcomes if people are in facilities closer to their homes, principally because of the psychological benefit. This of course applies to both Tameside and Glossop residents. I was surprised that there was no projected needs assessment for intermediate care beds in the consultation, and a denial at the consultation meeting that this was a matter to consider now. This has to be incorrect. The changes made now need to be future proofed. The Office for National Statistics (ONS) population projection for Tameside and Glossop show that 22% more intermediate care beds than current provision will be needed by 2030. This has not been considered in any of the options.

The range of community services that are being created to support the Home First policy in and of themselves are appropriate, if a little diverse and fragmented with potential for duplication, but the over reliance on a medical model of care to help people stay at home is unsupported by the evidence. For Home First you need home care first. The major influence on whether a person can be safely kept at home, or discharged to home, is the availability of home care support. The strategy as outlined will not work.

The single commissioning board and pooled budget arrangements for the Tameside metropolitan borough area may allow some flexibility that can

compensate in Tameside for the inevitable increase in home care required to meet the increased community demands of the Home First policy. This will not be the case in Glossopdale and the service risks failure. I note the strong reassurances given at the first community meeting in Glossop of close seamless working between health and social care in Glossop. This was in answer to a challenge that there was not close integrated working. The credibility of the reassurances was undermined because it was clear that the person responding did not recognise the questioner was a domiciliary care manager for the Glossop area. She lives the reality daily. I know from my own recent experiences with a relative that integrated care in Glossopdale is sophistry. Yet the intermediate care strategy presumes its existence. In truth, proper integrated care stops at the Tameside boundary.

The voice of Glossopdale on the single commissioning board of Tameside and Glossop is minimal. Understandably the policies and protocols that have been developed by the board focus on the needs of the majority population, and a default position that the same policies and procedures can apply to Glossopdale. We have experienced this phenomenon in the past and although I know it is not anyones intent, the population of Glossopdale are disadvantaged. The same bias will apply in the operation of the intermediate care strategy, with predictable results and a limitation of choice for Glossopdale residents.

I note that the changes that are the subject of the consultation are not primarily financially driven, given the relatively small predicted savings. However my analysis is that, for the reasons outlined above, the strategy will not adequately increase throughput in acute beds and there may be system cost increases. Further the strategy exchanges a building wholly owned by the NHS in perpetuity, for a building with a four and a half year lease. The renegotiation of that lease will be from a weak position. My view is the financial savings will not be realised.

There was a justified and strong criticism of the style and mode of the public consultation at the second consultation meeting in Glossop. Glossopdale residents are the only portion of the Tameside and Glossop population who will be disadvantaged by the proposals. There was no sense that appropriate weighting will be given to the views of Glossopdale, indeed the opposite. This would fail the test of public consultation.

I also wish to comment on Option 3, the provision of intermediate care beds in nursing homes. This had been tried elsewhere and the experience is that the rehabilitative input for patients is less, the outcomes less good, and the incentives are for people to remain in residential care rather than go home. This option would also not deliver the desired results for Home First.

I believe there is an alternative to the options put forward - **Option4**. This proposal, outlined below, will

- strengthen the input of Glossopdale into commissioning for Glossopdale
- be evidence based
- retain choice for the Glossopdale population
- make financial savings
- meet the expressed views of the population of both Tameside and Glossop

Firstly, a formal subcommittee of the Single Commissioning Board, the Glossopdale commissioning subcommittee, should be set up and meet in Glossop. It should comprise selected elected members of High Peak and Derbyshire County Councils, officer(s) from Derbyshire CC social services, GP, and manager of the Neighbourhood team. Its remit would be to ensure commissioning decisions fully respect the specific circumstances of the Glossopdale population and make a reality of integrated care between health and social care in Glossopdale. This may permit a strengthening of the home care provision in Glossopdale. This is an important component of this option, to address the current governance and accountability gap for Glossopdale.

Secondly, Shire Hill is redeveloped by a third party. My suggestion is that the redevelopment creates flats for the elderly with on site 24/7 care and potential respite accommodation . The development should include an updated 10 bedded intermediate care unit run by Tameside and Glossop IFT. The capital costs would come from the developer and be part of the initial negotiation. It is my view this intermediate care unit should operate on the same lines as the original Homeward bound unit we set up in 1994, then only the second intermediate care unit in the country. This had step up beds from the community and the unit was successfully managed by a multidisciplinary team, and included social services domiciliary care manager and Occupational therapist as well as nursing staff. Crucially staff worked *both* on the unit and in the community ensuring a truly seamless transition for individuals and greater flexibility for the deployment of staff to meet variable need. I would recommend that an expanded Neighbourhood Team is the ideal vehicle for such an arrangement. There would be considerable synergy between the elderly care accommodation and the intermediate care facility. There is also the possibility to seek additional external funding for the provision of palliative care beds in addition to the 10 intermediate care beds. There are precedents in the country where similar developments have been undertaken by joint ventures with Housing Associations. I am confident that such a scheme would be looked on favourably by NHS Properties.

As part of this option, the empty floor of the Stamford unit at Tameside would be opened with an initial 26 intermediate care beds, providing a more appropriate site for Tameside residents and building in flexibility for future expanded needs.

The staffing for this should come from the existing compliment including Shire Hill, and staffing costs for Option 4 would be neutral, as they are suggested to be for Option 2. Financial savings from Option 4 would come from reduced rental costs at the Shire Hill site, in the same way as Option 2, but a lesser amount.

I believe this option is a better solution for all the residents of Tameside and Glossop and seeks to address some of the flaws in the current intended intermediate care strategy. I hope it will receive further serious consideration.

Yours sincerely

Council – Notice of Motion – 30 November 2017

The Council notes that:

- the outcome of the CCG consultation and decisions about the future of intermediate care in Tameside and Glossop will not be made until December 2017

- on 14 September 2017, the full Council overwhelmingly agreed to endorse its current arrangements for responding to such consultations as appropriate, evidence-based, reasoned, comprehensive and robust

- on 12 October 2017, the Executive agreed that its support for the concerns and recommendations from the Community Select Committee and its support for Option 1 in the consultation be sent as the Council's response to the consultation at that stage

- a powerful and persuasive case for an 'Option 4' proposal and actions for specific intermediate care arrangements in Glossop has recently been put forward by former Glossop GP, Sir John Oldham, a copy of whose Glossop Chronicle article of 9 November 2017 is attached as an annex to this amendment.

The Council resolves immediately to inform the CCG of its intentions:

- to engage constructively with them in relation to their proposals for Glossop residents after their December meeting, in particular

- to mandate Group Leaders to liaise and make every effort to establish a consensus to best represent our residents affected by the consultation including arranging any necessary meeting(s), whether these be with the public, CCG, Council or by request to Community Select.

- to give immediate and urgent consideration to and identify any necessary actions, including consideration of judicial review, relating to the legal and practical issues arising from the decisions as they affect the intermediate care available to Glossop residents in future

- to involve relevant stakeholders, in particular Derbyshire County Council, so as to secure the best possible overall intermediate care outcomes for Glossop residents.

Appendix 9

Intermediate Care Consultation Response from Ruth George MP

From: GEORGE, Ruth
Sent: 15 November 2017 17:55
To: Communications (NHS TAMESIDE AND GLOSSOP CCG)
Subject: Consultation Response - Intermediate Care provision in Tameside and Glossop

Dear Sirs

I write in response to the consultation on Intermediate Care, as Member of Parliament for High Peak.

The people of Glossopdale feel very strongly about their local health services and about Shire Hill Hospital in particular. They have evidenced this in full:

- Hundreds of attendees and mass participation in the public meetings in Glossop
- Hundreds of responses to the consultation from the people of Glossopdale
- 3,397 signatures on the online petition to Save Shire Hill Hospital: https://www.change.org.uk/p/tameside-and-glossop-ccg-sos-save-our-shirehil
- 4,670 signatures on my petition to Parliament

The vast majority of responses from the people of Glossopdale, both at the meeting and on the online petition are in favour of keeping Shire Hill Hospital open, of keeping rehabilitation beds in Glossop for local patients, their families and for staff.

There was a justified and strong criticism of the style and mode of the public consultation at both consultation meetings in Glossop. Glossopdale residents are the only portion of the Tameside and Glossop population who will be disadvantaged by the proposals.

I expect the CCG to give appropriate weighting to the views of Glossopdale, especially as the voice of Glossopdale on the single commissioning board of Tameside and Glossop is minimal. Understandably the policies and protocols that have been developed by the board focus on the needs of the majority population, and a default position that the same policies and procedures can apply to Glossopdale. Bearing in mind the overwhelming response to the consultation from Glossopdale, I expect the CCG to take full account of the views of both residents and staff in Glossopdale, and the impact that proposals will have on them.

Many local people are also concerned at the general lack of provision of health services in Glossopdale, especially as traffic into Tameside and public transport have deteriorated over the last few years. There has been a lot of anger at the claim in the consultation document that journey times to Tameside Hospital are 18 minutes, when at usual travel times it is more like 45 minutes. Bus times vary from between 1 hour and 2 hours as there is either a considerable walk required from Ashton Town Centre, or a change of bus.

I call on Tameside Council and Derbyshire County Council to look to re-instate the direct bus service between Glossop and Tameside Hospital, including a Sunday service, as so many families can only visit their loved ones in hospital at weekends.

Now that the Mottram bypass is scheduled, traffic problems will become even more extreme during the period that roadworks take place. This will make it even more important that patients and staff who live in Glossop can access or work in health care in Glossop.

I concur with the very reasoned response set out by Sir John Oldham that unfortunately the intermediate care strategy as proposed in the CCG's preferred option will not deliver the expected results, and in particular will be detrimental for the people of Glossopdale.

Centralising intermediate care beds is unsupported by the clinical evidence which points to better outcomes if people are in facilities closer to their homes, principally because of the psychological benefit. It also enables families to visit more frequently, to have more contact with care staff and to more easily support the transition from hospital to home.

It is very important that we retain the skills, experience and excellent team working evidenced by the staff at Shire Hill Hospital. We are seeing at the Cavendish Hospital in Buxton how a proposed closure of wards – even when no date is fixed – leads to uncertainty amongst staff and to them seeking alternative employment – often not even in health care. It would be a tragedy if highly skilled staff, who are so valuable to the health service and difficult to recruit, are lost to the CCG due to uncertainty about their future.

Almost all staff who work at Shire Hill live in Glossopdale. Most are not prepared to travel to Tameside to work, and if they did so, they would find it difficult to work long shifts due to the journey times, and uneconomic to work short shifts due to the transport costs. The consultation response must take the views of the staff fully into account. The manner of the consultation has already risked alienating staff at Shire Hill and their vital contribution to the service provided must be taken fully into account.

I am concerned that there was no projected needs assessment for intermediate care beds in the consultation, and a denial at the consultation meeting that this was a matter to consider now. With an ever growing elderly population, increased retirement age, and families moving further apart there will be more people to care for, more elderly people living on their own, and fewer families nearby to give the support that the strategy is predicated on.

The changes made now need to be future proofed. The Office for National Statistics (ONS) population projection for Tameside and Glossop show that 22% more intermediate care beds than current provision will be needed by 2030. This has not been considered in any of the options.

There is an over reliance on a medical model of care to help people stay at home that is unsupported by the evidence. The major influence on whether a person can be safely kept at home, or discharged to home, is the availability of home care support. With a decline in home care support, the strategy as outlined will not work and it is very important that the CCG keeps beds available to meet future need.

I am receiving complaints from constituents in my surgery of the lack of joined up care between social services and health services in Glossopdale. The people of Glossopdale will need both assurances and evidence from Derbyshire County Council that they are prepared to input both the resources, personnel and integrated working from one hub for all staff that would be needed for a Home First policy to operate effectively.

I am concerned at Sir John Oldham's assessment that the strategy will not adequately increase throughput in acute beds and there may be system cost increases. Further, the strategy exchanges a

building wholly owned by the NHS in perpetuity, for a building with a four and a half year lease. The renegotiation of that lease will be from a weak position so financial savings are unlikely to be realised.

Bearing in mind the very tight finances in the CCG in future years, this could lead to cuts in the services which need to be especially well resourced in the community and would mean that patient care would suffer.

I fully support the proposal from Sir John Oldham for an alternative to the options put forward - Option4. This proposal, outlined below, will

- strengthen the input of Glossopdale into commissioning for Glossopdale
- be evidence based
- retain choice for the Glossopdale population
- make financial savings
- meet the expressed views of the population of both Tameside and Glossop

Firstly, a formal subcommittee of the Single Commissioning Board, the Glossopdale commissioning subcommittee, should be set up and meet in Glossop. It should comprise selected elected members of High Peak and Derbyshire County Councils, officer(s) from Derbyshire CC social services, GP, and manager of the Neighbourhood team. Its remit would be to ensure commissioning decisions fully respect the specific circumstances of the Glossopdale population and make a reality of integrated care between health and social care in Glossopdale. This may permit a strengthening of the home care provision in Glossopdale. This is an important component of this option, to address the current governance and accountability gap for Glossopdale.

Secondly, Shire Hill is redeveloped by a third party. My suggestion is that the redevelopment creates flats for the elderly with on site 24/7 care and potential respite accommodation . The development should include an updated 10 bedded intermediate care unit run by Tameside and Glossop IFT. The capital costs would come from the developer and be part of the initial negotiation. It is my view this intermediate care unit should operate on the same lines as the original Homeward bound unit we set up in 1994, then only the second intermediate care unit in the country. This had step up beds from the community and the unit was successfully managed by a multidisciplinary team, and included social services domiciliary care manager and Occupational therapist as well as nursing staff. Crucially staff worked both on the unit and in the community ensuring a truly seamless transition for individuals and greater flexibility for the deployment of staff to meet variable need. I would recommend that an expanded Neighbourhood Team is the ideal vehicle for such an arrangement. There would be considerable synergy between the elderly care accommodation and the intermediate care facility. There is also the possibility to seek additional external funding for the provision of palliative care beds in addition to the 10 intermediate care beds. There are precedents in the country where similar developments have been undertaken by joint ventures with Housing Associations. I am confident that such a scheme would be looked on favourably by NHS Properties.

As part of this option, the empty floor of the Stamford unit at Tameside would be opened with an initial 26 intermediate care beds, providing a more appropriate site for Tameside residents and building in flexibility for future expanded needs. The staffing for this should come from the existing compliment including Shire Hill, and staffing costs for Option 4 would be neutral, as they are suggested to be for Option 2. Financial savings from Option 4 would come from reduced rental costs at the Shire Hill site, in the same way as Option 2, but a lesser amount.

I believe this option is a better solution for all the residents of Tameside and Glossop and seeks to address some of the flaws in the current intended intermediate care strategy.

I call on the CCG to give serious consideration to this option which is fully supported by local people in Glossopdale and by staff at Shire Hill Hospital, whose skills, experience, and close teamworking are so integral to the high level of care delivered at Shire Hill.

Yours sincerely

Ruth

Ruth George MP
Member of Parliament for High Peak

Appendix 9

Intermediate Care Consultation Response from Andrew Gwynne

From: "GWYNNE, Andrew"
Date: 3 November 2017 at 09:29:23 GMT
Subject: Shire Hill Hospital

Dear Steven

Having been made aware of the front page article in the Glossop Chronicle dated Thursday 2nd November 2017 relating to Shire Hill, Glossop, we are concerned that the way in which the article is written gives entirely the wrong impression of our position relative to the consultation currently taking place regarding the future of 'Intermediate Care' in Tameside and Glossop.

We wish to confirm that our position is unchanged and that we have stated, both privately and publicly, that Option 2, in our view, is the only sensible way forward, offering the best possible service for residents in a modern purpose built facility adjacent to the hospital site with professional medical assistance being readily and quickly available should it be necessary.

Option 2 also addresses the need for savings to be made across Health and Social Care and would realise upward of £500,000.

Yours sincerely

Andrew Gwynne MP - Denton and Reddish Constituency
Angela Rayner MP - Ashton Constituency
Jonathan Reynolds MP – Stalybridge and Hyde Constituency

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