Tameside Metropolitan Borough

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

STRATEGIC COMMISSIONING BOARD

Day: Tuesday
Date: 20 February 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 30 January 2018.	1 - 10
4.	**ONE EQUALITY SCHEME (2018-22)** To consider the attached report of the Director of Governance.	11 - 56
5.	**FINANCIAL CONTEXT**	
a)	**FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND** To consider the attached report of the Director of Finance, Single Commission.	57 - 70
6.	**QUALITY CONTEXT**	
a)	**PERFORMANCE REPORT** To consider the attached report of the Assistant Director (Policy, Performance and Communications).	71 - 94
7.	**COMMISSIONING FOR REFORM**	
a)	**NEXT STEPS FOR INTERMEDIATE CARE** To consider the attached report of the Interim Director of Commissioning.	95 - 110
b)	**HOUSING MANAGEMENT AGREEMENTS SUPPORTED HOUSING SCHEMES** To consider the attached report of the Assistant Director (Adults).	111 - 118
c)	**COMMUNITY RESPONSE SERVICE CHARGING** To consider the attached report of the Assistant Director (Adults).	119 - 138
d)	**INTERPRETATION SERVICES**	139 - 152

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.

To consider the attached report of the Assistant Director (Adults).

e) TAMESIDE CITIZENS ADVICE BUREAU: DIRECT AWARD OF CONTRACT FOR INDEPENDENT SUPPORT AND ADVICE 153 - 166

To consider the attached report of the Assistant Director (Adults).

f) TENDER FOR THE PROVISION OF SUPPORTED LIVING FOR ADULTS WITH MENTAL HEALTH NEEDS 167 - 172

To consider the attached report of the Assistant Director (Adults).

g) TENDER FOR SPECIALIST DEMENTIA CARE HOME WITH NURSING 173 - 186

To consider the attached report of the Director (Adults).

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 March 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

30 January 2018

Commenced: 2.00 pm **Terminated: 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 Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Councillor David Sweeton – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor John Taylor – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Joy Hollister – Derbyshire CC

In Attendance:
Sandra Stewart – Director of Governance
Kathy Roe – Director of Finance
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning
Sarah Dobson – Assistant Director, Policy, Performance & Communications

Apologies:
Dr Christina Greenhough – NHS Tameside and Glossop CCG
Councillor Barry Lewis – Derbyshire CC
Councillor Tony Ashton – High Peak BC

15. CHAIR'S OPENING REMARKS

In opening the meeting, Members of the Strategic Commissioning Board joined the Chair in a one minutes silence in memory of Councillor Kieran Quinn, Executive Leader of Tameside Council.

16. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 7(c) – Intermediate Care in Tameside & Glossop	Personal	Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust

17. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 12 December 2017 were approved as a correct record.

18. THRIVE AND PROSPER – ONE CORPORATE PLAN 2018-25

Consideration was given to a report of the Executive Leader / First Deputy (Performance and Finance) / Assistant Director (Policy, Performance and Communications), which provided Members

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 report also outlined a joint Improvement Framework that would drive improvement and measure progress against achievement of the aims of the Corporate Plan and the objectives in the Delivery Plan.

It was stated that Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group were committed to ensuring all our residents lead long, fulfilling and healthy lives which would be achieved through five themes:

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

"Thrive and Prosper – One Corporate Plan 2018-25" brought 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 continued to be finding new ways of delivering public services with increasingly limited resources. Many services had already be re-designed to take account of funding cuts and continued to look for new affordable ways of delivering services. It was acknowledged that in order to deliver the ambition around growth and prosperity for all of Tameside's residents, it was necessary to invest now to deliver long-term and sustainable improvements in quality of life. The plan recognised that the five key aims around health, building successful lives, the economy, stronger communities and embracing digital opportunity were closely linked and working on these aims at the same time would bring about real change for residents and deliver a brighter future for all.

RESOLVED

(i) That the Corporate Plan and Delivery Plan be taken to the Executive Cabinet of Tameside Council on 21 March 2018 and the Governing Body of the NHS Tameside and Glossop Clinical Commissioning Group on 28 March 2018 for formal adoption by both organisations.

(ii) That the ongoing development and implementation of the Tameside and Glossop Improvement Framework be supported.

19. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a jointly prepared report of the Tameside and Glossop constituent organisations providing an update on the financial position of the care together economy as at month 8 in 2017/18 (to November 2017) and to highlight the increased risk of achieving financial sustainability. The total Integrated Commissioning Fund was £486m in value, however, it was noted that this value was subject to change throughout the year as new Inter Authority Transfers were actioned and allocations amended.

Particular reference was made to 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 were explained within Appendix A to the report. Members of the Strategic Commissioning Board noted that there were a number of risks that needed to be managed within the economy during the current financial year, the key risks being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related 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 £7.6m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18 and that efficiencies of £10.4m were required in order to meet this sum.

In terms of the 2017/18 efficiency plan, the economy had an efficiency sum of £35.1m to deliver of which £24.7m was a requirement of the Strategic Commissioner. Supporting analysis of the delivery against this requirement for the whole economy was provided at Appendix A to the report. It was noted that there was a forecast £4m under achievement of this efficiency sum by the end of the financial year, £3.6m of which related to the Strategic Commissioner. It was therefore essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

The Strategic Commission risk share arrangements in place for 2017/18 were also outlined.

RESOLVED

(i) That the 207/18 financial year update on the month 8 financial position at 30 November 2017 and the projected outturn at 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 noted.

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

20. QUALITY REPORT

The Director of Safeguarding and Quality presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of services commissioned, to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns. The report covered data up to the end of November 2017 and detailed issues of concern / remedy, good practice including patient stories and surveys and horizon scanning for the following:

- Tameside and Glossop Integrated Care NHS Foundation Trust Acute and Community Services;
- Mental Health (Pennine Care NHS Foundation Trust);
- Care Homes / Home Care;
- Safeguarding;
- Primary Care;
- Public Health; and
- Small value contracts.

The Strategic Commissioning Board commented favourably on this first bi-monthly quality assurance report and that as the system restructured and the constituent parts were required to discharge statutory duties, assurance and quality monitoring would be key to managing the system and holding all parts to account and understanding best where to focus resources and oversight.

RESOLVED

That the contents of the report be noted.

21. CARE HOMES: QUALITY ASSURANCE AND CONTRACTUAL PERFORMANCE

Consideration was given to a report of the Director of Safeguarding and Quality, for information only, updating 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 had shown real evidence of improvement both at local and national level. The following areas were highlighted:

- Care home quality governance;
- Quality Improvement Team;
- Infection prevention and control;
- The Red Bag initiative (the Hospital transfer pathway);
- Care Home Managers' Webspace;
- Pressure ulcer care;
- Multi-agency Safeguarding Adult Managers Development Day and Toolkit;
- Programme to invest and improve nurses' knowledge; and
- Next steps.

RESOLVED
That the content of the report be noted.

22. CHILDREN AND YOUNG PEOPLE'S (AGED 0-25) SPECIAL EDUCATION NEEDS AND DISABILITY INTEGRATED COMMISSIONING STRATEGY 2018-21

Consideration was given to a report of the Director of Safeguarding and Quality setting out the strategic director of commissioning for Children and Young People with Special Education Needs and or Disability (SEND) for the Tameside and Glossop Strategic Commissioning Function, covering Tameside MBC, Tameside Public Health and the NHS Tameside and Glossop Clinical Commissioning Group. Its development had been informed and required by national policy including the Children and Families Act (2014), local policy including the Tameside SEND Vision 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.

The SEND strategic objectives would be underpinned by a delivery plan which sought to ensure that a strategic level joint commissioning of services for children and young people who had SEND would 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 would be established. The delivery plan and actions would be resourced through the Integrated Commissioning Fund.

An Inter-Agency Funding Profile Guide had been developed to be used by a multi-agency panel to agree contributions to packages for individual children. There was commitment 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 children and young people with, or eligible for, an Education and Health Care Plan. Reference was also made to joint commissioning intentions detailed in the report.

In terms of governance, informing the Strategic Commissioning Board on SEND would be the SEND Steering Group and the SEND strategic framework was outlined. The aim of the SEND Steering Group would be to ensure the local area would meet its obligations under the reforms and ensure children and young people and families had:

- Access to appropriate services, meeting needs across the 0-25 age range;
- A clear understanding of the Local Offer and services;
- Timely access to support;
- Opportunity to thrive, with improvements to the child / young person's life chances and education.

The Steering Group would take whole-system ownership of the priorities, challenge performance and manage risk to deliver a whole-system approach and accountability on behalf of the population of Tameside and Glossop.

In conclusion, it was stated that to support this strategy a comprehensive communications plan was in place to ensure children, young people, families and stakeholders were aware of implementation and progress.

RESOLVED

(i) That the contents of the report be noted and in particular the national and Greater Manchester context and assurance measures holding local areas to account in ensuring the SEND reforms were delivered.

(ii) That the Integrated Commissioning Strategy and the deliverables for 2018-21 be supported and RECOMMENDED to the Council and Clinical Commissioning Group for approval.

23. MENTAL HEALTH INVESTMENT

The Interim Director of Commissioning presented a report highlighting the national and Greater Manchester expectations regarding mental health provision and the pressures arising from these plus other local pressures. There were many expectations about mental health service provision and most of them required additional investment. The report outlined 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 the local population.

It was reported that in addition to the pressures that would arise from the Clinical Commissioning Group meeting the Five Year Forward View for Mental Health trajectories and the assumption that Greater Manchester Transformation Funding was non-recurrent. There were further gaps in mental health provision and in addition capacity issues which were detailed in the report.

Particular reference was made to an analysis of the source and application of mental health funds which clearly identified a shortfall should all proposed new investments be approved and further information about each scheme was detailed in Appendix 1 to the report.

Furthermore, the Board was advised that Pennine Care Foundation Trust had advised that significant pressures relating to income generation beds, one to one observations and safe staffing in line with the Care Quality Commission recommendations. A meeting was being held with Accountable Officers on 22 January 2018 to determine how these risks could be managed and this could result in an additional pressure on budgets over and above the shortfall reported.

In conclusion, the Interim Director of Commissioning sought commitment from the Strategic Commissioning Board to priorities investment in mental health services from now until 2021 on a phased basis dependent on the receipt and approval of full business cases as follows:

- Increasing access to mental health support for children and young people;
- IAPT Plus / Psychological therapies;
- Early intervention in Psychosis;
- Neighbourhood developments;
- AMPH, Recovery;
- Mental Health crisis;
- Learning Disabilities Transforming Care;
- Neurodevelopmental Adult;
- Dementia in neighbourhoods;
- Specialist Perinatal Infant Mental Health.

The Board recognised the need to improve mental health outcomes in Tameside and Glossop, notably to improve early intervention. The Board also highlighted the need to support people in employment, meet the need of people with complex needs currently falling between the gap in services and for people with serious mental illnesses. The gap in investment was considerable and with the current financial position difficult decisions needed to be made.

The Director of Finance added that it was important to recognise and acknowledge that if all of the financial resources outlined in the report were committed, the Strategic Commission financial gap would increase. Alternatively, if a decision was reached to fund only some or none of the proposals, the gap in mental health provision would not close as quickly as the Commission would want for its residents.

The Board agreed that it was important to invest and plan accordingly in a strategic and structured way, ensuring the approach was consistent with approved Government guidance. This needed to be undertaken in the context of delivering a balanced budget and value for money so that any services commissioned delivered the Board's priorities whilst being efficient and effective. Any additional spend outside existing budgets would need to be approved by the Council and the Governing Body.

RESOLVED

(i) That the Board was committed to improving the mental health of the Tameside and Glossop population and agreed to prioritise increasing investment to improve parity of esteem.

(ii) That the prioritised investment plan for 2017/18 outlined in Section 7 of the report be agreed noting that full business cases for many elements would need to be agreed.

(iii) That subject to approval of individual business cases, £1.7m of additional recurrent investment in 2018/19 be earmarked in order to meet the Five Year Forward View. In addition a further £1m would be required recurrently to support sustainability at Pennine Care to support sustainability 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.

(iv) To recognise and acknowledge that if all of the financial resources outlined in the report were committed, the Strategic Commission gap would increase.

(v) That the Mental Health business case presented to the Board in November as detailed in Appendix 2 to the report be supported.

24. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

(Dr Lea declared her personal interest as Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust.)

Consideration was given to a report of the Interim Director of Commissioning explaining that the Tameside and Glossop Strategic Commission had led the development of a locality strategy for Intermediate Care. The report included the full detail of the consultation analysis and an Equality Impact Assessment responding to issues arising within the consultation and explored mitigation. It also included recommendations to the Board on the option for approval.

It was reported that a number of factors and service reviews had led to the identification of Intermediate Care as a priority for the Tameside and Glossop locality. The Intermediate Care Strategy outlined national guidance, local expectations of intermediate care, and the action taken over the last 2 years as part of the Care Together programme to refine the Tameside and Glossop locality model. The Strategy also outlined 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. The reports presented to the Strategic Commissioning Board in August 2017 and December 2017, Appendix 1 to the report, included details of the strategy development and pre-consultation engagement.

The Interim Director of Commissioning outlined the consultation process offering local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board. The consultation presented 3 options, with option 2 expressed as the preferred option for the Strategic Commission.

- **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).
- **Option 3**: Stimulation of the market to develop a single / multi-location base.

The consultation ran from 23 August 2017 to 15 November 2017. Full details of the community and wider engagement activities undertaken were included in the report presented to the December 2017 Strategic Commissioning Board.

The Tameside and Glossop Integrated Care NHS Foundation Trust had supported the consultation process, by attending all public meetings and providing responses to questions received during the consultation process. The Integrated Care Foundation Trust Medical Director had confirmed his clinical support for the preferred option – Option 2.

The Members of Parliament representing the 4 constituencies in Tameside and Glossop had been briefed throughout the consultation period and had submitted responses to the consultation which had been taken into account and included as Appendix 9 to the report.

Derbyshire County Council provided a detailed response to the consultation in the form of a letter to the Clinical Commissioning Group Chair covering a number of issues and this was attached at Appendix 6 to the report.

The Strategic Commissioning Board had already been advised of enquiries received in the form of Freedom of Information Requests, complaints and MP enquiries and comments from a number of patient representatives / members of the public which were summarised in the report to Board in December 2017 as well as the summary notes of workshop sessions held at the Partnership Engagement Network Conference in October 2017.

In addition to the comments received via the online questionnaire and methods outlined, a public petition was created by Glossop Residents and the 'Save our Shire Hill' campaign. Formal responses had been received from the following local stakeholders – Unison, High Peak Borough Council and Sir John Oldham and attached to the report at Appendix 9.

The Interim Director of Commissioning provided a detailed summary on the themes drawn from the comments made within the consultation and through wider stakeholder engagement. The themes and responses were presented in detail.

A full Equality Impact Assessment (EIA) supported this report and was attached at Appendix 8. The Interim Director of Commissioning confirmed that the EIA had been produced to provide a full evaluation of the impact of the proposed model and explored the required mitigations.

The Interim Director of Commissioning made reference to details of proposed actions towards implementation of the preferred model pending Strategic Commissioning Board approval to proceed.

In conclusion, the Interim Director of Commissioning stated she was confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration, set out in section 5 of the report, had been met. It was recognised that to complement the intermediate care bed based services, the Neighbourhood offers would continue to be developed led by the Care Together Programme Board.

The Interim Director of Commissioning responded to questions from the Board and Members of the public.

It was acknowledged that the recruitment and retention of staff, both nursing and support, was not just a local issue but one of the challenges being faced by the NHS nationally. In relation to the beds currently located at Shire Hill, the situation was further exacerbated due to its location and a requirement for staff to have the appropriate skills / experience in an intermediate care / rehabilitation setting.

The Interim Director of Commissioning provided assurances that the Home First offer would be fully established and operational in the Glossop area before any implementation. This would ensure consistency, help build public confidence and ensure the new care models were understood before changes were implemented. Tameside would continue working with colleagues in Derbyshire to ensure high quality care and support for residents and that any new model of care fitted with wider-area based provision operating within the Glossopdale area and supported positive outcomes for individuals.

She advised that in terms of the financial implications 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 £450,000 and £700,000 were expected.

Following discussion, the Strategic Commissioning Board Members indicated their support for Option 2 which would result in the centralisation of the Intermediate Care beds into the Stamford Unit, adjacent to Tameside Hospital. Offering services from a single site will improve clinical outcomes, improve patient experience for the population of Tameside and Glossop and provide improved opportunities for the workforce.

In addition, and as a result of the views expressed by Glossop residents during the consultation, the Board also supported the proposal to examine further opportunities to deliver enhanced rehabilitation and recuperation at home and 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. Ensuring patient safety / quality, whatever the care setting, was fundamental to the success of any changes to intermediate care provision.

RESOLVED

(i) The Strategic Commissioning Board NOTED:

- **a) The content of the extensive report, charting 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.**
- **b) The clinical case for change as outlined in the Intermediate Care Strategy, which would deliver the intention to support locally delivered rehabilitation and recuperation, maximising people's ability to function independently and enabling them to live at home.**
- **c) The richness of the responses arising from the Intermediate Care public consultation and the Strategic Commission responses which had shaped the recommendations to the Board.**
- **d) The detailed Equality Impact Assessment, outlining further mitigations over and above the recommendations.**
- **e) 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 the local population in the future.**

(ii) The Strategic Commissioning Board APPROVED option 2 for those patients where it was 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.

(iii) The Strategic Commissioning Board gave this approval subject to the following:

a) During the public consultation, views had 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, Tameside and Glossop Integrated Care NHS Foundation Trust and the Glossop Integrated Neighbourhood team will be requested to examine further opportunities to deliver enhanced rehabilitation and recuperation at home;

b) In light of the need to offer choice of provision for residents of Glossop, engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis subject to these reaching the required standards for quality;

c) The need for assurance of the home based Intermediate Care offer working in Glossop;

d) Commission the maximum appropriate health and social service provision from Glossop Primary Care Centre;

e) The Intermediate Care home based offer and bed requirement across Tameside and Glossop be reviewed annually to ensure future demand was continually assessed and planned for future local provision was adapted accordingly.

25. URGENT ITEMS

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

26. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Tuesday 20 March 2018 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sandra Stewart – Director of Governance & Pensions (Governance & Pensions) Sarah Dobson – Assistant Director Policy, Performance and Communications (Governance and Pensions)
Subject:	**ONE EQUALITY SCHEME (2018-22)**
Report Summary:	One Equality Scheme (2018-22) is the first joint Equality Scheme of the Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). This report provides an update on the development of the One Equality Scheme, including the draft for engagement with stakeholders attached at **Appendix 1**, and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010) which will now be undertaken jointly as a Strategic Commission. The report outlines the next steps in terms of engagement with stakeholders and governance leading to formal adoption of the One Equality Scheme by both organisations at Governing Body (23 May 2018) and Executive Cabinet (June 2018 – date to be confirmed)
Recommendations:	It is recommended that Strategic Commissioning Board: 1. Note the content of the report 2. Provide any feedback and comments 3. Agree the next steps outlined in the report for engagement with stakeholders and governance leading to the final version of One Equality Scheme being taken to the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group on 23 May 2018 and the Executive Cabinet of Tameside Council in June 2018 (date to be confirmed) for formal adoption by both organisations.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	There are no direct financial implications arising from the report.
Legal Implications: **(Authorised by the Borough Solicitor)**	The scheme supports the Council and Clinical Commissioning Group in meeting the public sector equality duty and the obligations to publish information pursuant to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which replaced the 2011 regulations in 2017. The scheme should be reviewed in advance of formal adoption to ensure continued compliance.
How do proposals align with Health & Wellbeing	The proposals align with all elements of the Health and Wellbeing Strategy.

Strategy?	
How do proposals align with Locality Plan?	One Equality Scheme aligns with the broad principles of the Locality Plan. The Scheme focuses on improving outcomes for the residents of Tameside & Glossop.
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 and reduce health inequalities. One Equality Scheme aligns with these elements of the Care Together programme.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	The One Equality Scheme sets out the equality objectives of the Strategic Commission. Our objectives help to ensure we are making progress in advancing equality and human rights for public and patients across all protected characteristic groups.
Quality Implications:	One Equality Scheme sets out our approach to equalities and associated objectives. It also provides an update on key projects which link to equality and diversity. Any changes to services in order to meet strategy and plan objectives will need the completion of a Quality Impact Assessment (QIA).
How do the proposals help to reduce health inequalities?	A key aim of One Equality Scheme is to reduce inequality and improve outcomes. Working towards the objectives set out within the Scheme will help us to achieve this.
What are the Equality and Diversity implications?	This report sets out how One Equality Scheme ensures we continue to fulfil our obligation to publish equality objectives as set out under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010) Any changes to services in order to meet strategy and plan objectives will need the completion of a 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:	This report fulfils the commitment for equalities issues to be monitored on a regular basis. It also ensures awareness of the agenda across the Strategic Commission.
Access to Information :	The background papers relating to this report can be inspected by contacting Jody Smith, Policy, Research & Improvement Manager:

Telephone: 0161 342 3170

e-mail: jody.smith@tameside.gov.uk

1. PURPOSE OF REPORT

1.1 This report provides an update on the development of the One Equality Scheme (2018-22), and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010).

1.2 The content of this report is as follows:

- One Equality Scheme (2018-22) update
- **Appendix 1** – One Equality Scheme (2018-22)

2. ONE EQUALITY SCHEME (2018-22)

2.1 One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). Previously Tameside Council had its own, well established Corporate Equality Scheme (2015 – 19) which set out our approach to equality and diversity, details of achievements to date, and outlined the authority's equality objectives. NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy (2014-17).

2.2 The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5 April 2011, and it states that a public authority must, in the exercise of its functions, have due regard to the need to:-

a) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;
b) Advance equality of opportunity between people who share a protected characteristic and those who do not share it;
c) Foster good relations between people who share a protected characteristic and those who do not share it

2.3 The Equality Act (Specific Duties) Regulations 2011 stated that by January 2012, and annually thereafter, public bodies must publish information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by our policies and practices. By April 2012, public bodies were also required to publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication. The 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.

2.4 As outlined above, Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group previously set out their equality objectives through their own organisational schemes. A set of joint equality objectives for the Strategic Commission have now been developed which are detailed in One Equality Scheme (2018-22). This ensures we continue to fulfil our obligation to publish our objectives at intervals of no more than four years from the date of first publication.

3. NEXT STEPS

3.1 The draft One Equality Scheme attached at **Appendix 1** will now be shared with key stakeholders and other interested parties as part of a period of informal engagement and feedback running to the end of April 2018.

3.2 The following groups and networks will be part of the informal engagement and feedback work:

- Equality Consultation & Engagement Champions of the Strategic Commission
- Equality & Diversity Group of the Strategic Commission
- Tameside & Glossop Partnership Engagement Network including the conference on 28 February 2018
- Voluntary and community sector umbrella organisations from across Tameside & Glossop
- Neighbourhood Teams
- Health and Care Advisory Group (HCAG) – date to be confirmed
- Quality and Performance Assurance Group (QPAG) – 28 March 2018
- Members of the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group
- Executive Members and Assistant Executive Members of Tameside Council

2.5 A final version of the One Equality Scheme will be developed incorporating feedback from the informal engagement period and taken forward for formal adoption and publication by both organisations as below:

- Governing Body of NHS Tameside and Glossop Clinical Commissioning Group – 23 May 2018
- Executive Cabinet of Tameside Council – June 2018 (date to be confirmed)
- Publication post approval by Executive Cabinet and Governing Body

4. RECOMMENDATIONS

4.1 As set out on the front of the report.

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ONE EQUALITY SCHEME 2018 - 2022

Introduction

One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). In April 2016, employees from Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group joined together to form a Strategic Commission. The creation of the Strategic Commission is but one milestone in the wider Care Together project; a collaborative joint venture approach to delivering health and social care in Tameside and Glossop.

The creation of the Strategic Commission has allowed us the opportunity to jointly set out our approach to equality and diversity for residents, patients and service users across Tameside and Glossop for the first time. Previously Tameside Council had its own, well established Corporate Equality Scheme which set out their approach to equality and diversity, details of achievements to date, and outlined the authority's equality objectives. Likewise, NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy.

The single joint Scheme sets out how the Council and CCG strive to reduce the impact of inequality and to improve the lives of the most vulnerable members of our community. The Scheme will ensure that our ethos towards equality and diversity is embedded in everything that we do and every service that we provide, an objective that is particularly important in this period of great structural change and financial challenge. In addition, we aim wherever possible to challenge discrimination and ensure that provision of services is not carried out in a way that is discriminatory. This can only be achieved through strong corporate ownership, effective partnership working and, above all, listening to what our residents and communities are telling us and responding accordingly and appropriately.

The Scheme is divided into several complementary sections, which together provide a complete picture of the Strategic Commission's holistic approach to equality and diversity.

Part 1 details our equality objectives that we will be working towards across the lifetime of the scheme.

Part 2 gives an overview of Tameside and Glossop providing statistics relating to the demographic make-up of the area. These will place the case studies and work described later on in the One Equality Scheme into context, and presents the inequalities and challenges we need to address in a clear and effective manner.

Part 3 provides a list of case studies where our stated objectives have been turned, or are due to be turned, into reality. These case studies draw from a wide variety of council and CCG services, from Commissioning to Arts and Culture, showing how principles of equality and diversity are being embedded in all areas of the local public sector. It should be noted that this is not an exhaustive list, but a flavour of how we are working towards our objectives.

Part 4 lays out how the Strategic Commission intends to fulfil its legal obligations towards equality and diversity, as embodied in the Public Sector Equality Duty of the Equality Act 2010. It goes into further detail about the protected characteristics covered under the Act,

and legal requirements such as the Equality Delivery System 2 and the Workforce Disability Equality Standard.

Our One Equality Scheme sets out what this means in practice for the policies and projects of the Council, Clinical Commissioning Group and Strategic Commission. It takes a holistic approach, recognising that true commitment to equality and diversity goes beyond the nine protected characteristics and the strict legal definitions of the terms. It beholds us to taking this approach and using it to identify and tackle the inequalities that exist within Tameside and Glossop, making a real and valuable difference to the quality of people's lives. It describes and sets out our equality objectives. Most importantly of all it recognises that all this is the beginning of our equality journey as a Strategic Commission.

Part 1 – Our Objectives

The Equality Act 2010 (Specific Duties) Regulations 2011 – replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017 – state that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years. Tameside & Glossop Strategic Commission's equality objectives cover five key themes.

a. Reducing inequality and improving outcomes

- This theme lies at the heart of not just the One Equality Scheme, but at the heart of all our strategies and initiatives.
- The objectives under this focus on key areas of inequality where our work in developing this scheme highlighted as being in need of increased attention and focus.
- We know that in certain areas such as people's health, employment status and educational level, there are gaps that we need to address and attempt to narrow.

b. Meeting our obligations under the Equality Act 2010

- Our objectives for this theme are a combination of what the law requires us to do, and what we have decided needs to be done to meet the general Public Sector Equality Duty.
- The Equality Act 2010 is both very broad in its expectations of what public bodies must achieve, and also very specific regarding the information we must publish on equalities.
- Given how broad the requirements are, many actions in other area will nevertheless be connected to us fulfilling our obligations under this theme.

c. Equality training, development and awareness

- If we are to ensure that we meet our legal obligations, and deliver services that are fair and equitable, we need ensure that staff are aware of their responsibilities and that service users are aware of their rights.

- Fulfilling our objectives in this theme requires both internal measures such as staff training, and external ones, such as raising awareness of the support available for different groups and individuals to access services.

d. Consultation and engagement

- Without effective and meaningful consultation and engagement, we are unable to shape our services to meet customer need in the most efficient and service user friendly way.
- The objectives contained in this theme relate to how we maintain effective dialogue with our residents, patients, communities and businesses to make best use of our resources. There is a particular focus on ensuring that the needs of the most vulnerable and disadvantaged are heard.

e. Understanding Service Use and Access

- Once we know what our customers and service users need, and we are aware of any inequalities that exist, we need to make sure that those most in need and at a disadvantage can access services to improve their situations.
- Access to services is about, amongst other things, service availability, service location (both physical and virtual), and potential barriers. This theme requires us to think about how best to utilise our resources to ensure the maximum benefit for those most in need.

Our Objectives

Reduce Inequalities & Improve Outcomes	
1	Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, and health and wellbeing, across equality groups and the vulnerable and disadvantaged, with a view to narrowing the gap
2	Help people to continue to live independent lives, and support the most vulnerable in our communities to access services that exist to support this aim, through targeted interventions and tailored service provision
3	Aim to increase the level to which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.
Meeting our obligations under the Equality Act 2010	
4	Publish our equality objectives and ensure that they are published in a manner that is accessible
5	Publish our workforce monitoring information by equality group (where known)
6	Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic
Equality Training, Development and Awareness	
7	Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops

8	Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that those from protected characteristic groups are represented and supported
Consultation & Engagement	
9	Consult and engage with our communities through a broad a range of methods and forums, such as surveys, consultation events and customer feedback to ensure comprehensive and meaningful coverage
10	Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals
11	Develop specifically tailored consultation and engagement activity where appropriate and when required for certain equality groups and disadvantaged / vulnerable people within the Borough
Information, Intelligence & Need - Understanding Service Use & Access	
12	Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer
13	To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical)
14	Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choices

Part 2 – A Picture of Tameside & Glossop

INFOGRAPHIC OF KEY DEMOGRAPHICS / STATISTICS RELATING TO TAMESIDE & GLOSSOP TO BE INCLUDED HERE FOCUSSING ON:

- **Gender & Age**

Population by broad age group						
	Under 16		16-64		65+	
Males	25,426	20.2%	79,860	63.5%	20,568	16.3%
Females	24,845	19.0%	81,323	62.3%	24,402	18.7%
Persons	**50,271**	**19.6%**	**161,183**	**62.9%**	**44,970**	**17.5%**

2016 Mid-Year Population Estimates (ONS)

Population by Gender

Tameside & Glossop		England	
Females	Males	Females	Males
51%	49%	51%	49%

2016 Mid-Year Population Estimates (ONS)

- **Ethnic group**

Ethnic Group	T&G Number	%
All Persons	**252,414**	
White	**231,701**	**91.8%**
Mixed	**3,578**	**1.4%**
Asian	**14,823**	**5.9%**
Black	**1,874**	**0.7%**
Other	**438**	**0.2%**

(Census 2011)

- **Religion**
- **Disability**
- **General Health**

Life Expectancy (2014/16)

Tameside & Glossop		England	
Females	Males	Females	Males
81.3	77.8	83.1	79.5

Healthy Life Expectancy (2014/16)

Tameside & Glossop		England	
Females	Males	Females	Males

64.3	62.4	64.1	63.4

Cancer mortality rates for those aged under 75 (2013/15)

Tameside & Glossop	England
Rate (per 100,000)	Rate (per 100,000)
131.19	136.8

Cardiovascular disease mortality rates for those aged under 75 (2013/15)

Tameside & Glossop	England
Rate (per 100,000)	Rate (per 100,000)
113.07	73.5

- **Carers**
- **Marital status**
- **Sexual orientation**

Information on the demographic breakdown of both Tameside Council and Tameside & Glossop Clinical Commissioning Group's workforces can be found at www.tameside.gov.uk/workforceequalitydata and www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information.

Part 3 – Case Studies

Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group are committed to ensuring all our residents lead long, fulfilling and healthy lives. These are set out in 'Thrive and Prosper – One Corporate Plan 2018-25' which brings together for the first time the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. Our priorities and ambitions cover five themes:

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

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.

The following are examples of projects delivered by Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group which highlight some of the good work we are already doing across a range of service areas and equality groups. These are set out by the themes of Thrive and Prosper – One Corporate Plan. Although our achievements demonstrate the depth and breadth of the work we undertake to reduce inequality and disadvantage, this document is not intended as an exhaustive list of case studies or performance measures.

Excellent Health and 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.

Care Together

Care Together is a collaboration between Tameside Council, Tameside & Glossop Clinical Commissioning Group and Tameside Hospital to reform and improve services, and help make it easier for residents lead healthier and more independent lives. Care Together is guided by a Strategic Commission to deliver services from health professionals such as doctors, community nurses and home care workers. The aim is to ensure that patients get the right care, in the right place and at the right time.

Care Together aims to provide support to those who need it in a more coordinated way and as close to their home as possible. In particular, it focuses on the benefits of early support to prevent hospital admissions.

Digital Health Centre

The digital health service is a team of nurse specialists who provide advice and guidance to Care Homes via tablet devices. The service is based at the Tameside Hospital site and operates 7 days per week. This enables staff to access a hospital specialist via SKYPE, for advice, guidance and (where appropriate) a care intervention for people under their care, before considering an Ambulance or GP call-out.

The service was launched in March 2017, and initially piloted in four care homes before being rolled out across all care homes in Tameside and Glossop.

Patient and staff feedback of the service has been positive and indicative financial benefits have been significant. In the six months following the pilot of the project and during the roll in April to September 2017 service avoided 494 A&E attendances and 265 admissions, saving in the region of 795 Hospital bed days, the equivalent to four beds, saving the Hospital £117, 818.

Community Response Service Digital Scheme.

Following the success of the Digital Health Centre service in care homes, mobile wardens for the council's Community Response Service, who support frail and older people or people with disabilities who need support in their own homes, have been issued with iPads that allow them to use Skype to get one-to-one advice from Tameside Hospital's digital health care centre.

As with the care home scheme, the results have been extremely positive. Of 220 calls received by the Digital Healthcare, 130 prevented an unnecessary A&E visit. A further 50 residents did not require a GP appointment. Of the 42 referrals made by the Community Response Team, only 13 resulted in hospital attendance. Of the 1,200 falls occurring in the last six months, only 93 led to ambulance call-outs, equating to a saving of around £500,000.

Extensive Care Service

Across Tameside and Glossop an **Extensive Care Service** is being developed as part of the Integrated Neighbourhood offer and will be led by two neighbourhood-based doctors, 'Extensivists', supported by a multi-disciplinary team of health and social care professionals. This is a wrap-around service that will include all aspects of need, including medical, social, psychological, functional, pharmaceutical and self-care.

The Extensive Care Service will work closely with people with long-term conditions, complex needs and those who are intensive users of the health and social care system. It aims to reduce the need for hospital admissions by predicting exacerbations of underlying conditions, and helping people improve the management of their overall general health and wellbeing. The service will provide targeted support to individuals in the top one or two percent of the population defined by risk stratification.

Community Intravenous (IV) Therapy

As with Care Together itself, the aim is to improve health and care services across the area by redesigning the way they are distributed – keeping people out of hospitals through better community services, improved access to information and early intervention.

Community IV Therapy allows drugs such as antibiotics to be delivered at home, which will save patients trips back and forth for treatment, particularly the elderly, disabled and those who live a long way from outpatient clinics.

Examples of Integrated Health & Social Care Neighbourhood Projects

Glossop

Glossop neighbourhood has piloted the use of a community specialist paramedic as a member of the primary care work force. This is now being developed across all neighbourhoods as part of the integrated neighbourhood. This role supports practices with home visits and advice, improving ease of access for older and disabled residents.

Denton

Denton neighbourhood is piloting a Mental Health Project at two practices with a Community Mental Health Nurse/Non-Medical Prescriber. All the neighbourhood practices can refer any patient who is anxious or depressed. The evaluation of this pilot will inform the next steps.

A physiotherapy project is also being piloted in Denton neighbourhood. This pilot aims to reduce the number of GP appointments/referrals for diagnostic scans and similar services. It is being delivered at two sites in the neighbourhood for all patients aged 16+ registered in the Denton neighbourhood who meet the criteria of the service.

The Denton neighbourhood is recognised as a 'hotspot' for falls. Joint working with Live Active has established a network to support the early management of frail patients. This involves the organisation of a series of low level exercises/walks/adapted cycling sessions to get them exercising in the community to prevent falls.

Stalybridge

In February 2017 the first free Stalybridge Family Fun Day was held, partnering with Live Active and Live Well Tameside. The day aimed to encourage residents to be proactive in looking after their health and wellbeing. Activities included football, netball and face painting for children, NHS checks (for anyone aged 40-74) and health advice information.

In March 2017 Stalybridge neighbourhood held its first coffee morning for isolated/lonely patients. This was supported by Action Together (formerly CVAT) who arranged transportation, Live Active, who promoted their walks/armchair exercises/fitness classes, and Beatrix House (Adult Social Care), who made cakes for the event. These coffee mornings will be held once a month for the next six months.

In conjunction with Fit Over Fifty, armchair exercise sessions were also piloted for six weeks at St Andrews Medical, and a further short pilot is being arranged before evaluation. The neighbourhood has also established two Healthy Walks which begin at neighbourhood GP practices.

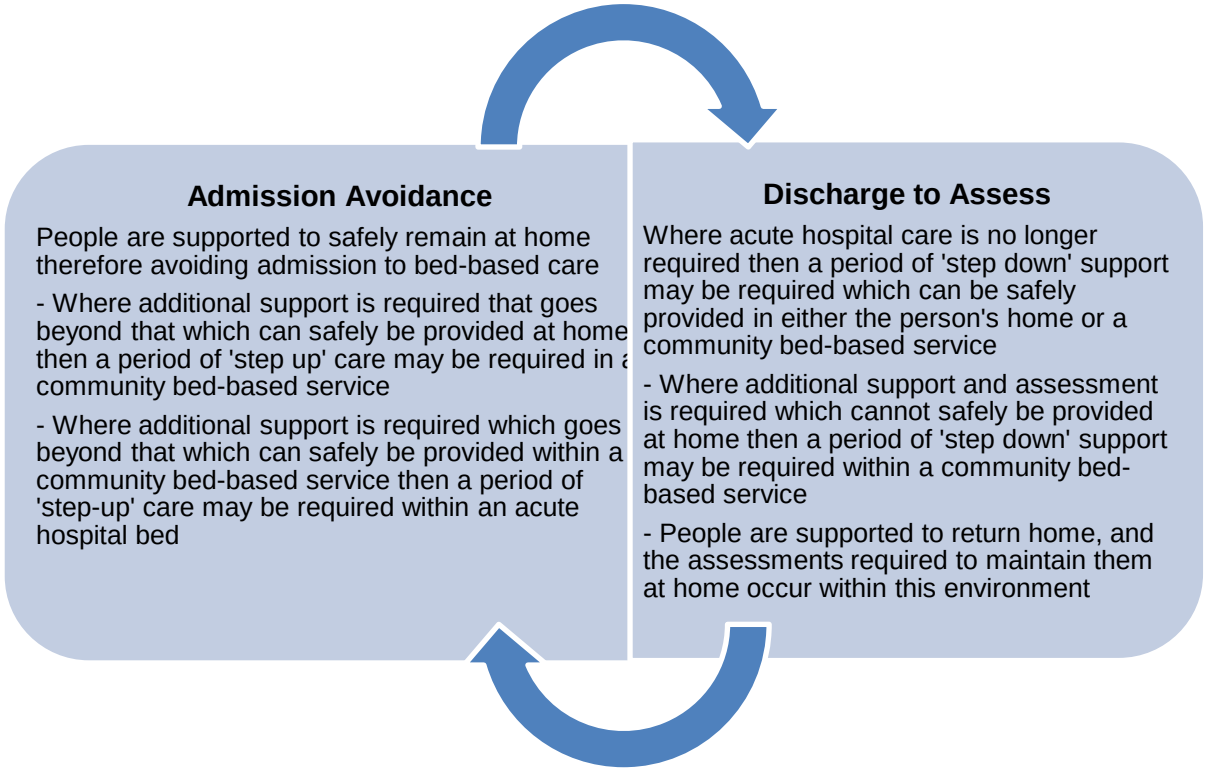
Intermediate Care

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. It is designed to help people avoid going to hospital unnecessarily, help people to be independent and prevent people moving into residential care unless they need to.

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. In order to be responsive to people's needs and deliver against this principle we have implemented the "Home First" service model.

This model is comprised of two key elements:



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.

Tameside & Glossop CCG have recently undertaken a large scale consultation with the public and patients to look at how Intermediate Care services are delivered in the future.

Urgent Care Review

Tameside & Glossop CCG have also recently consulted on how Urgent Care is delivered across the locality, to ensure that those most in need of emergency care receive the quickest treatment.

We have recently been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. The UTC needs to be equipped to deal with the most common ailments which people attend A&E with, that are not a life-threatening emergency.

There is therefore a need to look at the way we deliver the range of Urgent Care services so that we can deliver it in an affordable way. Any changes will be designed to enhance services – making more services available in one place; making services simpler by bringing multiple services into one place and to making services more accessible by bringing care closer to home.

However with the potential to impact different groups within the community, the consultation was launched to ensure that any proposals consider the views of residents, particularly as proposals focus on relocating Urgent Care services from Ashton Primary Care Centre to a new site at Tameside Hospital. This requires as assessment of the potential impact on different protected characteristic groups.

PEACH (Patient Experience and Continuing Healthcare)

Tameside and Glossop CCG were successful in their "expression of interest" to NHS England to develop patient experience measures for Continuing Healthcare (CHC). The focus of the project was to develop a way to measure people's experience across the Continuing Healthcare Pathway, using methods that were easy to implement and use by CHC teams. The data from this would then be used to inform and improve quality.

Engagement work was undertaken throughout 2016. Patient Voice was central to the project and feedback from the qualitative interviews was themed and used to inform the development of the patient experience questions. The measures were also developed in easy read, online/electronic versions in order to support accessibility. Support with completion was also offered to people needing additional help in providing their feedback. The measures were piloted across three localities in Greater Manchester between May and August 2017 and the learning from the pilot was used to further develop the patient experience measures and the PEACH Implementation Toolkit for staff.

The final PEACH Toolkit and Patient Experience Measures were presented to the NHSE National Leads in December 2017, the PEACH Team have been advised by NHS England that national roll-out of PEACH is anticipated by the end of 2018. Locally, the PEACH Measures have already been implemented and results are being used to inform quality across the CHC pathway.

Healthy Hattersley Pilot

A partnership between local GPs and the Council's Employment and Skills team, the Healthy Hattersley Pilot is an example of Care Together's joint work. GPs were encouraged to refer patients who met the criteria to a service which delivered support on employability.

The Pilot Scheme ran between October 2016 and August 2017 and in this time, 43 residents received one-to-one support designed to help people into employment as well as live a healthy and aspirational lifestyle.

Mental Health – Dementia Friends

Tameside has a longstanding commitment to support the mental health of older adults by being a dementia-friendly borough. As part of this, we have supported the Alzheimer's Society Dementia campaign, which aims to make life easier for people living with dementia. This is done by encouraging as many people as possible to become 'Dementia Friends'.

These volunteers receive specialised training around dementia to spread awareness and make Tameside more dementia-friendly.

For Dementia Awareness Week 2017, 122 Dementia Friends attended one of these sessions and pledged their personal actions. In Tameside there are now 4,266 Dementia Friends and 29 Dementia Champions. TMBC, the CCG and partners will continue to work towards increasing the number of friends to make the borough dementia-friendly.

Social Prescribing/Self-Care Programme

Care Together has been developing an approach to 'Self-Care'. This means supporting people and communities to be better able to manage their health and wellbeing, ultimately reducing the impact on traditional health and care services.

The programme supports people with a long-term condition to access non-medical support to improve their wellbeing so they are better able to support themselves.

For some, medical support alone is not making the impact to improve people's daily lives, so by providing access to non-traditional services provided by VCFS groups we hope to help people develop their confidence, build social connections and take part in activities to improve their overall wellbeing.

The system-wide self-care approach will work across the whole model of care and be embedded within neighbourhoods, primary, planned, urgent and acute care.

Patients will receive clinically-led, person-centred and goal-orientated health and social care support. Care is more suited to their needs and is easier to access.

Shared Lives Programme

Shared Lives is a programme where vulnerable adults have the opportunity to live with or share daily life with a carer. Service-users, ranging from older people to adults with mental health illness or physical or learning disabilities, are matched based on requirements and compatibility. Support can then be arranged, covering anything from respite care, day support, and short or long-term accommodation.

Carers must be in Tameside, over 17, able to work with vulnerable people and, for long-term or interim placements, have a spare bedroom. No formal qualifications are needed, and the primary requirement for carers is to be flexible, sensitive, tolerant and patient. Carers receive an allowance as well as full training and support.

Currently, Tameside supports over 130 service users. A recent publicity campaign raised awareness of one example of Tameside residents using the Shared Lives Scheme:

"Lesley Smith initially offered day support and respite care to service users including Ros Harding, a lady with Down's Syndrome. The two got on so well that when Ros was looking for a long-term placement, Lesley took up the opportunity to help. It shows how the scheme boosts massively the quality of life for vulnerable adults and allows the greatest degree of independence possible"

The publicity campaign highlighted how the scheme was making an extraordinary difference in supporting older people and adults with physical and learning disabilities. The recruitment

drive prompted enquiries from a flood of potential new carers, opening the scheme to more service users as well as saving the local economy up to £500,000 in more traditional forms of care.

The campaign, developed and delivered in house by Tameside Council's communications team in close consultation with the Shared Lives team, was named Local Government Communications Campaign of the Year in the prestigious UK Public Affairs Awards

Pride in Practice Gold Award

Market Street Practice in Droylsden is one of four practices in Greater Manchester that have received the prestigious Gold Award for Pride in Practice. A quality assurance support service which ensures that primary care providers strengthen relationships with the LGBT community.

The LGBT Foundation (a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans communities) has been commissioned by the Greater Manchester Health & Social Care Partnership (GMHSC) to roll out the scheme, which provides free training to GPs, Doctors and Pharmacists across Greater Manchester, and ensures that practices effectively meet the needs of LGBT patients.

Members of staff embrace small but significant changes to services provided, for example introducing sexual orientation monitoring on new patient registration forms and asking inclusive questions during consultations.

Participating practices are more equipped to meet the needs of their LGBT patients, for example by using questions about gender or sexual orientation to get a more holistic view of patients' needs and to determine care. Furthermore, practices with the award signal themselves as places where LGBT people feel they can talk about their issues without fear of reprisal or misunderstanding.

Denton Diabetic Diverters (DDD) turning lives around

Over 75 patients from across Denton stepped into a diabetes awareness raising event in autumn 2017 and left having committed to making lifestyle changes to reduce their risk of developing the disease.

Following the launch of the 100-day challenge in Tameside and Glossop, exploring ways to improve care and outcomes for people living across our neighbourhoods – the DDD team have been working with patients from three practices (Millgate Healthcare Partnership; Denton Medical; Market Street Medical, Droylsden) who have been screened as 'pre-diabetic'. All of these patients were invited to the event, which supported to them to develop their own personal actions to improve their health with assistance from local services and community groups.

Community services/providers available on the day included Be Well Tameside providing Health Checks; Live Active offering exercise sessions; Ambition 4 Ageing / Action Together advising of their local services; Self-Management UK signing up patients to courses and Public Health Collaboration advising patients regarding healthy eating.

Follow up sessions are being planned in order for patients to monitor their goals and continue with their healthy lifestyles. Full support will be provided for them throughout this process. The 100 day challenge will end in early 2018, but the DDD intend to continue working with these patients in order to ensure their healthy life changes continue well into the future.

Manchester Resilience Hub

Ashton Old Baths is home to the Manchester Resilience Hub, a central point where local mental health support services meet to provide support. It is hosted by Pennine Care NHS Foundation Trust and staffed by recovery workers and clinical leads with expertise in helping people who have experienced severe trauma.

It was established in response to the Manchester Arena attack in May 2017 to coordinate the care and support for children, young people and adults whose mental health and/or emotional wellbeing had been affected.

The Hub supports people involved in the incident in May, but you do not have to be a resident in Greater Manchester to receive support. The attack was a traumatic event which can cause severe emotional shock. In response the Hub offers phone-based advice, support and information and can make calls on behalf of people suffering if they are struggling to receive additional help.

£20 million Tameside leisure offer

Tameside has the most diverse leisure and fitness offer in Greater Manchester. A total of £20 million was allocated by the Council to help transform the health of the borough. Evidence suggests that regular exercise, such as swimming or visits to the gym, can reduce the risk of major illnesses such as heart disease, stroke, type-2 diabetes and cancer by up to a half, and can lower the risk of early death by almost a third. In Tameside, it is estimated that a 1 per cent increase in physical activity among the population would generate annual savings of around £650,000.

The new leisure offer was developed based on an eight week consultation in 2015/16 on a number of issues, including the closure of former Active Dukinfield, Denton and Ashton facilities to make way for the new facilities.

iTrain – 150 piece gym and fitness suite in Dukinfield, also incorporating exercise rooms, a crèche, soft-play zone, members area and café. Within two months of opening, iTrain attracted 1,300 new members.

Total Adrenaline – Activity centre made up of three zones; Trampoline, Laser and iPlay. It also has a café on site run by an artisan company involved with nutrition for the Team GB swimming team for the 2016 Rio Olympics.

Sky High Adventure Centre – An indoor climbing facility for all ages. Activities include a caving feature, indoor high ropes, a soft play area and large multi-use activity room. Sky High Climbing is only the fifth of its kind to be built in England and the only one in the region.

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.

Tameside YES Offer – Youth Employment Scheme

Tameside's Youth Employment Scheme is open to any Tameside resident aged 16-24 who is not currently in education, training or employment. The Council offers to find a minimum of 6 months paid employment, giving young people the opportunity to gain valuable skills and experience.

The Scheme also incorporates the Council's further commitment to youth employment.

Tameside Menu of Choice

Tameside Menu of Choice is a partnership set up by the council's Employment and Skills team, which aims to help businesses keen to work with schools to provide mentoring, careers advice and experiences to inform the education and career pathways of young people.

When a business signs up to the Menu of Choice, they join a pool of local businesses that are willing to commit to supporting local careers activities and events for young people. These include hosting a school visit for a small group of students, offering a work placement, holding mock interviews for students, providing taster sessions, job shadowing opportunities or mentoring.

Research shows that just four interactions with a business can reduce the possibility of a young person becoming NEET (Not in Education, Employment or Training). The Menu of Choice allows Tameside's Young People to begin thinking about options for their future through exposing them to life beyond school or college. On the other side, businesses are also being provided with an opportunity to invest locally in its workforce.

Since its creation 36 businesses in Tameside have signed up to the Menu of Choice, supported 7 schools in 11 different requests, reaching a total of over 2,000 individual pupils.

Breastfeeding – Homestart

Encouraging breastfeeding is a health priority in Tameside & Glossop. Any amount of breastfeeding has a positive effect– the longer that mothers breastfeed, the longer the protection lasts and the greater the benefits for both mother and baby.

To this end, Tameside Council (jointly with Oldham Council) commissioned the 'Homestart' contract. Homestart is a family support charity based in Audenshaw that works with families with children under the age of 5 to ensure that their health and social needs are met.

They do this by recruiting, training and supporting volunteers who go into family homes for a few hours to offer practical help and emotional support. Delivering support in homes means that families are more relaxed and more likely to engage in any support, which is always tailored to the individual needs of each family.

In 2016 / 17 Homestart supported 2,112 families with infant feeding. Tameside Council also supported a Homestart campaign seeking more volunteers on top of the 30 existing ones to work in the community offering breastfeeding support. Between April 2017 and January 2018, 81 families in Tameside had been supported by a Home Visiting volunteer and there are currently 57 Home Visiting volunteers in the borough.

Story Makers

Story Makers are free interactive story sessions for all families in Tameside with children aged 0-4 years. It is a 35-week project aimed at getting families from Tameside's deprived areas to embrace reading and develop literacy skills.

Story Makers been set up with £60,000 in funding from Arts Council England's Libraries Opportunities for Everyone Innovation Fund and in collaboration with Stone Soup, a local leading creative industries organisation. Art bodies like the Lowry and Halle Orchestra have also provided input into the planning and delivery of the scheme. Writers and illustrators will work with parents and children to create a series of stories. The books will then be published for family audiences. Each family that participated will receive a copy.

Fun Palaces

Fun Palaces are events celebrating international arts, culture and science, provided for free to give local families a fun day out and increase community cohesion by bringing Tameside's residents together and exposing them to different cultural activities and exhibitions.

The event has brought much success. Over the last two years there were more than 3,800 attendances at the Fun Palace events. Activities included archery, a climbing wall, face-painting, brass band, circus activities, balloon modelling, kite-making, Bollywood dance, and model vehicles. People stayed longer and toured more of the events that spread across the Armoury and the library.

The event was led by Tameside Libraries and Cultural Services as well as the Tameside Armed Services Community.

Tameside Youth Council

A Full Council meeting at the close of 2015 approved the creation of Tameside Youth Council, the purpose of which being to bring young people from all walks of life into the council's decision-making process on an ongoing basis.

Tameside Youth Council provides opportunity for young people from across Tameside to influence local decision-makers on the issues they consider to be important. They are made up of elected youth councillors from across the borough.

The TYC sets out what issues young people want to be prioritised in the borough, one of which was encouraging personal financial responsibility. After consultation with the Youth Council on how to achieve this goal, and in conjunction with local credit union Cashbox, the Smart Savers scheme was created. This scheme aims to help every child in Tameside set up a savings account and provides £10 to help them start off.

TYC made their views known in a nationwide Youth Council campaign that consulted on what issues matter most to 11-18 year olds. The results were fed into regional and national findings which were then discussed by the Youth Parliament at the House of Commons with Speaker John Bercow.

Investing in Children Award

A Tameside Children's Home has been recognised with a national 'Investing in Children' Award for its innovative use of social media.

Young people used the social media group to communicate with staff informally. The Children's Home staff use the page to prompt discussion, post information, signpost services and to praise and recognise young people's achievements. Not only has this allowed direct communication with vulnerable, hard-to-reach young people, the group has also enabled the Children's Home to make progress in getting kids involved in their care planning and shaping the service they receive.

It had been proven so successful that it has been rolled out across other homes in the borough.

Tameside Council Tax Discount for Young People Leaving Care

In August 2017, it was decided by the Council that Tameside would exempt young people leaving care from paying council tax. This came after consultation with the local Children in Care Council, 2BeUs, which provides platform for children and young people in the care of Children's Services to speak up about their wishes and feelings.

It is believed that the move will result in more favourable treatment of one of the most vulnerable groups in the area. Removing this financial barrier is actively promoted by the Children's Society, who now endorses Tameside as committed to supporting young people leaving care.

Family Group Conferencing/Edge of Care, Care to Success

Tameside Council has approved the launch of a number of projects aimed at helping struggling families stay and thrive together. These 'Invest to Save' initiatives come from the need to resolve family issues earlier to give better lives to families and young people in the long term.

Family Group Conferencing: a more intensive form of intervention for vulnerable families that helps them to identify their own solutions to support any children. (For example: By reaching out to extended family members).

Edge of Care: an intensive, whole family response to children at the edge of care through outreach, family sessions and short residential breaks.

From Care to Success: transitional support for young people leaving care through a bedsit transition scheme. Up to 7 young people at any one time have been supported from care into their own independent living environment with the help of New Charter Housing.

As well as investing in young people to be more stable through support to independence, the authority has estimated that the overall savings of £900,000 could be realised through successful deliver of these schemes.

Tameside Young Carers Project

There are 469 young people registered with the Tameside Young Carers Project, run by the Council and CCG. However, in line with the situation nationally, it is believed that this is only a small proportion of the number of children and young people caring for a parent.

Tameside Council and Tameside & Glossop CCG used Young Carers Awareness Day to spread the message of one Tameside young carer and the support he receives from the Young Carers' Project. This is somewhere that young carers can go to for advice and support, a chance to meet other carers, regular trips and activities. Participants are also provided with a newsletter, a Young Carers Pack and advice such as information on assessments, help with money, what to do in an emergency and information about disability and illness.

Smart Savers Scheme

Developed in conjunction with the Credit Union and the Tameside Youth Council, this scheme is directed at children entering Year 7 of school. All Year 7s receive a letter from Tameside Council containing a £10 voucher to kick start their own saver account. The scheme will encourage financial responsibility from an early age, no matter what circumstances are, and promote awareness among children and young people around financial issues in advance of their adult years.

Special Educational Needs and Disabilities Local Offer

Sensory Garden

A new sensory garden for the Tameside Council Learning Disabilities service has been opened at Copley Resource Centre, Stalybridge. Plants were selected for smell, colour, shape & touch. Completion of the garden is testament to the goodwill of service-users & staff from Copley, Engineers & Grounds Maintenance.

Local Offer

Tameside Council has launched a campaign to raise awareness of the Local Offer, the first port of call for anyone who has concerns with their child's development. The Local Offer signposts to all services available for children & young people aged 0-25 with any additional needs or disabilities. As part of the campaign, we highlighted case studies to show how individual families can and have been supported.

Tameside Early Help Strategy

Tameside has refreshed its strategy for Early Help services, which ensure that children and families get the best start in life possible, and that where family problems arise, they are able to get the right support at the right time from the right person.

The new approach is targeting a 'Smarter, Stronger, Sooner and Safer' response from Tameside Council and its partners.

There is national evidence that helping families early and providing support at the right time at the right place can reduce the likelihood of problems escalating and improve long term outcomes for children, young people and their families. The outcome of this Strategy will be that children have the best start in life, families will know how and be able to access services and information, manage their health and prevent illness, and be confident and self-reliant.

The strategy aims to build a culture of Early Help that is child and family-centred, and that focuses on reducing risk to children early, improving outcomes and reducing the demand for high-cost and stressful social care interventions wherever appropriate.

The ultimate goal is to ensure that services promote a good quality of life for all families in Tameside, regardless of where they struggle. Part of this means minimal need for additional support. Where families do need help, it will be from a range of services suitable to families' needs: universal (GP, School, Health visiting), targeted, or specialist. It is essential that families are supported to thrive and be happy independently and not to depend upon social care intervention where it can be avoided in the first instance.

Child Sexual Exploitation (CSE)

A robust response to children who are at risk of or are thought to be victim of child sexual exploitation is one of the most important responsibilities we are charged with. The council has therefore dedicated significant resources and support to protecting vulnerable children.

The Sapphire Room

The Sapphire Room is a safe space for youngsters who have been affected by CSE.

Attending a Police Station can be a traumatic experience for any young person but the Sapphire Room in Ashton Police Station allows children to feel comfortable and at ease with officers and support workers if disclosing information about CSE.

Young people played a key role in the design of the space, making sure that it is welcoming and comfortable, with a range of books, games and crafts to help children relax.

It's Not Okay Week of Action 2017

The theme of this year's "It's Not Okay Week of Action" was sport. In support of this, a free 'Safeguarding and CSE in Sport' event was held at Curzon Ashton FC where coaches, parents and volunteers were able to get guidance on safeguarding procedures, DBS checks and where to go if they have concerns about a child's welfare. A 5-a-side football tournament was held immediately before the event to raise awareness of joint work to tackle CSE. Other, smaller-scale awareness raising exercises were also held throughout the borough.

Vibrant Economy

Jobs Fairs

Every person in Tameside deserves access to skills, training and employment opportunities, and the council and its partners understand the key role they play in making this a reality.

The following are some of the employment and skills-related events held in the borough over the past 12 months:

September Jobs Fair – Open to anybody who wished to attend, over 1,000 people who attended the September Jobs Fair were given information about vacancies in Tameside. Jobseekers were given the opportunity to speak to employers and discuss career prospects, and information about training, skills and adult learning and Tameside ACE's CV-building course was also made available.

Careers & Apprenticeships Exhibition: Organised by the Employment and Skills Team, this "have-a-go" event at Stalybridge Civic Hall provided over 1,000 Year 9 and 10 pupils from 13 local schools with effective careers information, advice and guidance. Exhibitions were put on by 39 different organisations, including TMBC Engineers, Greater Manchester Police, NHS, Purple Wi-Fi, Juice Academy and local training providers such as Tameside College, Clarendon Sixth Form and Ashton Sixth Form Colleges.

"New Year, New You" Jobs Fair – Jobs Fair held at the offices of New Charter Housing in Ashton in January 2017. 350 people attended the event, which included exhibitions by 26 organisations offering employment, skills and training opportunities. Participating organisations included Tameside ACE, the Fire Service, Prince's Trust, Tameside College and Manchester Airport.

Building Business Skills for Parents

Tameside Council and Care Together conducted research that found many parents using children's centres wanted to work for themselves so that they could spend more time with their families. As a result of this research, a six-week course called Building Business Skills for Parents (BBSP) was set up, which took the approach of integrating health with employment and skills activity.

Free sessions were held at Hyde Children's Centre, with trainers invited from a wide range of backgrounds, including council agencies, partners and local businesses. Many of the parents attended had no enterprise experience or had been out of work for a number of years.

The sessions were accessible and delivered in a familiar and relaxed setting. Free childcare was also provided while parents attended. Many of the participants are looking to set up their own businesses, including holistic therapy and self-defence training.

Vision Tameside

Vision Tameside is a partnership between Tameside Council and Tameside College designed to transform learning and skills and generate greater economic prosperity in the borough.

The end result will be a number of new learning and public service buildings in Ashton town centre and other parts of the borough, including a new Learning Centres & the Joint Public Service Centre, an Advanced Skills Centre for Tameside College, and an Advanced

Technologies Centre. These buildings, which are being constructed in three ‘phases’, will provide a huge boost in local facilities for young people.

As well as providing learning space and facilities for hundreds of students, the new Learning Centres and Advanced Skills Centre will bring thousands of staff and students into Ashton town centre, boosting local businesses and the wider retail economy.

The Joint Public Service Centre will be also be significantly more convenient to service users, who will be able to access the library, Citizen’s Advice Bureau and the Credit Union into one space, improving general accessibility to services and ease of access to older and disabled residents. It is also a cost-effective solution to running Council offices, saving £1.5 million a year.

Finally, the redevelopment of Tameside College Beaufort Road will bring access to engineering workshops, construction, sport and public services for young people. There will also continue to be provision for learners with complex and moderate learning difficulties and/or disabilities based within Aspirations.

Aspirations Dovestones Building is a state of the art department with a wide range of specialist facilities to meet the needs of learners. The building incorporates an accessible IT suite, accessible life skills room, accessible independent living skills room, multi-sensory room, specialist teaching areas and a sensory garden.

At Aspirations, learners work towards the skills they need to participate in the wider community and where appropriate, the world of work. Aspirations offer yearly personalised and flexible programmes of study, supporting learners with a wide range of abilities.

Stronger Communities

Integrated Neighbourhoods

The vision of Integrated Neighbourhoods is to support local areas to deliver high quality and connected services, looking after the whole neighbourhood population by supporting self-care and improving outcomes, prosperity and wellbeing.

The team is a multi-agency unit, made up of police staff, local authority staff, mental health nurses, drug and alcohol workers, adult social workers, housing representatives and more. They have been brought together to work and support all public and voluntary sector providers who deal with vulnerable people in the community.

The scheme is delivered through two hubs in Ashton & Hyde where vulnerable people can access any service or services they need behind one front door. This allows as many people as possible to get the help they need in one place.

The team primarily work on cases of crisis or abuse, problems where a situation can deteriorate if help is not accessed or is not easily accessible. Integrated Neighbourhoods have seen a huge increase in the uptake of people supported, access to treatment or

rehabilitation. This multi-agency approach has helped resolved complex cases that may have been unresolvable under previous working practices.

Armed Forces

Tameside Armed Forces Community (TASC) was created to serve the 4,000 former members of the armed forces residing in Tameside. Its objective is to support members of the armed forces and their families under the guidance of the Armed Forces Covenant, which is a promise to treat those who serve or have served in the armed forces fairly.

The transition from military to civilian life can be a difficult one for many veterans and their families. TASC seeks to provide a support network through initiatives such as participation in school activities, community projects and awareness-raising.

- **Armed Forces Covenant Pledge:** Tameside Council, in partnership with GM Mayor Andy Burnham and the other nine local authorities has reaffirmed its commitment to the Armed Forces Covenant. As a result, the MoD Covenant Fund has awarded £232,000 so that the authorities can refresh their work in support of the updated covenant. The money will be used to improve access to services and online learning resources for forces personnel, their families and veterans.
- **Veterans Breakfast Club:** Tameside Council hosts a breakfast club on the second Saturday of every month where ex-members of the armed services can meet up with other veterans. There are 57 clubs around the world, in places such as Germany, Bosnia, Cyprus and Spain, as well as across the UK.
- **TASC Renovation of the Sensory Garden:** Using funding secured from the Greater Manchester High Sheriff's Police Trust, the TASC worked with young people to renovate a rundown garden at a resource centre for children with additional needs and their families. Improvements to the garden include a small petting area, outdoor planting beds, bird boxes and signage. The project was hailed as a strong show of mutual support between the groups.
  Additionally, TASC takes on a range of projects and mentoring for young people involved in anti-social behaviour.

Manchester Day 2016/17

Tameside's communities come together through their annual appearance in the Manchester Day Parade. In 2016 participating groups designed and paraded a giant spaceman. Funding for this was provided by the MoD Covenant Fund, which aims to support projects which bring together civilian and military communities to increase understanding between them.

Local services and armed services veterans, Scouts and Guides worked with the cultural services team to design, build and carry the Tameside Spaceman for the parade. It proved such as a success that in 2017, Tameside Stronger Communities, Scouts and the Armed Forces Veterans were brought back together to make a magical-themed float for that year's parade.

Winter Culture/ Lantern Parades

Another parading tradition that brings local communities together is the Tameside Winter Carnival. Funding from the Arts Council means that every year, families and community groups are invited to take part in the lantern parade to represent all nine towns.

The parade also includes music, dance and art, allowing local performers and artists to showcase their talent. Local organisations who worked with us to make the event in 2017 happen include Tameside Young Carers, Age UK, the Anthony Seddon Fund and the Smallshaw Tenants and Residents Association. Several scout groups and schools were also involved and representatives from a number of faith groups were also invited to participate.

Each year the lantern parade celebrates a theme that shines a light on Tameside cultural and historical heritage and diversity. Lantern workshops take place in the months before, giving participants the opportunity to work with professional artists to create large scale illuminated lantern sculpture and traditional hand-carried lanterns.

The event is free and marks the Christmas lights switch-on. Last year, the theme was 'We Shine Brighter Together', aimed at showcasing Tameside's diverse communities.

Partnership Engagement Network

As the public sector continues to address challenges around service provision and funding, it is necessary to establish new ways of engaging with the public, stakeholders and partners, as well as the voluntary, community and faith sectors.

The Partnership Engagement Network (PEN) is a key part of supporting the delivery of public service reform and transformation. The PEN will involve a wide range of stakeholders who will play an active part in developing new and different public services.

While the PEN will have no formal decision making powers, it will provide a number of useful and complimentary services, including a route for engagement with the public, stakeholders and partners; a network to develop stronger links with other services/sectors; a way to spread communications throughout Tameside and Glossop, an identified and structured approach to influence the work of public services and to proactively feedback on issues and ideas; and a strategic framework for engagement and feedback loop.

The Network will become a key part of the overall network structure of Tameside Council, Tameside & Glossop CCG, and Tameside and Glossop Integrated Care NHS Foundation Trust.

The Local Energy Advice Programme (LEAP)

The Local Energy Advice Programme provides residents with vital information about their house, and how they can save energy. The service is free and designed to empower residents to make the right energy choices that will save them money and keep on top of their energy bills without resorting to more drastic measures.

It is funded by energy companies and brings training to frontline staff to help tackle fuel poverty to support Tameside's most vulnerable households.

Home energy advisers will visit residents who have been referred by Tameside Council and partners and carry out thorough assessments of their homes. They can make immediate

improvements such as fitting LED light bulbs, draught proofing and pipe lagging. They also offer guidance on maximising income and available benefits and identify any other vulnerability in the home while making referrals to the appropriate agencies.

Tameside Council have held training sessions for frontline staff across the borough to identify residents who might need the service and how to refer them.

There have been 212 referrals into the scheme since it began in around August 2017. Of these referrals, 51 own their own home and 107 rent. Of the 107 households who rent, 49 do so privately and 58 are rented from a social landlord.

GM Energy Heroes Scheme

Tameside is also part of another GM-wide scheme designed to help residents keep their energy prices low and be more energy-efficient.

GMCA has teamed up with E.ON to help boost the energy efficiency of homes in the region. Eligible residents can have energy-saving improvements made in their homes. The application process is free of charge and there is no need to be an E.ON customer. The company carry out a survey of the house and will discuss options for replacing a boiler.

It is estimated that those eligible could save up to £215 each year.

Investing in energy efficient housing has benefits on an individual level through cheaper bills and greater comfort, and on a national level through investing in reducing our energy consumption and emissions.

The scheme bridges the gap for those who want to be more energy and cost-efficient, but do not have the financial means to take the necessary steps. At this early stage, 500 people requested help through the scheme. If fully realised this could result in a total saving of £107,500 for Tameside.

Outdoor Theatre in the Park

Tameside Council Cultural Services arranged a programme of outdoor theatre performances to be staged in Tameside parks. With the aim of increasing community cohesion, families from across Tameside were encouraged to come along to the free events.

The programme includes a number of children's favourites, such as Alice Through the Looking Glass, The Water Babies and Treasure Island performed by a number of theatre groups, supported by Greater Manchester Arts.

The events, supported by Public Health and social Enterprise Tobacco Free Futures and Tameside's Tobacco Alliance, are also smoke-free. The shows made theatre accessible in school holiday time to families across Tameside, particularly those who may not otherwise access such events.

Hate Crime

Tameside offers 'Safe Spaces'. Safe Spaces are hate incident reporting centres, occupied by local organisations independent of police. This gives consideration to people's concerns

or lack confidence about reporting hate crime, and a designated member of staff there will complete the necessary paperwork with the victim and forward to local police.

Many of the centres are organisations that work with people who are more likely to find themselves on the receiving end of a hate incident, for example People First (for adults with learning disabilities), the Indian Community Centre, the Tameside African Families Welfare Association; and the Topaz Centre (Tameside & Glossop Mind).

Tameside takes part in the GM-wide Hate Crime Awareness Week. For Hate Crime Awareness Week 2018 community organisations and local schools will be delivering activities across Tameside around celebrating difference, culture and diversity. Facilitated by the Council's Youth Service and Greater Manchester Police, Interactive Drama Sessions will be held in local high schools, covering the six strands of hate crime and anti-social behaviour. Hate Crime Awareness Stands will also be set up in local supermarkets, Tameside Hospital, the Primary Care Trust and Tameside College – allowing neighbourhood service officers and PCSOs to engage with residents directly.

Further information about the upcoming and previous Hate Crime Awareness Weeks can be found on the council's website. A Greater Manchester Hate Crime Awareness page will also be set up and linked in with Tameside's Communications service.

Sitting Right With You (Domestic Abuse Awareness in Tameside)

'Sitting Right With You' is a campaign run by the Greater Manchester Police and Crime Commissioner to raise awareness of domestic abuse (both overt and "hidden") and encourage those affected to start talking about their experiences.

The Council played a significant role in creating the campaign, sitting on the selection panel that chose the creative elements and how they would be used. The Council receive praised from the PCC's office for "comprehensive use" of communications materials including putting up posters in all pub toilets and GP surgeries.

1 in 3 women and 1 in 6 men will experience some form of domestic abuse in their life, over 60% of which will also involve children. To help young people understand what domestic abuse is and how they can seek help, a Respectful Relationships programme was piloted with over 3,000 children aged between 5 and 18 in 13 Tameside schools. This innovative approach received praise from both the then-Police and Crime Commissioner and the Ofsted North West Director.

Open Up Campaign

The "He's Keeping A Secret" campaign aims to highlight how one in six men experience domestic abuse but they are three times less likely than women to tell anybody. It is hoped that this will help reassure male victims that they are not alone and encourage them to tell someone and get support.

Domestic abuse isn't just violence; it can also involve controlling and coercive behaviour such as controlling someone's money or preventing them from seeing family and friends. The campaign was launched by Tameside male waste and recycling staff on Monday 8

January at Tame Street Depot in Stalybridge. It will also be supported by Tameside men from all walks of life – from Hyde United footballers to office workers – who will reinforce the #openup message to how important it is to talk to someone and seek help.

As part of the campaign posters have been put in place across the borough, including male toilets in pubs and gyms, to reach men who may otherwise be difficult to reach with the message. The campaign will also target men online and on social media.

Digital Future

We want to provide everyone with the opportunity to get on-line to access services, learning and information.

Life in Tameside and Glossop

The Life in Tameside & Glossop website is the Tameside Health & Wellbeing Board's Joint Strategic Needs Assessment (JSNA). It will replace the static report that is usually produced and refreshed on an annual basis. The website will support commissioning decision making across Tameside and Glossop through a data observatory function. It will also support the prevention and early intervention agenda by supporting social prescribing and self-care for both health and social care professionals and residents and patients across the borough. Through a 'Find Support' function, residents and professionals will find information on community services and groups so they can get early help and support to enable residents to stay healthy and well.

The planned public launch will be early spring 2018 and we will be encouraging all Strategic Commission employees to promote the website to our residents and for our professionals to use the site to support the residents they are in contact with.

Tameside and Glossop Insight

Our bespoke customer segmentation tool has been refreshed and updated to take account of new data available and to extend the dataset to include Glossop, demonstrating our commitment to the continued use of customer monitoring, information and intelligence. Our insight tool was first developed in 2009 to create a semi-bespoke customer segmentation tool for Tameside. The reason for creating our own segmentation tool was because 50% of the population fell into three categories of the national Mosaic segments and in order to better understand our residents we needed to differentiate them more effectively.

Tameside & Glossop Insight apportions all households within Tameside and Glossop into one of twelve segments based on their needs and behaviours. This was built by combining Experian Mosaic data with an extensive range of Tameside Council's and the Fire Service's customer focused data.

Examples of recent projects that have used the segmentation model include:

- Identification of those households who are likely to be suffering from loneliness and isolation.

- Identification of households to be targeted for the flu vaccination to increase uptake amongst pregnant women.

In addition to the creation of Tameside & Glossop segmentation, two bespoke models have been built to determine propensities for:

- High cost households – identification of those households that are in receipt of a large number of public services and therefore likely to cost the council and partners the most money. It also helps to identify those households likely to become high users enabling us to intervene early with appropriate services and avoid higher costs later.
- Health risk stratification – to identify households who are at the highest risk of developing health issues or requiring adult social care. This enables us to target these households and promote healthier lifestyles to them saving costs and dependency on services later in life.

Open+ Libraries

Developed after an extension period of consultation, Open+ is a self-service function that widens the use of Tameside's libraries by increasing opening times and flexibility of access.

While libraries will be unstaffed during Open+ hours, security is maintained through CCTV monitoring and an emergency phone when no staff are available. Those wish to sign up to the Open+ system need to be aged 16 or over and must undergo an induction process.

The Open+ project means that weekly library opening hours will almost double, increasing from 276 to 495.

Every Child a Coder

Every Child a Coder, one of the Tameside Pledges, promises to provide coding clubs for children of primary school-age children and above. Since the pledge was made, a range of coding opportunities for young people in Tameside have been set up, including:

Coder Dojo: Free monthly coding sessions are held at Active Medlock for anyone aged 7-17, giving young people the chance to learn skills such as website-building and creating apps. In hosting these events we hope to better equip our young people with the digital skills they need for the future.

Tameside Hack: This two-day competition at Tameside College brought in over 50 young people aged 12-18 from schools and colleges across the borough to take part. Local companies such as Purple, Brother UK, Avecto and Arcadis, sponsored the event and were able to witness first-hand the talent that Tameside has to offer. Young people worked in teams to produce original websites, apps, games, computer programmes and innovative solutions to real-world digital problems.

Online Safety

Being online is a valuable and important tool for everyday life, and this is no different for children accessing computers through schools, libraries and at home. Aligning with

campaigns to raise awareness of issues such as CSE, sessions to promote children's online safety have been taking place.

SSNAP –Secondary school pupils in Tameside were given the task of running sessions for their younger peers using the SSNAP (Safer Social Networking Activity Pack) – a card game and fun way to raise awareness and prompt serious discussion about the consequences of sharing personal information on the internet. Initially delivered to by Year 7 and 10 pupils in New Charter Academy; the scheme has now been rolled out on a borough-wide scale.

Keeping children safe online – Tameside libraries have been running online safety sessions to help parents and carers keep their children safe online. Parents could take in children's phones, laptops, tablets etc. for hands-on help in updating security and privacy settings. The sessions, delivered by MadLab, also focused on cyber-bullying, online shopping, radicalisation, eating disorders and protecting personal information and images. Initially run as a one-off event, demand and positive feedback resulted in numerous additional sessions being scheduled in 2017.

Digital Dozen

In order to aid entrepreneurs and small businesses the Digital Dozen scheme has been created which provides free office space in Ashton Old baths for 6 months along with sector specialist mentors to assist them in developing their businesses.

Datawell

The Greater Manchester Academic Health Science Network (GM AHSN) DataWell Programme is building an innovative platform that enables health and care data to be shared between providers across Greater Manchester. Six organisations across Greater Manchester are already in the process of being connected to DataWell.

The Tameside and Glossop DataWell Project is a localised pilot of the DataWell platform. It will allow the medical records of service users of signatory organisations to be shared between practitioners of these organisations, upon the condition that the service user gives explicit consent. Currently the project is limited to connecting the Council's Adult Social Care service and two GP practices within the area. The end goal is to demonstrate that through DataWell partners can effectively and securely share patient/client information, allowing practitioners to make better, more informed decisions about their care and wellbeing.

Part 4 – Legislation

One Equality Scheme 2018-22 details how both Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group fulfil our legal obligations under the Equality Act 2010 and Public Sector Equality Duty (PSED). It builds on the achievements and developments made since the introduction of Tameside Council's first Corporate Equality Scheme 2011-15, its current Corporate Equality Scheme 2015-19 and NHS T&G CCG's Equality, Diversity and Human Rights Strategy 2014-17.

This part of the scheme provides details of how One Equality Scheme 2018-22 fulfils our legal obligations under the Public Sector Equality Duty of the Equality Act 2010. It also explains in more detail the meaning of the 'protected characteristics' that fall under the remit of the Act, and the Act's coverage.

At the end of the document, there are details on where further information can be accessed.

The Public Sector Equality Duty and our responsibilities

The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5th April 2011, and it states that a public authority must, in the exercise of its functions, have due regard to the need to:-

a) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;

b) Advance equality of opportunity between people who share a protected characteristic and those who do not share it;

c) Foster good relations between people who share a protected characteristic and those who do not share it.

These are often referred to as the three 'arms' of the duty.

In short, this means that both Tameside Council and NHS T&G CCG must consider the impact our actions have on equality, and whether when delivering a particular service or function, or in our roles as employers, we are furthering the aims set out in law. The specific duties, detailed below, show the minimum amount of information we must publish in order to show that we are complying with the general duty.

This duty replaced the previous Public Sector Equality Duties that were in force covering race, gender and disability and expanded the scope of the previous duties to cover all 'protected characteristics' (although only the first 'arm' of the duty applies to marriage or civil partnership).

The Duty also applies to bodies that deliver services on our behalf, as in doing so they are exercising a public function. So for example, a private sector provider that is contracted to deliver a service in relation to adult social care would be required to consider the general duty and would be subject to its provisions. However, only the part of the organisation that is delivering the public service is subject to the duty; the organisation as a whole is not.

Having ‘due regard’ for advancing equality involves:

a) Removing or minimising disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;

b) Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of persons who do not share it;

c) Encouraging people who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

This means that when we are considering how our practices, policies and procedures impact upon equality we need to also be considering the ways in which we can mitigate any potentially negative impacts, and ensure that access to our services remains fair and equitable.

For example, the law requires us to make reasonable adjustments to the way in which services and public functions are delivered where a disabled service user may be placed at a substantial disadvantage. In considering how a service is delivered or offered, we need to consider the potential barriers that a person with a disability may have to overcome in order to access it, and put in place reasonable adjustments to lessen these. Such adjustments may be physical, or they may involve providing an auxiliary aid, or altering the way in which the service is delivered

The specific duties

The specific duties are contained within the Equality Act 2010 (Specific Duties) Regulations 2011. They came into force from July 2011, and confirm the minimum steps that public bodies must take in relation to publishing information on equalities, such as workforce monitoring data and equality objectives. The 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.

The regulations state annually, public authorities (with 150 or more employees) must publish information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by our policies and practices.

The regulations also state that public authorities (with 150 or more employees) must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The information we publish must be in a manner that is accessible to the public, and may be contained within another published document. This in effect removes the requirement on public bodies to publish separate and specific equality schemes, as noted earlier.

However, in order to build on existing good practice and for ease of reference, we have decided to continue with publishing a joint Corporate Equality Scheme.

Previously NHS T&G CCG's equality objectives were published in their Equality, Diversity and Human Rights Strategy 2014-19. The equality objectives for the Strategic Commission, NHS T&G CCG and Tameside Council are published in the joint One Equality Scheme 2018-22.

Compliance with the duty

Publication of the One Equality Scheme 2018-22 ensures that we are adhering to the regulation stating that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The One Equality Scheme 2018-22 contains our equality objectives and we have ensured that these are outcome focussed and are in alignment with other key strategic documents. As Tameside Council and NHS T&G CCG have come together to form the Strategic Commission, the equality objectives are applicable to both organisations.

These sections also detail the processes and structures we have in place to ensure that appropriate consideration of equality issues is embedded in our decision making and day to day work.

Furthermore, it builds upon the work done as part of previous schemes and strategies of each of the organisations by including details of how we have engaged with our communities and ensured that those protected under legislation have been involved as part of influencing, developing and shaping the commissioning and delivery of services.

In providing the framework of how we approach equality in the area; it confirms a number of actions and processes that our services undertake in order to meet the general and specific duties. For example, the Equality Impact Assessment (EIA) process helps us ensure that the decisions we take have been properly considered for their impact on relevant protected characteristic groups, and are based on solid evidence, including feedback from consultation and engagement. We use the EIA process, and the principles embedded within it, to ensure that we are complying with the general public sector equality duty. Similarly, the EIA process is just one of the ways in which we satisfy the requirement of the specific duties by publishing information relating to individuals sharing a relevant protected characteristic who are affected by our policies and practices.

The EIAs produced to support individual policy changes and practices by both Tameside Council and NHS T&G CCG are available within the individual decision reports produced by the services. Equalities information relating to the Council's workforce is published online at: http://www.tameside.gov.uk/workforceequalitydata; and T&G CCG workforce equalities information is published at http://www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information

Protected characteristics

The main provisions of the Equality Act 2010 came into force on 1st October 2010.

These provide the basic framework of protection against discrimination, harassment and victimisation, for the nine recognised 'protected characteristics' in employment, public functions and services, transport, premises, education, and associations.

The Act replaces all existing anti-discrimination laws[1] with a single piece of legislation. The aim is to streamline previous laws and 'level up' protection across the protected characteristic groups.

The nine protected characteristics, and what is meant by them, are detailed below, as are details of the protection given by the Act.

The nine protected characteristics are:

- Age
- Disability
- Race
- Sex / Gender
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership

NHS T&G CCG also include a further four locally determined characteristics which have now also been adopted by Tameside Council jointly as part of the Strategic Commission arrangement, they are:

- Carers
- Military Veterans
- Breastfeeding
- Mental Health

Please note that this is intended as a general overview and introduction only, and does not constitute legal advice.

The Equality Act 2010 is a wide-ranging piece of legislation and will apply differently in certain situations and circumstances. There are, for example, areas where discrimination is lawful, such as where the provisions of another law demand it, or where an action can be justified as a proportionate means of achieving a legitimate aim. The level of protection afforded by the Act will depend on individual circumstances.

[1] Equal Pay Act 1970; Sex Discrimination Act 1975; Race Relations Act 1976; Disability Discrimination Act 1995; Equality Act 2006; Employment Equality (Religion or Belief) Regulations 2003; Employment Equality (Age) Regulations 2006; Equality Act (Sexual Orientation) Regulations 2007

Details of where you can obtain further more detailed advice is at the end of this section.

Age

This is defined as a reference to a person's age group. This can mean people of the same age, or a range of ages, for example 'under 18s' or 'over 50s', or a specific age group e.g. '25-34 year olds'. People who share the protected characteristic of age are therefore in the same age group, although this can be broad as well as very specific. Age groups do not have to be defined numerically, they can be relative e.g. 'older than you/me'.

Disability

The Equality Act 2010 defines a disability as a physical or mental impairment which has a long-term and substantial adverse effect on a person's ability to carry out normal day to day activities. This includes sensory impairments such as those affecting sight or hearing, and also any impairment which consists of a severe disfigurement. Long term means that the impairment has lasted, or is likely to last, for at least 12 months or the rest of the affected person's life.

The Act has changed previous disability law, in that a person now no longer has to demonstrate that their disability affects a particular function such as mobility or speech. This used to be known as the 'list of capacities'.

Some illnesses, such as cancer, multiple sclerosis and HIV infection, are covered by the Act, from the point of diagnosis, under the protected characteristic of disability. Progressive conditions, and those with fluctuating or recurring conditions, will also be considered as disabilities in certain circumstances.

The Act strengthens the support given to people associated with someone with a disability, such as carers, by expanding the coverage of discrimination by association to cover disability.

It also introduces the concept of discrimination arising from a disability, where someone suffers unfavourable treatment as a consequence of something arising from their disability.

The Act also seeks to ensure that disabled people are given fair treatment when applying for positions of employment, in that it now bans the asking of pre-employment health questions, including sickness absence (other than in certain, specific circumstances).

For information as to what constitutes a disability under the Act, and where the Act applies, please consult the Statutory Codes of Practice or the information held on the Office for Disability Issues website.

Race

A person who is from a particular racial group will have the protected characteristic of race. A racial group is defined as a group of people who have, or share, a colour, nationality or

ethnic or national origins. All racial groups are protected from unlawful discrimination under the Act, and an individual may fall into more than one racial group.

Sex / Gender

Sex or gender refers to a man or woman of any age, or groups of men and/or boys, and women and/or girls. The protected characteristic of sex / gender does not include gender reassignment or sexual orientation. These are covered separately.

Religion or Belief

Religion or belief includes any religion and any religious or philosophical belief. This protected characteristic therefore includes the commonly recognised religions such as Christianity, Islam, Judaism, Sikhism and Buddhism for example. However, in order to be protected, a religion does not necessarily need to be mainstream or particularly well known, but it must have a clear structure and belief system. It also includes a lack of any religion or belief, for example philosophical beliefs such as Humanism and Atheism.

Sexual Orientation

Sexual orientation refers to a person's sexual orientation towards persons of the same sex (i.e. a gay man or a lesbian), persons of the opposite sex (i.e. heterosexual), and persons of either sex (i.e. bisexual). It also relates to how people feel, as well as their actions. Discrimination under this protected characteristic covers discrimination as a result of how someone's sexual orientation manifests itself i.e. in how that person presents themselves, or the places they choose to visit.

Gender Reassignment

Gender reassignment is the act of moving away from one's birth sex to the preferred gender i.e. from male to female, or vice-versa. It covers anyone who is proposing to undergo, is undergoing, or has undergone the process (or part of the process) to reassign their sex.

The Act removes the requirement for the person proposing to undergo this change to be under medical supervision in order to be protected, recognising that it is a personal process and not necessarily a medical one.

Pregnancy and Maternity

Where a woman is pregnant or on maternity leave she is covered by this protected characteristic, as well as being covered by protection and rights afforded to her by other statutory rights such as time off for antenatal care and health and safety protection. In cases where an employer has to treat a pregnant employee more favourably than other workers, men cannot make a claim for sex discrimination based on this more favourable treatment.

Marriage and Civil Partnership

When the Equality Act 2010 was first introduced marriage referred to any formal union of a man and a woman which is legally recognised in the UK as a marriage.

Civil Partnership refers to a registered civil partnership under the Civil Partnership Act 2004, including those registered outside of the UK. Civil partners must not be treated less favourably than married couples (except there permitted by the Equality Act).

However following legal changes in 2014, same sex couples can now marry in civil ceremonies or religious ones where the religious organisation allows it throughout England, Scotland and Wales. Civil partners who wish to convert their civil partnership into marriage are also able to do so. Additionally, married transgender men and women are now able to change their legal gender without having to end their marriage.

The status of being unmarried or single is not protected. Similarly, people who intend to marry or form a civil partnership but have not yet done so, or who are divorced or have had their civil partnership dissolved, are not protected by this characteristic.

Additional Locally Determined Characteristics

The additional local determined characteristics are defined as:

Carers – anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. This includes young carers who may be providing support to a parent.

Military Veterans – those who have served in the British Armed Forces and since left them.

Breastfeeding – those mothers who are feeding their infants.

Mental Health – those with a condition related to their psychological and emotional well-being.

Discrimination, victimisation and harassment

The Equality Act provides the basic framework of protection for people in relation to employment, public functions and services, transport, premises, education, and associations. Most protected characteristic groups are covered by the Act in relation to the areas below, although there are some differences as to when and where this protection applies.

The information given below is intended as a brief overview of the main principles and coverage of the Act. It is not definitive and it does not constitute legal advice.

Direct Discrimination

Direct discrimination occurs when a person is treated less favourably than someone else because of a protected characteristic. This definition is broad enough to cover cases where the less favourable treatment is because of the victim's association with someone else who has that characteristic (discrimination by association), or because the victim is wrongly thought to have that characteristic (discrimination by perception).

The Equality Act extends the coverage of discrimination by association and discrimination by perception to disability, sex, and gender reassignment. Previously, discrimination by association and discrimination by perception only applied to race, religion or belief, and sexual orientation.

Indirect Discrimination

Indirect discrimination occurs when a rule or policy which applies in the same way for everybody has an effect which particularly disadvantages people with a protected characteristic. Where a group of people are disadvantaged in this way, a person in that group is indirectly discriminated against if he or she is put at that disadvantage, unless the person applying the rule or policy can justify it. Where this rule or policy can be justified it is said to be a proportionate means of achieving a legitimate aim. Indirect discrimination is therefore not always unlawful.

The Equality Act extends the coverage of indirect discrimination to disability and gender reassignment.

Harassment

Harassment is unwanted conduct related to a particular protected characteristic, which has the purpose or effect of violating a person's dignity, or of creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. When considering whether conduct has that purpose or effect, the victim's perception is taken into account, as well as all the circumstances of the case and whether it is reasonable for the conduct to have that effect.

Whilst there is no specific prohibition on harassment related to religion or belief, sexual orientation or pregnancy and maternity, direct discrimination provisions prohibits treatment such as bullying and harassment which results in a person being treated less favourably.

Victimisation

Victimisation occurs when someone is treated badly because they have done something in relation to the Equality Act, such as making or supporting a complaint or raising a grievance about discrimination, or because it is suspected that they have done or may do these things.

Similarly, a victim of harassment need only demonstrate that they have been treated badly; they do not have to show that they have been treated less favourably than someone who has not made or supported a claim under the Act by way of comparison.

A person is not protected from victimisation if they have maliciously made or supported an untrue complaint.

NHS equality requirements that the CCG has to comply with

Equality Delivery System 2 (EDS2)

NHS England introduced the Equality Delivery System 2 (EDS2) to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The main purpose of EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with protected characteristics. From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is outlined within the CCG Assurance Framework and continues to be a key requirement for all NHS CCGs.

The latest EDS2 summary report is available on NHS T&G CCG's website:
www.tamesideandglossopccg.org/corporate/equality-and-diversity/equality-delivery-system-2

More information about EDS2 in general can be found at:
www.england.nhs.uk/about/equality/equality-hub/eds/

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) was introduced by NHS England in April 2015. This sets out the requirement to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME board representation. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

Clinical Commissioning Groups have two roles in relation to the WRES – as commissioners of NHS services and as employers. The provisions of the NHS standard contract require CCGs to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES and working on its results and subsequent action plans should be a part of contract monitoring and negotiation between CCGs and their respective providers.

CCGs are not required by the NHS standard contract to fully apply the WRES to themselves as some CCG workforces may be too small (i.e. under 150 employees) for the WRES indicators to either work properly or to comply with the Data Protection Act. However, CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce. In doing so CCGs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers

In practice, to aid due regard to the implementation of WRES, CCGs should:

- Collect data on their workforce
- Carry out data analyses
- Produce an annual report
- Report and action plan publication

The WRES Reporting Template is available for CCGs to use in this regard. From 1 July 2016 onwards, CCGs have been expected to produce an annual WRES report, accompanied by an action plan where appropriate.

Although T&G CCG falls below the threshold for the requirement to complete WRES we have committed to completing as many of the WRES indicators as possible. This ensures we show regard to the principles of WRES and are following good practice. Demographic data relating to T&G CCG's workforce data is also published on the CCG website in accordance with the Equality Act (Specific Duties) Regulations.

NHS T&G CCG's WRES data for 2016/17 can be accessed here: www.tamesideandglossopccg.org/corporate/equality-and-diversity/workforce-race-equality-standards

More information about WRES in general can be viewed here: www.england.nhs.uk/about/equality/equality-hub/equality-standard/

Workforce Disability Equality Standard (WDES)

NHS England has agreed to a recommendation put forward by the NHS Equality and Diversity Council (EDC) to mandate a Workforce Disability Equality Standard (WDES) via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

The proposed standard will use data from the NHS annual staff survey and look at areas such as workforce representation, reasonable adjustments, employment experience and opportunities.

More information about WDES can be found at: www.england.nhs.uk/about/equality/equality-hub/wdes/

Accessible Information Standard (AIS)

The Accessible Information Standard was introduced by NHS England in 2016. The standard tells organisations providing NHS or publicly funded adult social care how they should make sure that patients with disabilities receive information in formats that they can understand and receive appropriate support to help them to communicate.

Effective implementation required health and social care organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Full implementation of the Standard was required by 31 July 2016. The WDES will need to be included as a requirement for all providers in the T&G CCG contract.

More information about AIS can be found here: www.england.nhs.uk/ourwork/accessibleinfo/

Equality, Diversity and Human Rights (EDHR) Contract Schedule

The Equality, Diversity & Human Rights (EDHR) Contract Schedule should be included in all T&G CCG contracts. The schedule sets out what is expected of providers with regards to demonstrating compliance with equality standards.

NHS T&G CCG have adopted the EDHR Schedule devised by Greater Manchester Shared Services in December 2016. The Schedule outlines all of the required equality standards including obligations under the Equality Act 2010, Workforce Reporting, EDS2, WRES and Accessible Information Standard.

Further information

If you wish to access further, more detailed information, about the Equality Act 2010 or equalities in general, a number of sources are listed below.

The Equality & Human Rights Commission (EHRC), which was established under the Equality Act 2006 and brought together the Equal Opportunities Commission (EOC), the Commission for Race Equality (CRE) and the Disability Rights Commission (DRC), has a statutory remit to promote and monitor human rights, and to protect, enforce and promote equality across the nine 'protected characteristics'.

They have published a number of guidance notes on the public sector equality duty, which are available on their website here:

www.equalityhumanrights.com/en/equality-act/equality-act-2010

For those wanting more detail, the Statutory Codes of Practice are also available. These are intended as the authoritative, comprehensive and technical guide to the detail of law. There are three Codes of Practice – 'Services, public functions, and associations'; 'Employment'; and, 'Equal pay' – with each providing specific details of the circumstances in which the Act is applicable. These can be accessed on the EHRC website here:

www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice

The Equality Advisory Support Service (EASS) is an advice service aimed at individuals who need expert information, advice and support on discrimination and human rights issues and the applicable law, particularly when this is more than advice agencies and other local organisations can provide.

The EASS can:

- Give bespoke advice to individuals across the whole of Great Britain on discrimination issues
- Explain legal rights and remedies within discrimination legislation, across the three nations
- Explain options for informal resolution and help people to pursue them
- Refer people who cannot or do not wish to go down this road to conciliation or mediation services
- Help people who need or want to seek a legal solution by helping to establish eligibility for legal aid and, if they are not eligible, to find an accessible legal service or to prepare and lodge a claim themselves

But it cannot:

- Provide legal advice
- Provide representation in any legal proceedings
- Provide advice on court or tribunal procedures once a claim has been issued
- Advise on the strength of a case or the evidence needed to prove a case
- Provide advice to employers
- Provide advice to solicitors and other professional advisors

EASS can be contacted on 0808 800 0082 or by text phone on 0808 800 0084.

www.equalityadvisoryservice.com

The Government Equalities Office (GEO) is the department responsible for the Government's overall strategy and priorities on equality issues. It aims to improve equality and reduce discrimination and disadvantage for all, at work, in public and political life, and in people's life chances.

The GEO has also produced guidance material on the Equality Act, which is available online here:

www.equalities.gov.uk/equality_bill.aspx

The Office for Disability Issues (ODI) leads on the government's vision of achieving equality for disabled people, and through its work aims to ensure that disabled people have the same choices and opportunities as non-disabled people. Information on their work, together with further guidance on how the Equality Act 2010 affects the laws protecting disabled people can be found online at:

www.gov.uk/government/organisations/office-for-disability-issues

NHS England produces guidance to support Clinical Commissioning Groups (CCGs) and NHS England in meeting their legal duties in respect of equality and health inequalities. CCGs and NHS England play key roles in addressing equality and health inequalities; as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

www.england.nhs.uk/about/equality/equality-hub/legal-duties/

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic 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 31 DECEMBER 2017 AND PROJECTED OUTTURN TO 31 MARCH 2018**
Report Summary:	This is a jointly prepared report of the Tameside and 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 9 financial position (at 31 December 2017) and the projected outturn (at 31 March 2018). The Tameside and Glossop Care Together Single Commissioning Board are required to manage all 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:	Strategic Commissioning Board Members are recommended to note / acknowledge: • The 2017/2018 financial year update on the month 9 financial position (at 31 December 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)**	This report provides the consolidated financial position statement of the 2017/18 Care Together Economy for the period ending 31 December 2017 (Month 9 – 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 Clinical Commissioning Group 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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1. INTRODUCTION

1.1 This report aims to provide an update on the financial position of the care together economy as at month 9 in 2017/18 (to 31 December 2017) and to highlight the increased risk of not achieving financial sustainability. Supporting details are provided in **Appendix A**.

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

1.3 The Tameside & 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 (ICFT)
- NHS Tameside and Glossop CCG (CCG)
- Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

2.1 **Table 1** provides details of the summary 2017/18 budgets, net expenditure and forecast outturn of the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). Supporting details of the forecast outturn variances are explained in sections 2 and 3 of **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 CCG relating to Continuing Care related expenditure of £4.3m.

- Children's Services within the Council is managing unprecedented levels of service demand which is currently projected to result in additional expenditure of £7.8m when compared to the available budget.

- The ICFT are 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 £5m in each of the next two financial years (2017/18 and 2018/19) in support of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) programme savings target which is conditional upon the CCG agreeing to a reciprocal arrangement in 2019/20 and 2020/21. Any variation from budget is shared in the ratio 80:20 for CCG: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 CCG towards the Council year end position and a maximum of £2.0 m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG 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

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	366,874	372,416	-5,543	486,112	497,330	-11,218	-11,336	118
ICFT	-17,125	-17,864	-739	-24,349	-24,349	0	0	0
Total	**349,749**	**354,552**	**-6,282**	**461,763**	**472,981**	**-11,218**	**-11,336**	**118**

Table 2 – Risk Share

Risk Share (£000's)	11,218
TMBC Non Rec Contribution	3,798
CCG	500
TMBC	6,920

There are a number of additional risks which each partner organisation is also managing during the current financial year, the details of which are provided within **Appendix A.**

2.3 A summary of the financial position of the ICF, broken down by directorate is provided.

Table 3 – 2017/18 ICF Financial Position

£000's	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	152,001	153,835	- 1,834	204,653	206,642	- 1,990	- 1,601	- 389
Mental Health	22,130	22,684	- 554	29,502	30,200	- 697	- 966	269
Primary Care	62,606	61,144	1,463	83,342	82,154	1,188	1,103	86
Continuing Care	10,206	13,140	- 2,934	13,625	17,880	- 4,256	- 4,386	131
Community	20,770	20,770	- 0	27,473	27,581	- 108	- 108	-
Other	23,840	19,966	3,875	26,236	20,373	5,862	5,958	- 96
QIPP	-	-	-	-	3,798	- 3,798	- 4,111	313
CCG Running Costs	4,133	4,125	8	5,197	5,197	0	-	0
Adult Social Care	33,108	32,961	147	44,185	43,989	196	196	-
Children's services	24,517	30,367	- 5,850	35,192	42,992	- 7,800	- 7,605	- 195
Public Health	13,562	13,424	138	16,708	16,524	184	184	-
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
CCG Expenditure	295,687	295,664	22	390,027	393,825	- 3,798	- 4,111	313
TMBC Expenditure	71,187	76,752	- 5,565	96,085	103,505	- 7,420	- 7,225	- 195
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
A: Section 75 Services	203,799	205,256	- 1,457	265,437	269,185	- 3,748	- 4,061	313
B: Aligned Services	137,939	142,693	- 4,753	187,365	195,119	- 7,754	- 7,501	- 253
C: In Collaboration Services	25,136	24,467	668	33,310	33,026	284	226	58
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**

2.4 **Acute** - Against a full year budget of £204.7m there is forecast deficit of £2.0m. The acute position has deteriorated by £0.4m since month 8, driven by high cost out of area patients and critical care at Stockport. 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. The biggest areas of variance are:

- Associate provider contracts, in particular the Manchester Foundation Trust contract (over by £1.9m) where amputations, emergency admissions and A&E are all creating a pressure.
- Independent Sector (over by £0.85m), where activity 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.
- Non Contracted Activity (over by £0.33m), a large part of this is a single high cost patient invoiced in December

2.5 **Mental Health** - Against Core budgets there is a forecast £0.7m 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 M8 the mental health position has improved by £0.27m due to slippage on implementation of business cases required to meet the five year forward view. The CCG are on track to meet the Mental Health Investment Standard (MHIS) in 2017/18. A report is currently being prepared for submission to the Strategic Commissioning Board looking at achievement of MHIS in future years and how this links to the five year forward view for mental health.

2.6 **Primary Care** – Currently forecast at £1.19m underspent, with a £0.09m improvement over the prior month. Primary Care IT and slippage of CIS spend into 2018/19 are significant contributors to the underspend. Prescribing shows a nil variance in ledger, but this is largely due of the way QIPP is reported. Against a QIPP target of £2.52m there is an expected underlying QIPP achievement of approximately £2.2m. However due to national price concessions in relation to the pricing of generic drugs only £1.12m will be realised in 2017/18.

2.7 **Continuing Care** – Growth in individualised packages of care remains the CCGs biggest financial risk. Total overspend at M9 is £6.23m analysed as :

- £4.26m Continuing Care
- £1.37m Mental Health
- £0.61m Neuro Rehab

The growth in this area has been well documented in previous reports and a recovery plan is in place. An update was presented to Finance and QIPP group on 17 January 2018 which included strategies to reduce the growth. Broadcare, which is a new IT system to improve monitoring of activity was introduced in December 2017

2.8 **Community** - The majority of spend within this directorate is within the block contract for the ICFT. The variance relates to VAT on the wheelchairs contract and there is ongoing dialogue with the Inland Revenue about a reclaim of this tax.

2.9 **Other** – This directorate includes Better Care Fund (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 accurate schedules from Propco are awaited. The underspend within the directorate relates to reserves where budget is in place to offset the overspend reported elsewhere and to 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.

2.10 **QIPP** – Against an annual savings target of £23.9m, £14.0m of the required savings have been banked in the first 9 months of the year. In addition to this there are further savings of £6.1m which are expected to be delivered. In order to meet financial control totals a further £3.8m of QIPP savings (plus clear the negative reserve) are required. More work required to turn amber/red schemes green and to bring new schemes forward in order to close this residual gap. An Internal Audit report provides a 'high assurance' rating of the CCGs QIPP monitoring processes

2.11 **CCG Running Costs** – These are on schedule to remain within running cost allocation and deliver £1.14m QIPP savings. On a year to date basis, £0.97m of savings have already been banked.

2.12 **Adult Social Care –** Savings of £0.03m 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 £0.09m will be realised in 2018/19.

Increase of £0.08m 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 £0.4m 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 £0.68m in excess of budget (the average net cost of a nursing placement excluding Funded Nursing Care (FNC) is £0.03m per year). The additional placements have contributed to reductions in Delayed Transfers of Care (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.

Nursing bed capacity in Care Homes is currently stretched with vacancy levels of approximately 5% (28 beds) across the borough.

3 Children's Services – Pressure of £7.8m due to increased investment required in children's placements and social workers as a result of the increased demand being experienced in this area and in line with OFSTED recommendations.

The number of Looked After Children has increased from 519 at April 2017 to 584 in November 2017. Forecast expenditure 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 584 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.

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 £4.1m under achievement of this efficiency sum by the end of the financial year, £3.6m of which relates to the Strategic Commissioner.

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

4 RECOMMENDATIONS

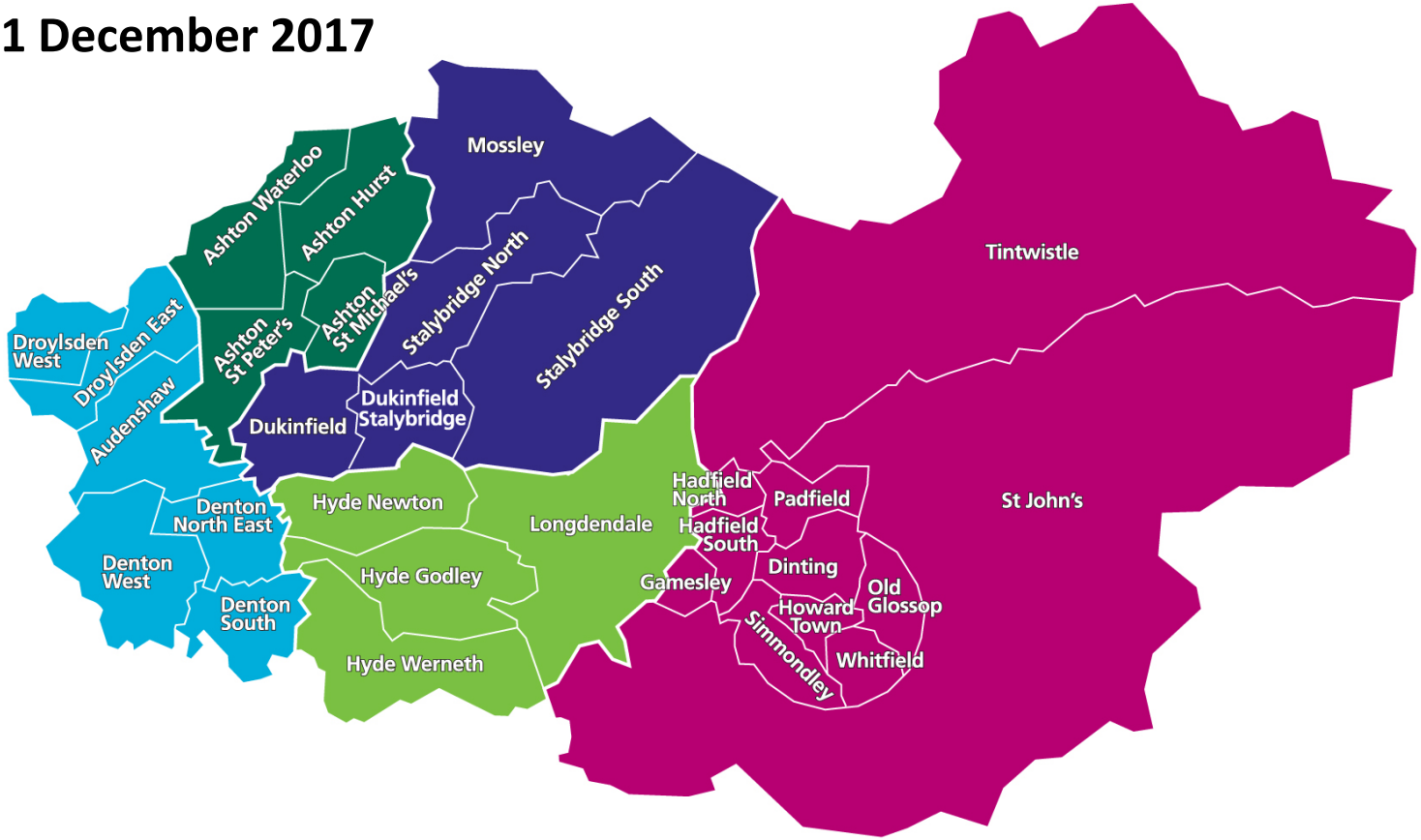
4.1 As stated on the report cover.

TAMESIDE AND GLOSSOP
Caretogether

Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 December 2017
Month 9



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

In 2017/18 the Care Together economy still has a £11,218k financial gap

How do we close this gap?

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	366,874	372,416	-5,543	486,112	497,330	-11,218	-11,336	118
ICFT	-18,885	-19,372	-487	-23,730	-23,730	0	0	0
Total	**347,989**	**353,044**	**-6,030**	**462,382**	**473,600**	**-11,218**	**-11,336**	**118**

- The strategic commissioner is forecasting a financial deficit of £11,218k, 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 planned deficit of £23,730k for 2017/18 (an improvement of £776k since last month). 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.
- The economy has received £23,900k of transformation funding this year which has already resulted in clear demonstrable savings, however some of this impact has been offset by emerging pressures.
- While the financial gap is a large figure, it is important to appreciate this within the context of the total budget:

Economy Wide Highlights

- £4,256k projected overspend on continuing care driven by an increasing number of patients accessing service - plus further individualised commissioning pressures on mental health (£1,367k) and neuro rehab(£609k)
- £7,800k projected overspend on Children's Services predominantly driven by out of area placements
- £3,798k projected shortfall on QIPP
- £1,990k 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

High level financial overview

	Month 9			Year to Date			Fo
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000	£000	£000	£000	£000	£000	£000
Normalised Surplus/(Deficit)	(1,760)	(1,508)	252	(18,885)	(19,372)	(487)	(23,730)
Capital Expenditure	741	183	(558)	2,383	1,591	(792)	4,798
Cash and Equivalents	1,190	2,250	1,060				
Trust Efficiency Savings	897	814	(83)	6,642	6,845	203	10,397
Use of Resources Metric	3	3	0	3	3	0	3

- YTD Net position is £19.4m deficit, c. £0.5m over the proposed deficit.
- Internal management forecast at Month 9 is c£23.7m deficit
- Trust Efficiency Programme is c. £0.2m ahead of the year to date (YTD) target
- Cash is £1.1m above the planned balance

Key risks and highlights

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
- **Unfunded Beds -** The Trust has a number of escalated beds that are unfunded.
- **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.

Overall Risk Rating - Medium

Pressure/High Risk Improvement/Low risk

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.
- **Cash -** The December month end cash balance was £1.1m above the expected the £1.2m plan. This was mainly due to receipt of PFI £ 0.85m and Winter Tranche monies of £0.3m
- **Winter Tranche 1 & 2** – The forecast assumes the receipt of Tranche 1 monies of £618k which will reduce the Trusts Planned deficit to £23.7m. The Tranche 2 monies of £725k will be used to support winter schemes and will be expended during Quarter 4
- **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. £0.6m.

Tameside and Glossop Strategic Commissioner Financial Position

- Forecast overspend of £11,218k is driven by significant pressures in children's services and individualised commissioning.
- The position has improved by £118k since M8:
  - driven by the realisation of further QIPP savings and slippage on implementation of mental health investments.
  - offset by further pressures in children's social care and non contracted acute care.
- Both organisations are currently reporting that statutory duties and financial control totals will be met, but some risk associated with this. The CCG has a negative reserve which will need to be cleared over and above QIPP in order to meet the control total.
- Further work required to close the financial gap. Risk share in place between the Council and CCG to mitigate risk 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)	11,218
TMBC Non Rec Contribution	3,798
CCG	500
TMBC	6,920

- Non Rec contributions into the fund which are repayable over a 4 year period
- 80:20 risk share arrangement as per contributions to ICF
- £500k upper threshold on CCG contribution to TMBC & £2m cap on TMBC contribution to CCG

	YTD Position			Forecast Position			Forecast Position	
£000's	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	152,001	153,835	- 1,834	204,653	206,642	- 1,990	- 1,601	- 389
Mental Health	22,130	22,684	- 554	29,502	30,200	- 697	- 966	269
Primary Care	62,606	61,144	1,463	83,342	82,154	1,188	1,103	86
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Community	20,770	20,770	- 0	27,473	27,581	- 108	- 108	-
Other	23,840	19,966	3,875	26,236	20,373	5,862	5,958	- 96
QIPP	-	-	-	-	3,798	- 3,798	- 4,111	313
CCG Running Costs	4,133	4,125	8	5,197	5,197	0	-	0
Adult Social Care	33,108	32,961	147	44,185	43,989	196	196	-
Children's services	24,517	30,367	- 5,850	35,192	42,992	- 7,800	- 7,605	- 195
Public Health	13,562	13,424	138	16,708	16,524	184	184	-
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
CCG Expenditure	295,687	295,664	22	390,027	393,825	- 3,798	- 4,111	313
TMBC Expenditure	71,187	76,752	- 5,565	96,085	103,505	- 7,420	- 7,225	- 195
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
A: Section 75 Services	203,799	205,256	- 1,457	265,437	269,185	- 3,748	- 4,061	313
B: Aligned Services	137,939	142,693	- 4,753	187,365	195,119	- 7,754	- 7,501	- 253
C: In Collaboration Services	25,136	24,467	668	33,310	33,026	284	226	58
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**

Integrated Commissioning Fund Risks

Continuing Care (R)

- Growth in individualised packages of care remains the CCGs biggest financial risk. Total overspend at M9 is £6,232k, broken down:
  - £4,256k Continuing Care
  - £1,367k Mental Health
  - £ 609k Neuro Rehab
- The growth in this area has been well documented in previous reports and a recovery plan is in place. An update will be presented to Finance and QIPP group on 17/01/18
- Broadcare, a new IT system to improve monitoring of activity was introduced in December 2017

Children's Services (R)

- Pressure of £7,800k due to increased investment required in children's placements and social workers as a result of the increased demand being experienced in this area and in line with OFSTED recommendations.
- The number of Looked After Children has increased from 519 at April 2017 to 584 in November 2017.
- The current budget allocation will finance approximately 450 placements

QIPP (A)

- Against an annual savings target of £23,900k, £14,000k of the required savings have been banked in the first 9 months of the year. In addition to this there are further savings of £6,102k which we are certain of achieving.
- There remains £3,798 of QIPP savings still to find in 2017/18
- Internal Audit report provides a 'high assurance' rating of the CCGs QIPP monitoring processes

Acute services (A)

- Increased demand for emergency services reflecting winter pressures and budget pressures emerging from Specialist Commissioning devolved services has placed pressure on budgets
- Biggest contributors to the overall pressure of £1,990k are:
  - Manchester FT Contract
  - Independent Sector Contracts
  - Non Contracted Activity

Mental Health: (A)

- Heightened levels of out of area placements at premium prices due to shortage of MH beds locally are a significant driver of overspend
- Cost pressures to deliver requirement of Five Year Forward View present a significant medium term risk to financial position of Strategic Commissioner (though slippage in implementation of schemes in 17/18 has improved the in year position slightly).
- Sustainability of local MH providers and potential requirement of additional commissioner contributions is also a risk.

Adult Social Care (A)

- While an in year underspend of £196k is currently being forecast, there is significant medium term risk in this area as a result of:
  - increased demand for social care services to support improvement in DTOCs and as a result of demographic growth
  - financial pressure from living wage legislation and care home market

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 £30,953k are expected, leaving a shortfall of £4,116k against plan. This represents an deterioration of £116k since M8. On a YTD basis the economy as a whole is £860k behind plan, which is driven by the CCG.
- The ICFT still have £2,022k savings to deliver in final 3 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:

- £21,424k of actual savings delivered in first 9 months of year.
- This represents an under-achievement against plan of £1,445k.
- Final projected economy savings are £4,116k lower than target.
- This represents a £116k deterioration against the position reported at M8.
- More work is required to bring forward new schemes addressing the short fall.
- £19,846k (64%) of expected savings are due to be delivered on a recurrent basis.

£000's	YTD Position			Annual	Risk Rated Forecast Position				Expected	Variance
	Target	Delivered	Variance	Target	Posted	Low	Medium	High	Savings	
ICFT	**6,642**	**6,845**	**202**	**10,397**	**8,375**	**1,422**	**70**	**1,054**	**9,866**	**- 530**
Technical Target	932	1,512	580	1,243	1,584	93	-	-	1,677	434
Divisional Target - Corporate	728	1,167	439	1,020	1,342	-	4	37	1,345	325
Pharmacy	234	390	157	392	448	145	-	25	593	201
Divisional Target - Surgery	474	487	13	640	679	-	5	-	684	45
Transformation Schemes	400	306	- 94	1,000	453	547	-	288	1,000	-
Workforce Efficiency	91	100	9	121	100	20	-	-	120	- 1
Estates	234	457	223	557	505	20	13	-	538	- 19
Paperlite	94	2	- 92	125	8	8	-	47	16	- 109
Divisional Target - Medicine	597	491	- 106	803	617	69	-	50	685	- 118
Medical Staffing	446	287	- 159	716	444	71	-	182	515	- 201
Nursing	726	495	- 231	975	515	204	-	-	720	- 255
Demand Management	1,209	881	- 328	1,732	1,231	123	48	337	1,402	- 330
Procurement	479	270	- 210	1,073	448	122	-	87	571	- 503
Strategic Commissioner	**16,227**	**14,580**	**- 1,647**	**24,673**	**14,580**	**6,209**	**298**	**624**	**21,087**	**- 3,586**
Technical Target	1,635	3,322	1,687	1,875	3,322	3,844	-	-	7,165	5,290
Primary Care	1,675	2,279	604	1,748	2,279	-	-	-	2,279	532
Single Commissioning	828	967	140	1,137	967	193	-	-	1,160	23
Neighbourhoods	781	781	-	781	781	-	-	-	781	-
Acute Services - Elective	586	586	-	1,116	586	-	-	-	586	- 530
Other	724	724	-	1,324	724	-	-	-	724	- 600
Effective Use of Resources	1,125	566	- 559	1,500	566	249	-	-	815	- 685
Mental Health	294	296	2	994	296	-	-	-	296	- 698
GP Prescribing	1,761	699	- 1,062	2,516	699	207	212	624	1,118	- 1,399
Back Office Functions	393	359	- 34	2,024	359	202	-	-	562	- 1,463
Demand Management	5,845	3,419	- 2,425	8,885	3,419	1,409	-	-	4,828	- 4,057
Adult Social Care	252	252	-	336	252	15	69	-	336	-
Public Health	328	328	-	437	328	91	18	-	437	-
Total Economy Position	**22,869**	**21,424**	**- 1,445**	**35,070**	**22,954**	**7,631**	**368**	**1,677**	**30,953**	**- 4,116**

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sarah Dobson, Assistant Director Policy, Performance and Communications.
Subject:	**DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**
Report Summary:	This report provides the Strategic Commissioning Board with a Health and Care performance report for comment. This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2018 using the new approach agreed in November 2017. The report covers: • Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target • Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware. • In-focus – a more detailed review of performance across a number of measures in a thematic area. This is based on the latest published data (at the time of preparing the report). This is as at the end of November 2017. The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG). The following have been highlighted as exceptions: • A&E Standards were failed at Tameside Hospital Foundation Trust; • Diagnostics over 6 weeks; • Early Intervention in psychosis treated within two weeks of referral. Attached is **Appendix 4** on Primary Care.
Recommendations:	The Strategic Commissioning Board are asked:

	• Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner • Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy
How do proposals align with Health & Wellbeing Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
How do proposals align with Locality Plan?	Should provide check & balance and assurances as to whether meeting plan.
How do proposals align with the Commissioning Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
Recommendations / views of the Professional Reference Group:	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.
Legal Implications: **(Authorised by the Borough Solicitor)**	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all 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 the proposals help to reduce health inequalities?	This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.

What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None reported related to the performance as described in report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no Information Governance implications. No privacy impact assessment has been conducted.
Risk Management:	Delivery of NHS Tameside and Glossop's Operating Framework commitments 2017/18
Access to Information :	• **Appendix 1** – Health & Care Dashboard; • **Appendix 2** – Exception reports; • **Appendix 3** – Impact of cancelled elective activity-Jan 2018; • **Appendix 4** – Primary care in-focus report. The background papers relating to this report can be inspected by contacting Ali Rehman by:  Telephone: 01613425637  e-mail: alirehman@nhs.net

1. BACKGROUND

1.1 This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2018 using the new approach agreed in November 2017. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware;
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

1.2 The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

2. HEALTH & CARE DASHBOARD

2.1 The Health & Care Dashboard is attached at **Appendix 1**, and the table below highlights which measures are for exception reporting and which are on watch.

EXCEPTIONS (areas of concern)	1	A&E 4 hour wait
	4	Diagnostics
	21	Psychosis 2 weeks
ON WATCH (monitored)	2	DTOC
	39	Direct Payments
	40	LD
	44	65+ at home 91days

2.2 Further detail on the measures for exception reporting is given below and at **Appendix 2**.

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

2.3 The A&E performance for November was 90.22% for Type 1 & 3 which is below the target of 95% nationally, and above the 90% target. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Tameside and Glossop ICFT are ranked first in Greater Manchester for the month of November 2017.

Diagnostics 6+ week waiters

2.4 This month the Clinical Commissioning Group failed to achieve the 1% standard with a 1.36% performance. Of the 53 breaches 27 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology and MRI), 2 at North West CATS Inhealth (MRI & CT), 3 at Pennine Acute (Colonoscopy and Gastroscopy), 13 at Salford Trust (MRI), 1 at Tameside and Glossop ICFT (Cardiology) and 7 at Other (Neurophysiology, MRI and NOUS). Central Manchester performance is due to an ongoing issue with endoscopy which Greater

Manchester are aware of. Salford Trust have had increased demand for MRI causing a pressure. The trust has implemented a recovery plan and trajectory to get back on track. Expect to be back on track April 2018. Future report will feedback on recovery plan and impact.

Early intervention in psychosis-treated within 2 weeks of referral

2.5 Performance for October is below the Standard for the Early Intervention In Psychosis-Treated within 2 weeks of referral (50%) achieving 25%. This is deterioration in performance compared to the previous month, September which also failed to achieve the standard at 33.3%. High numbers of referrals and inadequate staffing levels to deal with the demand impacting on performance. Business case submitted for approval. This is requesting additional investment to meet the national standard.

2.6 Dementia diagnosis (16) is noted as a positive exception this month. Tameside and Glossop Clinical Commissioning Group have consistently performed well against the 66.7% standard for estimated diagnosis rate for people with dementia, achieving the standard for a number of months. Compared to Greater Manchester we are the third best performer for the month of November 2017.

3. OTHER INTELLIGENCE / HORIZON SCANNING

3.1 Below are updates on issues raised by Strategic Commissioning Board members from previous presented reports, any measures that are outside the Health and Care Dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

'Winter crisis'

A&E

3.2 As you will be aware has been challenging across the economy in recent months and in particular the winter period. Tameside and Glossop ICFT has been the best performer for 4hr waits across GM for most months and performing better than the previous year with higher attendances. The trust has seen a 0.9% increase in attendances year to date compared to last year. The GM increase has been 0.3% in comparison. Tameside and Glossop ICFT has not cancelled any more than the average operations during December (7) compared to the GM average of 79. The average North West Ambulance Service ambulance arrival to clear time for Tameside and Glossop ICFT is 00.35:13 compared to the GM average of 00.39:15, which is second best in GM for December.

Influenza

3.3 The provisional December 2017 Tameside and Glossop CCG vaccine uptake for this period was 74.3% against a target of 75% meaning that the CCG has NOT yet met the target set by NHS England (NHSE). There were 39 GP practices participating in the 2017-18 seasonal flu campaign. Of these, 17 GP practices (44%) either met or exceeded the target set by NHSE and 22 GP practices (56%) were below the target.

Children aged 2,3 &4

3.4 Performance in December 2017 has shown an increase in all age groups compared to December last year. The CCG has achieved the 40% target in the Aged 2 and 3 age groups.

Under 65 (at risk only), Pregnant Women and Carers

3.5 The CCG has historically under- performed against these measures. In the 2016-17 campaign the final achievement against these indicators was 55.8%, 54.4% and 51.8%. Not one practice has achieved the 75% target in the December 17 figures.

3.6 The latest flu surveillance report for influenza like illness at upper tier local authority level shows that there is an increasing trend in Tameside over the last 10 weeks. Currently ranked sixth in GM for the rate per 100,000 population.

Impact of cancelled elective activity

3.7 NHS England has issued guidance encouraging hospitals to cancel "non-urgent inpatient elective care" between mid now and mid-January. This Guidance was issued mid to late December 2017. Attached as **Appendix 3** is a summary report for info.

Digital Health Centre / Community Response Service

3.8 Patient and staff feedback of the service has been positive and indicative financial benefits have been significant. In the six months following the pilot of the project and during the roll out in April to September 2017 the service avoided 494 A&E attendances and 265 admissions, saving in the region of 795 hospital bed days which is equivalent to four beds, saving near £120, 000.

3.9 190 calls came from the Community Response Service, 95 have avoided Emergency Department attendance (50%) and 43 have avoided GP involvement. From the Community Response Service alone this means a saving of £47,500.

3.10 Furthermore, the Community Response Service has its own lifting equipment. Consequently, the 1,200 falls occurring from April to September 2017 led to only 93 ambulance call-outs, equating to a saving of around £500,000.

3.11 There are now 40 homes connected to the service. In early November the Digital Health Centre at the hospital celebrated their 1000th call. By the end of the November our Digital Health Centre had received 1300 calls, avoiding 907 unnecessary A+E attendances, 510 GP call outs, over 350 nursing call outs and saved approximately 1452 hospital bed days or 6.8 beds. The total indicative savings for these equate to £366,000 April-November 2017 meaning that the cost benefit of the scheme (planned in the Cost Benefit Analysis over a 3 year period) has been realised within the first year.

3.12 We have integrated management of urgent GP calls into the Digital Health Centre and have in place to transfer Telehealth monitoring for Long Term Conditions into the service in 2018. We are also in conversation with North West Ambulance Service to identify opportunities for the service to support them. We have also shared our learning from the Digital Health Centre project with other health economies.

Moderately / severely frail with personalised care plan

3.13 Moderately frail with personalised care plan/Severely frail with personalised care plan was queried by Dr Alison Lea at the last Strategic Commissioning Board. We have looked into this and there is no full dataset yet as the measure and data feed is under development. This is an emerging dataset and we will look to include relevant indicators in future dashboards as this evolves. This will be brought to Board for insight and consideration.

NHS 111

3.14 The North West NHS 111 service performance has improved in all of the key KPIs for November although only abandoned calls performance was achieved:

- Calls Answered (95% in 60 seconds) = 83.8%
- Calls abandoned (<5%) = 4.1%
- Warm transfer (75%) = 42.2%
- Call back in 10 minutes (75%) = 41.4%

Average call pick up for the month was 58 seconds. Performance was particularly difficult to achieve over the weekend periods. There is a remedial action plan in place with Commissioners.

4. IN-FOCUS – PRIMARY CARE

4.1 The thematic in-focus area for this report is primary care. The key headlines from the in-focus are summarised below and the full report is attached at **Appendix 4**.

4.2 The subject of the In Focus report this month is Primary Care with a specific focus on five key areas, the selection of which reflects either their current national topical nature or seasonal relevance, these are:

- Core Hours
- CQC
- GP Patient Survey
- Seasonal Flu Campaign
- GP Referrals

4.3 The report also sets out the detail of the performance dashboard used to monitor our 39 practices and future plans and developments to extend and enhance to the reporting functionality and presentation of our local data to provide that holistic view of practices. This will give us the assurance, across the system, as to the extent to which the reasonable needs of each practice population are being met and also allow for aggregated data for each neighbourhood to be produced.

4.4 An effective information set will provide the Strategic Commission with the assurance framework by which we can demonstrate the improvement in, and experience of, primary medical services both for patients and our practice staff.

5. RECOMMENDATIONS

5.1 As set out on the front of the report.

6. APPENDICES

6.1 The following appendices are attached.

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Health and Care Improvement Dashboard

February 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Nov-17	92.8%	92.4%	90.2%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Nov-17	4.6%	3.6%	3.8%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Nov-17	92.3%	92.3%	91.9%	▼	
4	* Diagnostics Tests Waiting Times	1%	Nov-17	0.9%	1.1%	1.4%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Oct-17	96.5%	96.4%	96.7%	▲	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Oct-17	98.7%	95.2%	98.9%	▲	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Oct-17	100.0%	100.0%	100.0%	◀▶	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Oct-17	92.9%	100.0%	100.0%	◀▶	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Oct-17	100.0%	100.0%	100.0%	◀▶	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Oct-17	100.0%	97.1%	100.0%	▲	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Oct-17	91.8%	87.8%	91.1%	▲	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Oct-17	100.0%	90.0%	87.5%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Oct-17	76.7%	72.2%	76.9%	▲	
14	MRSA	0	Oct-17	0	1	0	▼	
15	C.Difficile (Ytd Var To Plan)	0%	Oct-17	-1.0%	-1.0%	-1.0%	◀▶	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Nov-17	81.8%	82.8%	82.5%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Aug-17	3.8%	4.0%	3.8%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Aug-17	48.6%	50.8%	50.9%	▲	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Aug-17	89.2%	88.1%	85.4%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Aug-17	100.0%	100.0%	100.0%	◀▶	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Oct-17	50.0%	33.3%	25.0%	▼	
22	Mixed Sex Accommodation	0	Nov-17	0.70	0.13	0.38	▲	
23	Cancelled Operations		17/18 Q2		1.0%	1.0%	◀▶	
24	Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	62.0%	57.1%	63.3%	▲	
25	Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	64.9%	60.6%	62.9%	▲	
26	Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	91.6%	88.2%	89.7%	▲	
27	Cancer Patient Experience		2016	9.10	8.70	8.77	▲	
28	Cancer Diagnosed At An Early Stage		2015	43.7%	44.2%	49.2%	▲	
29	General Practice Extended Access		Sep-17		74.4%	84.2%	▲	
30	Patient Satisfaction With GP Practice Opening Times		Mar-17		74.4%	76.0%	▲	

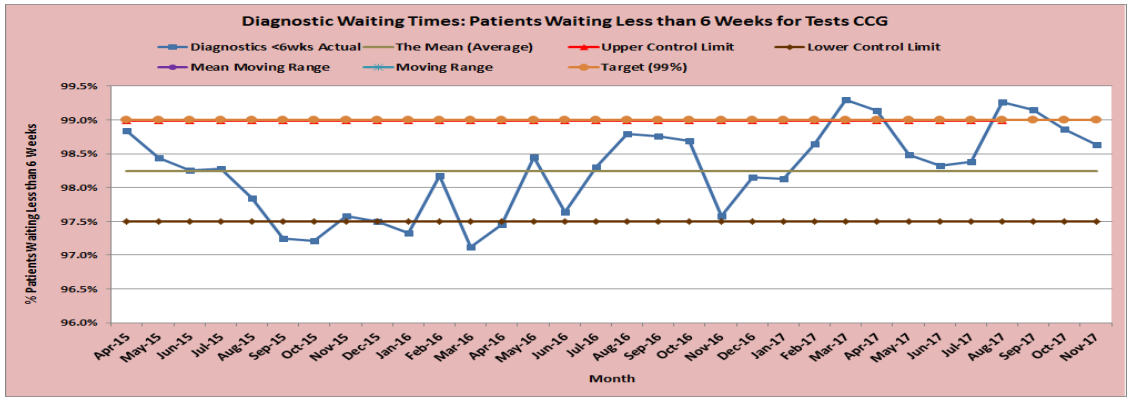
* data for this indicator is provisional and subject to change

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
31	Maternal Smoking at delivery		17/18 Q2	15.7%	15.1%	14.6%	▼	
32	%10-11 classified overweight or obese		2013/14 to 2015/16	33.3%	33.6%	33.6%	◀▶	
33	Personal health budgets		17/18 Q1	3.60	4.50	5.30	▲	
34	% of deaths in hospital		16/17 Q2	47.60	49.80	50.40	▲	
35	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
36	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
37	Emergency admissions for urgent care sensitive conditions (UCS)		16/17 Q4	2906	3212	3066	▲	
38	Patient experience of GP services		Jul-05	81.2%	83.2%	83.5%	▲	
	Adult Social Care Indicators							
39	Part 2a - % of service users who are in receipt of direct payments	28.1%	17/18 Q2	12.47%	12.76%	13.60%	▲	
40	Total number of Learning Disability service users in paid employment	5.7%	17/18 Q2	4.95%	4.71%	4.50%	▼	
41	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	17/18 Q2	12.65 (17 Admissions	3.71 (5 Admissions)	10.38 (14 Admissions)	▲	
42	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	17/18 Q2	28.54 (241 Admission	143.77 (56 Admissions)	277.27 (108 Admissions)	▲	
43	Total number of permanent admissions to residential and nursing care homes aged 18+		17/18 Q2	258	61	122	▲	
44	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	17/18 Q2	81.8%	81.8%	81.8%	◀▶	
45	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	55%	50%	50%	◀▶	
46	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	80%	80%	80%	◀▶	
47	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	67%	67%	67%	◀▶	

Exception Report

Health and Care Improvement- February

Diagnostics- Patients Waiting for Diagnostic test. **Lead Officer:** Elaine Richardson **Lead Director:** Jess Williams **Governance:** Contracts



Key Risks and Issues:

As a CCG
This month the CCG failed to achieve the 1% standard with a 1.36% performance.
Of the 53 breaches 27 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology and MRI), 13 at Salford Trust (MRI),3 at Pennine Acute (Colonoscopy and Gastroscopy) 2 at North West CATS Inhealth (MRI & CT), 1 at T&GICFT (Cardiology) and 7 at Other (Neurophysiology, MRI and NOUS).

Manchester University Foundation Trust (MFT)performance is due to increased demand and issues around decontamination have impacted endoscopy performance .

Salford Trust demand for MRI has increased causing a pressure.

As lead Commissioner.
T&G ICFT as a provider are achieving the standard.

Actions:

Commissioner and GM are aware of issues at Central Manchester in MFT and working with them to improve. However performance is expected to be further impacted when work is undertaken to ensure they achieve the JAG rating as 6 week waits may build up again.

Salford have implemented a recovery plan and trajectory but do not expect to achieve the standard until April 2018.

Operational and Financial implications:

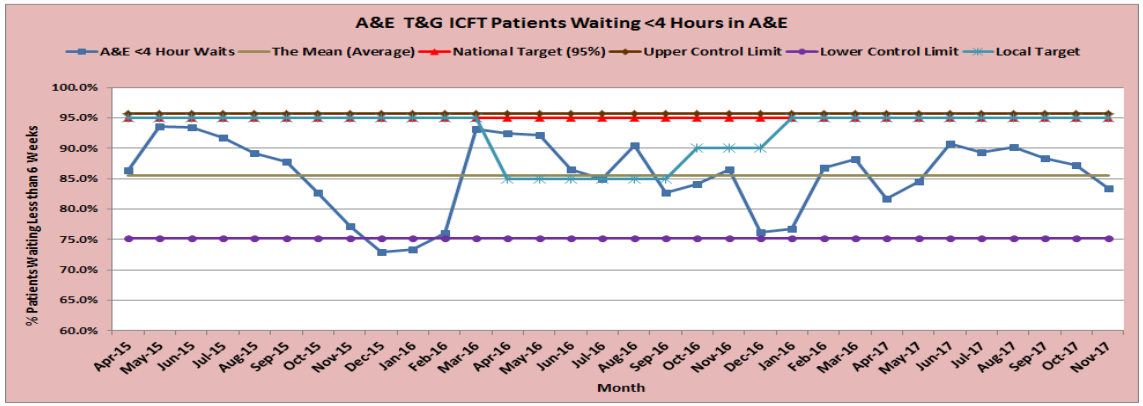
Failure of the standard will negatively impact on the CCG assurance rating. The CCG can Levey penalties through contract with those providers who fail the target.

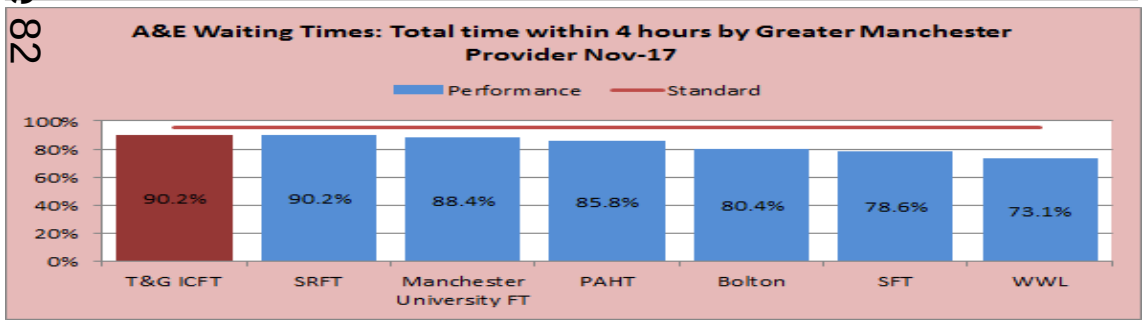
Diagnostics Waiting Times Patients Waiting > 6 Weeks by GM CCG

	Nov-17			
CCG	**Waiting > 6 Weeks**	**Total Waiting List**	**Performance**	**Standard**
NHS Salford CCG	129	4884	2.64%	1%
NHS Bolton CCG	79	4420	1.79%	1%
NHS Heywood, Middleton & Rochdale CCG	69	3968	1.74%	1%
NHS Manchester CCG	187	10897	1.72%	1%
NHS Trafford CCG	93	5628	1.65%	1%
NHS Oldham CCG	70	4920	1.42%	1%
NHS Tameside and Glossop CCG	53	3883	1.36%	1%
NHS Bury CCG	49	3781	1.30%	1%
NHS Wigan Borough CCG	57	6155	0.93%	1%
NHS Stockport CCG	42	5578	0.75%	1%

Unvalidated -Next month FORECAST

A&E: Patients waiting < 4 hours **Lead Officer:** Elaine Richardson **Lead Director:** Jess Williams **Governance:** A&E Delivery board





November Performance: 90.22%

16/17 ytd: 87.23%

17/18 ytd: 92.50%

Key Risks and Issues:

The A&E Type1 and type 3 performance for November was 90.22% which is below the National Standard of 95% but above the GM agreed target of 90%. Late assessment due to lack of capacity in the department is the main reason for breaches.
• Lack of physical capacity in the ED to see patients safely during periods of surge and high demand for beds.
• Ambulatory Care is unable to function effectively at weekends/ evenings due to limited staffing;
• Medical bed-pool occupancy was routinely at >96% leading to reduced capacity on AMU and IAU;
• Underlying demand continues to grow as a consequence of increased acuity of patients.
Overall the system has little resilience and so increased demand or reduced capacity in any one of the component Health and Social Care services can quickly reduce the A&E performance.
A&E Streaming is in place but staffing of rotas challenging at times.

Actions:
• ED streaming to GP embedded in practice 10am to 8pm
• Regular ED patient reviews by coordinator with lead consultant;
• ED lead consultant on a shift to focus on performance and supervision of medical staff; • Recruitment of specialty doctors for ED
• Two ANPs commencing in Ambulatory Emergency Care (AEC) in January to enable improved weekend and evening working;
• Push Pull model operational between ED and AEC; • Enabling of expanded ambulance triage area underway; • Fit to sit project operational in ED • Fit to sit out project (where safe to do so) operational on ward to support flow • Ticket Home project operational on wards to support flow • Introduce electronic Casualty Card (eCAS) in January to improve quality of data/ record keeping and support improved flow; • GP call handling by Digital Health pilot for Glossop and Ashton now rolled out to Stalybridge; • ED Delivery Board reviewing the actions needed to improve, and then sustain performance, in line with GM requirements.

Operational and Financial implications:

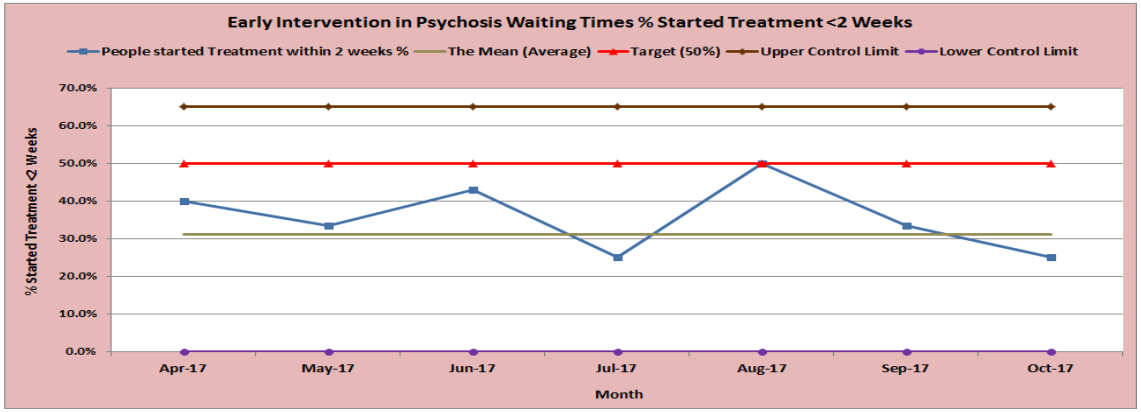
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

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

Unvalidated-Next month FORECAST

* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.
* Type 1 & 3 attendances included from July 2017.

Early intervention in psychosis treated within 2 weeks of referral **Lead Officer: Pat McKelvey** **Lead Director:** Jess Williams **Governance: Contracts**



Key Risks and Issues:

- High number of referrals all require assessment. less than 50% of referrals meet eligibility for the team
- Comprehensive assessments take considerable staff time
- Staffing level is inadequate to meet targets for assessments by 2 weeks and for access to psychological therapy

Actions:

- MH business case requesting additional investment to meet the national standard was submitted to SCB in November with follow-up on 30/1/18.
- PCFT asked to clarify the pathway to reduce the high volume of inappropriate referrals
- Neighbourhood MH workshops have been held to develop a new model of care as an alternative pathway for people who are not eligible for EIP.

Operational and Financial implications:

- Failure of this standard could negatively impact on the patients experience.
- Patients having to wait longer than the standard.
- Patient safety is at risk to the overly high caseload numbers that members of the team have to manage
- Waiting times are negatively impacting on successful early intervention

*

Early Intervention in Psychosis Waiting Times - Started Treatment Within Two Weeks

	Oct-17			
CCG	Waiting <2 Weeks	Total Number of Completed Pathways	% Waiting <2 Weeks	Target
NHS Salford CCG	3	3	100.0%	50%
NHS Wigan Borough CCG	14	14	100.0%	50%
NHS Bolton CCG	11	12	91.7%	50%
NHS Trafford CCG	4	5	80.0%	50%
NHSE North of England	294	389	75.6%	50%
NHS Manchester CCG	19	26	73.1%	50%
NHS Stockport CCG	4	6	66.7%	50%
NHS Bury CCG	2	5	40.0%	50%
NHS Heywood, Middleton & Rochdale CCG	1	4	25.0%	50%
NHS Tameside and Glossop CCG	1	4	25.0%	50%
NHS Oldham CCG	0	2	0.0%	50%

Unvalidated- FORECAST

Appendix 3

Impact of cancelled Elective activity – Jan 2018.

NHS England has issued guidance encouraging hospitals to cancel "non-urgent inpatient elective care" between now and mid-January. This Guidance was issued mid to late December 2017. Whilst it is too soon to have accurate activity data the following predicts the potential risk to the CCG's RTT performance.

Over the last twelve months the CCG had achieved the standard for the percentage of people on a waiting list greater than 18 weeks until November.

The ICFT has consistently achieved the standard but performance has dipped over recent months. Typically the ICFT accounts for 65% of the CCG waiting list.

The CCG's other key providers are Manchester University Hospital, and Stockport FT accounting for 18 % and 6% of the waiting list respectively with the other main GM providers making up the rest.

Description	Provider	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
18 Weeks RTT	Tameside and Glossop CCG	92.35%	92.76%	92.67%	92.51%	92.52%	92.32%	92.30%	91.91%	91.56%
	Tameside Trust	92.84%	93.09%	93.34%	93.28%	93.42%	93.03%	92.56%	92.26%	92.35%
	Central Manchester Trust	91.41%	92.52%	92.06%	91.34%	91.13%	91.86%			
	Stockport Trust	91.28%	91.04%	89.51%	89.92%	90.03%	91.44%	93.27%	91.98%	89.99%
	South Manchester Trust	81.23%	82.86%	82.48%	84.51%	85.66%	85.12%			
	Manchester University Trust							90.08%	90.16%	89.81%
	Salford Trust	90.23%	91.70%	92.29%	88.69%	88.06%	87.43%	91.43%	91.32%	89.17%
	Pennine Acute	95.28%	96.62%	94.59%	93.63%	90.14%	87.95%	87.29%	84.62%	80.05%
	Care UK	100%	100%	100%						
	Christie Trust	100.0%	100.0%	100.0%	98.1%	100.0%	98.1%	100.0%	100.0%	96.5%
	Bolton Trust	100%	100%	100%	100%	100%	100%	100%	67%	67%
	WWL Trust	91.11%	92.63%	89.80%	82.11%	81.91%	85.98%	93.75%	86.36%	91.11%
	Others	95.00%	93.97%	93.73%	98.62%	97.98%	96.95%	97.82%	96.76%	96.18%

The table above suggests that where the trust performance remains above 92.5% even if other providers fail for us as a CCG we are still able to achieve the standard.

The GM CCG forecast below shows that we are one of only four CCGs that expect to achieve the standard in Jan and Feb. With Manchester predicting a failure which will impact on ourselves.

Appendix 3

RTT Forecasts	Jan-18					
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Bolton	92.0%	92.0%	92.0%	90.2%	90.2%	90.2%
Bury	90.5%	91.0%	91.5%	88.0%	86.0%	86.0%
Manchester	91.6%	91.6%	91.5%	91.3%	91.0%	91.2%
Oldham	92.6%	92.8%	93.1%	91.1%	90.2%	90.2%
Heywood, Middleton and Rochdale	92.0%	92.0%	92.0%	89.5%	86.0%	86.0%
Salford	92.4%	92.3%	92.2%	92.4%	92.7%	92.4%
Stockport	92.0%	92.0%	92.0%	91.8%	92.0%	92.0%
Tameside and Glossop	92.5%	92.5%	92.5%	91.6%	92.0%	92.0%
Trafford	91.6%	91.6%	91.0%	91.7%	91.6%	91.6%
Wigan Borough	94.0%	94.0%	94.0%	93.5%	92.5%	92.0%

Based on the above the risk of the CCG failing the 18weeks RTT is

Month	Risk
January	Low
February	Low
March	Low

The level of risk will be reviewed as more information becomes available.

Appendix 4

Primary Care In-Focus

Strategic Commissioning Board

Introduction

Our Primary Care Dashboard has been developed to collate information related to our 39 general practices from a number of national and local data sources. The data sources include, amongst others, the Primary Care Web Tool, the GP Patient Survey, CQC outcome reports, Friends and Family Test, the Quality and Outcomes Framework (QOF), flu vaccination uptake, management of commissioning budget, A&E attendances, first outpatient appointment (as a proxy for referrals) and practice engagement with the Strategic Commission.

This dashboard is used as a starting point for discussion at Primary Care Delivery and Improvement Group (PCDIG) to understand which practices may need additional support. This discussion allows for more nuanced soft intelligence to be part of that discussion and inform the support programme to practices by the Strategic Commission. An extract of this dashboard is included with this focus report.

Core Hours

General practice is contracted via one of three nationally negotiated contract forms, General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts with all three contract types in place locally.

Core hours are defined as 8am to 6.30pm, Monday to Friday excluding Bank Holidays. The contract sets out the requirement for the provision of essential services to patients during this time however also indicates the opportunity for subcontracting during core hours. We have a number of periods of subcontracting across our practices throughout the week. The contract does not currently define essential services however the following definition, taken from a discussion on core hours provision of services in the House of Commons[1] has been set out in our Primary Care Investment Agreement with GM HSCP.

- Attend a pre-bookable appointment
- Book / cancel appointments
- Collect a prescription
- Access urgent appointments / advice
- Ring for telephone advice
- Access to diagnostics
- Access to medical records
- Any alternative arrangements are discussed with the PPG

A contracting change, in place from 1 October 2017, set out that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify for the Extended Access Directed Enhanced Service (DES).

[1] House of Commons Committee of Public Accounts. Access to General Practice: progress review Sixty-first Report of Session 2016-17 https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2015/access-general-practice-16-17/

Appendix 4

Of our 39 practices:

- 8 (20.51%) are open throughout core hours
- 31 (79.49%) are not open between 8am – 6.30pm, for the majority this means they do not deliver one or both of the half day periods at the start and end of the day.
- Of these 31, 9 (23.07% of the total number of practices) retain a half day closure, either a Wednesday or a Thursday afternoon. These practices do not participate in the Extended Access DES.

Of the 8 practices meeting core hours there are a range of practice models and collation of examples of those models, how core hours are being met is something we will facilitate across all practices. 4 of those practices are the 4 recently re-procured, 5 of the 8 are practices run by a health provider company and therefore may benefit from the efficiencies of being part of a group.

The contract change from 1 October was the first step in a national push to address periods of in hours closures, though at this point remains the only contractual change. A House of Commons Select Committee discussed the variation of opening hours, patients' experiences of access and contacting their practices and looked to define the reasonable needs patients should expect to receive.

In December 2017 NHSE published a further document, GP Access; expectations in respect of extended and core hours, to provide clarity on the expectation in respect of extended and core hours, both national standards and additional guidance for commissioners. Although this is guidance there is an expectation this will be used, alongside local dashboard data for patient experience, A&E attendances etc. to support commissioners in making a judgement as to whether practices' access arrangements meet the reasonable needs of their population.

Our next steps are to map such information to our practices hours mapping and take this forward for discussion through neighbourhood and practice meetings and through governance of our Primary Care Committee and Quality and Performance Assurance Group.

CQC Reports

CQC undertakes a rolling programme of inspections of general practices with a change to the inspection regime from April 2018. This change follows a period of consultation on the changes to the way general practice will be inspected and monitored in the future. These changes are being enacted against a national baseline of 93% of GP practices now rated as good or outstanding, locally this figure is 97%.

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 CQC 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 with a view that this will reduce the burden on general practice. The reporting of inspections will also be

streamlined to make reports more user friendly and concise with a data table appended to a shorter narrative.

CQC measures practices across five domains:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

We have one practice rated as outstanding by CQC, Lockside Medical Centre, and we had previously been able to report 100% of our practices were rated as good or outstanding. Three inspections have taken place since November 2017; though only one report has been published to date. This practice, Medlock Vale Medical Practice, has been placed in special measures as it was rated inadequate in two domains and requires improvement in the other three domains.

Practices placed in special measures have a six month period to put improvements in place. After that time they will be inspected to see if those improvements have been made. If CQC does not feel improvement has been made it will remove the practice's registration, which means it will not be able to deliver primary medical services.

We are working with the practice, in line with our quality assurance framework to provide support to the practice ahead of that re-assessment. The practice has an action plan in place to address the areas for improvement identified within the report and the report has been mapped to the contract and remedial notices issued where appropriate. We are working closely with the practice to support them in achieving the improvements required with the aspiration of re-establishing their 'good' status by the summer with named Practice Manager, Practice Nurse and Medicines Management Technician support identified and the support of the Clinical Lead for QI. The support available to the practice also includes referral to the Greater Manchester GP Excellence Programme for external support, alongside the support provided locally.

GP Patient Survey

The GP Patient Survey (GPPS) is an annual national survey, providing practice-level data about patients' experiences of their GP practices.

It is administered on behalf of NHS England by Ipsos MORI. In July 2017, 12,147 questionnaires were sent out patients registered across our practices. 4,246 were returned completed; this represents a response rate of 35%.

The GP Patient Survey measures patients' experiences and satisfaction across a range of areas, including:

- Making appointments
- Waiting times
- Perception of care
- Practice opening hours

- Out-of-hours services

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time, however the survey has limitations:

- Sample sizes at practice level are relatively small.
- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided once a year rather than in real time, collected during the period January to March and published in July.

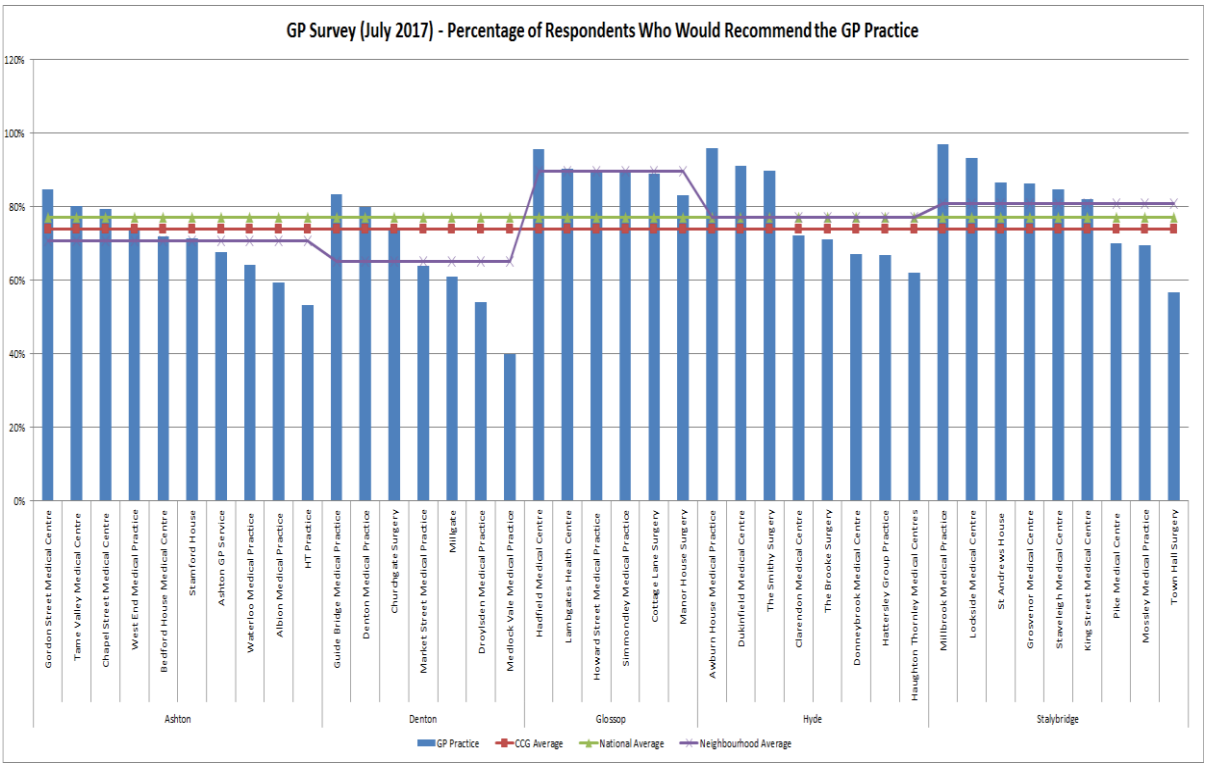
However, given the consistency of the survey across organisations and over time, GPPS can be used as one indicator of practice performance.

For the purpose of the dashboard we focus on two questions from the survey; how many patients would recommend their practice and the ease of getting though by telephone.

The England average for how many patients would recommend their practice is 77%, while the CCG average is 74%. The England average for ease of getting through by phone is 68%, while the CCG average is 66%.

An aggregated result of the questions highlighted Cottage Lane Practice as being 15th in the list of the top 20 practices in Greater Manchester.

The graph below shows the July 2017 results, collected over the period January to March 2017, to the question of whether a patient would recommend their practice.



Appendix 4

2017-18 Flu Campaign

The NHS Tameside & Glossop CCG (T&G CCG) 2017-18 seasonal flu vaccine campaign for GP patients started in October and ends in January 2018. There are 39 GP practices participating in the 2017-18 seasonal flu campaign.

The provisional December 2017 T&G CCG vaccine uptake data, for the cumulative period of the season, has seen the following performance compared to the season to December last year:

	Dec 16 YTD % Uptake	Dec-17 YTD % Uptake	Direction of Change
65 & Over - Target 75%	73.4%	74.3%	↑
Under 65 (at-risk only) - Target 75%	53.8%	51.8%	↓
All Pregnant Women - Target 75%	55.4%	51.4%	↓
Carers -Target 75%	49.8%	46.5%	↓
All Aged 2 - Target 40%	36.8%	42.7%	↑
All Aged 3 - Target 40%	41.7%	45.7%	↑
All Aged 4 - Target 40%	27.8%	38.2%	↑

Based on the current patients registered and the individual targets, the table below shows the shortfall against each measure.

	Current 'Patients Reg	No. vaccinated (16/17 figures)	Target	Shortfall
65 & Over - Target 75%	42,625	31,691 (32,812)	31,969	278
Under 65 (at-risk only) - Target 75%	33,921	17,559 (16,117)	25,441	7,882
All Pregnant Women - Target 75%	2,512	1,290 (1,338)	1,884	594
Carers -Target 75%	2,145	997 (1,300)	1,609	612
All Aged 2 - Target 40%	3,020	1,289 (1,104)	1,208	-
All Aged 3 - Target 40%	3,008	1,375 (1,298)	1,203	-
All Aged 4 - Target 40%	3,137	1,197 (896)	1,255	58

Patients aged 65 years and over

The December 2017 T&G CCG vaccine uptake for this period was 74.3% against a target of 75% meaning that the CCG has not yet met the target set by NHS England (NHSE). There were 39 GP practices participating in the 2017-18 seasonal flu campaign. Of these, 17 GP practices (44%) have met or exceeded the target set by NHSE and 22 GP practices (56%) are still, at this point, below the target.

Children aged 2,3 &4

Performance to December 2017 has shown an increase in all age groups compared to December last year. The CCG has achieved the 40% target in the Aged 2 and 3 age groups. This has been a focus of the local and national campaign.

Under 65 (at risk only), Pregnant Women and Carers

The CCG has historically under-performed against these measures. In the 2016-17 campaign the final achievement against these indicators was 55.8%, 54.4% and 51.8%. Not one practice has yet achieved the 75% target as at the December 2017 figures.

GP Referrals

GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. YTD GP referrals have decreased by 7.9% compared to the same period last year at T&G ICFT.

GP referral data at practice level and specialty level are shared with practices on a monthly basis. All localities have seen a decrease in GP referrals. The table below shows the cumulative by month position by neighbourhood.

TAMESIDE & GLOSSOP CCG

GP Referrals to Tameside & Glossop ICFT - Monthly Cumulative Variance

Percentage reduction in GP referrals to Tameside & Glossop ICFT compared to the same period last year.

	April	May	June	July	August	September	October	November
CCG Total	-23.8%	-16.3%	-13.3%	-11.1%	-8.6%	-8.9%	-8.1%	-7.9%
Ashton	-19.6%	-9.8%	-7.0%	-6.1%	-3.8%	-4.5%	-4.5%	-4.0%
Denton	-27.5%	-22.7%	-16.9%	-12.5%	-7.9%	-7.7%	-5.4%	-4.7%
Glossop	-23.3%	-21.2%	-15.4%	-15.4%	-15.0%	-14.6%	-14.5%	-15.3%
Hyde	-24.0%	-15.2%	-16.8%	-14.0%	-12.2%	-14.3%	-13.0%	-12.7%
Stalybridge	-25.5%	-16.0%	-11.3%	-8.9%	-5.5%	-3.5%	-3.7%	-3.8%

Future Developments

GM Dashboard

Greater Manchester Health and Social Care Partnership (GM HSCP) has also developed a dashboard using a software system called Tableau. The tool incorporates a number of published primary care data sets and aims to support localities, alongside existing processes and systems within localities, to share best practice, improve quality and stimulate peer review and support. This interactive tool will be available to all GP practices and presents data at an individual practice level, at a neighbourhood as well as locality level. The launch of this to CCGs by GM is in February with a launch to practices planned in March. A local demonstration of this tool is also being scheduled.

Our local data coordination and presentation will then be able to be tailored to complement the reports available through this system.

Local Developments

Appendix 4

The GM dashboard will sit alongside the enhancements to the reporting functionality and presentation of our local data to provide that holistic view of practices. This will give us the assurance as to the extent to which the reasonable needs of each practice population are being met and also allow for aggregated data for each neighbourhood to be produced. This will facilitate peer review and challenge and support the reduction in unwarranted variation across the locality.

A task and finish group has been established to undertake a review of discretionary spend into primary care to structure the way this is used towards the development of a local set of standards, incorporating the GM standards, to have a quality improvement focus to improve outcomes, experience and reduce inequalities.

These developments will provide an assurance framework by which we can demonstrate the improvement in experience of primary medical services both for patients and our practice staff.

PRIMARY CARE DASHBOARD

	Practice Code	Practice	Core Hours		CQC Report Most Recent CQC Report					GP Survey July 17 Update						Flu Uptake	
			Core Hours	Hours Lost Per Week	Inadequate - 1 or More Inadequate	Requires Improvement - 1-3 Requires Improvement Rating	Requires Improvement - 4-5 Requires Improvement	Good - 1 or More Good Rating	Outstanding - 1 Or More Outstanding Rating	Overall Experience Would Recommend (Higher/lower than national average by 5%)			Ease of Getting Through by Phone (Higher /lower than national average by 5%)			Under 65 At Risk	
										January 16 CCG Average 73% National Average 78%	July 16 CCG Average 75% National Average 78%	July 17 CCG Average 74% National Average 77%	January 16 CCG Average 71% National Average 73%	July 16 CCG Average 72% National Average 73%	July 17 CCG Average 66% National Average 68%	01/11/2016 Target 75%	01/11/2017 Target 75%
1	P89003	Albion Medical Practice	No	7.5	0	0	0	5	0	74%	73%	59%	62%	76%	54%	67.9%	71.9%
2	P89008	Bedford House Medical Centre	No	2.5	0	0	0	5	0	74%	69%	72%	80%	81%	67%	69.2%	67.9%
3	P89011	Gordon Street Medical Centre	No	7.5	0	0	0	5	0	88%	91%	85%	81%	82%	71%	73.7%	75.1%
4	P89017	Chapel Street Medical Centre	No	2.5	0	0	0	5	0	77%	73%	79%	75%	70%	86%	67.7%	70.9%
5	P89020	HT Practice	No	5 (2.5 at each site)	0	1	0	4	0	58%	64%	53%	74%	84%	72%	60.2%	59.3%
6	P89030	West End Medical Practice	No	0.5	0	0	0	5	0	62%	64%	73%	59%	57%	72%	76.8%	78.5%
7	P89033	Tame Valley Medical Centre	No	3.5	0	0	0	5	0	87%	78%	80%	81%	70%	55%	70.4%	69.4%
8	P89609	Stamford House	No	4	0	0	0	4	1	78%	80%	71%	85%	82%	78%	79.4%	82.4%
9	P89613	Waterloo Medical Practice	No	10.5	0	1	0	4	0	68%	78%	64%	84%	90%	83%	64.7%	61.3%
10	Y02586	Ashton GP Service	Yes	0	0	0	0	5	0	63%	61%	68%	63%	69%	62%	64.5%	56.8%
11	P89010	Medlock Vale Medical Practice	No	2.5	2	3	0	0	0	35%	42%	40%	44%	46%	37%	71.2%	73.9%
12	P89015	Millgate (Windmill Medical Practice-Churchgate) (Windmill's Figures unless there is no corresponding figure in Churchgate)	No	4.5 (across both sites)	0	0	0	5	0	78%	80%	61%	53%	52%	27%	66.5%	69.1%
13	P89018	Denton Medical Practice	No	2.5	0	0	0	5	0	77%	80%	80%	63%	70%	68%	79.4%	81.9%
14	P89019	Churchgate Surgery	N/A	N/A	0	0	0	5	0	63%	69%	74%	61%	58%	66%		
15	P89029	Market Street Medical Practice	No	10.5	0	0	0	5	0	62%	64%	64%	64%	56%	69%	75.5%	79.6%
16	Y02663	Droylsden Medical Practice	Yes	0	0	0	0	5	0	56%	54%	54%	68%	60%	54%	74.9%	73.6%
17	Y02713	Guide Bridge Medical Practice	Yes	0	0	0	0	5	0	91%	91%	83%	99%	97%	90%	70.1%	71.0%
18	C81077	Howard Street Medical Practice	No	5.5	0	0	0	5	0	86%	86%	90%	100%	99%	96%	70.4%	72.9%
19	C81081	Manor House Surgery	No	2.5	0	0	0	4	1	92%	89%	83%	88%	84%	83%	66.2%	70.8%
20	C81106	Lambgates Health Centre	Yes	0	0	0	0	5	0	88%	88%	90%	95%	90%	81%	82.5%	84.0%

	Practice Code	Practice	Core Hours		CQC Report Most Recent CQC Report					GP Survey July 17 Update						Flu Uptake	
			Core Hours	Hours Lost Per Week	Inadequate - 1 or More Inadequate	Requires Improvement - 1-3 Requires Improvement Rating	Requires Improvement - 4-5 Requires Improvement	Good - 1 or More Good Rating	Outstanding - 1 Or More Outstanding Rating	Overall Experience Would Recommend (Higher/lower than national average by 5%)			Ease of Getting Through by Phone (Higher /lower than national average by 5%)			Under 65 At Risk	
										January 16 CCG Average 73% National Average 78%	July 16 CCG Average 75% National Average 78%	July 17 CCG Average 74% National Average 77%	January 16 CCG Average 71% National Average 73%	July 16 CCG Average 72% National Average 73%	July 17 CCG Average 66% National Average 68%	01/11/2016 Target 75%	01/11/2017 Target 75%
21	C81615	Cottage Lane Surgery	No	10	0	0	0	5	0	81%	74%	89%	92%	92%	96%	81.4%	80.6%
22	C81640	Simmondley Medical Practice	No	3	0	1	0	4	0	88%	94%	89%	96%	98%	93%	76.0%	83.9%
23	C81660	Hadfield Medical Centre	No	2.5	0	0	0	5	0	99%	99%	96%	97%	96%	92%	64.8%	69.4%
24	P89002	The Brooke Surgery	No	2	0	0	0	5	0	76%	66%	71%	41%	34%	22%	66.5%	68.2%
25	P89004	Awburn House Medical Practice	Yes	0	0	0	0	4	1	88%	88%	96%	95%	99%	94%	72.5%	73.9%
26	P89012	Clarendon Medical Centre	No	2.5	0	0	0	5	0	67%	77%	72%	38%	39%	41%	70.4%	70.4%
27	P89013	Hattersley Group Practice	No	2.5	0	0	0	5	0	56%	61%	67%	48%	55%	49%	70.4%	68.1%
28	P89014	Haughton Thornley Medical Centres	No	4 (across both sites)	0	0	0	5	0	47%	56%	62%	47%	59%	56%	68.6%	71.8%
29	P89016	Donneybrook Medical Centre	No	2.5	0	0	0	5	0	43%	50%	67%	35%	47%	33%	68.1%	65.9%
30	P89021	Dukinfield Medical Centre	No	10 (across both sites)	0	0	0	4	1	87%	88%	91%	85%	80%	76%	76.4%	74.7%
31	P89602	The Smithy Surgery	No	10.5	0	0	0	5	0	88%	88%	90%	87%	86%	81%	72.9%	77.1%
32	P89005	Lockside Medical Centre	Yes	0	0	0	0	1	4	88%	90%	93%	85%	90%	88%	81.9%	82.3%
33	P89007	Staveleigh Medical Centre	No	5	0	0	0	5	0	79%	78%	85%	78%	83%	89%	66.5%	72.2%
34	P89022	King Street Medical Centre	No	2	0	0	0	5	0	73%	79%	82%	93%	91%	91%	77.6%	70.5%
35	P89023	St Andrews House	No	2	0	0	0	5	0	82%	80%	87%	83%	82%	81%	68.5%	71.6%
36	P89025	Town Hall Surgery	No	10	0	0	0	5	0	68%	78%	57%	91%	96%	80%	67.8%	68.5%
37	P89026	Grosvenor Medical Centre	No	2.5	0	0	0	5	0	80%	82%	86%	92%	92%	90%	71.5%	74.8%
39	P89612	Mossley Medical Practice	No	5.5	0	0	0	5	0	71%	73%	70%	90%	83%	79%	80.3%	79.7%
40	P89618	Pike Medical Centre	Yes	0	0	0	0	5	0	63%	53%	70%	78%	82%	88%	74.2%	78.7%
41	Y02936	Millbrook Medical Practice	Yes	0	0	0	0	5	0	86%	89%	97%	90%	99%	97%	76.4%	78.0%

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Single Commissioning Board	Jessica Williams
Subject:	**INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP**
Report Summary:	The Tameside and Glossop Strategic Commissioning Board considered the report on bed based Intermediate Care on 30th January 2017 and supported the recommendation to approve Option 2 for those patients where it is not possible to deliver rehabilitation and recuperation at home. This will result in centralisation of the Tameside and Glossop Intermediate Care beds into the Stamford Unit. This decision was made subject to the implementation of a number of mitigations set out within this report and detailed in the covering letter sent to the CEO of Tameside and Glossop Integrated Care NHS Foundation Trust. The letter details the agreement to work in partnership to deliver Intermediate Care between Integrated Care Foundation Trust and Derbyshire County Council. In addition the letter clearly outlines the intention to drive the development of an investment proposal for supported accommodation on the Shire Hill site in Glossop.
Recommendations:	The Strategic Commissioning Board are asked to note: • the letter to ICFT outlining the next steps of implementation for Intermediate Care in Tameside and Glossop. • to support the agreed next steps for implementation of Intermediate Care in Tameside and Glossop. There will be a progress report presented to Strategic Commissioning Board in March/April 2018.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	Detailed in the Intermediate Care Consultation report presented to SCB on 30 January 2018.
Legal Implications: **(Authorised by the Borough Solicitor)**	Please refer to the details of the consultation process undertaken as set out in the report presented to SCB on 30 January 2018.
How do proposals align with Health & Wellbeing Strategy?	The intermediate care plans align with the living and ageing well elements of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The intermediate care plans 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. The work is a critical part of the programme.
Public and Patient Implications:	The report presented to SCB on 30 January 2018 includes the outcome of a 12 week period of public consultation and engagement with communities in Tameside and Glossop.

Quality Implications:	A Quality Impact Assessment was completed and contained within the full report presented to SCB on 30 January 2018.
How do the proposals help to reduce health inequalities?	The plan 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 Diversity implications?	A full Equality Impact Assessment (EIA) was included in the report presented to SCB on 30 January 2018.
What are the safeguarding implications?	The commissioned model will include all required elements of safeguarding legislation, as the provider will be Tameside and 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 agreement 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 :	The background papers relating to this report can be inspected by contacting Jessica Williams, Director of Commissioning. Telephone: 0161 342 e-mail: jessicawilliams1@nhs.net

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

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14 February 2018

Karen James
Chief Executive
Tameside and Glossop Integrated Care NHS Foundation Trust
Fountain St
Ashton-under-Lyne
OL6 9RW

Dear Karen

Re: Intermediate Care in Tameside & Glossop

The Tameside & Glossop Strategic Commissioning Board considered the report on bed based intermediate care on 30th January 2018 and following considerable discussion, supported the recommendation 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 Tameside and Glossop Intermediate Care beds into the Stamford Unit.

The recommendation was approved subject to the implementation of the following mitigations:

- During the public consultation, views were 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, we will work with you and Derbyshire County Council to maximise their ability to support enhanced rehabilitation and recuperation at home as well as to continue to examine further opportunities to increase this provision in the future;

- As the Strategic Commissioner, we will seek advice from you regarding additional health provision we could commission from the Glossop Primary Care Centre and support any increase as rapidly as possible;

- We recognised the value of receiving intermediate bed based care as close to home as possible. We therefore will work with Derbyshire County Council and yourselves to develop a proposal for up to 8 beds which can be purchased on an individual basis for residents of Glossop if appropriate and subject to these beds reaching our required standards for quality;

- We also recognised that the demands for Intermediate Care home based offer and therefore the bed requirement across Tameside and Glossop is likely to change over time and so we agreed to review the numbers of beds required on an annual basis. We will obviously work with you to ensure future demand is continually assessed and planning for future local provision is adapted accordingly;

- The concern regarding the future of the Shire Hill hospital site was also heard by the Strategic Commission. We will be leading initial development work with partners and in particular High Peak Borough Council, Derbyshire Country Council, Greater Manchester Health and Social Care Partnership as well as the residents of Glossop to support the Shire Hill site remaining within the health and social care estate and providing supported accommodation in future.

It would be helpful if we could agree the next steps as soon as possible and specifically, we would like to discuss;

- The development of a clear, documented process which the ICFT will follow to identify patients requiring support from an intermediate care bed in the Glossop neighbourhood. This will need to include how patients are identified, what information they receive with regard to their choice of inpatient intermediate care offer and also to involve their carers, GP and Derbyshire County Council;

- We will agree a process to commission these Intermediate Care beds in Glossop and we will support the quality assurance process of the beds identified as appropriate;

- As Strategic Commissioners, we will require assurance through our Contract, Quality and Performance meetings regarding delivery of the 4 elements of intermediate care throughout Tameside and Glossop, as set out in the National Audit of Intermediate Care (appendix 3 to the national report) and attached to this letter as Appendix A.

- In regards to Glossop specifically, we believe it will be important to communicate effectively and assure the local population on the delivery of Glossop Integrated Neighbourhood services as set out in the paper considered by the Strategic Commissioning Board (Appendix 5 in the report – attached again here as Appendix B) and will agree with you a clear and transparent process for this which recognises your considerable work to date.

- Finally, we have long accepted that the Glossop Primary Care Centre is under-utilised in terms of capacity and range of services offered. We will work with you to facilitate the development and/or transfer of additional health services to the Glossop Primary Care Centre with the ambition of an 80% occupancy rate and increased service provision.

We believe the decision taken on 30th January 2018 was the right one in terms of improving clinical outcomes for all residents of Tameside and Glossop although we recognise the impact on the Glossopdale community including staff working and living in the local area. By working together and in partnership, we look forward to achieving afore mentioned mitigations and subsequently, safely ensuring the effective relocation of bed based Intermediate Care.

Yours sincerely

Alan Dow
Clinical Chair

Steven Pleasant MBE
Accountable Officer / Chief Executive

Headquarters: NHS Tameside and Glossop Clinical Commissioning Group, Dukinfield Town Hall, King Street, Dukinfield, SK16 4LA.
Tel: 0161 342 5500 www.tamesideandglossopccg.org

Appendix 3. Service category definitions

The following table was supplied to audit participants to enable them to categorise services in the audit.

IC Function	Setting	Aim	Period	Workforce	Includes	Excludes
Crisis response	Community based services provided to service users in their own home / care home	Assessment and short-term interventions to avoid hospital admission	Services with an expected, standard response time of less than four hours. Interventions for the majority of service users will typically be short (less than 48 hours) but may last up to a week (if longer interventions are provided the service should be included under home based IC)	MDT but predominantly health professionals	Intermediate care assessment teams, rapid response and crisis resolution	Mental health crisis resolution services, community matrons/ active case management teams
Home based	Community based services provided to service users in their own home / care home	Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care rehabilitation	Single condition rehabilitation (e.g. stroke), early supported discharge, general district nursing services, mental health rehabilitation/ intermediate care

IC Function	Setting	Aim	Period	Workforce	Includes	Excludes
Bed based	Service is provided within an acute hospital, community hospital, residential care home, nursing home, standalone intermediate care facility, independent sector facility, Local Authority facility or other bed based setting	Prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly health professionals and carers (in care homes)	Intermediate care bed based services	Single condition rehabilitation (e.g. stroke) units, general community hospital beds not designated as intermediate care/ rehabilitation, mental health rehabilitation beds
Re-ablement	Community based services provided to service users in their own home/care home	Helping people recover skills and confidence to live at home, maximising their level of independence so that their need for on going homecare support can be appropriately minimised	Interventions for the majority of service users will last up to six weeks (though there will be individual exceptions)	MDT but predominantly social care professionals	Home care re-ablement services	Social care services providing long term care packages

Appendix B

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 wellbeing.

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 Annexe 1 is a document which outlines how the Intermediate Care offer will operate for the population of the Glossop neighbourhood.

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.

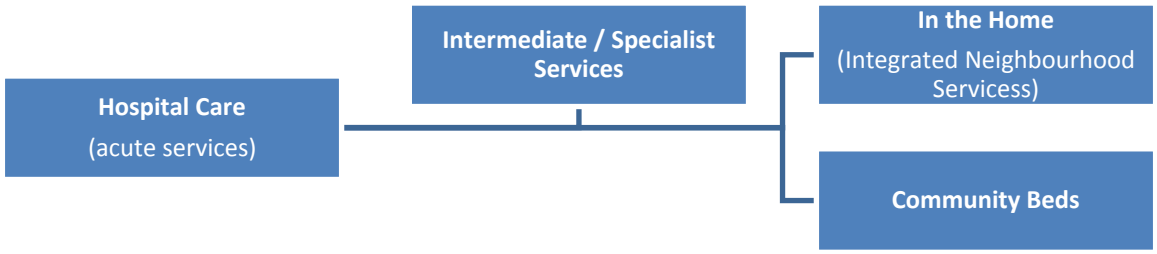
- Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages.

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

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 (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 up to 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 musculoskeletal 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 priorities 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 wellbeing.

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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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sandra Whitehead Assistant Executive Director Adult Services
Subject:	**HOUSING MANAGEMENT AGREEMENTS SUPPORTED HOUSING SCHEMES**

Report Summary:

The Council has previously entered into a number of leases or management agreements with Registered Social Landlords to secure properties where people with disabilities can reside outside a formal care home setting. These are now in need of review.

In the Comprehensive Spending Review in November 2015, the Government outlined their plans to extend Local Housing Allowance (LHA) to social landlords. Local Housing Allowance is a method by which local authorities identify how much housing benefit a claimant is entitled to, that supports them in paying the rent/accommodation charge and eligible service charge. The risks of these changes was presented to Board in February 2017 however the Government has decided not to implement the proposed reforms across supported housing schemes thus reducing the financial impact originally reported.

Despite the retraction of the LHA cap there are still elements of risk in terms of supported housing provision that need highlighting in terms of due diligence and the integration agenda. The specific risks relate to additional costs incurred such as meeting fire regulations, voids and rent guarantees with housing providers and the robustness of the agreements that are in place with landlords. It is essential that we enter into management agreements with Registered Social Landlords to ensure that arrangements are robust going forward and that risk is shared and reduced.

The actual amount of Housing Benefit paid to tenants to assist with rental costs is £1.6 million per annum, and this is managed by the housing management function of Adult Services.

Recommendations:

To acknowledge the potential risks as detailed in the report and to authorise the expenditure from pooled funding resources if called upon.

Financial Implications:

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

ICF Budget	**£'000**
TMBC – Adult Services Section 75 Strategic Commissioning Board	1,600
Additional Comments Housing benefit payments to the associated tenants to assist with their rental costs for supported housing equate to £1.6 million per annum.	

	It is essential that housing management agreements provide clarity regarding the responsibilities of all parties and their liabilities to ensure future risks are managed. Examples include meeting the requirements of fire regulations or agreement around adaptations to properties.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Council has for several years operated sheltered housing accommodation involving several registered social landlords. These arrangements are in need of review to ensure they remain current with legislation and the rights and obligations of each party is agreed and documented. Under the existing and proposed arrangements, the Council is required to guarantee rent payments. Rent on let accommodation is generally and currently funded by housing benefit with the Council retaining the risk of voids. Upon completion of the management agreements the service needs to work with the RSL to ensure that appropriate and robust tenancy agreements are put in place to regularise occupation.
How do proposals align with Health & Wellbeing Strategy?	This proposal is about ensuring that the organisation and tenants are adequately protected in terms of housing management and that adequate controls are in place to manage future risk.
How do proposals align with Locality Plan?	This proposal is about ensuring that the organisation and tenants are adequately protected in terms of housing management and that adequate controls are in place to manage future risk.
How do proposals align with the Commissioning Strategy?	This proposal is about ensuring that the organisation and tenants are adequately protected in terms of housing management and that adequate controls are in place to manage future risk.
Recommendations / views of the Health and Care Advisory Group:	Not applicable.
Public and Patient Implications:	To ensure service users in supported housing and supported accommodation are protected in terms of increased costs associated with housing legislation and guidance.
Quality Implications:	To ensure that service users who live in supported housing and supported accommodation have accessible, safe and affordable housing options.
How do the proposals help to reduce health inequalities?	Through the provision of safe and affordable housing options to support individuals living in the community. Housing is a key determinant in terms of health and wellbeing.
What are the Equality and Diversity implications?	To ensure that individuals have access to safe and affordable housing.
What are the safeguarding implications?	None identified.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	All information contained in agreements will be stored in a secure manner in line with information management and governance.

Risk Management:

Robust management agreements are necessary to provide a structure in terms of duties and responsibilities across RSL's and the Council in terms of supported housing schemes. The primary areas are:

- To detail mutually agreed duties and responsibilities across partner organisations.
- To provide structure in terms of funding.
- To address appropriate procedures in terms of rent guarantee and voids management.
- To agree mechanisms for rent reviews.

The fundamental function of the agreements are to help manage current and future risk.

Access to Information :

The background papers relating to this report can be inspected by contacting Mark Whitehead (Head of Operations)

 Telephone: 0161 342 3719

 e-mail: mark.whitehead@tameside.gov.uk

1. INTRODUCTION

1.1 The Council has previously entered into a number of leases or management agreements with Registered Social Landlords to secure properties where people with disabilities can reside outside a formal care home setting. In most cases accommodation is shared with a number of other people and support is provided by either the Council itself through the Homemaker Service or via external service providers.

1.2 Most lease arrangements and management agreements came to an end a number of years ago, with the exception of a lease with New Charter Housing Trust Limited for various plots of land and properties in Tameside. The Council and Registered Social Landlords have continued to operate the arrangements broadly in accordance with their terms however there is a need to review these arrangements and ensure that robust documentation is in place to safeguard the continued availability of properties for the future.

1.3 This report follows the February 2017 report which highlighted the Governments proposals for welfare reform and specifically proposed the introduction of the LHA rent cap across supported housing schemes which would have had a significant impact on individual's housing benefit levels. This would have resulted in reduced income as tenants are unable to meet their liability to fund housing rents and associated housing related costs across supported housing schemes, due to the shortfall in housing benefit payments. This has since been retracted by Government however one key recommendation raised within the report was to jointly develop robust management agreements with Registered Social Landlords to ensure appropriate legal arrangements are in place defining roles and responsibilities of all parties.

1.4 Supported housing is of vital importance to vulnerable people who live within the community, and usually consists of the provision of housing and support to individuals to maintain their accommodation and exercising their rights to live within the community as citizens of that community. Supported housing was the response to "care in the community" and supported the closure of long-stay hospitals and hostels which used to provide more institutional support to vulnerable people. The supported housing programme assists in providing housing options to people resettling back to the Tameside area from out of area placements and also assisted in rehousing people who lived in long-stay hostels within the borough. Supported housing now forms the main community based accommodation option for younger adults who have disabilities.

2. SUPPORTED HOUSING IN TAMESIDE

2.1 Supported housing can be described as any housing scheme where housing, support and sometimes care services are provided to help people to live as independently as possible in the community.

2.2 Supported housing users include those who would otherwise be homeless (including those at risk of domestic abuse); older people and people with disabilities (many of whom would otherwise be living in long-term residential care or hospital settings).

2.3 In Tameside we provide a wide range of supported housing services within the community. The report relates directly to the risk posed by the changes to adults who have learning disabilities, mental ill health, and/or disabilities living within supported housing schemes. These services are provided across a range of accommodation options including houses and flats across the borough. In many instances 24 hour staffing support is provided to individuals due to their support needs and vulnerability. Housing is provided by a range of providers including Registered Social and private landlords. It is because of these specific needs and supports costs that supported housing rent and housing related support costs are higher than the general population.

2.4 Services currently support individuals to claim Housing Benefit to cover the rental costs of accommodation and to also cover service costs in terms of providing certain housing related functions around the individual's tenancy. In some instances Adult Services act as a third party agent in the tenant landlord relationship and will administer and process Housing Benefit and rent payments to landlords on behalf of the tenant. In other instances, the Council has taken a lease of the property and primarily acts as landlord. The Council's role is often to facilitate the landlord/tenant relationship because the individual tenant may lack the mental capacity to carry out this function independently. This property management function includes annual rent reviews and landlord liaison around housing standards, health and safety and maintenance of the property. This function / relationship should be formalised through management agreements between the Council and landlords which clearly defines duties and responsibilities of both parties and ensures that the requirements of housing benefit regulations are complied with.

2.5 Adult Services currently manage:

- 61 properties providing housing for 297 people who have learning disabilities. (This includes the Intensive Support Service for 8 individuals and Lomas Court for 24 individuals who have physical disabilities).
- 6 supported accommodation schemes housing 67 people who have mental ill health.

2.6 Actual Housing Benefit paid to tenants in receipt of these services equates to £1.6 million per annum.

3. CURRENT ARRANGEMENTS WITH REGISTERED SOCIAL LANDLORDS

3.1 The Council has a mixed portfolio of properties with Registered Social Landlords which comprise one of the following:-

3.2 **Leases**. The Council entered into several leases with different Registered Social Landlords:

New Charter – The Council entered into a lease with New Charter Housing Trust Limited on 31 May 2002 concerning various plots of land an premises in Tameside. This relates to 6 actual properties for a term of 99 years for an annual rent of £45,000 per year. The lease includes a rent review provision where rent is reviewed every three years based upon changes to the Retail Price Index between the commencement date of the lease and the rent review date. In 2012 the Council surrendered two properties upon the payment of a premium payment of approximately £100,000. New Charter have refrained from triggering the rent review provision but have indicated that its exercise remains an option if the Council is unwilling to agree the terms for a new management agreement.

Regenda - The Council entered into several lease agreements with West Pennine Housing Association Limited (now Regenda) for several properties. These were for a term of 15 years all of which have now ended. Since this time we have continued with the previous lease arrangements. Under the terms of the lease the Council can only allow the properties to be used for the Permitted Use (which does not appear to be defined) for a maximum number of occupants.

Lease agreements with other RSL's namely **Mosscare Housing Group, Great Places Housing Group** and **Progress Housing Group** have lapsed lease agreements which currently roll over until we agree new management agreements as part of this process.

3.3 **Management or Support Agreements**. The Council entered into a support agreement with West Pennine Housing Association Limited (now Regenda) on 7 August 1997 in relation to several properties under which the RSL would grant a tenancy to people nominated by the Council and NHS Trust. This agreement has no set end date but is now wholly out of date.

As stated above Mosscare Housing Group, Great Places Housing Group and Progress Housing Group all have lapsed lease agreements which will need replacing by new management agreements as part of this renewal process.

3.4 **Informal arrangements**. A number of properties and arrangements have been operated by the Council on an informal basis, some of which derive from when the Council owned its own housing stock. Whilst the property transferred to an RSL, the Council has continued to provide housing management services and/or the provision of care and support to meet individual occupants assessed social care need.

3.5 Housing benefit is usually currently claimed by each tenant. The properties are exempt accommodation for the purposes of the Housing Benefit and Council Tax Benefit (Consequential Provisions) Regulations 2006 i.e. that the accommodation is provided by a non-metropolitan county council in England within the meaning of section 1 of the Local Government Act 1972, a housing association, a registered charity or voluntary organisation where that body or a person acting on its behalf also provides the claimant with care, support or supervision and are therefore not subject to benefit caps or rent level restrictions.

3.6 The management agreement with each RSL will continue until vacant possession of the last property is given up. With the exception of the New Charter agreement which requires the vacant possession of a number of linked properties (those being formerly leased) the Council can sever individual properties upon 6 months' notice to the landlord. Each agreement shall/does include provision to terminate in the event of welfare reforms which adversely affect the financial viability of the agreement

4. REVIEW OF THOSE ARRANGEMENTS AND PROPOSED DOCUMENTATION

4.1 The Council has been approached by several Registered Social Landlords who wish to ensure appropriate and robust documentation is in place. The Council is also keen to address these concerns and also to resolve the ambiguity with the rent review provisions in the lease with New Charter who have agreed to the surrender of the lease. The Council has reached the following position with the respective Registered Social Landlords:

4.2 **New Charter** - Under the management agreement the existing arrangements involving tenants will remain unchanged. In the case of a vacancy at any property, the Council through the Accommodation Options Group will nominate an individual to become a tenant of New Charter. Where there is a void, the Council is required to pay the rent. The schedule of properties is split in two, those properties which were formally leased and those currently on informal arrangements. The Council can hand back individual properties when no longer required, with the exception of the formerly leased properties where the Council is required to give vacant possession of all four properties. Discussions have taken place with New Charter who acknowledge the risks posed by welfare reform and have agreed to include provision in the management agreement to renegotiate it in the event of cuts to benefit.

4.3 **Regenda** – Under the management agreement the existing arrangements involving tenants will remain unchanged.

4.4 **Guinness** – We have exchanged drafts of the agreements with Guinness and are currently finalising detail.

4.5 Lease agreements with other RSL's namely **Mosscare Housing Group**, **Great Places Housing Group** and **Progress Housing Group** have lapsed lease agreements which currently roll over until new management agreements are agreed as part of this process.

4.6 The status of individual services users at the properties, with the exception of one is not as clear as it could be. There appears to be limited formal documentation in place between the

Registered Social Landlord/Council and individual and the capacity of each individual does not appear to have been fully considered. The Council has in most cases assisted the individual to claim housing benefit and has received the payment on their behalf before paying the Registered Social Landlord. On this basis each individual is likely to hold a periodic tenancy. The tenancy lasts from week to week, or month to month and so on until determined by a notice to quit given by either the landlord or the tenant. The notice must expire at the end of a relevant period and where the tenant lacks capacity and does not have an appointee then an order of court may be required to bring the tenancy to an end. A periodic tenancy can be created by express agreement or, in the absence of an express agreement, may be inferred where there is a landlord and tenant relationship and rent is demanded and paid by reference to a particular time period.

5. POTENTIAL RISK / IMPACT

5.1 There are significant risks not having robust management agreements in place defining and mutually agreeing duties and responsibilities across partner organisations. Lack of clarity does lead to unnecessary 'conflict' between the Council and some housing providers when work is required on properties as all organisations struggle with reduced finances to fund such works. Management agreements will provide structure and process to addressing such issues.

5.2 Under some schemes the Council provides a rent guarantee to landlords and therefore the risk of none payment, either through meeting the additional cost on the individuals behalf or through property voids presents a risk that will need addressing through the management agreement process.

5.3 A further risk is that we as a Council are acting in the tenants best interests particularly where the tenant lacks the mental capacity to make informed decisions. We have to ensure that where necessary we conduct mental capacity assessments and best interest assessments and where appropriate apply to the court of protection to ensure we are complying to the Mental Capacity Act and subsequent guidance to ensure the individuals human rights are upheld.

5.4 We need to ensure that mechanisms are in place through the agreements to ensure that rents are reviewed and that appropriate rent rates are set for tenants.

6. FINANCIAL CONTEXT

6.1 Housing benefit payments to the tenant to assist with their rental costs to cover supported housing amount to £1.6 million per annum. Rents are reviewed and agreed annually to ensure that rents are within agreed parameters although there are variances between landlords. The management agreements should provide clarity regarding the responsibilities of all parties and where liabilities should fall. Examples include meeting the requirements of fire regulations or agreement around adaptations to properties.

7. CONCLUSION

7.1 Prior to entering into future management agreements it is essential that senior leaders are aware of the potential risks going forward particularly in light of the risk share and due diligence process that is required for integration. Housing can have a significant draw on resources particularly when resources are limited and new reforms require increased investment in supported housing schemes to meet requirements.

7.2 To mitigate risk management agreements have been developed jointly with housing providers and this report seeks authorisation to incur expenditure to progress with signing and finalising these agreements to provide a legal structure to protect all parties within the relationship.

8. RECOMMENDATIONS

8.1 As set out on the front of the report.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sandra Whitehead Assistant Director (Adult Services)
Subject:	**PERMISSION TO CONSULT ON COMMUNITY RESPONSE SERVICE CHARGING**
Report Summary:	This report seeks permission to consult with customers and key stakeholders of the Community Response Service (CRS) around a number of charging options for the service provided. CRS currently have a range of charges for services. Out of 3547 current customers 1061 customers currently do not pay for service and 108 currently pay a reduced rate for service. These differences have been based on historic decisions and we need to ensure that we explore options regarding these anomalies and look at available options to address these inconsistencies for financial sustainability as we move into an integrated organisation. The findings and recommendations from this consultation will be used to inform a final report and Equality Impact Assessment in June 2018.
Recommendations:	That the Board give permission to consult with customers and key stakeholders of the Community Response Service around a number of charging options for the service provided as detailed in Section 6 of the report.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The financial implications will be confirmed once the outcome of the consultation is known.
Legal Implications: **(Authorised by the Borough Solicitor)**	There are no legal issues which arise from the recommendation. Following the consultation exercise a further decision will be required to consider the results of the consultation, have due regard for the equality impacts of the proposals and approve a preferred option. The report identifies a number of initiatives, which have information governance implications. Each initiative must consider those implications as soon as possible to ensure that the principles of privacy by design, privacy by default are adopted to ensure compliance with data protection legislation. The Information Sharing Protocol contained within the Councils' Information Governance Framework should be complied with.
How do proposals align with Health & Wellbeing Strategy?	The proposals are aligned with the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The proposals are aligned with the Locality Plan.
How do proposals align with the Commissioning Strategy?	The proposals are aligned with the Commissioning Strategy.

Recommendations / views of the Health and Care Advisory Group:	Not applicable
Public and Patient Implications:	A number of CRS customers receive the service free of charge and / or at a reduced rate of charge. This report seeks permission to consult on this issue to ensure and establish if all customers should pay a set charge, to ensure equity across the current customer base and to ensure future financial sustainability for the Community Response Service. This may result in customers leaving the service if charges are applied and could also result in some customers losing the wider health benefits offered by the service should they choose to leave.
Quality Implications:	Approximately 70% of the CRS customer base do not access any other services so where charges are introduced and customers choose to leave the service as a result of new charges will result in this group not being able to access the wider benefits offered by the Community Response Service.
How do the proposals help to reduce health inequalities?	CRS provides an early intervention and prevention role for people living within the community. Our aim is to enhance this role through diversification of the current offer. The proposals are to seek permission to consult on the service offer to those individuals who have never paid for this service or paid a reduced rate compared to other customers. This is about generating income for service sustainability and to ensure equity across all customers in terms of charges. This is one element of a wider review focused on developing more service options to support vulnerable people in the community and reduce higher cost demand on the system such as reducing ambulance call outs, A&E visits and GP appointments.
What are the Equality and Diversity implications?	The proposals set out in this paper relate to consultation on how the service can equitably justify charging some customers and not charging other customers for the same service. Due to changes in funding streams (reduction in Supporting People Grant Funding) a more equitable solution needs identifying to close this inequitable gap that exists across the customer base in terms of charges.
What are the safeguarding implications?	None identified.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications in terms of the proposals. We will ensure all consultation information is managed in a confidential and in a secure manner.
Risk Management:	The primary risks with this consultation relate to ensuring that all customers and partners fully understand the options and are fully engaged to make informed decisions to inform the process. To ensure validity different methods of consultation will have to be utilised with support functions to help people fully understand the

process. Without this the validity of consultation and subsequent decision making could be questioned.

Access to Information : The background papers relating to this report can be inspected by contacting Mark Whitehead (Head of Operations)

Telephone: 0161 342 3719

e-mail: mark.whitehead@tameside.gov.uk

1. INTRODUCTION

1.1 This report seeks permission to enter into consultation with customers and key stakeholders of the Community Response Service (CRS) around a number of charging options for the service provided.

1.2 CRS currently have a range of charges for services. Out of 3547 current customers 1061 customers currently do not pay for service and 108 currently pay a reduced rate for service. These differences have been based on historic decisions and we need to ensure that we explore options regarding these anomalies and look at available options to address these inconsistencies for financial sustainability and equity as we move into an integrated organisation. The findings and recommendations from this consultation will be used to inform the final report and Equality Impact Assessment in June 2018.

1.3 This is one element of a wider review of the service which is aimed at improving the service offer by creating better outcomes for people who use the service while also working with partners to improve the efficiency and effectiveness of community based services. This will better support the wider health and social care system as we continue to integrate health and social care services. Further information on the wider review is contained within this report.

2 COMMUNITY RESPONSE SERVICE

2.1 Tameside Adult Services operate an in-house telecare service. Staff are employed to provide an emergency response service 24 hours a day, 365 days a year to people of Tameside who may be vulnerable or at risk. In December 2017 there were 3547 customers connected to the service. CRS Control Centre receives approximately 18,000 calls (alerts) every month.

2.2 CRS customers range in age from 18 years, with no upper age limit. 1272 people aged 85 years and over are living independently within the community with the help of telecare systems.

2.3 Some customers of CRS have been assessed by Adult Services and then are referred to CRS. Our records show that 24% (852) are in receipt of a package of care plus CRS. Of the 852 people 239 do not pay for the service and 3 pay a reduced rate of £3.13 per week. For 76% of customers, CRS is their only form of support and contact with services. CRS is a discretionary service under Section 93 of the Local Government Act 2003 so currently no customers who use the service are financially assessed (means tested) in terms of the payment for the service including those who are in receipt of a care package.

2.4 The service provides a range of sensors and devices, dependent upon the needs and health of individuals. Some devices are activated by the user, by pressing their pendent alarm; others are automatically triggered by sensors installed in the home. When the button is pressed by the customer or activated by a telecare sensor an alert is raised at the Control Centre. Appropriate action is taken by staff at the Control Centre; this may be to contact relatives, friends, to call emergency services or for a Community Response Worker to respond by attending the customers' home.

2.5 The service is connected to Sheltered Housing schemes and Extra Care Housing schemes across the borough, providing a response 24 hours a day, whether this be door entry, building alarm alerts, pull cord activations or a person summoning help in an emergency. There are four Social Housing Providers who are connected to the service to deliver telecare in their accommodation across Tameside. This is where the majority of the 1061 non-payers who access the service live. Many Registered Social Landlords (RSLs) require tenants to have a system in place as part of their tenancy, so a decision to charge may result in the

RSL's outsourcing this service for their customers at a reduced rate to cover the costs where they are currently not paying for the service.

2.6 For people with a diagnosis of dementia an additional service, 'Just Checking', is also available. This is a simple on-line activity monitoring system that provides a chart of daily living activity via the web. Small wireless sensors are placed in the home and generate activity information based on the person's movements etc. The information can then be used as an assessment tool in planning individual care and support as it gives a clearer picture of a person's capabilities and actions when they are alone. This service forms part of the community care assessment process and can only be accessed via the persons Social Worker and with agreement from the individual and/or family representative where appropriate.

2.7 The service vehicles carry lifting equipment which can be used to raise someone from the floor, when it is safe to do so. Community Response workers are increasingly called out to help people up from the floor after a fall, which is known as assisted lifting. From 1 April 2017 to the 31 December 2017 the service attended 1775 times to customers that had a fall, of which only 230 required an ambulance. This service can help prevent visits to A&E, which is a good example of how the service can contribute to system savings across the health economy. It also allows the ambulances to respond to more urgent calls and therefore further supporting improved outcomes for people as we are able to assist in deploying the right service for the right needs.

2.8 The service aims to respond physically to calls that require a warden within 20 minutes.

3 POLICY CONTEXT

3.1 Preventative technology enabled care services like Tameside Council's Community Response Service to have a key place in future service delivery by providing care and support, early detection and helping some of the most vulnerable people of Tameside to maintain their independence and continue to live in their own homes safely.

3.2 Key national policy drivers in health and social care have placed prevention and early intervention at centre stage; this sets the ambition for a strategic shift in how services are delivered. The Care Act 2014 placed greater emphasis on promoting prevention, well-being and independence. In particular the Act places a duty on local authorities to promote individuals' well-being by preventing or reducing the need for care and support. Evidence shows that community alarm services can play a role in supporting a more personalised approach to care and support.

4.3 The White Paper *Putting People First: Commissioning for Connected Care, Homes and Communities* published in October 2016 represents a significant step forward in raising the profile of technology enabled care services (TECS) and its benefits, and states:

"Care technology, whether you define it as telecare, telehealth, telemonitoring, telecoaching, ehealth, mhealth, digital health or indeed all of the above, when intelligently deployed, has a growth track record of delivering high quality care whilst reducing the cost of provision"

4.4 This report also supports the Council's corporate priorities of caring and supporting adults and older people by working with health services to ensure efficiency and equity in the delivery of excellent services to meet the needs of the Tameside Community.

4.5 The assessment of charges (fairer charging) in terms of the Care Act 2014 has not been applied to CRS as this is seen as a discretionary service with the majority of customers choosing to purchase the service independently. Section 93 'power to charge for discretionary services' (Local Government Act 2003) is used to charge customers a rate that

reflects the actual unit cost of running the service, and does not exceed the actual running costs.

5. SERVICE REVIEW BACKGROUND

5.1 A review of CRS commenced in 2017. The aim of the review was to identify the range of enabling technology e.g. telecare, telehealth and digital health being used across Tameside, more intense data gathering, interrogation of intelligence, and exploring with stakeholders new opportunities for the role of technology and CRS as a whole in the delivery of health and social care services. This section of the report is intended to share current developments and provide context to the overall review.

5.2 This has already led to significant enhancements in the last 12 months, and integrated ways of working closely with Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) to ensure that the best outcomes can be delivered to local people, and that the service provides further value for money.

5.3 CRS now works with Digital Health Care services in the ICFT. This means that Digital Health Care is available to our customers should they feel unwell in their own homes and require an assessment via SKYPE to a clinician at the hospital. Community Response Workers carry handheld tablets which enable a visual assessment by a clinician at the Digital Health Hub, and equipment to enable them to carry out a set of observations. To date since April 2017 the service has SKYPED in 211 times, giving a total of 99 people who have avoided A&E and 61 avoided GP appointments.

5.4 CRS is working with providers to be able to be confident in their knowledge and understanding of CRS so that it can be offered to people they provide care to who might benefit from the service. An example being the use of equipment to promote independent living skill in services to people who have learning disabilities.

5.5 CRS is working with the Neighbourhood teams and the Integrated Urgent Care Team (IUCT) for assessment and triage staff to be able to offer CRS and consider it to support people's needs, even if part of a short reablement period.

5.6 In recent months, further project work with our Integrated Neighbourhood teams is taking place, looking at how we can share information to identify those people who are moderately or severely frail, in preparation for more targeted outreach/case finding with GPs. This will focus very much on early intervention and prevention and will focus on reducing GP and A&E attendance, while reducing risk to some very vulnerable and frail individuals in the community. An information governance framework / agreement is currently being worked up to ensure appropriate governance is in place to support information sharing between partners.

5.7 Planning sessions with in-house providers from Children and Families services have commenced to extend our service offer to support more families where there are children with special additional needs, or young carers. This will utilise technology and support that is more economical and less intrusive while also supporting carers and safeguarding children and young people.

5.8 With specialist lifting equipment CRS staff have avoided unnecessary ambulance calls when a customer has fallen. Closer links have been forged with colleagues from across social care and health and the voluntary sector in relation to the Falls Programme.

5.9 Another project area under consideration is the potential to work more closely with NWAS and support them in assisted lifting. Discussions are at an early stage, but look very

promising. Once arrangements have been agreed we will look at appropriate governance to support any agreements / contracts.

5.10 The service is looking at the intensity of usage amongst service users to determine which people use it the most, and how often. This will help us to understand our customers better and determine which people we can focus on to support them to live independently in their own homes, for as long as possible and prevent them going into the health and social care system. This currently requires manual interrogation of data and will be considered as part of the privacy impact assessment when we commission the new framework for the automated call handling system.

5.11 Various process efficiencies have also been examined, and two significant changes have been made: firstly, a role has been established from within the existing team to co-ordinate service data reviews and to complete a re-assessment of all customers and ensure their records are up to date and they have a full review of their needs. New contracts are to be issued to customers, to seek permission to share information with GPs and Health colleagues to support greater working with health colleagues. We will need to ensure capacity of individuals to make informed decisions and seek their consent before entering into any information sharing agreements. This will be covered by information governance protocols as we move forward.

5.12 Secondly the review highlighted the need to review and upgrade the call handling system to ensure that it is fit for purpose for the future, and has the ability to produce the level of management data required for the increasing level of demand and new ways of working. Specifications are being developed and a tender planned for a new system, with a view to be able to link in some way with social care systems and GP systems in the future for a holistic view of a person's needs and interventions. This will be subject to information governance protocols currently being developed.

5.13 Benchmarking has been undertaken with other providers of similar services to establish service offers and charges and these do vary considerably in terms of a standard service charge and extra charges for peripheral devices and/or physical responses where provided. In Tameside the charge for the Community Response Service is £6.17 per week but this includes everything including a physical response service. Work has been completed on unit cost to establish a true unit cost per customer. Our aim was to establish an accurate unit cost to inform a decision on an accurate cost of service. This work indicated that the current cost is an accurate reflection of the current unit cost. The Local Government Act 2003, section 93, subsection 3 in relation to discretionary services requires us to ensure that the income from charges under (subsection 1) does not exceed the costs of provision.

5.14 Service income has been reviewed and shows that 1061 out of a total of 3547 customers who use CRS currently do not pay a weekly charge for the service. This is primarily because these people have been in sheltered housing schemes and/or have been on certain benefits and fees and have been previously supplemented by Supporting People Grant money. When Supporting People funding ceased in 2014, Adult Services financially supported / supplemented CRS with core funding. In addition, there are 108 people who pay a reduced rate of between £3.13 and £5.16 per week. This is a historical arrangement primarily with Registered Social Landlords. The purpose of this report is to establish if these individuals should pay the full unit cost charge or not.

5.15 To ensure the future sustainability and a more equitable model of charging for the service, we need to review the current charging arrangements, with specific emphasis on those who do not pay or pay a reduced rate.

5.16 The service currently costs £1,191,390 to deliver. However, income of £631,410 is generated through client charges and funding from CCG for the Telehealth Service. This

means that the Council continues to support the service, investing the sum of £559,980 per annum from core funding.

6. CHARGING OPTIONS AND CONSIDERATIONS

Option 1 – Charging assessment to be applied for people in receipt of a package of care (this may mean people not being required to pay full costs where CRS supports a package of care depending on charging assessment)

- 24% (852) people who access CRS receive a package of care in addition to CRS. 239 of this group do not pay for their service and 3 pay a reduced rate of £3.13 per week.

Benefits

- Potential to reduce the size of individual packages of care/admissions to residential or nursing care, eg for medication prompts (through use of pill dispenser; service user/carer anxiety about individual remaining at home (through use of wander alerts).
- Improved outcomes for people through More joined up care.

Disbenefits

- Maximum potential loss to the council of £273,355.68 per annum, assuming that everyone who receives a package of care and community response service currently pays £6.17 per week, and they are assessed as not having to pay a contribution towards the charge.

Risks

- Loss of income with no added benefits, e.g. no impact on size of package of care or admissions to 24 hour care.
- People decline package of care as they do not have a phone line to enable installation of CRS
- CRS would be a more costly service due to loss of income, causing an increase in the unit cost CRS could become a more costly service if people with care packages have greater need, and more intense usage of the service which would increase demand, and would require more wardens, equipment and vehicles to meet the extra demand.
- It could be perceived by public, that some people are getting it for free and others are having to pay.
- Individuals may choose to leave the service if required to pay for the service provided. This could have a significant impact on the system as a whole in that it could transfer costs across on to other service areas such as increased calls to NWAS, increased attendance at A&E and increased GP attendance.

Option 2 – Blanket charge of £6.17 per week to all customers (Discretionary Service not subject to charging assessment Section 93 Local Government Act 2003).

1169 people do not pay or pay a reduced rate for CRS. Current income from these customers is:

1061 people pay nothing	£0 pa
37 people pay £5.16 per week	£9,927.84 pa
62 people pay £2.50 per week	£8,060 pa
9 people pay £3.13 per week	£1,464.84 pa
Total annual income	**£19,452.68**

Benefits

Additional income to the Council if all customers who currently do not pay, or pay a reduced rate, are charged £6.17 per week:

1061 x £6.17 = £6546.37 pw x 52	£340,411.24 pa
37 x £5.16 = £190.92 pw x 52	£9,927.84 pa
62 x £2.50 = £155 pw x 52	£8060 pa
9 x £3.13 - £28.17 pw x 52	£1,464.84 pa
Total increase in income	**£359,863.92**

- Equitable and fair service as all users will be charged the same amount to receive the same service.

Disbenefits

- Potential financial hardship to vulnerable people who currently do not pay or pay a reduced fee, if they decide to retain the service.
- People feel this is too significant an increase all in one go and therefore choose to leave the service, leading to a potential loss of income to CRS.
- Potential increase in costs therefore, to the health and social care system, if those that choose to leave CRS use other health and social care services instead for example increased ambulance calls, increased A&E attendance, increased hospital admissions, increased GP appointments.

Risks

- Potential loss of customers if they are not willing to pay the blanket charge – maximum loss of income if all 1169 people leave CRS is £19k (income from people who pay reduced rate).
- Potential impact on carers' ability to keep on caring if their loved ones are not supported by CRS.
- Potential impact on the need for packages of care/24 hour care if people are not supported by CRS.
- Potential impact on the number of visits to GP surgeries/ambulance call outs/attendance at A&E/admissions to hospital.
- Individuals may choose to leave the service if required to pay for the service provided. This could have a significant impact on the system as a whole in that it could transfer costs across on to other service areas such as increased calls to NWAS, increased attendance at A&E and increased GP attendance.

Option 3 – Incremental increase to the current rate of £6.17 per week, for all customers who do not pay or pay a reduced rate

1169 people do not pay or pay a reduced rate
1061 people pay nothing
37 people pay £5.16 per week
62 people pay £2.50 per week
9 people pay £3.13 per week

To get these people to a point of paying full costs, a 50% increase on difference in their rate, per annum, is proposed bringing everybody up to full costs within two years.

- 1061 people would need to pay £3.09per week in the first year, then the remaining 50% in following year (including the annual uplift).
- 37 people would need to pay an additional £1.01 per week in the first year only to reach full cost.
- 62 people would need to pay an additional £1.84 per week in the first year. 9 people would need to pay an additional £1.52 per week in the first year.

Benefits

- People have time to adjust to their new charges and the impact isn't a 'big bang'.
- Additional income to the Council over a two years.
- More equitable service for customers, with a clear charging framework.

Disbenefits

- Potential financial hardship to vulnerable people who currently do not pay or pay a reduced fee, if they decide to retain the service.
- People choose to leave the service, leading to a potential loss of income to CRS (Maximum loss £19k).
- Potential increase in costs therefore, to the health and social care system, if those that choose to leave CRS use other health and social care services instead.

Risks

- Potential loss of customers if they are not willing to pay the full charge.
- Potential impact on carers' ability to keep on caring if their loved ones are not supported by CRS.
- Potential impact on the need for packages of care/24 hour care if people are not supported by CRS.
- Potential impact on the number of visits to GP surgeries/ambulance call outs/attendance at A&E/admissions to hospital.

Option 4 – Honour current arrangements for existing customers

3547 customers in receipt of community response service as at 31 December 2017

Of those people:
1061 people pay nothing
37 people pay £5.16 per week
62 people pay £2.50 per week
9 people pay £3.13 per week
2378 people pay £6.17 per week

Benefits

- No disruption to existing customers.
- Maintains the Council's reputation and minimises potential complaints through amending existing charges.
- Ensures existing customers are not financial disadvantaged, leading to them leaving the service, leading to them using more costly health services instead. Mitigates wider potential costs to the system.

Disbenefits

- An inequitable service exists across current customer base.
- Loss of potential income to the Council.

Risk

- Potential challenge from existing customers who pay the full charge for the service regarding equitable treatment.

Mitigations
The service will be undertaking a full communication and marketing campaign to attract more people to the service.

The service will continue to engage with people so they are informed of any proposed changes to the service and consult where it is a requirement.

The service will continue to raise awareness across the health and social care system to ensure that at all aspects of a persons' contact with the health and social care system, CRS is offered as a means to support people in their own homes. This includes working with providers.

There are plans in development to test the feasibility of working more closely with GPs North West Ambulance Service to work with targeted vulnerable people who are frail or have fallen and need support. These are additional enhancements and could see the service grow as a result, and cost more to run and sustain. The element of charges and income generation is therefore key in ensuring this service is self-sustaining for the Council / ICFT in future years.

7. FINANCIAL POSITION AND IMPLICATIONS

7.1 CRS currently costs £1,191,390 per annum to operate and income generated through charges amount to £631,410 per annum. The Council currently provides core funding of £559,980 per annum to supplement the service. It is essential that the service reviews its current practice and charging regime to ensure that there is sufficient funding to sustain, develop and grow service operations. It is also essential that we demonstrate the financial benefits and sustainability of the service in terms of risk and due diligence as we move into the integrated care organisation, and the funding cuts experienced by the Council and Adult Social Care services year on year.

7.2 The key concern with this approach is it could lead to a significant number of people leaving the service which would reduce the customer base and possibly lead to increased cost elsewhere in the system an example being people calling an ambulance when they fall. There is also the risk that Registered Social Landlords may decide to procure other lower cost services that do not provide the same level of service in terms of wider health system benefits.

7.3 The principles of charging are a key component of the in-house service moving equitably to a more financially sustainable service, reducing the reliance on Council funding to develop a self-financing business unit approach and with the ability to generate additional revenue streams beyond its current remit. However a balance has to be found between internal cost of provision, delivering the best possible outcomes for people, and secondary cost impacts elsewhere in the system. It is with this in mind that alternative options have been proposed.

8. PROPOSED CONSULTATION PLAN AND METHOD

8.1 In order to consult with current users of the service, a letter (see Appendix 1), and a copy of the questionnaire (see Appendix 2) will be mailed out to all CRS customers during March 2018. A self-addressed envelope will be provided to enable customers to return this, alternatively they can contact the service and a response worker will collect this.

8.2 If a customer requires support to complete the questionnaire then a dedicated worker will be available to provide this support. Customers can activate their alarm to ask for support to complete the questionnaire or telephone the office.

8.3 For those customers who are part of the sheltered housing scheme, a stakeholder event will be undertaken with Registered Social Landlords to gather their views and also ask whether providers would consult their customers.

8.4 Written correspondence will be sent to other Registered Social Landlords whose tenants are customers of CRS informing them that a questionnaire will be sent to tenants who access the service.

8.5 CRS staff and staff in the Emergency Control Centre are to be briefed and made aware of the channels available for collecting and recording responses from customers and residents.

8.6 Key questions will be published on the ‘Big Conversation’ website to ensure the wider public are made aware of the changes and can contribute to the consultation process. Information

relating to the charging proposals will be publicised, and community alarm customers and residents will be directed to the dedicated consultation web pages dealing with the CRS consultation.

8.7 Neighborhood Teams will be made aware of the proposals and the possible need for assessments and reassessments to establish individual need.

8.8 We will ensure that communication approaches are accessible in terms of people who have sensory or cognitive difficulties. Where appropriate, individual meetings will be arranged with advocates, including family members and carers.

8.9 It is important that we consult on these proposals and involve service users, families and carers in the design of this service to ensure that the service offer is effective in meeting the current and future needs of current CRS customers and Tameside residents.

8.10 We will meet with RSLs prior to any consultation to inform them of the proposed consultation, seek their views and secure support for their residents during the consultation.

8.11 All feedback will be used to inform the final report, recommendations and Equality Impact Assessment which will be submitted in June 2018.

9. RISK MANAGEMENT AND PLAN

9.1 There are a number of identified risks as a result of undertaking this review:

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Failure to effectively communicate options to customers and public	This would impact on the validity of the consultation and results, impacting on decision making	High	Medium	To ensure that a range of different consultation approaches are used to fully inform consultees and subsequent decision making
To ensure partners such as RSL's are fully informed and encouraged to contribute to the consultation process	The options and final decision could have a significant impact on RSL's who require telecare in schemes as part of tenancy agreements and these services are free at this time. The decision to charge could have significant financial consequences.	High	Medium	Ensure full engagement and consultation of options and potential consequences. Discuss options and potential business continuity based on potential outcomes of consultation and future recommendations
To ensure that individuals being consulted with have capacity and fully understand what they are being consulted on	This would impact on the validity of the consultation and results, impacting on decision making	High	Low	To offer a range of consultation methods including face to face discussions

9.2 To try and further mitigate some of these risks CRS will work with all Registered Social Landlord's, and private/owner occupiers. The discussions will be based on the following principles:

- That CRS will continue to provide support during the consultation process.
- That CRS will ensure that customers are fully informed about the service options and available support from Adult Social Care should they choose not to pay.
- To have in place a clear charging policy.
- To complete an EIA and full analysis of feedback prior to submitting final recommendations in the decision report (June 2018).

10. EQUALITIES

10.1 An Equality Impact Assessment will be completed as part of the Decision process and the findings will be presented in the Decision report.

11. CONCLUSION

11.1 The Council faces significant budgetary challenges over the coming years and therefore needs to diversify the service delivery market by looking at new and innovative approaches to deliver services whilst reducing cost of provision significantly. This may include looking at cost benefits across the health and social care system identifying where efficiencies can be made and used to contribute to service costs. An example would be the falls service reducing ambulance calls and possible associated attendances at A&E is significantly more costly than those associated with CRS.

11.2 CRS supports some of the most vulnerable citizens across the borough with a monitoring and response service through the use of a community alarm, Telecare and Telehealth devices and Digital Health services. This service is a core preventative service that supports vulnerable people to safely maintain independence in the community without the need for more costly interventions.

11.3 This consultation is aimed at consulting with customers and stakeholders on a number of options from charging everyone who currently does not pay or pay a reduced rate in comparison to the set unit cost rate of £6.17 per week to maintaining current arrangements at a cost to the council. It does need noting that all new customers to the service do pay the £6.17 fee since 2017.

11.4 It is important that we fully communicate and consult with customers regarding these proposals and where appropriate offer support to individuals to fully understand them, their impact on the individual and the commitment the individual is entering with regard to charging. This will be done using various approaches including letters, focus groups and a questionnaire. We will also offer a telephone number for people to contact should they have any questions about the proposed changes, and we will offer support to individuals who require assistance providing feedback.

12. RECOMMENDATION

12.1 As stated at the front of this report.

Customer mail out letter Charges
PEOPLE DIRECTORATE

Stephanie Butterworth
Director

Community Response Service
Basement
Dukinfield Town Hall
King Street
Dukinfield
SK16 4LA

Call 0161-342-

www.tameside.gov.uk
email: xxxxxxxxx@tameside.gov.uk

Doc Ref
Ask for
Direct Line **0161 342**

Date

Dear……..

The Directorate for People's Service is to commence a ……week consultation process (ideally should be more than 4 weeks, with a minimum of 6 weeks) on proposed charging options for the Community Response Service.

What does the Community Response Service Offer Me?

When the customer presses the alarm or a telecare device is activated, a member of the staff from the Community Response Alarm Service will call them to offer reassurance. Where appropriate, Community Response Staff will send out a fully trained Response worker to assist them e.g. if they have fallen, feel unwell or have wandered.

We have the ability to contact a team of medical professionals at the hospital, via a video link, if you or we feel this is needed, for advice or reassurance.

Proposed Options for Charging

The charge for the Community Response Service is currently £6.17 per week. However, there are a number of people, who, for various, historical reasons, pay a lower charge. We need to review our charging framework to ensure that in future, all charges are fair and equitable.

There are 4 proposed options that we are consulting on. These are as follows:

- Option 1 – No charge for Community Response Service for people who receive a package of care ARRANGED BY THE COUNCIL. (This is when the Council has arranged for carers to come into your home to assist you with your daily living)
- Option 2 – All customers of the Community Response Service pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year)
- Option 3 – Where people do not currently pay the full amount of £6.17 per week, this is increased over a number of years, until all customers do pay the full amount (increase of approximately 20% per year)

- Option 4 – All existing customers continue to pay their current charge, but all new customers, with effect from 1st April 2018, will pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year).

As part of our consultation, we would like to know what the impact of each option would have on you or your relative/friend (if you are responding on behalf of someone else who uses the Community Response Service)

Tell us what you think

To help us make decisions on how to deliver a charge for the Community Response Service we need your views and comments. By filling in the enclosed questionnaire you can give us your views and feedback about your current service and the charging options. Please try to answer all the questions as this will help us get a better understanding of your views on the options. Alternatively, you can complete the questionnaire on line on the Council's website, using the link below:

TO BE INSERTED ONCE SET UP

All the information you send to us will be treated anonymously and will only be used for the consultation. However if you have any concerns that you or someone else is at risk of harm or abuse, please contact us on the telephone number below.

If you chose not to take part or not to answer the questions this will not affect the service you receive from us.

The consultation will run from……..to…….

We would very much like to hear your thoughts and comments on the options by (date)……

If you have any questions or require any further information regarding the consultation exercise, including requesting information in a different format please contact our service on 0161 342 5100. This will be available Monday to Friday from 9am-4pm.

The results of the survey will be available shortly after the consultation completion date should you require a copy please let us know.

Thank you for your time in completing the questionnaire and helping Tameside Metropolitan Borough Council to improve the service we provide.

Yours sincerely

CRS Consultation Questionnaire – Proposed Options for Charging

QUESTIONS

Q1. Please indicate which of the following best describes your interest in the Community Response Service consultation (Please tick one box only):

□ I have an alarm provided by Community Response Service
□ A carer
□ I am responding on behalf of a friend or relative who uses an alarm provided by the Community Response Service
□ A member of the public who does not us the alarm service provided by Community Response Service
□ Other (please specify below)

Q2. How satisfied are you with your current alarm service? (Please tick one box only)

□ Very satisfied
□ Satisfied
□ Neither satisfied or dissatisfied
□ Dissatisfied
□ Very dissatisfied

Q3. How often do you use your alarm? (Please tick one box only)

□ More than once a day
□ At least once a day
□ A few times per week
□ At least once a week
□ A few times per month
□ At least once per month
□ Less than once per month
□ I have never used my alarm

Q4. For what reason have you used the alarm service MOST OFTEN? (Please tick one box only)

□ Health emergency
□ Property repair emergency
□ Nuisance call / Police assistance
□ Personal care
□ Reassurance
□ I have never used my alarm
□ Other (please state)

Q5. Overall, how satisfied are you with the response/s provided to your emergency call/s? (Please tick one box only)

□ Very satisfied
□ Satisfied
□ Neither satisfied or dissatisfied
□ Dissatisfied
□ Very dissatisfied

Q6. Which of the following is the most important factor to you for having a community alarm? (Please tick one box only)

□ Receiving a telephone call if my alarm is activated
□ Receiving a physical response within 20 minutes if my alarm is activated
□ Knowing I can contact someone at all times
□ Other (please state)

Q7. Do you currently contribute towards the cost of your alarm? (Please tick one box only)

□ Yes
□ No
□ Don't know

Q8. Do you currently receive a package of care ARRANGED BY THE COUNCIL? (This is when the Council has arranged for carers to come into your home to assist you with your daily living)
□ Yes
□ No
□ Not sure

Q9. We would like to know how the proposed charging options affect you or your friend/relative who uses the community response service.

For each of the options outlined below, please tell us how each of these would impact you/your friend or relative who uses the Community Response Service, if they were introduced.

Option 1 – No charge for Community Response Service for people who receive a package of care ARRANGED BY THE COUNCIL. (This is when the Council has arranged for carers to come into your home to assist you with your daily living)

Option 3 – Where people do not currently pay the full amount of £6.17 per week, this is increased over a number of years, until all customers do pay the full amount (increase of approximately 20% per year)

Option 4 – All existing customers continue to pay their current charge, but all new customers, with effect from 1st April 2018, will pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year).

Q10 Do you have any other comments you wish to make about the Community Response Service? (Please state in the box below)

ABOUT YOU

Q11 Are you…..?

□ Male **□ Female**

□ Prefer to self describe **□ Prefer not to say**

Q12 What is your age? (Please state)

Q13 What is your postcode? (Please state)

Q14 What is your ethnic group? (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 Black African

□ White and Asian

□ Any other Mixed / Multiple ethnic background (Please specify)

Black / African / Caribbean / Black British

□ African

□ Carribbean

□ Any other Black / African / Caribbean background (Please specify)

Asian / Asian British

□ Indian

□ Pakistani

□ Bangladeshi

□ Chinese

□ Any other Asian background (Please specify

Other ethnic group

□ Arab

□ Any other ethnic group (Please specify)

Q15 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

Q16. 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

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 20 February 2018

Officer of Strategic Commissioning Board Sandra Whitehead, Assistant Director, Adults

Subject: **INTERPRETATION SERVICES**

Report Summary: Translation services for both verbal and non-verbal languages are provided via a mixture of different arrangements within Tameside and Glossop Integrated Care Foundation Trust and Tameside Council. There is an 'in-house' verbal language interpretation service in the Integrated Care Foundation Trust which is supplemented by additional purchased telephone interpretation and face to face interpretation and an 'in-house' non-verbal service within the Council supplemented by the use of freelance interpreters for both verbal and non-verbal language interpretation.

The service is fragmented and heavily dependent upon business support to organise and manage.

The integration of Acute, Primary, Community and Social Care in an Integrated Care Organisation offers the opportunity to rationalise and improve this provision to ensure the needs of the local population are met whilst being more cost effective.

Recommendations: That Strategic Commissioning Board Members approve Option 2c as detailed in Section 4 of the report which recommends the Tameside and Glossop Integrated Care Foundation Trust to procure a single provider for verbal language interpretation. The Council will be able to utilise this procured service as required.

The Council's Tameside Interpretation and Communication Service will be retained for non-verbal interpretation with additional capacity provided via the procured service.

Financial Implications:

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

ICF Budget	**Estimated £'000**
TMBC – Adult Services **Section 75** **Strategic Commissioning Board**	21
TMBC – Council Services (section 3.5 Table 2) **Aligned** **Executive Cabinet**	56
Additional Comments That Strategic Commissioning Board Members are requested approve Option 2c as detailed in Section 4 of the report which recommends that the Tameside and Glossop ICFT procure a single provider for verbal language interpretation. The Council will be able to utilise this procured service as required.	

	It is essential that use of this contract (when procured) is appropriately monitored to ensure the necessary procedural efficiencies are delivered as referenced in the report. Section 3.5 (table 2) provides an analysis of the estimated expenditure incurred by the Council on independent professional interpreter services. A number of the Council directorates currently procuring this service are not within the existing Section 75 agreement of the Integrated Commissioning Fund. Approval of the report recommendation will therefore also be required from the Council in addition to Strategic Commissioning Board Members.
Legal Implications: (Authorised by the Borough Solicitor)	It would be more cost effective to aggregate spend across the three organisations to secure best value. The procurement must include flexibility to enable each constituent body to commission services out of the contract. To mitigate the risk of challenge, the procurement must be undertaken in accordance with the constitutional requirements of the lead commissioner and comply with national and international procurement legislation.
How do proposals align with Health & Wellbeing Strategy?	The proposals and strategic direction are consistent and aligned. Provision of interpretation services support the Health and Wellbeing strategy by enabling equal access.
How do proposals align with Locality Plan?	The proposals are aligned to the locality plan. Redesigning the provision of translation services will better enable the provision to be provided consistently across the health and social care economy. The service is consistent with the following priority transformation programmes: • Healthy Lives (early intervention and prevention) • Enabling self-care • Locality-based services • Urgent Integrated Care Services • Planned care services
How do proposals align with the Commissioning Strategy?	The proposals are aligned to the Commissioning strategy. The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Target commissioning resources effectively
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	Access to interpretation is essential for the safe care of many people whose first language is not English. Provision of an easy to access and comprehensive translation service is essential to ensure equal access to services.
Quality Implications:	A comprehensive and accessible offer for translation services will ensure that quality of services is maintained

How do the proposals help to reduce health inequalities?	The proposals will have a positive impact on health inequalities. People for whom English is not their first language and people who use non-verbal language can easily be marginalised and denied access to mainstream services. Access to interpretation is essential for safe care and equality of access
What are the Equality and Diversity implications?	Access to interpretation is essential for the safe care of many people whose first language is not English, including those who use non-verbal languages. Provision of an easy to access and comprehensive interpretation service is essential to ensure equal access to services.
What are the safeguarding implications?	Access to translation services that are impartial are essential to ensure that the needs of individuals are included and that they are not reliant on family and community members to access services where this support is not appropriate. There are no anticipated safeguarding implications. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. Any procured service will include minimum requirements for training and qualification of interpreters which includes standards and requirements for information governance, privacy and respect.
Risk Management:	A detailed risk log will be managed as part of the implementation following approval of the proposal.
Access to Information :	The background papers relating to this report can be inspected by contacting Richard Scarborough, Planning and Commissioning Officer, TMBC Telephone: 0161 342 2807 e-mail: : Richard.scarborough@tameside.gov.uk Kevin Fletcher, Head of Procurement T&GICOFT Telephone: 0161 922 6257 e-mail: : kevin.fletcher@tgh.nhs.uk

1. BACKGROUND

1.1 Currently the constituent parts of the local health and social care economy have different arrangements for supporting the people of Tameside and Glossop who are either non-English speaking (or who have limited English) or use non-verbal language and need support to access services. A mix of a 'in-house' language interpretation services, a telephone interpreting service and private providers are currently used.

1.2 Health services, that is primary, acute and community care, currently access spoken language provision via an 'in-house' service, LIPS (Language Interpretation and Patient Support). This Tameside and Glossop Integrated Care Foundation Trust service employs a service manager and a coordinator along with four part-time link workers who speak the 'core' languages spoken in the area and employs bank or agency workers on a sessional basis to cover less common languages. The service manager liaises with local community groups and ensures all interpreters are trained to an appropriate level. The coordinator supports the booking and invoicing process. The link workers also do some of the service administration and not all of their time is spent translating. Telephone interpretations are provided via a contact with Language Line.

1.3 Social Care and the wider Council use a range of independent providers for spoken languages for both face-to-face and telephone interpretations including The Big Word Interpreting Services, DA Languages and Language Empire Ltd. As these services are used in an adhoc manner by different teams within the Council and are not coordinated there is no information with regards to languages used etc. Much of this spend is 'off contract spend' and although the value is relatively small there is a desire to implement contractual arrangements.

1.4 Within the Tameside MBC Sensory team there is a service for sign language "Tameside Interpretation and Communication Service" (TICS) (See **Appendix 1**) TICS employs one senior sign language interpreter and one support officer. Where the in house interpreter cannot provide the service they organise external interpreters on an ad hoc basis and have a relationship with a number of freelance interpreters. In addition to providing translation on a case by case basis the TICS interpreter also supports the local deaf community via a service at the Deaf Club for mail reading and making phone calls and is integrated into the wider sensory team although they are not case holding.

1.5 The TICS service is used by Acute Services, Community Services and Primary Care with the Clinical Commissioning Group (CCG) contributing £54,000 towards this service (£110 for each 2 hour session). Approximately 65% of workload is health related.

1.6 The coming together of Acute, Primary, Community and Social Care in an Integrated Care Organisation offers the opportunity to rationalise this provision, to ensure the needs of the local population and service providers are met more effectively whilst being cost effective.

1.7 None of the current in house service providers uses 'skype' or video conferencing when delivering interpretations and there is no centralised web based booking, management and invoicing system. The lack of a coordinating system means that management information is poor or unavailable.

1.8 This report sets out to identify options for providing interpretation services within the Tameside and Glossop health and social care economy and the wider Council so that an appropriate, high quality and best value service can be commissioned to meet these requirements.

1.9 Tameside and Glossop Integrated Care Foundation Trust (ICFT) had considered a joint procurement of translation and interpretation services with Pennine Care Foundation Trust

but withdrew from this collaboration in order to consider the need for translation and interpretation services across the entire local health and social care economy.

1.10 The changing demands on an interpreting service suggests that, whatever the form of the new commissioning arrangements for language interpretation services, maximizing the use of modern technology and flexibility in both of response and delivery are vital to ensure the service can be responsive to the needs of the Tameside & Glossop locality.

1.11 A joint working group has been formed between the Clinical Commissioning Group (CCG), Council and Foundation Trust (FT) to produce and implement any approved proposals. Managers of relevant teams have been involved in the formulation of the proposals and formal staff consultation via the relevant staff and union consultation bodies will be conducted once proposals are confirmed and the potential impact known.

2. NEED FOR SERVICE

2.1 Access to interpretation is essential for the safe care of many people whose first language is not English. Provision of an easy to access and comprehensive translation service is essential to ensure equal access to services.

2.2 A comprehensive and accessible offer for translation services will ensure that quality of services is maintained. People for whom English is not their first language and people who use non-verbal language can easily be marginalised and denied access to mainstream services.

2.3 Access to interpretation is essential for the safe care of many people whose first language is not English, including those who use non-verbal languages. Provision of an easy to access and comprehensive interpretation service is essential to ensure equal access to services and for safe practice.

2.4 Access to translation services that are impartial are essential to ensure that the needs of individuals are included and that they are not reliant on family and community members to access services where this support is not appropriate.

2.5 The Tameside and Glossop ICFT service is currently experiencing an overspend of circa £100k. The service has therefore been identified as an opportunity for efficiencies. There is potential for savings in a number of areas including where interpretation can move from face to face to video link or phone and in the service overheads. There are also potential system savings in reduction in cancelled appointments and staff time in system administration. Some savings may be offset by potential growth in provision if a new system is easier and more efficient to access.

2.6 Tameside and Glossop ICFT benchmarked services as part of their previous work with Pennine Care Foundation Trust and are confident that efficiencies can be made.

3. CONTEXT

3.1 Previously a task and finish group identified the key requirements of a language interpretation service as:

- Face-to-face and telephone interpreting available with access to quality assured written translations;
- Interpreters that are ‘qualified’ i.e. trained for medical/social care interpretations;
- Interpreters hold up-to-date Enhanced Disclosure and Barring Service (DBS) check;
- Interpretation includes access to all languages other than English including British Sign Language;

- Confidential and not an advocacy or chaperone service;
- Gender specific when requested;
- Local and flexible so can be responsive and can advise on cultural sensitivities with the Tameside and Glossop communities;
- Available 24 hrs per day 365 days a year;
- Easy booking arrangements with feedback to booker.

3.2 Detailed analysis of current provision is not possible due to the range of services being used and the adhoc nature of access to them. For example it is not possible to detail the range of languages used or to analyse the number of hours or sessions. The following information gives a flavour of the volume of current provision.

Health usage

3.3 Table 1 details health usage.

Table 1

	Primary Care	Acute	Community	Totals
Face to Face				
2014-15	1058	2286	1542	**4886**
2015-16	2154	4421	1823	**8398**
2016-17 *	2337	3447	2316	**8100**
Telephone				
2014-15	252	89	228	**569**
2015-16	343	66	207	**686**
2016-17 *	423	93	183	**699**

* Prediction based on extrapolation up of 1.4.16 - 31.7.16 data

Source: THFT - LIPS data base and Language Line invoices

Tameside MBC usage

3.4 In 2016/17 the Council paid £54,133 for professional interpreter services. This includes the cost of hiring additional BSL interpreters to cover activity requested by Health that the TICS service could not provide in-house. (See **Appendix 1** for further details).

3.5 Table 2 provides projected 2017/18 Council service expenditure on professional interpreter services.

Table 2

Service Area	Actual (April - Dec 2017)	2017-18 Full year estimate
Adult Social Care	15,602	20,803
Childrens Social Care	33,127	44,169
Education	1,073	1,430
Communities	6,322	8,429
Exchequer Services	355	474
Governance & Resources	959	1,279
Total	**57,437**	**76,583**

3.6 The Council data cannot identify languages requested nor is it robust enough to conclusively indicate whether the interpretation was provided via telephone or face-to-face. However, staff approached report that telephone interpretations are not conducive to the

consultations they have with clients so are generally only used when an interpreter speaking the required language cannot be sourced for a face-to-face consultation.

3.7 The data provided by the Council may also not be entirely representative of the full extent to which interpreting services are used if related expenditure has been funded from alternative revenue budgets.

3.8 It should be noted the Council receives a contribution of approximately £54,000 per annum from the CCG for activity provided to CCG commissioned services. This contributes towards the costs of the TICS service including fees of external interpreters.

3.9 The data available for Tameside MBC gives an insight into the number of different sources of interpreting services / freelances used by the Council (range 22 – 34). It also suggests that a significant number of freelance interpretations were for deaf service users.

3.10 There is a small amount of additional work for Bridgewater and other Dental Access services provided from the community clinics not included in this dataset.

3.11 Whilst there has not been a significant shift in the prevalence of requested languages for face-to-face interpretation the range of languages requested has been increasing. There has been a change in popularity of telephone languages requests and in the number of languages requested overall (see Table 3 and 4). Bracketed figures are numbers of interpretations provided for each language. The total represents the number of different languages provided.

Table 3

Face to Face	**Primary & Community Care**	**Acute**
2014-15	Polish (575)	Bengali (504)
	Urdu (417)	Urdu (413)
	Bengali (406)	Polish (406)
14-15 Total	33	36
2015-16	Polish (990)	Bengali (997)
	Urdu (662)	Urdu (918)
	Bengali (507)	Polish (406)
15-16 Total	33	44
2016-17 *	Polish (1341)	Bengali (771)
	Bengali (618)	Polish (651)
	Urdu (603)	Urdu (621)
16-17 Total **	35	36

* Prediction based on extrapolation up of 1.4.16 - 31.7.16 data
** Languages requested between 1.4.16 - 31.7.16

Source: THFT - LIPS data base

Table 4

Telephone	**Primary Care**	**Acute**	**Community**
2014-15	Polish (59)	Mandarin (14)	Urdu (47)
	Arabic (57)	Arabic (9)	Polish (31)
	Urdu (20)	Bengali (9)	Arabic (24)
14-15 Total	27	24	29
2015-16	Polish (79)	Polish (14)	Urdu (56)
	Somali (47)	Urdu (6)	Polish (42)

	Arabic (36)	Romanian (4)	Mandarin (16)
15-16 Total	35	25	31
2016-17	Polish (21)	Romanian (9)	Polish (23)
	Somali (13)	Polish (4)	Arabic (5)
	Urdu (12)	Swahili (4)	Punjabi (5)
16-17 Total**	31	13	15

** Languages requested between 1.4.16 - 31.7.16

Source: THFT Language Line invoices

3.12 Between 2014/15 and 2015/16 there was an 11.6% increase in the number of languages used in face to face interpretations undertaken by the LIPS service and a 19.5% increase in the number of languages used for telephone interpreting (via Language Line) with languages from Eastern Europe (Estonian and Georgian) as well as Central Asian (Pashto) and African languages of (Nuer and Kirundi).

4. COMMISSIONING OPTIONS

4.1 Broadly there are two options:

- **Option 1** - continue to provide services as current with separate health and social care services.

- **Option 2** - commission a single service for the whole of the Integrated Care Organisation which, with the pooled budget, will provide opportunity for some economies in scale but more importantly will offer seamless provision across the multispecialty teams. Within the single service option there are sub-options

    - **Option 2a :** Continue to provide via a single in house provider and procure a single external provider to provide additional capacity;

    - **Option 2b** : Procure a single provider to provide a fully managed service;

    - **Option 2c** : Procure a single provider for verbal languages, retain TICS for non-verbal interpretation with additional capacity coming from the procured service.

Option 1

4.2 An in-house service can be embedded into the local offer. This is particularly important to consider for the TICS service with it being embedded within the Sensory team.

4.3 The current service delivery is a fragmented delivery model which will, with the advent of multispecialty community based teams, potentially result in disjointed service provision for service users and be unsustainable.

4.4 It is unable to capitalise upon more cost effective web enabled booking systems and is heavily dependent upon administrative resources both within the LIPS and TICS teams and within teams requesting interpretation services.

4.5 Due to the limited scale of an in-house service it will always need to utilise external freelance interpreters and other service providers in order to provide for the range of languages required. The safe recruitment and management of these carries a high administrative overhead.

Option 2a

4.6 A single in-house offer would combine the activities of the LIPS and TICS teams and maximise the local knowledge of these teams.

4.7 Some staff consultation required but could be implemented as a virtual team with little immediate impact on staffing arrangements.

4.8 The close relationship between the TICS team and the Sensory team can be maintained.

4.9 Procuring the additional requirements for interpreters that cannot be fulfilled by the in-house team from a single external provider would provide a cost effective platform for managing this additional capacity and should reduce the administrative workload of the team.

4.10 Overall this option is still unable to capitalise upon more cost effective web enabled booking systems and is still dependent upon administrative resources both within the LIPS and TICS teams and within teams requesting interpretation services.

4.11 Due to the limited scale of an in-house service it will always need to utilise external freelance interpreters and other service providers in order to provide for the range of languages required.

Option 2b

4.12 This option would provide the most cohesive offer and would include additional advantages of a fully web enabled offer in terms of managing bookings and invoicing etc. as well as broadening the offer out to include video enabled interpretation.

4.13 The requirements for translation and other language services can easily be incorporated.

4.14 Full staff consultation would be required with existing LIPS and TICS employees.

4.15 The advantages of the close link between the TICS team and the sensory team would be lost.

4.16 This option would be more cost effective as it would lever in the economies of scale that an in-house service cannot access.

4.17 The service can be commissioned to provide the service to both the Tameside and Glossop ICFT community and also the needs of Tameside Council that do not come under the remit of the ICO. With online booking and invoicing this can be managed simply and effectively with services tariff based and commissioning organisations being billed individually.

Option 2c

4.18 This option gains the advantages of option 2b with the additional advantage of maintaining the in-house sign language capacity and the close links this has with the wider Sensory team.

5. PROCUREMENT APPROACH

5.1 Depending upon the commissioning approach taken a new service will need to be procured. The procurement could be undertaken by any of the three partners involved, the Foundation Trust, the CCG or the Local Authority. Regardless of who procures and holds the contract, individual parties can be invoiced separately for any service use. As any new service would be tariff based and be procured only on indicative usage individual parties would be free to use alternative services if they wished.

5.2 Within the FT, usage of the service includes use for work that is funded from other areas commissioners, for example if interpretation work were required for a patient from a different CCG area who has chosen Tameside and Glossop ICFT for elective surgery.

5.3 It is proposed that the contract should sit within the FT and be procured by the FT.

5.4 This has a number of advantages including:-

- Most of the potential TUPE implications sit within the FT;
- The FT are the major user of the service and are able to consult with a range of staff in reviewing service specifications and are able to involve them in any potential tender;
- Siting the contract within the FT means they can effectively manage provision across the range of stakeholders.

5.5 This report has been delayed whilst the FT conducted further financial analysis and took proposals to their Capital and revenue Investment Group (CRIG) based upon the original draft of this report. CRIG have approved a recommendation to proceed with commissioning option 2c with the FT as the lead for procurement.

5.6 The FT made their decision based upon the advantages of a comprehensive fully managed service across the health and social care economy plus the advantages of maintaining the close links the Sensory team have within Social care.

5.7 Having completed their governance the FT are keep to proceed as soon as practicable with a procurement exercise in order maximise cost reductions.

6. FINANCIAL IMPLICATIONS

6.1 The FT are predicting a significant recurrent budget reduction of £175k on interpretation services if a new model is adopted.

6.2 This is based partially on a service review within their interpretation service and also an assumption of a large percentage of interpretation moving from face to face to online (i.e skype) type services. For example currently an interpreter may be waiting on a maternity award for many hours unused until their services are required but this may be done via a skype type service where we only have to pay for 30 minutes of service. Much of this saving is based on an assumption that services can move from face to face to online services.

6.3 Much of the time and cost expended by the current service is in managing and facilitating the outsourced interpreters for languages not covered by the service which is an administration function that the new service will provide more cost effectively via the IT platform.

6.4 For the Council there may not be the same cashable savings. There will be time saved in the administration of the current adhoc services but these are distributed across the Council. A procured service should get services at a better rate compared to our current off contract activity. The Council can also make savings by moving from face to face to online interpretation services but there is probably less scope as we don't have the same amount of lost time waiting for appointments etc.

6.5 The new service will reduce the administrative overhead in the TICS service by simplifying the booking of non-verbal interpreters.

6.6 For the Council the proposed service will be more efficient from an administrative point of view with improved quality that can be monitored and will comply with standing orders.

6.7 There is the possibility of increased activity and costs with the proposed service making it easier to book and use interpretation services. We have a duty to provide these services and increase in activity should be offset by the efficiencies.

7. RISK MANAGEMENT

7.1 The table below lists the general risks related to the proposals. A detailed risk log will be managed as part any implementation following approval of the proposal.

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Failure to provide adequate interpretation services.	Impact on service user and patient safety and equality of access	High	Medium	The proposals within this report seek to address long term provision of interpretation services.
Current delivery staff not consulted on proposals	Legal obligations not met	Medium	Low	Staff and union consultation bodies will be consulted on any approved proposals. Relevant managers are aware of proposals.

8. RECOMMENDATIONS

8.1 As stated on the front of the report.

Appendix 1

Tameside Interpretation and Communication Service (TICS)

1.1 Tameside Interpretation and Communication Service was established as an in-house service in 1998 having previously been contracted to a voluntary organisation, The Royal Institute for Deaf People.

1.2 The service is part of the wider Sensory service and operates from Wilshaw House in Ashton. The service employs 2 members of staff, a senior interpreter (36 hours) and a business support officer (36 hours).

1.3 The TICS Senior Interpreter supports the Sensory Services Dual Sensory Social Worker when required providing interpretation when completing an assessment.

1.4 TICS provides a comprehensive BSL/English interpretation and communication service to local residents. The service is free to all deaf people at point of access and is funded by Tameside Adult services in addition to selling services to Tameside and Glossop CCG and other agencies wishing to purchase the service on an ad hoc basis.

1.5 The service provides confidential, professional and qualified interpretation between sign language and spoken English.

1.6 TICS receives requests for interpretation directly from deaf people ,iving in Tameside, council and health staff and community agencies. The service can provide people with an interpreter if the person communicates in British Sign language, Sign Supported English, is Deaf/Blind or a Lipspeaker .

1.7 Interpretation is conducted in a variety of settings covering –

- Housing applications
- Council tax enquiries
- Hospital acute settings
- Welfare rights
- Parent/teacher interviews
- Primary care appointments
- Social care
- Open consultations and meetings

1.8 Interpreters can be booked in advance for evenings and weekends. An emergency out of hours service is offered with a TICS mobile being held within the Community Response Emergency Control Centre which can receive text messages and control operators can arrange interpreters out of hours.

1.9 Deaf Club Tameside Deaf Association is supported with staff from the sensory team including the Senior Interpreter each Thursday. The centre, based in Ashton, is a focal point for the Deaf community of Tameside and the support enables members to improve access to information.

1.10 The business support officer manages bookings of the in-house interpreter and arranges freelance interpreters if not. This is time intensive due to chasing and organising freelance

interpreters. Business support manage the financial aspects of the service including invoicing, recording assignments and income generation.

1.11 Between 30 and 40 in interpreting sessions per month are provided by the TICS senior Interpreter with an additional 10 per month provided by freelance interpreters. One or two sessions are arranged per month during out of hours.

1.12 Approximately 65% of activity is provided for health (Acute and community), 22 % Social Care and 13% other Council Services.

Appendix 2

Equality and Diversity Appendix

1.1 Provision of interpretation services support the Health and Wellbeing strategy by enabling equal access.

1.2 Redesigning the provision of translation services will better enable the provision to be provided across the health and social care economy.

1.3 The service is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention)
- Enabling self-care
- Locality-based services
- Urgent Integrated Care Services
  Planned care services

1.4 The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the 'whole person'
- Target commissioning resources effective

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 20 February 2018

Officer of Strategic Commissioning Board Sandra Whitehead, Assistant Director (Adults)

Subject: **TAMESIDE CITIZENS ADVICE BUREAU**

Report Summary: Tameside Citizens Advice Bureau (CAB) provides free, confidential, impartial and independent support and advice for residents of Tameside. The current funding levels of CAB are not sustainable and the organisation is potentially running at a deficit of £16,766 in 2017/18. In addition to this, funding from the National Lottery is due to come to an end in March 2018 and this will further impact sustainability as this funding contributes to core overheads and management hours

The current contract with CAB concludes on 31 March 2018. A procurement exercise without additional funding and a commitment beyond current budgetary requirements is unlikely to result in the provision of a local organisation that can provide the current levels of service and additional value. At best, provision of sessional advice could be expected.

The direct award of a contract with initial additional funding is proposed to give time for the organisation to reorganise and bid for additional funding to ensure their sustainability.

Tameside CAB is embedded within Tameside communities and has extensive experience as a provider of information, support and advice that is free, impartial and confidential. They have a track record of delivering services and have attracted additional funding and services into the Borough. Their approach delivers excellent social value for the Borough.

Direct award of contract will maintain the continuity of a proven and valued organisation that is a key asset in the Borough particularly for vulnerable members of the community. It is proposed that a waiver to standing orders is granted to allow the direct award of contract to be made to Tameside CAB for a period of three years with a year one value of £140,000 and with values for years 2 and 3 to be confirmed during the contract subject to budget availability.

For year one this represents an increase in funding of £35,600 on current funding levels. This will enable CAB to -

- remain solvent and to budget at break-even rather than the current 2017/18 deficit of £16,766;
- meet its commitments to other funders in terms of contract monitoring and reporting;
- restructure to reduce overheads;
- provide additional investment through the recruitment of a project co-ordinator to seek additional funding streams and managing bids.

Funding sources for year one only are -

- £78,000 Neighbourhood Services;
- £38,000 Population Health;

- £24,000 Adult Social Care improved Better Care Fund

Recommendations:

That a waiver to standing orders is granted to allow the direct award of contract to Tameside CAB for a period of three years with a year one value of £140,000 and with values for years 2 and 3 to be confirmed during the contract subject to budget availability.

Financial Implications:

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

ICF Budget	**S 75 £'000**	**Aligned £'000**	**Total £'000**
TMBC Adult Services	24	-	24
TMBC Population Health	38	-	38
TMBC Neighbourhood Services	-	78	78
Total	**62**	**78**	**140**

Section 75 - £'000 Strategic Commissioning Board	**62**
TMBC – Aligned - £'000 TMBC Executive Cabinet	**78**

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

As detailed in section 4 of the report

Additional Comments

The annual recurrent budget available for this contract is £116,000 with the remaining £24,000 for year one of the contract funded from the non-recurrent Adult Social Care improved Better Care Fund grant.

It is essential that the level of recurrent funding is considered when setting the value of the contract for years 2 and 3.

In addition to the existing and proposed contract value it should be noted that the Council spent £9,720 with CAB to provide support with the Universal Credit Scheme.

Legal Implications:

(Authorised by the Borough Solicitor)

The Council is obliged to follow its own procurement standing orders which include provision to make a direct award where there are exceptional circumstances to justify such a course of action and it will not contravene any legal obligation.

	The services concerned are subject to a light touch under the Public Contracts Regulations 2015 and the contract is below the threshold for such services (currently £615,278). Procurement Standing Order F1.4 permits a direct award where our requirements can only be met by a single bidder because competition is absent for technical reasons. In this case this is the specialist localised experience of the service provider combined with the integration with other fundamental services offered to members of the public. A direct award is considered minimal risk due to the absence of a competitive marketplace.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well, Ageing Well and Dying Well programmes for action
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Healthy Lives (early intervention and prevention)
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities; • Target commissioning resources effectively
Recommendations / views of the Health and Care Advisory Group:	Not applicable
Public and Patient Implications:	The funding of services will enable members of the public to obtain advice and assistance that would otherwise be unavailable.
Quality Implications:	None
How do the proposals help to reduce health inequalities?	The information, advice and support delivered by Tameside CAB, both directly funded under contract and provided under funding arrangements secured by CAB from other sources, is essential in supporting Tameside residents to address the impacts of welfare reforms and poverty.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None
Risk Management:	The relationship with the CAB will be managed through the contractual relationship thereby mitigating risk.

Access to Information :

The background papers relating to this report can be inspected by contacting Richard Scarborough, Planning and Commissioning Officer:

Telephone:0161 342 2807

e-mail: richard.scarborough@tameside.gov.uk

1. BACKGROUND

1.1 Tameside Citizens Advice Bureau (CAB) provides free, confidential, impartial and independent support and advice for residents of Tameside. The core service is delivered from Clarence Arcade where they have both office space and customer facing space alongside the Councils customer services. Outreach is also provided across the Borough.

1.2 The current contract with Tameside CAB commenced on 1 April 2016 for a period of two years and was awarded following a waiver to procurement standing orders to enable a direct award. Current funding is 40% less than the funding level in 2014 and is no longer sufficient to sustain the organisation.

1.3 Tameside CAB is a company limited by guarantee, with its own trustee board and overseen by the Charities Commission. Tameside CAB has been funded by Tameside Council for 51 years and is a trusted and recognised brand in the Borough for advice and information

1.4 Tameside CAB subscribe to membership from National Citizens Advice and this provides their information system, insurance, access to specialist advice lines and a platform to raise social policy issues. It also provides a pathway to government funding for example to provide consumer advice and debt advice. The bureau is also part of an informal consortium arrangement with other Greater Manchester bureaus which operates independently from Tameside bureau. The consortium, with its own trustee board, facilitates bids for national projects at a devolved Manchester level. Tameside CAB also enables other specialist organisations to provide services from their premises such as housing, immigration and community care and rental income is generated from this. A separate arrangement through Pennine West Citizens Advice keeps back office costs to a minimum. This includes discounted training for volunteers, a shared website, IT support and access to technical supervision.

1.5 In addition to funding from Tameside Council, Tameside CAB successfully bids for funding from other sources including the National Lottery and local housing providers. These additional services are dependent upon the core service being funded.

1.6 The current funding levels of CAB are not sustainable and the organisation is potentially running at a deficit of £16,766 in 2017/18. In addition to this, funding from the National Lottery is due to come to an end in March 2018 and this will further impact sustainability as this funding contributes to core overheads and management hours.

1.7 Current core funding levels are insufficient to sustain other funding streams as there is insufficient resource to monitor and report on these or to bid for replacement funding. Under the current delivery model the core funding sustains the organisation by providing funding for the majority of overheads as well as funding core service; this allows for further funding to be bid for to supplement and enhance the service offer. Funding bids include management costs and overheads wherever possible but resources are still required to make bids and sustain the organisation.

1.8 Core funding presently provides a manager, supervisor and half time reception. Core funding also includes the provision of half time specialist employment advice. Volunteers are used to provide the gateway/triage at drop in and some generalist advice, although housing, debt and employment is provided from paid workers. A typical week would see around 108 volunteer hours being provided into the service.

1.9 CAB provide access to all main foodbanks through vouchers and CAB fund their own foodbank through fundraising which operates on Fridays. 113 food parcels were provided directly by CAB last year and an additional 92 vouchers for clothing. Around £1000 a year is donated by staff and management to facilitate this. Help is also provided where there have been domestic incidents through access to clothing and kitchen utensils from the CAB clothing and charity shop. The clothing and charity shop generates approximately £15,000

per annum additional income which all goes back into the bureau to provide advice and assistance to residents.

1.10 The Bureau currently has 19 paid staff and 26 volunteers. Volunteer hours totaled 5527 hours in 16/17 which carries a public value of £244,422.

1.11 Nationally there has been a fundamental review of welfare with a number of key reforms implemented over last few years, with further reforms envisaged throughout the period up to 2020 and beyond. The introduction of Universal Credit (UC) along with a number of other welfare reforms in recent years, such as the Under Occupation Charge (Bedroom Tax), the Benefit Cap, Tax Credits restrictions and Personal Independence Payments have had a significant financial impact on claimants across the Borough.

1.12 Tameside residents will continue to be affected by the welfare reform agenda and the continued co-ordination of information and advice is key to responding to the challenging range of issues facing the Borough. To be sustainable our response must build and strengthen community and citizens assets.

2. AIMS AND OBJECTIVES OF THE SERVICE

2.1 Tameside CAB provides free, confidential, impartial and independent information, support, advice and casework to residents of Tameside. CAB also provides access to its information and advice services via its website at www.tamesidecab.org.uk.

2.2 The aims of the service are:

- To ensure that individuals do not suffer through lack of knowledge of their rights and responsibilities or of the services available to them or through an inability to express their needs effectively.
- To exercise a responsible influence on the development of social policies and services both locally and nationally.

2.3 Access to Tameside CAB services is through drop-in at its offices on Stamford Street, Ashton-Under-Lyne and outreach services at -

- Women & their Families Support Centre;
- Big Local Hub, Stalybridge;
- Haughton Green Centre;
- Acresfield Community Building, Newton, Hyde;
- The Rowans Mossley Youth Base;
- The Hub, Hattersley.

2.4 Tameside CAB provides a free, confidential service that is open to everyone in the Borough. Staff are trained and qualified to give information on a wide range of issues, including:

- Welfare Benefits;
- Debt;
- Employment;
- Consumer Rights;
- Housing;
- Neighbourhood Disputes;
- Education and Healthcare;
- Immigration and Residency Issues;
- Human Rights;
- Family and Personal Issues.

2.5 They aim to provide customers with all the facts and possible outcomes of different options to allow them to make the decision that's right for them. If needed, they can also offer practical support, such as help with filling in forms, writing letters or negotiating with third parties.

2.6 There is a well established relationship and referral pathway with the council's welfare rights and debt advice service for those clients who require help in appealing negative benefit decisions. Likewise, referrals are also made to the council for specialist help for people with rent or mortgage arrears who have a court hearing.

2.7 Telephone advice is provided twice weekly and there are plans in place to move towards a GM advice line model. The benefits of the GM model are outside of the sessions, callers will be provided with telephone advice through other bureaus. For those Tameside residents who then need face to face advice, they are placed in a work queue at the Tameside bureau which is likely to increase the numbers of residents who need access to the service.

2.8 Tameside CAB can currently provide specialist help in the following areas:

- Housing through Manchester CAB
- Debt – funded by Money Advice Service (national funding)
- Employment

3. CONTRACT HISTORY

3.1 A contract was awarded to Tameside CAB from 1 April 2011 until 31 March 2014 on a three year basis plus an additional two years at a value of £152,260 per annum. The contract was extended until its full term up to 31 March 2016.

3.2 From April 2013 Tameside CAB took on additional responsibility to provide information, advice and support to residents who have suffered discrimination and harassment contrary to the Equality Act 2010. This was previously provided by Tameside Racial Equality Council and Tameside CAB received an additional £20k in funding to accommodate this additional responsibility.

3.3 From 1 April 2014 the contract value was reduced from £176,070 to £156,070, a reduction of 11.3%.

3.4 In December 2015 a waiver was granted to award the current two year contract from 1 April 2016 to 31 March 2018. The award was on the basis of further contract price reductions

- 2016/17 £116,000 (£78k from Neighbourhoods and £38k from Public Health);
- 2017/18 £104,400 (£66.4k from Neighbourhoods and £38k from Public Health);

4. FINANCIAL APPRAISAL

4.1 The total income of CAB in 2017/2018 was £434,960 of which Tameside MBC provided £104,400. The budget for 2017/18 is in deficit by £16,766.

4.2 For every £1 the council provides in core funding, Tameside CAB generates £3.16 additional funding into the service.

4.3 Additional funding is obtained by CAB from a range of different sources. All additional funding is dependent upon provision of contract monitoring and reporting. The additional funding bought in 2017-18, £ 330,560 in total, is dependent on sustainable core-funding:

- £104,000 Money Advice Service Debt Advice Project (MASDAP)
- £152,000 Big Lottery

- £14,000 Energy Best Deal (EBD)
- £10,718 TMBC/DWP/PBS – for personal budgeting support referrals for Universal Credit Claimants funded via the DWP through the LA.
- £33,992 Various Housing Providers (RSL's) to deliver drop in sessions
- £15,850 income generation, donations and shop income.

4.4 Current Lottery funding of £152,000 concludes on 31 March 2018. This income stream currently covers 30% of management costs, 10% of admin and 22% towards overheads. Most of these are fixed costs that will need to be found from core budget.

4.5 The core funding allows for other funding bids to be applied for which extends the service out to benefit more residents generally through outreach.

4.6 Tameside CAB currently occupy premises in Clarence Arcade having previously been located within the Tameside Administration Centre. Current rent, payable to the Council, is £17,800. It is planned that the service will transfer to the new administration building currently being built and it is anticipated that this level of rent will be charged in the new building.

4.7 Tameside CAB has been effective in already reducing overheads and salary costs. This has included reduction of an outreach worker, reduced management hours which will reduce further in 2018/19 and the reception function has been absorbed into other staff functions. Back office costs have been reduced significantly through the arrangement with Pennine West.

4.8 Insufficient core funding has a range of impacts upon the organisation including:

- Contracts such as the Face to Face debt advice contract worth £104,000 may become unstable if there is insufficient core resource to monitor and report on provision to the funders and to bid for extension funding;
- Core resources are required to bid for additional outreach projects and to monitor and manage successful bids;
- There will be less volunteers if there is less money to spend on training, supervising and retaininment (including less money to pay expenses);
- There would be reduced home visits available for our more vulnerable residents.

4.9 Financial modelling provided by national CAB (appendix 1) demonstrates the social value of the organisation and suggests that in 2016/17 the Tameside Bureau had

- a fiscal benefit of £2.31 for every £1 invested;
- a public value of £13.64 for every £1 invested;
- a value to the people they help (financial outcomes) of £19.16 for every £1 invested;
- Fiscal benefit to the Local Authority of £2.14 for every £1 spent;
- Savings to the NHS of £230,407 (reducing use of mental health and GP services and keeping people in work;
- Savings to Housing providers of £348,832 through preventing evictions.

5. CONTRACT PERFORMANCE

5.1 The Tameside CAB contract is closely monitored by the Team Manager of the Welfare Rights and Debt Advice Service. CAB provides comprehensive quarterly monitoring information including both qualitative and quantitative information.

5.2 Quarterly performance meetings take place with TCAB whereby work levels, client numbers, issues and outcomes are discussed. The services outlined in the contract specification have been delivered and information relating to the performance indicators specified is provided in

advance of every contract monitoring meeting. The Contract Performance Officer reports no issues with the performance of the contract.

5.3 In 2016/17, 4074 new clients were seen in the Bureau with 12834 new issues. CABs analysis show the financial value of outcomes in this year was £1,880,989.

6. PROPOSAL

6.1 It is proposed that a waiver to standing orders is granted to allow the direct award of contract to be made to Tameside CAB for a period of three years with a year one value of £140,000 and with values for years 2 and 3 to be confirmed during the contract subject to budget availability.

6.2 For year one this represents an increase in funding of £35,600. This will enable CAB to -

- remain solvent and to budget at break-even rather than the current 2017/18 deficit of £16,766;
- meet its commitments to other funders in terms of contract monitoring and reporting;
- restructure to reduce overheads;
- provide additional investment through the recruitment of a project co-ordinator to seeking additional funding streams and managing bids.

6.3 Funding sources for year one only are

- £78,000 Neighbourhood Services
- £38,000 Population Health
- £24,000 Adult Social Care improved Better Care Fund.

7. ALTERNATIVE APPROACHES

Cease to provide a CAB Service

7.1 The CAB service provides an essential service to the most excluded and marginal members of our communities. It helps to tackle social inequality and financial exclusion and for many is their last line of defence. Ceasing the service would have significant impact on local communities. Tameside CAB is a trusted and recognised brand in the Borough for advice and information

Conduct an open tender exercise to procure a service based on current or lower funding levels

7.2 Current funding levels are unlikely to be sufficient to fund provision of a local service and are therefore likely to be based on a delivery of sessional services from a remote base. This approach is unlikely to be able to sustain the continuation and development of the services currently provided through alternative sources of funding and will result in minimal service delivery compared to the current model.

7.3 It is estimated that at an amount of £104,400 this would provide for a full time manager, 30 hour supervisor and 25 hours admin. There would be limited capacity to recruit and manage volunteers. There would be no capacity to bid for or monitor external funding which would reduce the outreach provision and ability to provide home visits. Our most vulnerable residents would be significantly affected, especially those unable to travel into Ashton

Conduct an open tender exercise to procure a service based on slightly increased funding levels

7.4 A small increase in funding levels for the first year of the contract is unlikely to impact upon the level of provision offered due to the level of uncertainty and risk to longer term funding.

8. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

8.1 A waiver to standing orders F1.4 is sought to enable the direct award of contract without competition. The services provided by CAB fall within the remit of the light touch regime and the total contract value of is below the threshold for Social and Other Services under the Public Contracts Regulations 2015 (currently £615,278)

8.2 A procurement exercise without additional funding and a commitment beyond current budgetary requirements is unlikely to result in the provision of a local organisation that can provide the current levels of service and additional value. At best, provision of sessional advice could be expected.

8.3 The direct award of a contract with initial additional funding is designed to give time for the organisation to reorganise and bid for additional funding to ensure their sustainability.

8.4 Tameside CAB is embedded within Tameside communities and has extensive experience as a provider of information, support and advice that is free, impartial and confidential. They have a track record of delivering services and have attracted additional funding and services into the Borough. Their approach delivers excellent social value for the Borough.

8.5 Direct award of contract will maintain the continuity of a proven and valued organisation that is a key asset in the Borough particularly for vulnerable members of the community.

8.6 Research for other local Authority procurement activity for Welfare rights services showed 1 tender, by Wigan council, with a value of £446,231.60 per annum (This service appears to be similar to ours other than the addition of tier 4 representation at decision making bodies such as appeal tribunal, civil court or panel hearings.) Bournemouth and Poole announced a market engagement event for joint service however this was cancelled and no further information has been published.

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

9.1 Tameside CAB have provided services under contract to the Council for a number of years. Contracts have been closely monitored and performance against contract has always been exceeded. They are able to demonstrate a clear social and economic value to the borough.

9.2 Tameside CAB have a strong track record of leveraging in additional funding and resources by using the core funding to support the organisation and provide the infrastructure for additional services.

9.3 Tameside CAB is a well-recognised and respected local organisation. The services provided under the terms of this contract, and the additional services they are able to secure funding for from other funders, are well used and valued by the people who use them and produce a range of outcomes key to the local health and social care economy.

9.4 The loss of Tameside CAB would result in a cessation of services for which they have been able to attract additional funding.

9.5 The services provided by the CAB in respect of benefits and debt advice are congruent with the Council's policies in preventing homelessness and tackling indebtedness. It also provides a quality assured volunteering opportunity, and facilitates active citizenship.

9.6 Tameside Citizens Advice Bureau is part of a national network of bureaus, which local and national government rely on as a mechanism for articulating the needs of excluded communities.

9.7 The Bureau currently has 19 paid staff and 26 volunteers, Volunteer hours totaled 5527 hours in 16/17 which carries a public value of £244,422

10. RECOMMENDATIONS

10.1 As stated on the report cover

Appendix 1

Headline statistics 2016/17

Name of local Citizens Advice member	Tameside District Citizens Advice

Reported funding to local Citizens Advice	£448,570
Reported funding to local Citizens Advice from LA	£116,035
Reported funding (confirmed or unconfirmed)	Confirmed

**We use the latest funding data you have sent us to complete this model. If your status is unconfirmed, we are using interim funding data for 2016/17.*

1) Overall financial value to society in 2016/17

Overall value (advice and volunteering)	
Fiscal benefit total	£1,036,081
Public value total	£6,119,304
Value to the people we help (financial outcomes) total	£8,592,802

For every £1 invested:	
For every £1, £x in fiscal benefits	**£2.31**
For every £1, £x in public value	**£13.64**
For every £1, £x in value to the people we help (financial outcomes)	**£19.16**

2) Making specific arguments to key stakeholders

Local authority- by preventing homelessness and housing evictions	
Savings to local authority total (fiscal benefits)	£166,735
For every £1 of LA funding, £x in fiscal benefit to local authority	£2.14

**N.B. Most local Citizens Advice do not breakeven on their LA funding - this is because we only put a financial value on preventing homelessness.*

NHS - by reducing use of mental health and GP services, and keeping people in work	
Reducing use of health services	£212,877.18
Keeping people in work	£17,530.43
Total saving to NHS	£230,407.61

Other government departments	
Department of Work and Pensions (by keeping people in work)	£274,643.41

Criminal Justice System (by preventing housing evictions and homelessness)	£15,462.24
Housing Providers (by preventing housing evictions)	£348,832.67

Wider economic and social benefits - NOT tangible public savings	
Public value of improving clients' wellbeing (emotional wellbeing and positive functioning)	£4,253,399
Public value of volunteering (part of public value total)	£244,422

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sandra Whitehead, Assistant Director (Adult Services)
Subject:	**TENDER FOR THE PROVISION OF SUPPORTED LIVING FOR ADULTS WITH MENTAL HEALTH NEEDS**
Report Summary:	The Report is Seeking Authorisation to re tender the service in line with the timescales in **Appendix 1**
Recommendations:	That permission to re-tender the service is approved.

Financial Implications:

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

ICF **Budget**	**£'000**
TMBC – Adult Services **Section 75** **Strategic Commissioning Board**	524
Additional Comments The available recurrent budget in 2017/18 for this contract is £523,625. Allowance has been made for National Living Wage increases in subsequent years in the cost of care methodology. It is important that the focus remains on recovery and rehabilitation aimed at equipping service users with the life skills necessary to live independently. This will avoid more expensive residential placements and/or hospital admissions. Work will continue with the existing and future provider to identify effective and efficient ways of delivering the service whilst meeting the associated future financial challenges.	

Legal Implications: **(Authorised by the Borough Solicitor)**	Due to the values involved the contract must be procured in accordance with the constitutional requirements of the commissioning body and the light touch regime under part 2, Section 7 of the Public Contract Regulations 2015.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services

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

1. **INTRODUCTION**

1.1 The retender is for the provision of 24 hour supported living for people with mental health needs. The current contract commenced on 1 June 2014 for a period of 3 years with the option to extend for a period of up to 2 years.

1.2 A restricted tendering exercise commenced in September 2013 and was completed in accordance with Tameside Metropolitan Borough Council Procurement Standing Orders. The contract was awarded to Turning Point who currently deliver the contract.

1.3 The overarching aims of service delivery are based on recovery and rehabilitation principles that equip service users with the life skills necessary to move on to more independent living. These fundamental values have identified and worked to six key features:

- Promoting self-management
- Responsive provision
- "Expert User"
- Valuing ethnicity and diversity
- Workforce competency
- Access, choice and opportunity

1.4 The service is delivered across two accommodation settings in the borough supporting 26 tenants. The contract delivers access to support 24 hours a day and 365 days a year. The accommodation is provided by registered social landlords and offers the following facilities;

Property	**Number of Tenants**
Mottram Rd, Hyde Individual rooms with some shared facilities	7 tenants Receiving access to 24 hour support dependant on need Plus 1 x short stay places
Bendix Court, Hyde A mix of self-contained flats and rooms with shared facilities	20 tenants Made up of: 4 x independent flats with access to onsite support teams to deal with issues immediately 4 x female only project 24 hr support – 3 people shared facilities,1 self-contained flat 3 x 10 hrs support 6 x 24 hr extra care – 3 people shared facilities, 3 self-contained flats 3 x tenants with individual care packages
Totals	**27 Tenants**

2. CONTRACTING PROPOSAL

2.1. Consideration is given to retender the service to ensure continued delivery to a vulnerable client group.

3. VALUE FOR MONEY

3.1 The current annual value for this service, 2017/18 is £523,625.

3.2 This represents good value for money when compared to costs for similar services in relation to a recent tender for supported living services. The hourly rate for the current delivery is £14.78 with recent tendered rates at an average of £16.94 per hour. However the new contract will not commence until June 2019, at which point associated national and local cost implications will need to be taken into consideration.

4. OTHER ALTERNATIVES CONSIDERED

4.1 There is a need for this service in terms of continuing to support a vulnerable group of people who are subject to section 117 after care, therefore the local authority have statutory responsibility to provide the service.

4.2 The service is also essential in supporting individuals with a step down from long term residential placements, the avoidance of future relapses and the need for expensive hospital or residential re-admission.

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

- The Tameside Joint Strategic Needs Assessment (JSNA) 2015/16 states that amongst people with mental health problems, there has been a recent increase in those people in settled accommodation in Tameside. The JSNA states that settled accommodation has implications for health and wellbeing and enhances the quality of life for those with support needs by ensuring people are able to find employment when they want, maintain family and social contacts and contribute to the local community therefore reducing isolation and loneliness.
- The Five Year Forward View for Mental Health recognises that supported housing is a critical element in an individual's recovery journey and also a key to the prevention of further mental health issues. In addition, the report promotes the need for Health and Wellbeing Boards to have plans in place that promote good mental health, prevent problems arising and improve mental health services. The strategic priorities of the Tameside Health and Wellbeing Board are to:
    - Improve the health and wellbeing of local residents throughout life;
    - Give targeted support to those with poor health to enable their health to improve faster;
    - Focus on prevention and early intervention;
    - Develop cost effective solutions and innovative services through improved efficiency;
    - Emphasise local action and responsibility for everyone;
    - Deliver more joined up services that meet local need; and
    - Enable and ensure public involvement in improving health and wellbeing.

5. IMPLICATION IF THE SERVICE IS NOT RE-COMMISSIONED

5.1 The individual's accessing the service are subject to section 117 after care, therefore the local authority have statutory responsibility to provide the service.

6. RECOMMENDATONS

6.1 As stated on the report cover.

Appendix 1

TENDER EXERCISE [OJEU]

CONTRACT FOR: Mental Health Supported Living

PLACE ADVERT ON OJEU	**Sept 2018**
30 Days	
CLOSING DATE	**Oct 2018**
EVALUATION	**Oct/Nov 2018**
INTERVIEWS	**Dec 2018**
AWARD CONTRACT	**Jan 2018** **10 day standstill**
PREPARE FOR CONTRACT START	**Feb to May 2019**
CONTRACT COMMENCEMENT DATE	**1 June 2019**

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	20 February 2018
Officer of Strategic Commissioning Board	Stephanie Butterworth, Director of Adult Services
Subject:	**TENDER FOR A SPECIALIST DEMENTIA CARE HOME WITH NURSING**

Report Summary:

There are an estimated 2,691 people in Tameside and Glossop with dementia. As part of the Care Together development Tameside and Glossop are committed to improving the lives of people living with dementia.

The overall vision for Tameside and Glossop is linked to the development of rich, specialist support to people living with dementia and their carers at all stages of their pathway.

There is a need for a specialist dementia care home with nursing to improve the quality of care closer to home for individuals and their carers.

The specialist dementia care home with nursing will deliver a service to those with advanced, complex dementia who require specialist support to meet their day to day physical, emotional and behaviour needs and manage the risks associated with this.

Local EMI (Elderly Mentally Ill) residential and nursing provision within Tameside and Glossop is not able to meet the needs of this patient group which results in delayed discharges and the commissioning of individual packages of care from expensive out of borough nursing or hospital placements.

At an acute level, blockages can be experienced on Summers Ward, a Pennine Care ward on the hospital site. This in turn delays admissions from the acute wards.

It is anticipated that this development will realise savings in costs whilst also delivering an improvement in an individual's experience through maintaining their connections within the locality as well as improving the quality of provision through a robustly commissioned local specialised service.

Recommendations:

The Strategic Commissioning Board is recommended to:

(1) Recognise the benefits of commissioning a local Specialist Dementia Care Home to:

- provide high quality care closer to home;
- reduce the need for more costly out of area placements;
- reduce delayed transfers of care from acute and mental health inpatient care due to a lack of suitable provision in the community.

(2) Agree to the plan that the Single Commission goes out to tender for a five year contract with the option to extend for two more years in line with the timeframe outlined in the paper. The tender will explore the market in order to establish between 18-22 beds capacity and once market capacity is known the exact costs can be established.

The value of the five year tender for 20 beds would be £5,200,000 based on proposed tender prices.

Financial Implications:

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	2,014	-	-	-
Total	**2,014**	**-**	**-**	**-**
Section 75 - £'000 Strategic Commissioning Board	2,014			

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

The CCG are currently paying circa £2m for spot bed purchase. These placements are extremely expensive and demand for these beds has been increasing year on year. Given demographic pressures is it anticipated that demand will continue to grow in future years.

In 17/18 we are expecting to pay for 6,974 beds days. The proposal is that we procure 20 beds (7,200 bed days p.a.) at a cost of approximately £1m.

If demand was completely smooth saving of up to £1m would be possible. Though the reality is that there will be peaks in demand, so some weeks we may need 18 beds, while on other occasions we may need 22 beds. As a result there will still a requirement for the use of some spot beds, meaning more realistic savings in the region of £0.5m are expected.

Additional Comments

Finance group have reviewed this business case and fully support the recommendations which will result in significant QIPP savings.

It will be important to use these new block purchase beds in the first instance to reduce use of spot bed as far as possible.

There may be some risk in finding providers who will bid to provide the unit at the desired price.

Legal Implications:

(Authorised by the Borough Solicitor)

It is not unreasonable to design service requirements around the needs of citizens in the locality. To mitigate the risk of challenge, the procurement must be undertaken in accordance with the constitutional requirements of commissioning body and comply with national and international procurement legislation.

How do proposals align with Health & Wellbeing Strategy?	The "Improving Dementia Services in the Neighbourhoods" business case aligns with the following Health and Wellbeing Board strategic priorities: • Integration; • Improve the health and wellbeing of local residents throughout life; • support to those with poor health to enable their health to improve faster; • Local action and responsibility for everyone; • Public involvement in improving health and wellbeing.
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Healthy Lives (early intervention and prevention) • Community development • Enabling self-care
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Identification and support of "at risk" people; • Fewer overnight stays in hospital and more community based care.
Public and Patient Implications:	There are implications for people with dementia and their families/carers.
Quality Implications:	There is evidence that Improving Dementia Services will deliver the following patient outcomes: • **Better quality of life** and enhanced health and well-being; • **Fewer crises** that lead to unplanned out of borough placements and hospital admissions • **Enhanced experience of care** through better coordination and personalisation of health, social care and other services.
How do the proposals help to reduce health inequalities?	By offering people living with dementia more specialist support, in relation to ensuring health needs are met.
What are the Equality and Diversity implications?	It is anticipated that the proposal will not have a negative effect on any of the protected characteristic group(s) within the Equality Act.
What are the safeguarding implications?	Safeguarding assurance is integral within all service delivery.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	This will be completed if required.
Risk Management:	No risks identified.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey by:

Telephone: 07792 060411

e-mail: pat.mckelvey@nhs.net

1. EXECUTIVE SUMMARY

1.1 The proposal is to tender for a Specialist Dementia Care Home with Nursing in the locality to deliver expert support to individuals and their carer/s on the dementia pathway. The need for this provision has been identified within the Non-CHC Mental Health Quality, Innovation, Productivity and Prevention group.

2. OUTLINE DESCRIPTION

2.1 There are an estimated 2,691 people in Tameside and Glossop living with dementia. As part of the Care Together development, Tameside and Glossop is committed to improving the lives of people living with dementia and, through this, reduce reactive costs, including out of borough placements where local provision is unable to meet an individual's advanced and complex needs, and reduce unplanned hospital admissions.

2.2 The development of a Specialist Dementia Care Home with Nursing provision will deliver high quality, expert, local support to people living with advanced, complex dementia. It will support individuals to take control of their day to day lives and maintain their wellbeing and independence for as long as possible in the least restrictive way.

2.3 The dementia care pathway, including the Specialist Care Home with Nursing will enhance the offer of service delivery to the local population and is described as follows;

Level of Care	**Offer includes**
Community Care	GP / Outpatients CPN Social Care for ADLS Meals on Wheels Voluntary and commissioned day services / social inclusion District Nurses
Dementia Residential Care	GP / Outpatients CPN District Nurses Routine personal care; continence care; moving and handling; medication management; nutrition management; activity; MCA and BI processes / DOLS
Dementia Nursing Home Care	GP / Outpatients CPN Qualified nurse oversight Personal care; continence care; moving and handling; medication management; nutrition management; activity; MCA and BI processes / DOLS Some low level challenging behaviour management Some basic mental health intervention within care plan Skin care Risk Assessment, Care Planning, Intervention and Evaluation of care

Level of Care	Offer includes
Specialist Dementia Care Band 1	**Specialised Nursing Home Care that includes**: 2:1 availability for personal care for 60 Minutes a day Staff trained to use physical intervention 1:1 availability for feeding for 60 minutes a day Challenging behaviour management Mental Health symptom intervention – anxiety / aggression / arousal management Continence care – requiring oversight of qualified nurse Skin care – requiring oversight of qualified nurse Moving & Handling Care – requiring oversight of qualified nurse Medication management – requiring oversight of qualified nurse 60 minutes planned activity 5 days a week Risk Assessment, Care Planning, Intervention and Evaluation of care Management of Mental Capacity Act and Best Interest Processes / Deprovation Of Liberty Safeguards
Specialist Dementia Care - Band 2	**Specialised Nursing Home Care** **as Band 1 plus -** Behaviour management and mental health intervention on a 1:1 basis in waking hours to ensure the safety of the patient and those around the patient along with ensuring basic Assistance with Daily Living Skills are met as barriers to achieving these such as agitation and aggression / severe confusion are evident - established sleeping pattern
Specialist Dementia Care - Band 3	**Specialised Nursing Home Care** **as Band 1 and 2 plus maximum support;** Behaviour management and mental health intervention on a 1:1 basis 24 hours to ensure the safety of the patient and those around the patient along with ensuring basic ADLS are met as barriers to achieving these such as agitation and aggression / severe confusion are evident - no established sleeping pattern.
Hospital Placement	Detained Patient

3. BACKGROUND

3.1 A report by the Alzheimer's society in 2014 estimated that at the current rate of prevalence, there would be 850,000 people living with Dementia in the UK by 2015. These figures are expected to increase with worst case scenarios given as 1 million people by 2025 and 2 million by 20151. The report also details costs to the NHS and Local Authority across the UK economy at over £26 billion annually with the expectation that this will increase.

3.2 The Single Commission recognises the significance of an aging population and the worst case scenario described above based on the assumptions of no health interventions and therefore the need for commissioning services designed to meet these changing demands.

3.3 The Single Commission currently has to commission placements out of borough, both hospital and nursing because there are no local providers that meets the needs of people with advanced complex dementia.

3.4 Although there is some Elderly Mentally Ill (EMI) nursing and residential provision in the locality that delivers support to those who are elderly mentally infirm there is no local provider who provides specialist dementia care with nursing to meet the needs of people with Dementia who experience complex behavioural and psychological symptoms. When this manifests itself in individuals becoming aggressive and refusing care, expert support is required to prevent and manage these risks in the most person centred and least restrictive way. There is also recognition that supporting local placements enables carers/family relationships to be maintained and realised as an asset to someone's ongoing support.

3.5 The Non-CHC Mental Health Quality, Innovation, Productivity and Prevention group identified the need to develop a more specialised service for this client group than is currently delivered across the EMI residential/ nursing provision in the locality. This will deliver improved outcomes for individuals as well as reduce the need for costly out of borough nursing or hospital placements and delayed transfer of care from in-patient services (acute and mental health).

What the business case seeks to commission/re-design

3.6 The proposal is seeking permission for the development of a facility offering 18-22 beds and a contract over a 5 year period with the option to extend for up to a further two years.

3.7 Admissions and discharges to the Care Home will be actively managed by the Mental Health Individual Commissioning Manager as she does for all individual funded packages of care.

3.8 The provider will be commissioned to deliver innovative, high quality, outcomes focussed, personalised care in an environment and culture that allows interventions to be delivered in the least restrictive way. Partnership working across the health and social care sector and a workforce that has the skills and understanding of those with complex and challenging needs will also be key to quality.

3.9 By having this provision as part of our locality care pathway active management will ensure patients are placed in the most appropriate setting, as described 2.3. The provider will work collaboratively with local services, supporting patients across the three bands and facilitating timely step-down to dementia nursing or residential care as needs change. This will create capacity and promote timely discharge from hospital. The provider will be charged with ensuring that the individual and their family are aware that the admission to this facility with be short/medium term based on their presenting need.

4. REASONS: NATIONAL, STRATEGIC AND LOCAL CONTEXT

4.1 There are a number of national policy positions which have informed this business case; in 2009, the 'Living Well with Dementia: A National Dementia Strategy' provided the strategic framework within which to make quality improvements to dementia services and address health inequalities. In 2012, 'The Prime Minister's Challenge on Dementia' provided a challenge to the whole of society as well as government to focus on driving improvements and creating dementia friendly communities and better research. In 2013, 'A State of the Nation Report on Dementia Care and Support in England' acknowledged dementia as being one of the most important health and care issues the world faces as the population ages; and projected a doubling of prevalence nationally over the next 30 years.

4.2 The 'Prime Minister's Challenge on Dementia 2020' (2015) sets out what this government wants to see in place by 2020 in order for England to be the best country in the world for dementia care. It sets out vision for Dementia care and support as follows;

> *"our vision is to create a society by 2020 where every person with Dementia, their families and carers - whatever their background, geographical location, age, gender, sexual orientation, ability or ethnicity- receive high quality, compassionate and culturally sensitive care. This is from diagnosis to end of life care and in all care settings whether at home, in hospital or in a nursing/care home. We want the best services and innovation currently only delivered in some parts of the country to be available worldwide so there is more consistency of access, care and less variation"*

4.3 NHS England has been prioritising equitable access to high quality services and support for people diagnosed with dementia and as a result, the National dementia team developed a 'Well Pathway for Dementia'. An element of the pathway refers to access to high quality health and social care for people with Dementia and their carers and personal I statements as follows;

> "I am treated with dignity and respect"
> "I get treatment and support that are best for my Dementia and my Life"

4.4 The Implementation Guide and Resource Pack for Dementia Care (formally known as the Evidence Based Treatment Pathway (EBTP), was published on the NHS England website July 2017) - priority areas identified for quality improvement by NICE are set out in the Support in Health and Social Care and Independence and Wellbeing Quality Standards for Dementia Care.

4.5 These state that people with:

- Dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing;
- Dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named coordinator of care and addresses their individual needs;
- Dementia with the involvement of their carers, have choice and control in decisions affecting their care and support;
- Dementia receive care from staff appropriately trained in dementia care.

4.6 **Supporting the Single Commission's Quality, Innovation, Productivity and Prevention Agenda**

4.7 **Quality:**

- better service user and carer experience;
- better integrated health and social care approach;
- provision that meets NICE Dementia Quality Standards;

- better developed and trained workforce.

Innovation:
- integration of primary and secondary care, health and social care and physical and mental health care;
- reduction in unnecessary referral and administration;
- incorporates best evidence to support a whole-system change.

Productivity:
- reduced demand for acute inpatient provision
- reduced demand for specialist mental health inpatient provision
- increased discharge rates and shortened length of stay from acute and specialist mental healthcare to primary care and home support
- increased response times
- increased numbers of people receiving specialist assessment
- release of resources so that more treatment can be provided in the community and home settings

Prevention of
- inappropriate hospital admissions;
- people having to lose their independence;
- inappropriate drug prescribing;
- delayed discharges.

5. OUTCOMES AND BENEFITS

Anticipated Outcomes

5.1 There are clear opportunities for innovation and improvement in the delivery of dementia care in Tameside and Glossop, which will:

- improve individual and carer experience;
- deliver better outcomes for individuals;
- and achieve efficiencies across the local health economy.

5.2 It is anticipated that, once established, this development will not only be cost neutral it will also reap savings through reducing the need for high cost out of borough placements.

5.3 The potential cost savings to the health and social care economy are outlined in the financial considerations below**.**

5.4 **Measurable Improvements**
- The reduction in the number of out of borough placements for people who require specialist dementia care.

- Local Care Home quality standards will be achieved

- 360 Degree reviews of the provision from staff, carer and patient surveys will be collated to measure outcomes and satisfaction

- Monthly performance and quality monitoring of the new service will be established for the first 12 months to ensure that the progress is as expected.

6. FINANCIAL CONSIDERATIONS

6.1 Over the last three years the CCG has funded placements in out of area specialist dementia care homes as follows:-

Financial Year	Number of Patients	Number of Beddays	AVG Bedday Rate	Total Cost FYE
2015/16	16	3572	£241	£861,598
2016/17	22	6152	£269	£1,657,893
2017/18 Forecast	26	6974	£299	£2,088,114

6.2 The anticipated cost proposal for a block purchased Specialist Dementia Care Home is outlined below:

Calculations based on 20 Beds for a period of 12 months			
Percentage of people accessing each band based on current out of borough placements	Proposed costs per week for each band based on current market	No Of Beds based on % accessing each band against 20 beds	52 Weeks
60%	£1000	12	£624,000
30%	£1600	6	£312,000
10%	£2200	2	£104,000
		Total	**£1,040,000**

Financial Year	Number of Patients	Number of Beddays	AVG Bedday Rate	Total Cost FYE
2018/19 Onward	20	7300	£142	£1,040,000

6.3 Occasionally additional support may be required for highly complex cases. These would be funded via Non-CHC mental health funding in line with current practice.

6.4 The anticipated budget/spend for the tender, taking into consideration the information above will be approximately £1,040,000. This has considered the costs above which are based on an average 20 place facility. The tender is seeking to establish an offer of between 18-22 beds therefore we need to anticipate the market capacity in ensuring the costs are viable for delivery across this range of submissions.

6.5 This development has the potential to release a direct saving of anything between £496k and £974k per annum to the Single Commission, due to the fluctuations and use of expensive out of area spot purchased placements.

Potential Future Savings	AVG Bedday Rate over 3yr period	AVG Actual Costs per annum based on 3 years	Bedday Utilisation (AVG) 3 years	Full Capacity	Costs based on full Utilisation for like for like comparison
Pre Tender	270	£1,535,868	5566	7300	£2,014,344
Post Tender	142	£1,040,000	7300	7300	£1,040,000
Savings	**-128**	**-495,868**	**1734**	**0**	**-974,344**

7. PERFORMANCE MONITORING, EVALUATION AND EXIT STRATEGY

7.1 The Single Commission will monitor performance against the anticipated outcomes as follows:

- Reporting will be on a monthly basis. This will allow us to closely monitor the development of the project within the agreed parameters and collate the evidence to demonstrate impact.

- Reporting on activity:
    - Source and number of referrals.
    - Nos returned to borough, improved outcomes and savings.
    - Waiting lists.

- Patient reported outcomes – through standardised outcome reporting tools, (to be agreed) e.g. PREM/PROM (based on I statements), Health Innovation Network (HIN) Ask Dementia Outcome Measure (ADOM), Carer's Stress Index, to demonstrate impact of the service on:
    - Satisfaction with services provided.

- Reporting on partnership working/referrals and outcomes for people living with dementia and their carers and families.
    - Demonstrate effective partnership working with a wide range of partnership organisations.

- Quality assurance monitoring through case study narrative and comprehensive reporting requirements:
    - Against the Well Pathway elements: Living Well, Supported Well, Dying Well reported through case studies illustrating the situation at the starting point of contact, the inputs required the immediate and anticipated outcomes.

7.2 Formal evaluation of the proposal will seek to prove that savings generated are equal to or greater than the cost of implementation

8. PROCUREMENT TIMETABLE

8.1 In order to realise the savings and improved pathway outcomes that implementing this service will bring, the timescale for a procurement exercise has been identified as follows:

Plan Specification and Tender Pack	Feb/March 2018
Place Advert for Tender	April 2018
Closing Date for Tender	End April 2018
Evaluation and Interviews for Tender Submissions	May 2018
Report on Procurement Exercise for Permission to Award	June 2018
Award Including 10 Day Standstill	July 2018
Prepare for Contract Start	July – Sept 2018
Contract Commence	August 2018

9. RECOMMENDATONS

9.1 As set out on the front of the report.

APPENDIX 1

Equality Impact Assessment

Subject / Title	**Specialist Dementia Care Home with Nursing**

Team	**Department**	**Directorate**
Personal Health Budgets	MH and LD Commissioning Team	Commissioning

Start Date	**Completion Date**
January 2018	*xxxxxxxxxx*

Project Lead Officer	Pat McKelvey
Contract / Commissioning Manager	Pat McKelvey
Assistant Director/ Director	Jessica Williams

EIA Group (lead contact first)	**Job title**	**Service**
Pat McKelvey	Head of MH and LD	Commissioning
Anna Livingstone	Quality Lead	Nursing
Denise Buckley	Commissioning Contracts Officer	Commissioning
Ann Warrington	Individual commissioning Manager	Nursing

PART 1 – INITIAL SCREENING

1a.	**What is the project, proposal or service / contract change?**	1. Establish a Specialist Care Home with Nursing
1b.	**What are the main aims of the project, proposal or service / contract change?**	The specialist dementia care home with nursing will deliver a service to those with advanced, complex dementia who require a different support approach in terms of meeting their day to day physical, emotional and behaviour needs and the risks associated with their support. Gaps are evident in the current EMI residential and nursing provision within Tameside and Glossop which has resulted in a number of individuals being placed in expensive out of borough nursing or hospital placements as levels of need become unmanageable within the currents setting. At an acute level, blockages can be experienced on the Summers Ward. Individuals admitted from EMI nursing or residential placements for a period of assessment have few

		options for move on resulting in delayed discharge an/or out of borough placements.

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	**x**			There are currently around 850,000 people in the UK with dementia. It mainly affects people over the age of 65 (one in 14 people in this age group have dementia), and the likelihood of developing dementia increases significantly with age. However, dementia can affect younger people too.
Disability	**x**			People with learning disabilities, particularly those with Down's syndrome, are at increased risk of developing dementia. If a person with a learning disability develops dementia, they will face different and additional challenges to people who do not have a learning disability.
Ethnicity	**x**			More than 25,000 older black and minority ethnic (BME) people live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations. In other ethnic groups such as Irish and Jewish, there is a demographically-older population so with the link between age and dementia, prevalence is likely to be higher.
Sex / Gender			**x**	Overall, dementia incidence is similar for men and women.
Religion or Belief			**x**	Dementia can be developed to people of all religion/beliefs so there may be an indirect impact but no direct impact is anticipated in terms of religion/belief.
Sexual Orientation			**x**	Dementia can be developed by people of all sexual orientations so there may be an indirect impact but no direct impact is anticipated in terms of sexual orientation
Gender Reassignment			**x**	No direct impact is anticipated in terms of gender reassignment
Pregnancy & Maternity			**x**	No direct impact is anticipated in terms of pregnancy/maternity due to the age range predominantly affected by dementia
Marriage & Civil Partnership			**x**	No direct impact is anticipated for those who are married or who are in a civil partnership
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health	**X**			People with dementia and mental health needs will be impacted by the introduction of

				this service.
Carers	**x**			This business case will positively impact on carer health and will contribute to preventing carer breakdown
Military Veterans			**x**	Dementia can affect everyone so there may be an indirect impact but no direct impact is anticipated in relation to military veterans
Breast Feeding			**X**	Dementia usually directly affects those beyond child bearing age and there is no direct impact is anticipated in terms of this particular characteristic.
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**
None				The anticipated age range for people affected by dementia makes this unlikely.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
			x
1e.	**What are your reasons for the decision made at 1d?**	The changes proposed are seeking a positive impact and the contractual monitoring within the implementation of the proposal will monitor impacts for the target group.	