Tameside & Glossop Care Together

STRATEGIC COMMISSIONING BOARD

Day: **Wednesday**
Date: **25 July 2018**
Time: **1.00 pm**
Place: **George Hatton Hall - Dukinfield Town Hall**

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
	To receive any apologies for the meeting from Members of the Board.	
2.	**DECLARATIONS OF INTEREST**	
	To receive any declarations of interest from Members of the Board.	
3.	**MINUTES OF THE PREVIOUS MEETING**	1 - 8
	To receive the minutes of the previous meeting held on 20 June 2018.	
4.	**FINANCIAL CONTEXT**	
a)	**FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND**	9 - 30
	To consider the attached report of the Director of Finance.	
5.	**COMMISSIONING FOR REFORM**	
a)	**CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING - MENTAL HEALTH LOCAL TRANSFORMATION PLAN UPDATE**	31 - 50
	To consider the attached report of the Interim Director of Commissioning.	
b)	**SEXUAL AND REPRODUCTIVE HEALTH SERVICE - TWO YEAR CONTRACT EXTENSION**	51 - 66
	To consider the attached report of the Interim Assistant Director of Population Health.	
6.	**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 (Amended).	
7.	**DATE OF NEXT MEETING**	
	To note that the next meeting of the Strategic Commissioning Board will be held on Wednesday 29 August 2018.	

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.

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TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD

20 June 2018

Commenced: 1.00 pm **Terminated: 2.25 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 Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Kate Hebden – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance: Sandra Stewart – Director of Governance and Pensions
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning

Apologies: Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire CC

15. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 6(e) – Primary Care Access Services – Procurement Evaluation Strategy	Personal	Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust

16. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 23 May 2018 were approved subject to the following amendments:

- Councillor Oliver Ryan to be included on the list of those present.
- Councillor Brenda Warrington's apologies to be noted.
- Minute 9 – Intermediate Care in Tameside and Glossop – to include *"Councillor Wharmby stated that she could not agree with the decision to move the beds from Shire Hill. The 8 intermediate care beds promised for Glossopdale had not been put into place, home care facilities had not been looked at and proposals from the Glossop neighbourhood team had not been discussed."*
- Minute 10 – Integrated Urgent Care in Tameside and Glossop – the recurrent cost of A&E and Walk in Centre at present be amended to read £10.900m per annum.

17. COMMUNITY SERVICES CONTRACT

Consideration was given to a report of the Executive Member (Performance and Finance)/Director of Finance which explained the proposed revised payment arrangements for the commissioning of community service provision by the Council and NHS Tameside & Glossop Clinical Commissioning Group across the locality from the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). It was stated that the revised payment profiles would enhance the ICFT's cashflow position and allow it to avoid interest costs of £300k per annum. The Council would be compensated by £100k per annum for its own loss of interest caused by changing the payment profile.

Members of the Board commented favourably on the change in the arrangements which would help ensure more funds were retained within the local health economy to optimise improved services for residents.

RESOLVED

(i) That the advance payments arrangements set out in the report, intended to commence from 20 June 2018 for 2018/19 and from 1 April each financial year thereafter.

(ii) To note that Tameside Council will continue to be the host organisation and accountable body for the Section 75 pooled fund agreement.

(iii) That the change will, if expedient, be documented in the Section 75 and contracts between the CCG, ICFT and Council, otherwise through a separate agreement.

18. QUALITY REPORT

The Director of Quality and Safeguarding presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of the services commissioned, highlight any quality concerns and providing assurance as to the action being taken to address such concerns. The report covered data and 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.

Particular reference was made to concerns raised by the Strategic Commissioning Function with the Integrated Care Foundation Trust (ICFT) in relation to staffing capacity within District Nursing Teams and how this was impacting on the service's capacity to support the Neighbourhood delivery model. A deep dive into the District Nursing had been requested and this would be presented back to the ICFT Contract Quality and Performance Assurance meeting.

The successful launch of Hand Hygiene Week and 'Drink More, Stop Infections' campaign was noted. It was also explained that a Quality Improvement Team was now operational to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable adults. The Board Members heard that the primary focus of the work would initially be on the Care and Nursing Home sector particularly those homes rated 'Inadequate' or 'Requires Improvement' by the Care Quality Commission.

RESOLVED

That the content of the update report be noted.

19. PERFORMANCE REPORT

The Assistant Director (Policy, Performance and Communications) submitted a report providing the Strategic Commissioning Board with a Health and Care Performance update at June 2018 covering:

Health and Care Dashboard
Exceptions (areas of concern):

- A&E waits total time with 4 hours at Tameside and Glossop Integrated Care Foundation Trust;
- Referral to Treatment – 18 weeks;
- Proportion of people using social care who receive self-directed support and those receiving Direct Payments;
- Total number of Learning Disability service users in paid employment.

On watch (monitoring):

- Cancer 31 day wait;
- Cancer 62 day wait;
- 65+ at home 91 days.

Other Intelligence / horizon scanning:

- Winter crisis – Influenza and uptake of vaccines;
- NHS111;
- 52 week waiters;
- Deaths in hospital.

In Focus – Urgent Care
It was anticipated that 2018/19 would be a year of significant change for urgent and emergency care. The progress report was based on the services currently in place focusing on historic data whilst also signalling how these will change going forward as the Integrated Urgent Care Services and further Care Together developments were implemented. The key headlines were detailed as follows:

- Understanding demand
    - A&E attendances;
    - Non-elective Admissions;
- Managing demand
    - Primary Care Services;
    - NHS 111;
    - 999 Ambulance Services;
    - Alternative to Transfer;
    - Digital Health Service;
    - Mental Health Support;
    - Admissions avoidance support in the community;
    - Non-elective Admissions.
- Managing bed capacity

In conclusion, the commitment to keeping people well and providing effective alternatives to hospital based care would support improvements in clinical outcomes and patient experience. For those people needing hospital based support there would be a focus on effective recovery and a Home First approach on discharge.

However, as the system developed and only the very sick people attended A&E the current performance standards based on time to discharge from A&E might no longer be appropriate as the clinical level of need would determine the time needed to fully assess the patient's need and agree an appropriate care pathway and this might exceed the current 4 hour standard. Likewise, the increased use of length of stay of zero days and home based care would result in only the

sickest people being admitted overnight and these may need a length of stay greater length of stay of 7 days before they were well enough to be discharged.

RESOLVED
That the content of the performance report and Urgent Care In Focus progress report be noted.

20. COMMUNITY CARDIOLOGY DIAGNOSTICS

The Interim Director of Commissioning presented a report which explained that Tameside and Glossop CCG commissioned Broomwell Healthwatch TeleMedical Monitoring Services Ltd to deliver the following community diagnostic services:

- Practice based 12 lead ECG service including provision of ECG machines and remote interpretation of all ECGs.
- Neighbourhood based 24 hour ECG service including provision of ECG machines and remote interpretation of all ECGs.

It was reported that Broomwell had delivered services to Tameside and Glossop for a number of years. The current contract was let on 1 April 2016 as a three year contract with an option to extend for a further two years following a formal procurement process. The current contract was due to end on 31 March 2019. The indicative annual contract value for the 2 services was £190,000.

A service description, finance and performance monitoring and options for the future commissioning of community cardiology diagnostics for the population of Tameside and Glossop were outlined. The recommended option was to extend the current contract for a further two years.

RESOLVED
That approval be given to extend the existing contract with Broomwell Healthwatch TeleMedical Monitoring Services Ltd for the provision of a Community Cardiology Diagnostics Service for two years from 1 April 2019.

21. CONTRACT FOR THE PROVISON OF A GARDEN MAINTENANCE AND DAY SUPPORT SERVICE AT SUPPORTED DOMESTIC PROPERTIES IN TAMESIDE

Consideration was given to a report of the Director of Adult Services describing the rationale for an extension of the contract for the provision of a garden maintenance and day support service at supported domestic properties in Tameside for a period of two years.

It was reported that the service consisted of two components:

1) A core domestic gardening and grounds maintenance service delivered to a set number of supported domestic properties in Tameside, where tenants had learning disabilities or mental health conditions.
2) A day support element for two people with learning disabilities for whom the service would meet some or all of their assessed needs.

The core domestic gardening and grounds maintenance service was currently delivered to 43 domestic properties across the borough. Provision was made by the provider for the day service elements to deliver up to five places per week, Monday to Friday. The two people currently engaged with the service had no set time limit for their continuation. Consequently they could remain with the service for the length of the contract or could, at some point, cease engagement.

The provider was also on the Council's Approved List of Day Services, which attracted a direct payment for each supported person. Therefore the day support provision would be paid at £31.37 per person per day based on five places per week. If one or both people ceased to use the service, the service delivery would continue based solely on the garden maintenance element unless there was a further referral into the service via the approved provider list.

The Board noted that performance monitoring of the service had been positive and Greenscape engaged well with the commissioners.

RESOLVED
That approval be given to extend the existing contract with Greenscape for the provision of a garden maintenance and day support service at supported domestic properties in Tameside for two years.

22. MENTAL HEALTH COMMUNITY BASED SERVICES – CONTRACT EXTENSION

The Director of Adult Services presented a report seeking authorisation to extend the Mental Health Community Based Services contract under Procurement Standing Order F1.3 by two years from 1 April 2019 to 31 March 2021.

The report outlined the service which provided community based support for people recovering from mental ill health through the delivery of a model based on the principles of recovery and rehabilitation that enabled individuals to move through the service to independence. The aims were delivered through partnership working with individuals, care co-ordinators and other stakeholders.

The Members of the Board were pleased to learn of the outcomes being achieved with people with mental health problems and the ability of the provider to work effectively and creatively in meeting the outcomes of the contract.

RESOLVED
That approval be given to extend the existing contract with Turning Point for the provision of mental health community based services for a period of two years from 1 April 2019 to 31 March 2021.

23. LIST OF APPROVED DAY TIME ACTIVITIES – CONTRACT EXTENSION

Consideration was given to a report of the Director of Adult Services describing the rationale for an extension of the List of Approved Daytime Activities contract for a period of two years from 30 November 2018.

The key aims and objectives of the service were to provide day time support for people who were eligible for publically funded care and support and currently there were 460 places per week commissioned for 203 people.

Inclusion on the list brought no guarantee of placements / business but service users had access to the list of approved day services from which to choose, allowing for a more personalised range of options to be purchased from providers that had their economic standing and their proposed service evaluated by the Council. To date, nine organisations in total were on the framework with all contracts running through to November 2018 and further details of the Approved Day Services were attached at Appendix 1 to the report.
The Board welcomed the extension to the contract to continue to deliver a range of daytime activities for older people and people with disabilities ensuring a degree of social inclusion and learning and where carers are involved providing an important level of respite, enabling people to remain living at home.

RESOLVED
That approval be given to extend the existing contract for the List of Approved Daytime Activities for a period of two years from 30 November 2018.

24. PRIMARY CARE ACCESS SERVICES – PROCUREMENT EVALUATION STRATEGY

Consideration was given to a report of the Interim Director of Commissioning, which explained that the current Out of Hours Service including the Alternative to Transfer Service delivered by GoToDoc was commissioned approximately 7 years ago and had been extended three times. The Extended Access Service was delivered by Orbit (GP Federation). Both contracts were due to expire on 30 September 2018 and notice had been given.

A review had identified through public consultation that an integrated out of hours and extended access service including alternative to transfer would benefit service users. The aim of the service would be to deliver a comprehensive Primary Care Access Service for patients and ensure a 24/7 access offer was available to patients within primary care for both routine and same day/urgent demand.

Key to the delivery of the service was the simplification of access to urgent care whilst improving the level of service available. Multiple access points would be replaced by telephone access through a patient's own GP practice to book appointments as well as a single location for urgent walk-in services.

In order to develop the specification and establish the best method for securing services, a project group had been established and the membership was outlined in the report. A procurement strategy was in place to ensure that the objectives of the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 would be met and considerations under the Public Services (Social Value) Act 2012.

In terms of procurement methodology, a Prior Information Notice had been published on 23 May 2018 to raise awareness within the market of the upcoming procurement. A bidder event would also be held to explain the procurement process to potential bidders.

Due to the value of the contract and in line with the Contracting Authority Detailed Financial Policies, the project group had appraised the risks and benefits of each option and had concluded that a procedure which followed the basic principles of an Open Procedure was the most appropriate due to the amount of interest within the market to deliver the services required as part of the specification.

Bidders would be tested on capacity, capability and technical competence of the submission in accordance with the Light Touch Regime within the Public Contracts Regulations 2015.

It was proposed that the procurement be advertised in the Official Journal of the European Union and on Contracts Finder, the UK Government's single platform for providing free access to public procurement related information and documentation.

The invitation to tender and supporting documents would be available to download via a North of England Commissioning Support (NECS) eTendering portal. NECS utilised a secure electronic tendering system where online tenders were published and received into a secure online eTendering portal. The bids could only be accessed by specified representatives on the pre-determined tender closing date. NECS was proposing that an authorised representative be given approval to open bids on behalf of the Clinical Commissioning Group for this procurement ensuring that the bids would be opened in the agreed timeframe. Reference was made to a procurement timetable showing the key milestones and timescales for the proposed procurement process.

The Board considered the evaluation model proposed which sought to identify the Most Economically Advantageous Tender, interpreted as the highest combined quality and price score, the evaluation criteria, outlined in Table 2 and the full set of evaluation questions within Appendix 3 to the report.

The evaluation process was made up of four stages as follows:

- Stage 1 – Compliance;
- Stage 2 – Capability and Capacity;
- Stage 3 – Technical Evaluation;
- Stage 4 – Presentation.

Bidders would be advised that the Clinical Commissioning Group had an affordability limit of £23,890,000 over the 10 year contract (5 year initial contract period plus 5 years extension period) from 1 October 2018. Bidders would also be informed that there was a maximum affordability limit per contact year which had been set at £2,389,000.

RESOLVED
That it be RECOMMENDED to the Clinical Commissioning Group that:

(i) Approval be given to the proposed procurement and evaluation strategy, evaluation timetable, financial envelope, contract term, evaluation questions, evaluation methodology, Official Journal of the European Union advert and to note the risks identified.

(ii) Approval be given for the use of electronic tendering systems and approval for an authorised representative from the North of England Commissioning Support (NECS) to open the bids on behalf of the Clinical Commissioning Group.

25. OUTLINE BUSINESS CASE FOR TRANSFER OF ADULT SOCIAL SERVICES FUNCTION

Consideration was given to a report of the Executive Leader and the Director of Adult Services presenting the draft Outline Business Case for the transaction of a proportion of Adult Social Care services and staff from Tameside MBC to the Tameside and Glossop Integrated Care NHS Foundation Trust. The Outline Business Case combined a high level Strategic Outline Case and the Outline Business Case within one document as agreed with NHS Improvement.

It was reported that Council, Integrated Care Foundation Trust and Clinical Commissioning Group considered a number of integration options at the Strategic Outline Case stage and concluded that the options distilled in the Outline Business Case were the most effective ones to take at the time.

Details of the teams and functions included in the preferred option were detailed including the benefits, dis-benefits, and risks to both the Council and the ICFT. The report also described the economic, business, financial, commercial and management cases for the transaction of the services and functions identified in the preferred option.

RESOLVED

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

(ii) That the proposal contained in the preferred option, Option 2, integration of a subset of in house Adult Social Care delivered services from Tameside MBC to the ICFT, through TUPE arrangements, be supported.

26. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED
That under Section 11A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the grounds that it involved the likely

disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved.

27. DOMESTIC ABUSE SERVICE

Consideration was given to a report of the Assistant Director for Operations and Neighbourhoods requesting that the existing contract for the provision of the Domestic Abuse Service be extended for 6 months until 31 March 2019 to enable the service to be retendered. This was necessary because the contract had not been awarded following a recent tendering exercise. In addition, the availability of additional funding for the service was confirmed during the tender period.

RESOLVED

(i) That the service be retendered in light of the results of the tender evaluation following confirmation that additional funding was available.

(ii) That approval be given for a six month extension of the existing contract with New Charter Homes (part of the Jigsaw Group) to facilitate the retender exercise.

28. URGENT ITEMS

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

29. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 25 July 2018.

CHAIR

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 25 July 2018

Officer of Strategic Commissioning Board Kathy Roe – Director of Finance – Tameside & Glossop CCG and Tameside MBC

Subject: **STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 MAY 2018 AND FORECAST TO 31 MARCH 2019**

Report Summary: This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT).

The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year.

Recommendations: Strategic Commissioning Board Members are recommended to:

1. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks.
2. Agree the payment of up to £4.65 million to the ICFT consisting of
   (a) An approval of a maximum allocation of £4.4 million relating to Delayed Transfers of Care (DTOC) to be financed via the Council's improved Better Care Fund (iBCF) grant allocation; and
   (b) A RECOMMENDATION to Cabinet to approve the sum of up to £0.25 million to be paid as an agreed share of the anticipated additional car parking income from the expansion of car parking around the hospital (details are referenced in section 4.1 of the report).

Financial Implications:

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation	£ 4.4 million
Integrated Commissioning Fund Section	Aligned
Decision Required By	Executive Cabinet
Organisation and Directorate	Tameside MBC – Operations and Neighbourhoods
Budget Allocation	£ 0.25 million

Additional Comments

The payment of up to £4.4 million relating to Delayed Transfers of Care (DTOC) will require approval by Strategic Commissioning Board members as the budget is within the Section 75 of the Integrated Commissioning Fund.

The payment of up to £0.25 million relating to car park income will require approval by the Council's Executive Cabinet members as the budget is within the Aligned section of the Integrated Commissioning Fund.

This report provides the 2018/19 consolidated financial position statement at 31 May 2018 for the Strategic Commission and ICFT partner organisations.

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

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

It should also be noted that the Council agrees to increase the value of Council resources within the ICF by a maximum sum of £5.0 million in 2018/2019, should this be necessary, on the condition that Tameside and Glossop Clinical Commissioning Group agrees a reciprocal arrangement in 2020/21.

A key section of the Financial Framework agreement is the risk sharing arrangements. The associated variance to the total net budget allocation at the end of each financial year will be financed in proportion to the percentage of the net budget contribution of each organisation to the ICF. However, the variance will be initially adjusted to exclude any CCG net expenditure associated with residents of Glossop as the Council has no legal powers to contribute to such expenditure. Details of the risk sharing arrangements are provided within the financial framework and the values are additional to the £5.0 million contribution explained in the previous paragraph.

Recommendation three to support the payment of up to £ 4.65 million to the ICFT will be financed from two funding sources. Up to £4.4 million relates to Delayed Transfers Of Care (DTOC) and will be financed via the Council's improved Better Care Fund (iBCF) grant allocation within Adult Services. This requires approval by the Strategic Commissioning Board as the funding is within the Section 75 of the Integrated Commissioning Fund. Members should note the Council has been allocated a total improved Better Care Funding allocation of £ 10.3 million for the period 2017/18 to 2019/20. This was announced in March 2017.

In addition a sum of up to £0.25 million (within Operations and Neighbourhoods) will be paid as an agreed share of the anticipated additional car parking income from the expansion of car parking around the hospital (details are referenced in section 4.1 of the report). This payment requires approval by the Executive Cabinet of the Council as the funding is within the Aligned section of the Integrated Commissioning Fund.

Legal Implications: **(Authorised by the Borough Solicitor)**	The Council and CCG want to work together in a collective and integrated way to maximise vfm and create the most efficient and effective service delivery and best outcomes for residents. This is important to avoid a saving achieved by one organisation becoming a cost for the other. However, it is constrained by the separate legal and financial frameworks in which it works. Whilst this should not be a reason or justification for not delivering or working jointly in order to ensure it meets its legal and regulatory compliance requirements and avoid expensive legal /reputational challenge/risk we must be very clear on what basis we are spending any budget and on whose authority and there must be clear governance to demonstrate this. Accordingly, we need to ensure we have aligned and agreed accountancy rules and principles and we clearly show where the accountability and governance for such spend. This is particularly important given the joint/shared Chief Executives/accountable officer role and the finance/s151 officer to ensure any conflicts are addressed transparently. I would strongly recommend that in light of the conflicts of two of the statutory officers that any payments to the ICFT are approved by the external auditors and there is a clear record and we are able to demonstrate vfm. I'm advised that this has taken place.
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 Strategic 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 : Stephen Wilde, Finance Business Partner, Telephone:0161 342 3726 e-mail: stephen.wilde@tameside.gov.uk Tracey Simpson, Deputy Chief Finance Officer, Telephone:0161 342 5626 e-mail: tracey.simpson@nhs.net David Warhurst, Associate Director Of Finance, Telephone:0161 922 4624 e-mail: David.Warhurst@tgh.nhs.uk

1. INTRODUCTION

1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 31 May 2018 with a forecast projection to 31 March 2019. Supporting details are provided in **Appendix 1.**

1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £581 million.

1.3 It should be noted that the report also 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 overall Tameside and Glossop economy position.

1.4 Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.

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

- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT);
- NHS Tameside and Glossop CCG (CCG);
- Tameside Metropolitan Borough Council (TMBC);

1.6 The report also requests a payment of up to £ 4.65 million from the Council to the ICFT. The rationale is provided in section 4.1 of the report.

2 FINANCIAL SUMMARY

2.1 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. Supporting details of the projected variances are explained in **Appendix 1**.

2.2 The Strategic Commission risk share arrangements remain in place for 2018/19. Under this arrangement the Council has agreed to increase its contribution to the ICF by up to £5.0m in 2018/19 in support of the CCG's QIPP savings target. There is a reciprocal arrangement where the CCG will increase its contribution to the ICF in 2020/21.

2.3 Any variation beyond is shared in the ratio 68 : 32 for CCG : Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m 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 ICF and ICFT – 2018/19

Organisation	Net Budget	Projected Outturn	Variance
	£'000	£'000	£'000
Strategic Commission	580,554	589,235	-8,681
ICFT	-25,668	-25,668	0
Total	**554,886**	**563,567**	**-8,681**

2.4 A summary of the financial position of the ICF analysed by directorate is provided in Table 2. The projected variance has been sub analysed into two categories: the value of savings that are projected not to be realised and the value of emerging cost pressures in 2018/19. The supporting analysis is provided within slide 5 of **Appendix 1**.

Table 2 – 2018/19 ICF Financial Position.

Service	Budget £'000	Projected Outturn £'000	Variance £'000
Acute	206,088	206,065	23
Mental Health	33,013	33,013	0
Primary Care	86,319	86,301	18
Continuing Care	15,003	17,993	-2,990
Community	30,040	30,040	0
Other	18,402	15,453	2,949
CCG TEP Shortfall (QIPP)	0	3,741	-3,741
CCG Running Costs	5,175	5,175	0
Adult Services	40,492	40,705	-213
Children's Services	47,015	50,230	-3,215
Population Health	16,298	16,210	88
Operations and Neighbourhoods	50,379	51,144	-765
Place	7,858	9,422	-1,564
Governance	9,136	9,136	0
Finance & IT	4,450	4,450	0
Quality and Safeguarding	67	67	0
Capital and Financing	9,638	9,638	0
Contingency	- 2,660	-3,389	729
Corporate Costs	3,841	3,841	0
Integrated Commissioning Fund	**580,554**	**589,235**	**-8,681**

CCG Net Expenditure	394,040	397,781	-3,741
TMBC Net Expenditure	186,514	191,454	-4,940
Integrated Commissioning Fund	**580,554**	**589,235**	**-8,681**

A: Section 75 Services	264,331	267,382	-3,051
B: Aligned Services	241,961	247,152	-5,191
C: In Collaboration Services	74,262	74,701	-439
Integrated Commissioning Fund	**580,554**	**589,235**	**-8,681**

2.4 There are estimated savings proposals of £ 5.1 million which are currently at risk of non-delivery in 2018/19. Slide 8 of **Appendix 1** provides details of the key proposals unlikely to be realised. These include the following:

£0.5 million – Darnton Road Car Park Income

2.5 New Car parking provision around the hospital was expected to generate additional income of £0.5million per annum. Delays in the construction of the spaces has resulted in the non-delivery of the saving in 2018/19. Construction is now under way and the car

parks should be fully operational shortly. The income generated in 2018/19 will offset the overall shortfall in car park income budgets.

£0.3 million – Reprovision of Facilities Management and Estates Contract

2.6 The Additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19.

£3.7 million – CCG Targeted Efficiency Plan

2.7 The CCG has a Targeted Efficiency Plan (TEP) also known as Quality, Innovation, Productivity and Prevention (QIPP) target for 2018/19 of £19.8 million. At this reporting period end savings of £ 4.442 million have been achieved. Significant contributors to this total include:

- **£2.000 million - Release of reserves**
  Resources set aside during budget setting to account for uncertainty in contract negotiation and other areas, which can now be released.

- **£0.608 million - Mental Health Slippage**
  There is a commitment to invest a further £2.5 million on a recurrent basis to meet five year forward view, however there will be some slippage in year as schemes are not yet fully operational.

- **£8.864 million - Running Costs**
  Full year impact of savings made in 2017/18 (e.g. New Century House, Chief Operating Officer and Shared Services).

- **£0.436 million - Budget Management**
  Ad hoc savings and slippage identified since budget setting (e.g. Air Liquide, Weight Management, VAT on wheelchairs and programme staffing.

- **£0.413 million - ICFT Contract**
  Year to date savings built into the contract as a result of neighbourhoods absorbing any demographic growth.

2.8 These year to date savings, together with green rated schemes which relate to savings in future months, mean there is certainty that at least £11.794 million savings will be achieved, which represents 60% of the total target.

2.9 If optimism bias is applied to the amber and red rated schemes, the total expected achievement in 2018/19 is £16.059 million. This leaves a gap of £ 3.741 million for savings to identify. There a number of 'emerging pipeline schemes', which are currently unquantified. These, together with new schemes identified through a series of meetings held by the Finance Director and Chief Executive with all budget holders will be used to further reduce the gap over the intervening period.

2.10 In addition there are estimated emerging cost pressures of £ 3.6 million arising in 2018/19. Slide 9 of **Appendix 1** provides details of the key emerging issues which include:

£3.0 million - Children's Social Care placements.

2.11 The rising numbers of children in care need to be viewed in the context of the National trend seen across most Local Authorities. A recent published report (13 June 2018) "Care Crisis review, A sector led review of the rise in application of care orders and the number of Children in Care" confirmed the concerns regarding the increase in numbers. The review stated that the reasons for the rise are complex and there are no simple solutions,

however some of the solutions highlighted in the report are consistent with the plans in our Successful Families – Reducing the Number of Children in Care report. This includes relationship building practice (the service plan to implement the Signs of Safety model which is underway); development of our Edge of Care service; Family Group Conferences. The review also highlights the need for additional ring fenced funding to be made available to all English Local Authorities.

2.12 Analysis of those children coming into care over the last 6 months in Tameside shows that decisions to accommodate are appropriate. There is greater rigour applied to ensure that children are placed within the family wherever possible and a greater emphasis is placed on the use of alternative orders such as Child Arrangements Orders (CAO) and Special Guardianship Orders (SGO's). Legal Gateway and Placement Panel have been merged to bring a consistent approach to 'gatekeeping' and decision making for both new requests for care proceedings and looked after children (LAC) placements; a review mechanism has also been built into panel. The revised panel is beginning to impact in terms of reducing the overall numbers of care proceedings which are down from 77 sets in January 2018 to 62 sets at end of May 2018.

2.13 A review and analysis of those children placed at home with parents has been completed and work is underway to discharge those orders where it is in the child's best interest to do so. Children have been identified who are currently placed with long term foster carers who can transfer to SGO's and the service is working towards reducing the number of children on Placement Orders that can be progressed to permanent adoption in a more timely manner.

2.14 There are on-going challenges due to availability of placements in particular foster carers. This again is a national problem. As a consequence there are children going into more costly residential placement due to shortage of foster carers. The service is in the process of appointing a Recruitment Officer for Fostering to help increase the number of foster carers and reduce the need to place children with external foster carers or in children's homes. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at mid-June 2018 is 628; a resulting increase of 43 (7%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £ 3,682 and foster care £764.

£0.2 million – Special Educational Needs Transport

2.15 Special educational needs Transport Costs have increased due to due the number of pupils with Education, Health, Care Plans (EHCP's) who are eligible for transport; pupils travelling out of borough to named provision; increasing levels of permanent exclusions leading to increased travel costs for pupils attending the Pupil Referral Service; more complex behaviours and conditions resulting in more taxis going to the same school to ensure the safety of pupils, escorts and drivers. A review will take place to ensure that transport is provided in the most cost effective way.

£0.8 million – Carillion Liquidation

2.16 Following the liquidation of Carillion the appointed liquidator PWC have been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and will continue to be incurred until everything is finalised.

£3.0 million – Continuing Health Care

2.17 Growth in the cost and volume of individualised packages of care is amongst the biggest financial risks facing the Strategic Commissioner. Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that Tameside and

Glossop is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

2.18 Against core continuing health care (CHC) budgets there is a current forecast £3 million overspend in 2018/19. A financial recovery plan is now in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. Significant work is underway to look at potential savings and schemes which are being actively pursued include:

- Moving away from spot purchasing to block contracts for individualised commissioning packages across both the CCG and Council;
- Management of fast track (end of life patients expected to live less than 90 days) placements;
- Efficiencies through use of 'Broadcare' – a new IT system to manage CHC patients;
- Changes to the governance of MDT meetings;
- Dowry Income;
- Renegotiation of contract rates.

2.19 Further work is required to develop and realise the savings associated with these schemes. However there is clear evidence that progress is being made on fast track placements where marked reductions in both the number of active packages and the duration of each package can be seen.

£(3.0) million – Risk Reserve

2.20 The £3 million movement against the risk reserve is to be considered alongside the continuing health care (CHC) pressure. The CHC pressure was anticipated during budget setting and some non-recurrent contingency was built into the overall position. However, this does not address the medium to long term risk associated with CHC, but means that the increasing CHC forecast has not resulted in a greater TEP target for 2018/19.

£(0.7) million – Adult Social Care Grant

2.21 The grant has been allocated to the Council's contingency budget pending decisions on utilisation

3 2018/19 EFFICIENCY PLAN

3.1 The economy has an efficiency sum of £35.7 million to deliver in 2018/19, of which £22.9 million is a requirement of the Strategic Commissioner.

3.2 Slide 7 of **Appendix 1** provides a summary of the associated risks relating to the delivery of these savings for the Strategic Commissioner with slide 12 providing an overview for the ICFT. It is worth noting that there is a risk of under achievement of this efficiency sum across the economy at this reporting period.

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

4 ICFT INVESTMENT

4.1 A payment is proposed of up to £4.65 million to the ICFT. Up to £4.4 million relates to delayed transfers of care (DTOC) and will be financed via the Council's improved Better Care Fund (iBCF) grant allocation in accordance with the associated grant allocation guidance. It is evident that since the initial DTOC payment was made to the ICFT in 2017/18, there has been a significant improvement in DTOC alongside a reduced impact

on Adult Social Care services. A payment of up to £0.25 million related to the ICFT's agreed share of the anticipated additional car parking income from the expansion of car parking around the hospital. The car parking income arrangements were agreed as part of the budget process on a non-recurrent basis, however, the slow progress on the laying of the car park will mean that this funding is unlikely to be achieved. The amount has been agreed as part of the contract. Members should note the Council has been allocated a total improved Better Care Funding allocation of £10.3 million for the period 2017/18 to 2019/20. This was announced in March 2017.

4.2 The payment of up to £4.4 million relating to Delayed Transfers of Care (DTOC) will require approval by Strategic Commissioning Board members as the budget is within the Section 75 of the Integrated Commissioning Fund.

4.3 The payment of up to £0.25 million relating to car park income will require approval by the Council's Executive Cabinet members as the budget is within the Aligned section of the Integrated Commissioning Fund.

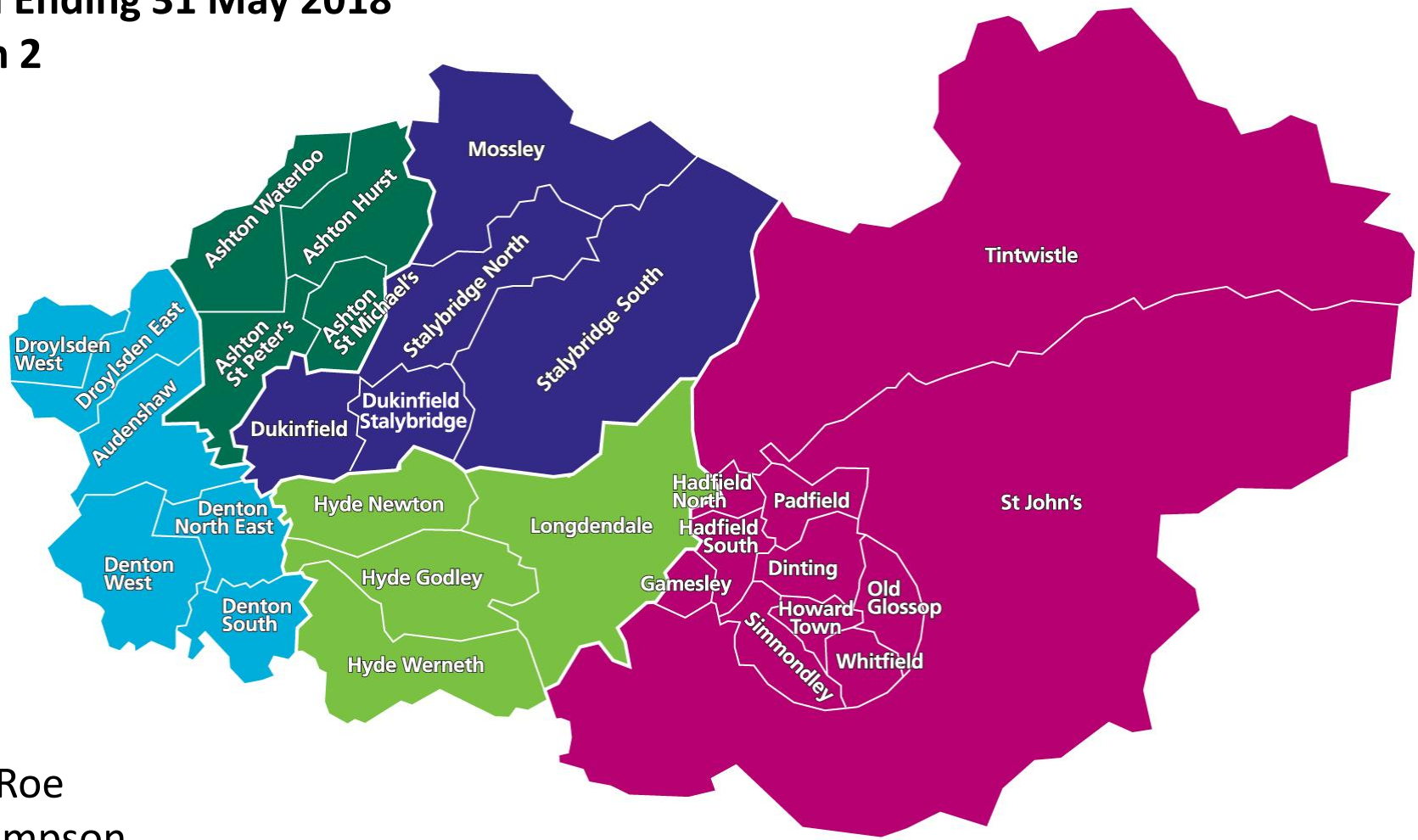
5 RECOMMENDATIONS

5.1 As stated on the front of the report.

Tameside and Glossop Integrated Financial Position

High level financial position

Period Ending 31 May 2018
Month 2



Kathy Roe
Sam Simpson

2018/19 Care Together Economy Revenue Financial Position

- Integrated Commissioning fund and associated risk share in place. Value of which will grow as allocations for Transformation Fund etc. are received.
- Currently reporting that control totals will be met for Strategic Commissioner and that ICFT will deliver planned deficit.
- However there is significant risk attached to delivery of these plans. There is currently forecast overspend of £8.7m across the Strategic Commissioner which needs to be addressed.
- CCG submitting monthly recovery plan to NHSE to report on progress.
- Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council

£911m

Gross Value of Integrated Commissioning Fund

Total value of CCG and council budgets included in the 2018/19 integrated commissioning fund

£19.8m

CCG Targeted Efficiency Plan

Savings required to meet control total (i.e. QIPP)

£3.1m

TMBC Targeted Efficiency Plan

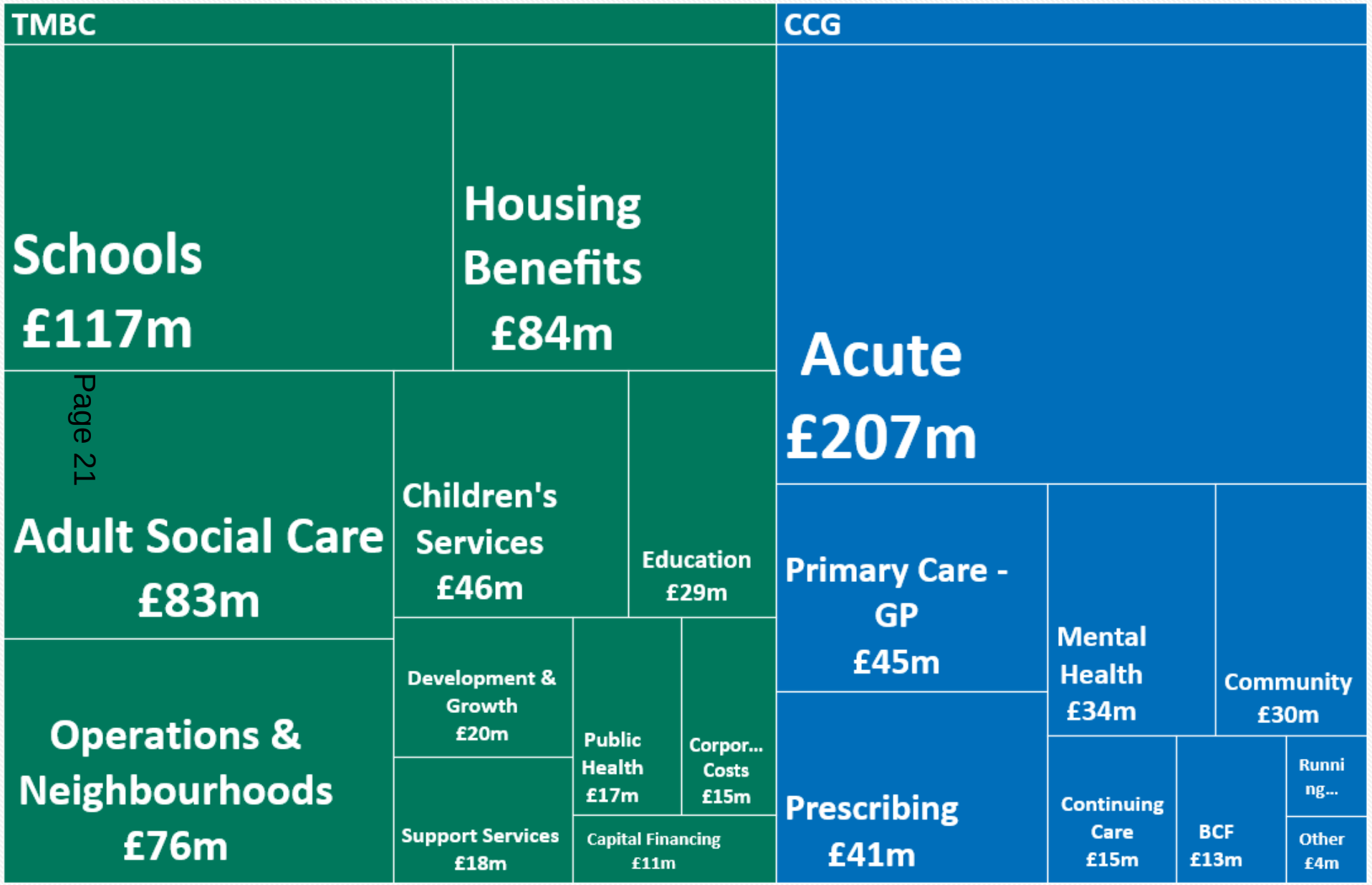
Savings required to deliver balanced budget

£12.8m

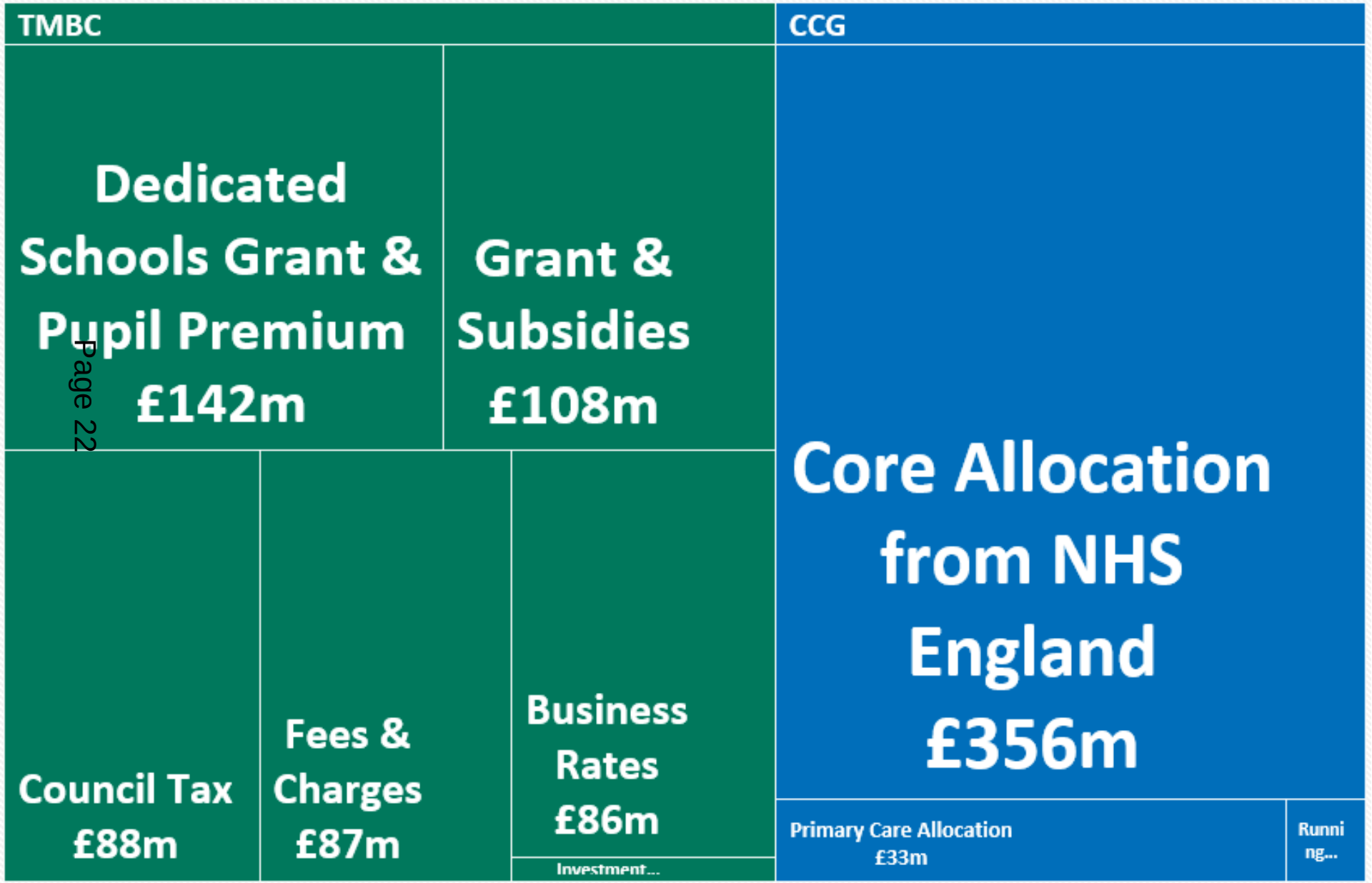
Trust Efficiency Plan

Savings required to deliver planned deficit

2018/19 Integrated Commissioning Fund: Expenditure (£911m)



2018/19 Integrated Commissioning Fund: Income (£911m)



Strategic Commissioner - Financial Summary

Service	Forecast Position			Non Delivery of Savings £000s	Pressure/ underspend £000s
	Budget £'000	Actual £'000	Variance £'000		
Acute	206,088	206,065	23		23
Mental Health	33,013	33,013	0		
Primary Care	86,319	86,301	18		18
Continuing Care	15,003	17,993	-2,990		-2,990
Community	30,040	30,040	0		
Other	18,402	15,453	2,949		2,949
CCG TEP Shortfall (QIPP)	0	3,741	-3,741	-3,741	
CCG Running Costs	5,175	5,175	0		
Adult Services	40,492	40,705	-213	-213	
Children's Services	47,015	50,230	-3,215		-3,215
Population Health	16,298	16,210	88		88
Operations and Neighbourhoods	50,379	51,144	-765	-565	-200
Place	7,858	9,422	-1,564	-594	-970
Governance	9,136	9,136	0		
Finance & IT	4,450	4,450	0		
Quality and Safeguarding	67	67	0		
Capital and Financing	9,638	9,638	0		
Contingency	-2,660	-3,389	729		729
Corporate Costs	3,841	3,841	0		
Integrated Commissioning Fund	**580,554**	**589,235**	**-8,681**	**-5,113**	**-3,568**
CCG Net Expenditure	394,040	397,781	-3,741	-3,741	0
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A: Section 75 Services	264,331	267,382	-3,051	-3,139	88
B: Aligned Services	241,961	247,152	-5,191	-1,735	-3,456
C: In Collaboration Services	74,262	74,701	-439	-239	-200
Integrated Commissioning Fund	**580,554**	**589,235**	**-8,681**	**-5,113**	**-3,568**

Strategic Commissioner – Period 2 Overview

- Integrated Commissioning Fund (ICF) - Forecast **NET** overspend of £8.7m at 31 May 2018

- Risk of savings non delivery : £ 5.1 m

- Emerging pressures : £ 3.6 m

Strategic Commissioner – £ 22.9m - Planned Savings Summary

High Risk

£5.3m

Medium Risk

£4.4m

Low Risk

£13.2m

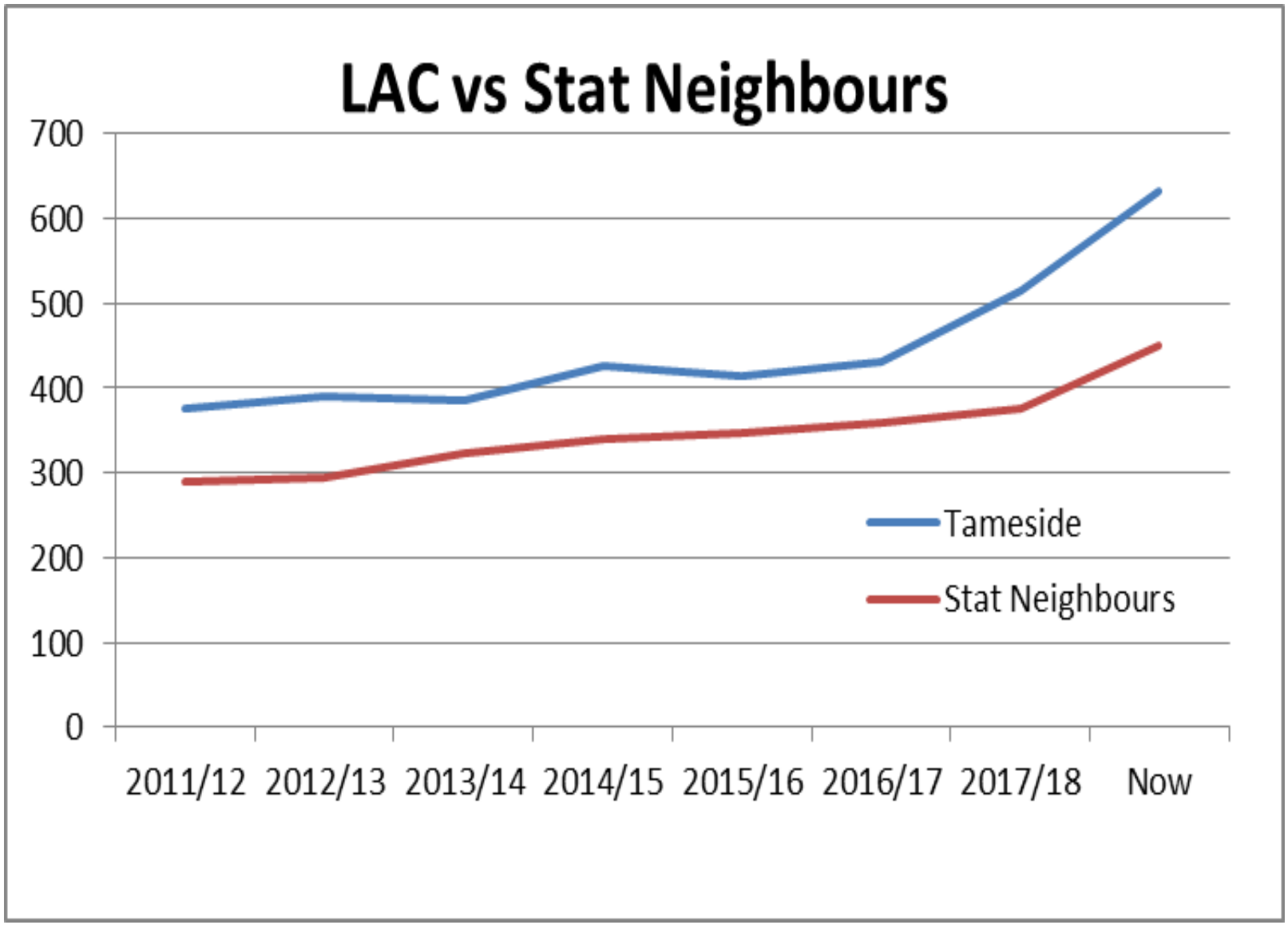
Strategic Commissioner – Savings Non Delivery : £ 5.1 m

Service	Saving Proposal	£ m
Adults	Cessation of some day service provision, homecare through the night service and reduced 7 day working	0.2
Operations & Neighbourhoods	Delay to Darnton Road car park - reduced level of income	0.5
Operations & Neighbourhoods	Other schemes	0.1
Place	Re-provision of FM and Estates contract	0.3
Place	Non purchase of Plantation estate	0.2
Place	Other schemes / reduced level of income	0.1
Targeted Efficiency Programme	Post optimism bias against CCG Targeted Efficiency Plan (TEP) achievement – i.e. Savings with no identified schemes	3.7

Strategic Commissioner – Emerging Pressures : £ 3.6 m

Service	Details	£ m
Education	Special Educational Needs (SEN) Transport – increased number of Education, Health, Care Plans (EHCP's), out of borough provision, excluded pupils attending Pupil Referral service	0.2
Children's Social Care	Looked after children (LAC) placements – 7% (43) increase since December 2017 – please refer to graph on next slide	3.0
Operations & Neighbourhoods	Waste levy	0.2
Place	Loss of annual income following sale of assets	0.2
Place	Liquidation of Carillion (PWC)	0.8
Contingency	Non recurrent Adult Social Care grant	(0.7)
Continuing Care	Continuing Health Care – growth in patient numbers	3.0
Other	Risk reserve	(3.0)

Strategic Commissioner – Emerging Pressures : LAC Analysis



Key financial metrics

Summary

- For the financial period to the **31 May 2018**, the ICFT has reported a net deficit of c. £2.5m, which is c £37k better than plan.
- Cumulatively the ICFT has reported a net deficit of c.£5m, which is c£43k better than plan
- The Trust delivered c£914k of savings in month, this is a overachievement against target by c.£0.3m, Cumulatively the ICFT is overachieving by c.£0.5m
- To date the ICFT has spent c.£1.43m on Agency spend, against a plan of £1.52m – it is envisaged that annual expenditure will be below the agency cap of £9.5m.

	Month 2			YTD			Outturn
Financial performance metric	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)
Normalised Surplus/(Deficit)	-£2,554	-£2,517	£37	-£5,096	-£5,052	£44	-£25,668
Capital Expenditure	£253	£0	£253	£510	£0	£510	£5,600
Cash and Equivalents	£1,220	£2,190	-£969				
Trust Efficiency Savings	£635	£914	£279	£1,265	£1,711	£446	£12,800
Use of Resources Metric	3	3		3	3		3

Key financial metrics

Key Risks

- **Control Total –** The ICFT has been in receipt of a formal control total offer in line with what was submitted and approved at Board. The ICFT resubmitted a revised financial plan on 20 June 2018 to confirm the agreed 2018/19 control total.

- **Loans -** The ICFT requires a Department of Health loan to fund the deficit. The ICFT will be subject to a borrowing rate of 1.5% due to the control total being agreed rather than 3.5%.

- **Targeted Efficiency Programme** – The ICFT is currently forecasting an underachievement against its in year TEP delivery of c£1.7m and recurrently c£2.4m. Failure to achieve TEP will result in the Trust not achieving its plan. Work is on-going with Theme groups to develop high risk schemes and generate proposals to improve this forecast position.

- **Loan Liability -** The ICFT currently has a loan of **£75.4m** at the end of 2017/18. The ICFT is potentially required to repay part of this liability in 2018. To do this the ICFT will require a new loan which is at the standard borrowing rate of 1.5%. The ICFT will have a total loan of c£100m at the end of the current financial year.

Report To: **STRATEGIC COMMISSIONING BOARD**

Date: 25 July 2018

Executive Member/Reporting Officer: Jessica Williams, Interim Director of Commissioning

Subject: **CHILDREN AND YOUNG PEOPLE'S (CYP) EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN (LTP) UPDATE**

Report Summary: The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015 and assured at the end of 2015/16 through NHS England. There is a requirement for the LTP to be refreshed on an annual basis to reflect local progress and further ambitions. The report details the refresh of the LTPs and is seen by NSH England as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.

Recommendations Strategic Commissioning Board is asked to note the progress outlined in the plan and agree the financial investment to support the plan as detailed for allocated and unallocated spend against the total funding of £931,000 for 2018/19.

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	£931k 2018/19	-	-	£931k 2018/19
Total	**£931k**	**-**	**-**	**£931k**

Section 75 - £'000 **Decision: SCB**	As set out in table 1 of the report, the CCG receives an earmarked allocation in relation to LTP. This is £931k in 2018/19 rising to £1,136k over the next 3 years. This spend is subject to external scrutiny and audit to ensure the money is spent as in accordance with agreed criteria. The CCG would be at risk of losing this allocation if it is not spent in line with external expectations.

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

The plan below sets out projected spend which meets external expenditure criteria.

In 19/20, projected spend is £9k higher than the allocation and there is no budget in place to fund additional spend. But the impact of this pressure is more than 12 months in the future and the value is low in terms of materiality. Therefore it should be possible to review plans to mitigate this risk without materially impacting upon operational delivery.

Legal Implications: **(Authorised by the Borough Solicitor)**	It will be important for spend to be monitored against outcome to ensure both compliance with the public law duty to the public purse and an understanding of the effectiveness of the plans on improvement to the health and wellbeing of the vulnerable persons they seek to help.
What is the evidence base for this recommendation?	Children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups of all over the next 5 years. Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester. Current prevalence of need estimates that one in ten children aged 5 to 16 years has a diagnosable mental health problem. At present, only 25% of them receive specialist intervention. However, as per the Five Year Forward View for Mental Health, the proportion of children and young people receiving specialist intervention should rise to 35% by 2020/21 with an expected significant expansion in access to high-quality mental health care for children and young people.
Is this recommendation aligned to NICE guidance or other clinical bet practice?	The delivery of the LTP sets out the requirements as detailed in Future In Mind published in March 2015 and the Five Year Forward View for Mental Health published February 2016.
How will this impact upon the quality of care received by the patient?	The LTP embeds the following aims in order to deliver a seamless service: • To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people. • To ensure children, young people and families have: ➢ Access to timely and appropriate information and support from pregnancy to adulthood; ➢ Clearly signposted routes to support, including specialist CAMHS; ➢ An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate; ➢ Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are).
Recommendations of the Health and Care Advisory Group:	The Health and Care Advisory Group supports the signing off of the LTP, including the investment requested. GPs were impressed at the progress and recognised the significant improvements in services in the past three years.
Access to Information :	The background papers relating to this report can be inspected by contacting, Pat McKelvey Telephone: 07792 060411 e-mail: pat.mckelvey@nhs.net

1. EXECUTIVE SUMMARY

1.1 The LTP refresh report sets the ongoing achievements realised from the onset of the original plan in 2015/16. The report also details a number of actions identified for 2018/19 to continue the transformation and improved outcomes for children and young people with mental health problems in line with Future in Mind and the Five Year Forward View for Mental Health published February 2016.

1.2 The LTP report also details the proposed financial plan to support the national delivery of extra capacity and capability whilst also giving access to high-quality mental health care for children and young people.

2. BACKGROUND

2.1 The report update continues the emphasis for joined up provision and commissioning for the delivery of the proposals as set out in Future in Mind published in March 2015. The proposals set out a series of transformation and improved outcomes for children and young people with mental health problems which were further endorsed by the Five Year Forward View for Mental Health published February 2016.

2.2 The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015. This included reference to how local areas would deliver the national ambition through extra capacity and capability in relation to new funds agreed by NHS England (NHSE) announced in the Autumn Statement 2014 and Spring Budget 2015.

2.3 LTP's require active engagement led by Clinical Commissioning Groups (CCG'S) working with all stakeholders. Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.

3. INTRODUCTION

3.1 The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.

3.2 Our LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. An update was published in November 2017.

3.3 The refresh of the LTP reflects the local progress and further ambition going forward for 2018/19 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

4. TRANSPARENCY AND GOVERNANCE

4.1 Following the initial implementation of the Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health, work has continued, through a number of subgroups. The aim of these groups has been to agree a number of overall high level objectives and key tasks with action plans and timelines for implementation.

4.2 Governance structures are maturing ensuring we fully realise the benefits of the additional investment agreed by the CCG/Strategic Commission. At GM CYP MH Programme and implementation plan has been developed. The delivery of this is being overseen by the GM CYP Mental Health Board, which in turn reports into the GM MH Programme Delivery Board and overseen by GM Joint Commissioning Board (GM JCB).

5. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

5.1 Tameside and Glossop continue to undertake a variety of engagement activities with CYP to inform the development of its LTP. The original 'I Statements', developed by children, young people and their families in 2016 remain at the core of all commissioning and outcome monitoring:-

Figure 1: The Voice of the Child I statements

1. *I should be listened to, given time to tell my story and feel like what I say matters.*
2. *I want my situation to be treated sensitively and I should be respected and not feel judged.*
3. *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
4. *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
5. *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
6. *I want my friends, family and those close to me to understand the issues so that we can support each other.*
7. *I want clear and up to date detailed information about the services that I can access.*
8. *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
9. *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

5.2 Future in Mind sets out a clear rational that;

"All services give you the **opportunity to set your own treatment goals** and will **monitor with you how things are going**. If things aren't going well, the team providing your care will work with you to make changes to achieve your goals. You have **the opportunity to shape the services you receive**. That means **listening to your experience of your care**, how this fits with your life and **how you would like services to work with you**. It means giving you and those who care for you the **opportunity to feedback and make suggestions** about the way services are provided".

5.3 With the points above in mind, work to incorporate outcome led commissioning has enabled emerging and growing evidence indicating that services are:

- establishing good therapeutic alliance – vital in helping recovery;
- helping CYPF to recover together and demonstrating effective services;
- aiding CYPF to progress towards their self-identified goals;
- offering a positive experience according to CYP and parent feedback through a range of Routine Outcome Measures (ROM) – Experience of Service Questionnaire (ESQ), Young Child Outcome Rating (YCOR), Young Child Session Rating Scale (YCSRS), Goal Based Outcome (GBO).

5.4 We have established whole system outcome monitoring, working in partnership with Child Outcome Research Consortium. Data is being collected by all providers, using pertinent outcome measures. An example of the report can be found in the **Appendix**.

5.5 Throughout 2017/18, Action Together have further developed work around the voice of the child establishing a young people's emotional wellbeing voice and influence forum. The forum has worked alongside Tameside Youth Council and Tameside Children in Care Council to develop a Voice of the Child Strategy for the wider Tameside Partnership.

6. LEVEL OF AMBITION

6.1 As detailed above, our LTP has been structured in line with the five priority areas set out in the Future in Minds and the Five Year Forward View for Mental Health. Our ambition is for a children and young people's emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it.

6.2 It is expected that by 2020/21, there is a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. The expectation in Tameside and Glossop is as follows:-

Objective	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receives treatment from an NHS-funded community MH service	30%	32%	34%	35%
National Target- No. of additional CYP treated over 2014/5 baseline	35,000	49,000	63,000	70,000
Tameside and Glossop Target - No. of additional CYP treated over 2014/5 baseline	Awaiting Data			

6.3 Our ambition, through working collectively to create an integrated system requires the following aims to be achieved and embedded in order to deliver a seamless service:

- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
- To ensure children, young people and families have:
  - Access to timely and appropriate information and support from pregnancy to adulthood;
  - Clearly signposted routes to support, including specialist CAMHS;
  - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
  - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
  - Timely access to this support that is as close to home as possible.

6.4 Maximising success is a key driver in delivering success at Greater Manchester level which recognises the need to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people.

6.5 This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.

6.6 Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.

6.7 These investments have reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of mental health needs) and education. Those with other identified mental health needs are seen and held by Healthy Young Minds through the offer of post diagnosis parenting support/ workshops.

6.8 Within Healthy Young Minds, all care pathways have been redeveloped and aligned to the Thrive model. This has ensured that further development of close working alliances with our partner agencies remains crucial to ensure that care is coordinated and comprehensive across all levels of need.

6.9 While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

7. WHERE ARE WE NOW (APRIL 2018 UPDATE)

7.1 **Access –** Improving access to mental health support for children and young people is at the heart of our LTP ambition, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it. At a CCG level and Greater Manchester STP level we are aware that the data quality reported through MHSDS does not reflect the completeness of the activity taking place. The known reasons for discrepancies in the data being submitted centre around the difficulties and complexities with the submission of data to the MHSDS capturing all NHS funded activity that should also include the Voluntary, Community and Social Enterprise (VCSE) sector, education settings and paediatrics. As such locally we are confident that as a locality we reaching the required access target our lined in the Five Year Forward View (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS.

7.2 **Referrals -** The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for Healthy Young Minds were 747. A further 316 referrals were picked up by partner agencies from Single Point of Entry (SPOE). The current wait times to first meeting have reduced to an average of less than 6 weeks for a first appointment and there is less than 2% which have exceeded the 18 week target which have been due to delays in getting further information to enable an informed decision being made.

VCFSE organisations attendance at the Single Point of Entry is a significant development. Sharing information and knowledge as equal partners has helped to break down barriers and has forged new partnerships and helped to develop new levels of trust and cooperation. As partners we have been able to respond in a multi-disciplinary way, offering young people and families a wider range of options to enable them to get the most appropriate types and levels of support.

7.3 **Data Quality -** Improvement actions for reducing variation and improving data quality and completeness have been instigated. Under the improvement plan 4 phases/domains are identified:

- Phase 1: NHS CAMHS Provider Assurance;
- Phase 2: Commissioning Review;
- Phase 3: VSCE Reporting;
- Phase 4: Other NHS Provider Reporting (e.g. Paediatrics).

To date work is underway under phase 1 and 2 that has included participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). In addition, actions are being worked through to improve the reporting on to the MHSDS by providers and the CCG with a GM CYP mental Health data group established to support this work. A single pan-GM commissioning outcomes and performance framework has been developed based on the work initiated in Tameside and Glossop, which will be implemented from the 1st April 2018. This will enable coherence in the information to be collated locally and reported at a whole system level. Through our LTP Business Intelligence is being enhanced to enable from April 2018 a review of VSCE activity and establish its reporting, which will further support improved date quality completeness.

7.4 **Waiting times -** Reducing waiting times was identified in the LTP as a key priority for 2017 and beyond. Moving to a Single Point of Access (SPOE) where all referrals to HYM are reviewed by a multi-disciplinary and multi-agency team which includes representation from local 3rd sector representatives, Local authority and education this has resulted in a reduction in those referrals that would have not been accepted or an instruction "you need to refer to another service" it has aided partnership relations and reduced waiting times for a response to individuals requiring a service therefore offering the right support in the right place within a timely manner. These responses are fully integrating the Thrive model approach of support / response to the presenting needs.

7.5 **Growth in Specialist CAMHS -** In order to sustain delivering increased timely access to mental health services a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an Sustainability and Transformation Planning area has been asked to submit returns to NHS England / Health Education England on how we are planning to grow the mental health workforce to enable us to deliver the Five Year Forward View for Mental Health objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist Healthy Young Minds workforce from 23.7 full time equivalent (FTE) in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year) and in 2017/18 34.5 FTE (a 0.66 increase on baseline year). This is a total of 45.6% increase.

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	5.4 FTE	3.1 FTE	9.2 FTE

7.6 **Growth in Community Services -** Key community and voluntary sector providers continue to support the delivery of The Getting Help (Coping) element of the Thrive Model. This steering group continues to align and review its priorities outlined as follows:

- CYP Voice: Raise the profile of those services who are providing mental health support - who can help;
- CYP Voice: Let us know who can help;

- Continuation of the engagement of Children, Young People and Families in the co-production of the CAMHS Service to ensure the Voice of the Child is embedded;
- Continuation of drop-in/open access support from Third Sector organisations, before during and after treatment;
- Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day).

7.7 Work in this area has included the addition of a website www.youandyourmind.co.uk offering access to local and national support as well as including self-help tools for children and young people. The site was developed by a group of local young people the "Jury Riggers" who won Tameside Hack 2017, a 2 day coding competition for 12-18 year olds. The group have worked collaboratively with Public Health, Tameside MBC Employment and Skills and third sector organisations to ensure the implementation and promotion of the website and to ensure that the meaningful engagement and involvement of young people who use emotional wellbeing services has influenced the development and implementation of the website.

7.8 Also within the 'Coping' offer, 'The Talk Shop' has continued to grow. The Talk Shop is a collaborative drop in service for children, young people and their families with Off The Record, Healthy Young Minds and The Anthony Seddon Fund. This runs in partnership with 'The Hive' coordinated by TOG Mind.

The Talk Shop offers families and carers support, advice and advocacy. Young people can access face to face counselling, brief intervention counselling and a range of activities, including drama and art workshops. Parents, carers and other agencies can meet and get advice from a Healthy Young Minds manager. This has helped to breakdown a number of barriers. Young people at the Talk Shop are developing a young people's emotional wellbeing forum, this is being delivered by the Anthony Seddon Fund.

The Hive is a children, young people and families emotional wellbeing hub, services available from the hub include:

- Weekly Drop-in sessions - CYP can attend as one-off appointment to find out about our services or other services available within the area or can attend whilst they are waiting to access a service if their situation changes and then need some immediate support.
- 1-1 early intervention sessions - This facilitated self-help service support CYP to work on specific issues such as anxiety, low mood, and anger.
- Group psychoeducational courses- Specific issues are addressed with interactive activities, promoting peer support.
- Family wellbeing activities - Workshops delivered within the café space at our wellbeing centre include specific cooking sessions, creative/arts & crafts activities such as mindfulness colouring, parent information sessions.
- Counselling - Time-based counselling sessions for young people needing higher clinical support to address specific issue, up to 8 sessions offered.
- Hive Hosts - The wellbeing centre supports other voluntary sector groups to deliver young people's services within available spaces at the centre.

The Action learning Sets are run in collaboration by Healthy Young Minds and Off The Record. It is a process of learning and reflection, supported by a small group or 'set' of people with the intention of moving work issues forward. Individuals learn with and from each other by working on their own particular situations and reflecting on their experience. The sets are open to the children and young people's mental health and wellbeing workforce. To date, three Actions Learning Sets have been completed successfully and they have attracted an eclectic group of professionals, including; Head Teachers, Teachers, Commissioners, School Pastoral Managers, Careers Officers, Early Years Workers and managers from the Voluntary Sector. Feedback from professionals attending the sets has been very positive.

Off The Record's Time-2-Talk project provides counselling and group work support for young people who are the victims of Child Sexual Exploitation and Sexual Abuse in Tameside. Off The Record has developed a partnership with the Police and the Phoenix Team to ensure young people and their families have access to emotional support. This project has attracted national research funding from the NSPCC in partnership with the Anna Freud Centre.

7.9 Working with Schools - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education and NHSE to test the named CAMHS school link scheme expressed in Future in Minds.

In addition to the school link, a programme is in place to support Tameside schools to implementation and sustain a whole school approach to emotional health and wellbeing. This programme is known as the Emotional Health and Wellbeing Consultancy delivered by TOG Mind (commissioned by Tameside Population Health). The consultancy programme offers tailored and flexible support to the school including:

- Emotional Wellbeing and Mental Health asset-based assessment.
- Pupil, parent and staff survey distribution, evaluation and feedback summary.
- Interactive strategy session with senior staff to review finding of the two above.
- Bespoke support package addressing specific needs and key actions to the school's tailored plan.
- Additional two support or training sessions available to support implementation of the model, this could include specific skills training for select staff.

Schools working on the consultancy programme have the opportunity to seek the nationally recognised AcSEED Award, a quality assurance mark presented to schools that have made a substantial effort to support the mental health of their students. The first school in Tameside and Greater Manchester was award May 2018. So far 25 schools have and are accessed the programme.

7.10 **Workforce Training -** The development of a local training ladder and a programme of e-learning and face to face training hosted by Tameside Safeguarding Children's Board from April 2017 has included a Youth Mental Health First Aid Course delivered by Tameside and Glossop Mind. The course is delivered to workers from across the sector with the aim of the developing people's knowledge and understanding to best support young people with a mental health problem. Delivery is on target to facilitate 8 courses in 2017/18 and has offered 135 places exceeding a target of 128.

Table1: Evaluation of Youth Mental First Aid Course based on 94 Responses

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	100%	0%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

7.11 **Eating Disorder Provision** The launch of the new innovative South Sector Hub Community Eating Disorders Service (CEDS) covering Tameside and Glossop was launched in November 2017.

7.12 The continued development and expansion of this service has delivered the following;

- Planned homebased treatment for young people aged under 16 years;
- Ongoing support sessions and workshops to young people aged 14 years and above and families/carers where appropriate;
- Parent support groups for all ages across CEDS and HYM referral routes;
- Partnership work with the eating disorder charity B-eat delivering training to those agencies in contact with young people and an ambassador role ;
- An identified eating disorders champion across HYM and CEDS collaborating bi- monthly case support through a Junior Marzipan Meeting;
- Offer seven day triage for 16-18 year olds;
- Further develop close working arrangements with a range of support services from the third sector;
- Completion of 16 days National Eating Disorder Training by the staff team.

7.13 **Parent Infant Mental Health** Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with national developments, including NICE Guidance on Ante and Postnatal Mental Health and has been mapped to the Thrive model. The pathway in Tameside and Glossop includes a strategic network involving all stakeholders to ensure the functioning of a whole service pathway and to allow for development and innovation as new evidence arises.

7.14 It is recognised that intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Parental mental health is also a significant factor for children entering the care system. Children's social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

7.15 Parent Infant Mental Health support continues to develop through the LTP as follows;

- a Vulnerable Families post delivering a partnership approach between Early Attachment Services (EAS) and Children's Social Care. The post prioritises families on the edge of care where there are risks of a second child being taken into care and an overarching women's group for this cohort.
- a Parent Infant Mental Health Coordinator based in Home-Start working collaboratively with services, volunteers and families to promote the importance of the parent-infant relationship during the 0-2 period.
- A 1001 Critical Days Action Plan is being taken forward across Adult Mental Health Services.

7.16 The strength of parent infant services comes from the delivery of a coordinated approach through shared practices and training across a specialist team of clinical and other practitioners and volunteers in recognising the significance of the relationship between parents and their infant. The Tameside and Glossop model is being rolled out across Greater Manchester.

8. **2018 PRIORITIES AND BEYOND**

8.1 The NHS Operational Planning and Contracting Guidance 2017-2019 has set out three national mandates for CCGs to:

- increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19).

- deliver community eating disorder teams for children and young people to meet access and waiting time standards.
- increase access to evidence-based specialist perinatal mental health care.

8.2 Tameside and Glossop, as an early adopter of the Thrive model has shared its learning with GM where the application of this model will also be applied from 2017. There will be a commitment to the continued rollout and embedding of the Thrive Model for CAMHS across a whole system approach to improving access to information, guidance, advice and high quality treatment.

8.3 **Community Eating Disorder Service** - The CEDS has a number of priority developments going forward since its launch in 2017. The main areas are; building links with schools and colleges, working closely with HYM for young people under 18 with complex needs, embedding family based treatment and training through a designated post and identifying clear paediatric protocols with partner teams and agencies.

8.4 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop in late 2018 we will review the integrated PIMH pathway.

8.5 **CYP access to care in a crisis** – new crisis services are being developed at a GM level and as a result the support required at the local hospital, Tameside and Glossop Integrated Care Foundation Trust, will change over the next three years. We will integrate existing HS, RAID and paediatric resources in line with the GM developments, thereby ensuring appropriate mental health support within the Locality.

8.6 **Transforming Care** for CYP with a learning disability and or autism and mental health needs:

- Early Intervention – a small keyworker service will be piloted to work with children under the age of 7 and their families.
- Training – positive behaviour support training for parents and staff will be rolled out across the system.
- Dynamic Register – multi-agency planning for CYP who require additional support.

8.7 The CYP's Improved Access to Psychological Therapies (IAPT) programme sets out the need to increase and improve workforce skills in terms of those trained in therapeutic interventions. The aim is to have an additional 3,400 by 2021. To strengthen this offer locally and in order to meet projected increases in demands for services, the indicative schedule of IAPT training will be as follows;

8.8 **Oversight -** To ensure the transformation plan and its delivery has a focus on the whole system, building stronger and robust relationships between partners across all sectors. This will be achieved through a refresh of the Oversight Board and action plan.

9. GREATER MANCHESTER STRATEGIC PLANS TO IMPROVE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES

9.1 Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

9.2 Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.

9.3 Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People's mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.

9.4 The Greater Manchester strategy focuses on:

- **Prevention -** with an understanding that **i**mproving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
- **Access –** improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.
- **Integration -** many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
- **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health. The Greater Manchester Mental Health Strategy can be viewed at:

www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester-_mental_helath_startegy

Collaborative Commissioning across Greater Manchester

9.5 Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of CYP mental health services across all 10 of GM's Local Authorities / CCGs has been established. This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. Working together CCGs / Local Authorities are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.

Greater Manchester Programmes

9.6 The Greater Manchester Health and Social Care Partnership has made £60m available to support Greater Manchester's Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:

- The development of a single Greater Manchester **Children and Young Person's mental health specification** and a single outcomes and performance framework that will be adopted by all providers of GM's CYP's mental health services. To be implemented from 1 April 2018.
- The ongoing implementation of **GM ADHD and Community Eating Disorder** standards across all of GM's 10 localities.
- The development of a **GM iTHRIVE Training Academy** that will, using an Organisational Development model, support all 10 Local Transformation Partnerships to develop models of care that are informed by the THRIVE framework which in turn will enable improved access to services for children and young people who require support advice and help.
- The development of a **GM wide Crisis Support offer** that will support an extended offer from community mental health services and includes:

- 24/7 CAMHS Medical On Call rota;
- All Age RAID (Rapid Assessment Interface and Discharge) – all children and young people presenting at A&E departments within Greater Manchester will receive timely mental health assessments 24/7 and within 2 hours of a child/young person being admitted;
- Four Rapid Response Teams (Crisis Care and Home Treatment Teams) that by 2021 will be available 24/7;
- Safe Zones (to be commissioned from the voluntary sector) and three 72 hour Crisis Beds for children and young people experiencing an emotional or psychiatric crisis to stabilise/prevent deterioration;
- A GM inpatient Assessment and Inreach Centre – the centre will support decision making relating to admissions and facilitate more informed discharge planning leading to improved patient safety and experience of care;
- As part of an integrated crisis care and inpatient care offer "Care Closer to Home" agreement has been reached with NHSE to collaborate with Greater Manchester Commissioning Hub to develop GM place based commissioning arrangements for inpatient mental health provision within Greater Manchester. This has resulted in agreement for three inpatient beds to be reallocated as 72 hours crisis care beds to support the crisis care pathway.

- A **GM wide mental health support in schools pilot.** Lessons learned will be shared across all 10 Local Transformation Partnership and build on a range of education settings mental health support work that has already begun in each local authority area.

- A GM wide development programme to support **Further Education Colleges** to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students

- The development of GM standards (to be implemented locally) to support the mental health needs of identified **vulnerable groups** (not an exclusive list) including:

  - Looked After Children those adopted and Care Leavers;
  - Young people involved with the Youth Justice System;
  - Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). We will build on the standards developed for ADHD to include ASD, with a view to developing commissioning recommendations and guidance for neurodevelopment disorders;
  - Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA);
  - Children and young people with Learning Disabilities;
  - Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem);
  - Children and young people with chronic physical health problems;
  - Children and young people who originate from Greater Manchester's Black and Minority Ethnic Communities;
  - Children and young people who have experienced abuse neglect and trauma including those who have experienced CSE.

- **Transition services** for young people moving from CYP mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects up lifting ADHD and Community Eating Disorders to a young person's 25th birthday. All of GM's 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.

- **Perinatal and Infant Mental Health Services**
  GM service components:

  - Improving access to Parent Infant IAPT services;
  - Develop GM standards;
  - Options appraisal of different models of care;
  - Develop business case detail as required
  - Developing elements for inclusion in IAPT Service Spec (with performance and outcomes framework);
  - Parent Infant Mental Health Services across GM;
  - Draft a Business Case for CCGs to use;
  - Develop GM standards;
  - Developing a GM PIMH Service Spec (with performance & outcomes framework);
  - Offer support to localities to take interagency PIMH developments forward;
  - Developing a PIMH training ladder.

- **Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. A whole GM CYP mental health system skills audit that maps onto the iTHRIVE framework is underway, and the outcomes will be utilised to contribute to the planning of the whole GM children and young person's workforce planning. Local Transformation Partnerships have agreed to collaborate to ensure that the workforce will grow to meet the planned increase of young people accessing specialist services

- **Youth Justice –** discussions are underway to develop a place based commissioning model of extended support for GM's Youth Justice Service. It is proposed that additional capacity is made available to recruit staff to coordinate and support joint working between GM's Youth Offending Services, Children and Young Person's mental health services and GM's Integrated Health in Custody and Wider Liaison and Diversion Service to better: promote development of early recognition; improve communication between agencies; promote continuity of care and review pathways.

- **GM's Trauma / Resilience Hub –** set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

10. 2017-2020 FINANCE PLAN

10.1 The assurance of the LTP has ensured additional money for the CCG to support delivery and redesign of children and young people's mental health provision. The refresh of the LTPs – and its publication - is seen by NSH England as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.

10.2 The table below outlines the NHS England funding received by the CCG to assist in the delivery of the LTP in supporting the assurance that the additional money is delivering the redesign of children and young people's mental health provision through the recommended programme to take forward till 2020.

Table 1: Draft LTP Funding and Recommend Allocation

NHS T&G CCG LTP Funding	2018/19*	2019/20	2020/21	2021/22
NHS Tameside and Glossop CCG LTP Income				
Community Eating Disorders (CED)	141,000	141,000	141,000	141,000
Local Transformation Funding	790,000	883,000	995,000	995,000
Total LTP Income	931,000	1,024,000	1,136,000	1,136,000
Core Programme:				
Community Eating Disorders (PCFT)	141,000	141,000	141,000	141,000
Parent Infant MH	40,000	40,000	40,000	40,000
Neurodevelopmental pathway	128,547	151,343	151,343	151,343
Looked After Children	104,009	104,009	104,009	104,009
Neighbourhoods and Schools	134,709	134,709	134,709	134,709
Improving Access - 42nd St	49,500	49,500	49,500	49,500
HYM YOS Forensic & Transition	51,575	51,575	51,575	51,575
CVS - CYP/Service User Fora (Action Together)	3,000	3,000	3,000	3,000
CVS - Thrive Navigator Coordinator	14,500	14,500	14,500	14,500
All Age RAID (PCFT)	28,076	56,151	56,151	56,151
Transforming Care - Early intervention	25,678	45,593	45,593	45,593
Transforming Care - Positive Behaviour Support training NR	16,000	0	0	0
CYP IAPT Trainees	50,281	87,975	43,647	9,459
CVS - MH First Aid Training	4,350	0	0	0
Improving Access - parent child drop-in's	25,000	25,000	25,000	25,000
Improving Access - data collection	7,599	7,599	7,599	7,599
Neighbourhood and Schools - expansion	22,797	91,186	91,186	91,186
HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
Currently unallocated but subject to future SLT approval when schemes are known	*53,925*	*0*	*146,733*	*180,921*
Total Expenditure	931,000	1,033,595	1,136,000	1,136,000
Funding to be Identified	*0*	*9,595*	*0*	*0*

*2018/19 includes schemes for which an estimated start date has been included. Therefore subject to change.

10.3 In order to further support the delivery of the LTP, the unallocated elements of the funding programme have been identified for areas of development to be embedded in service delivery. These are summarised in table 2 and narrative below;

Table 2: LTP Unallocated Funding for Additional Development

NHS T&G CCG LTP Unallocated Funding	**2018/19 PYE**	**2019/20**	**2020/21**	**2021/22**
Improving Access - parent child drop-in's	25,000	25,000	25,000	25,000
Improving Access - data collection	7,599	7,599	7,599	7,599
Neighbourhood and Schools - expansion	22,797	91,186	91,186	91,186

HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
Total	**85,851**	**154,240**	**154,240**	**154,240**

- Voluntary and Community Sector delivery of drop in sessions to support early prevention, open access and the getting help and advice element of the Thrive model;
- Healthy Young Minds expansion of the neighbourhood link in schools to support the Thrive model getting help/more help 1 x whole time equivalent (wte) band 6 post increasing to 2 x wte band 6 posts;
- Healthy Young Minds Psychiatrist 0.33 wte post to support issues of transition for 16-17 year olds;
- Business Intelligence and Data Post linked to Primary Care Foundation Trust footprint and GM data collection.

10.4 The element of the funding programme to be allocated will considered through the strategic group planning and reported in future business cases.

11. IDENTIFIED RISKS

11.1 **Recruitment** – there are challenges to recruit to specialist posts due to availability of appropriately trained and experienced staff.

12. IDENTIFIED ACTIONS

12.1 **Looked After Children** - access and provision for children who are looked after requires review to endure that they are provided with timely services to make certain that their emotional health and well-being are promoted.

12.2 **Ensuring the Right Help is offered –** a review of how to ensure better alignment of multi-agency responses to referrals to Healthy Young Minds and Children's Social Care through a review of the HYM daily screening, the weekly Children's Social Care panel and the developing multi-agency panel in the Hub.

12.3 **Integrated Neighbourhood Services for CYP and families** - partnership process of designing a more effective model of partnership working on an Integrated Neighbourhood basis, with a strong emphasis upon more effective early help.

12.4 **Children with complex needs** – review of the needs of CYP in high cost out of borough placements and those requiring mental health in-patient care to identify alternative options, notably early intervention.

12.5 **Schools & Colleges –** the new Green Paper focuses on the role of schools in mental health. We will review the current position to ensure that every secondary school and college is supported by specialist services to deliver high quality emotional and mental health support to students and their families.

12.6 **Youth Offending Team –** integrated support for young people under the care of YOT will be reviewed.

12.7 **Getting Help** - To continue to review and develop the offer delivered by third sector providers in delivering the LTP. Further develop the steering group to support the delivery of the Getting Help (Coping) element of the Thrive Model.

13. CONCLUSION

13.1 The aim of the continued work of the LTP is based upon the need to improve and sustain access to children and young people's mental health provision through a whole-system approach that includes the active participation of all partners and key stakeholders

13.2 Tameside and Glossop Single Commission is committed to working with children, young people and families and all other partners to deliver the LTP, the recommendations set out in Future in Mind, and to deliver the Five Year Forward View for Mental Health.

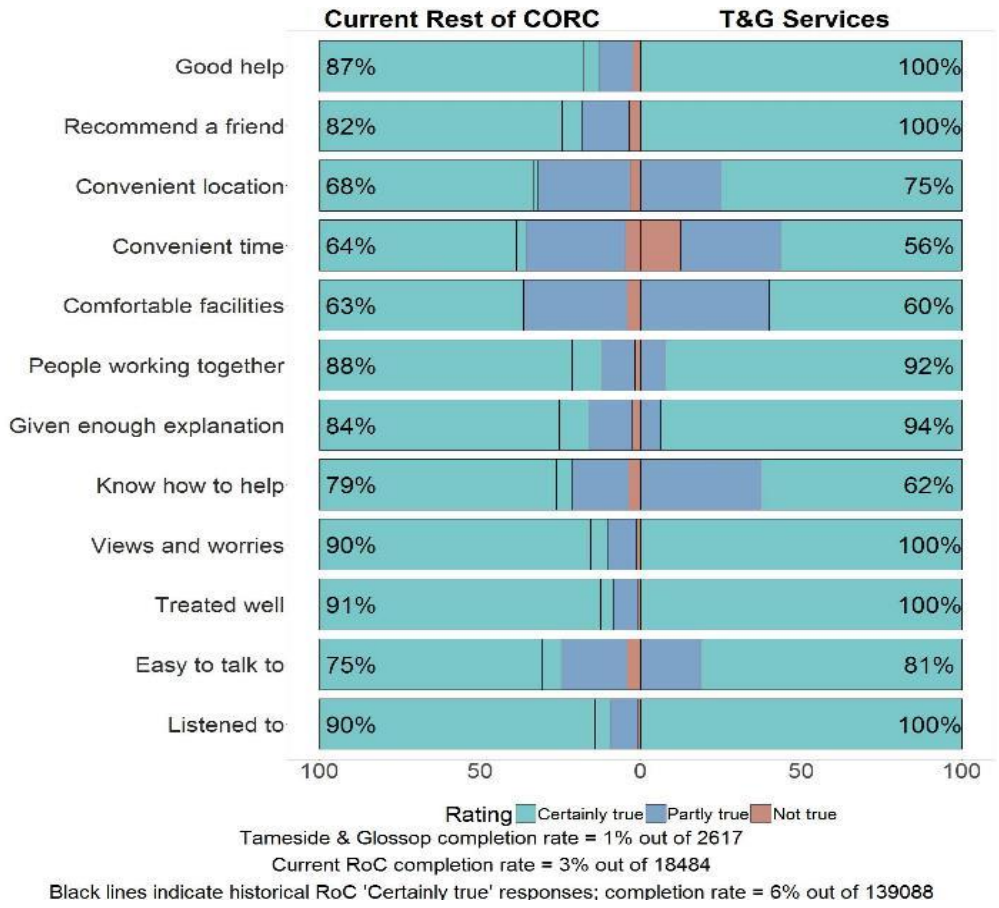
13.3 Single Commission Officers and Clinical Leads to continue to take relevant steps, make decisions, and to progress arrangements to further the elements discussed through the report.

- Strategic Commissioning Board recommended to support the approval of the LTP refresh and finance plans for deliverables for 2018- 2019, recognising that within the year the plan will need to be reviewed in line with strategic objective to integrate CYP services.
- Strategic Commissioning Board is asked to support aligning LTP with GM approaches where populations and needs require; thus delivering efficiencies
- Strategic Commissioning Board is asked to note the national context and building national pressures and assurance measures to increase spending on CAMHS and ensure the publication of the LTP Update.
- Strategic Commissioning Board recommended to agree financial investment to support developments within the LTP unallocated funding in order to fully meet local and national agenda's in delivering the Local Transformation Plan as follows;
    - Voluntary and Community Sector delivery of drop in sessions to support early prevention, open access and the getting help and advice element of the Thrive model
    - Healthy Young Minds neighbourhood link in schools to support the Thrive model getting help/more help
    - Healthy Young Minds Psychiatrist 0.33 wte post to support issues of transition for 16-17 year olds
    - Business Intelligence and Data Post linked to PCFT footprint and GM data collection.

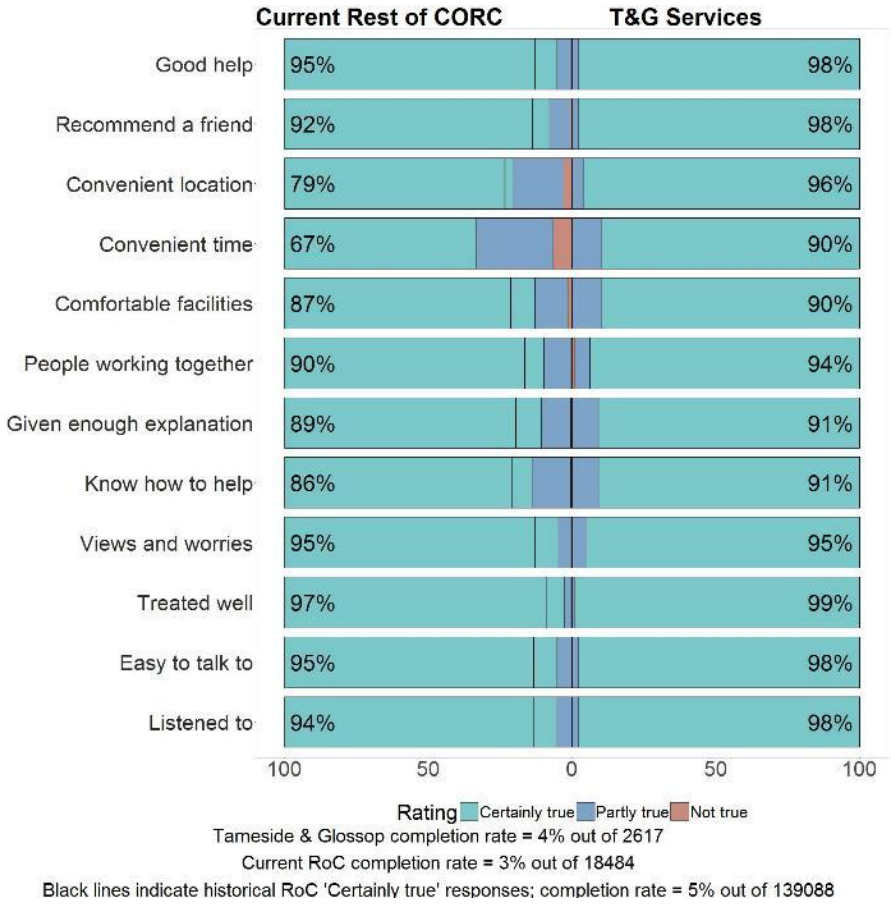
13.4 In conclusion new money being invested into CYP MH will ensure far greater children with a diagnosable mental health condition will get support where and when they need it and as close to home as possible.

APPENDIX

Child Experience of Service Questionnaire



Parent Experience of Service Questionnaire



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Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 25 July 2018

Officer of Strategic Commissioning Board Debbie Watson, Interim Assistant Director of Population Health

Subject: **SEXUAL AND REPRODUCTIVE HEALTH SERVICE TWO YEAR CONTRACT EXTENSION**

Report Summary: The report describes the rationale for agreeing to an extension of the above contract for a period of two years. The contract is issued by Stockport MBC on behalf of Stockport, Tameside and Trafford and a partnership agreement is in place between all three parties.

Recommendations: That a contract extension for two years from 1 April 2019 is approved.

Financial Implications:

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Population Heath
Budget Allocation	£ 1.3 million

Additional Comments

Budget provision of £1.3 million per annum is within the medium term Population Health directorate revenue budget to support the proposed two year contract extension. It is essential that robust contract and performance monitoring arrangements remain in place to ensure expenditure and performance remain in line with the value of the contract during the proposed extension period.

Strategic Commissioning Board members should be satisfied that the existing contract is demonstrating value for money and also be aware that the Tameside economy has significant efficiency savings to deliver over the medium term before approving the two year extension.

Legal Implications:

(Authorised by the Borough Solicitor)

There is provision in the Council's procurement standing orders to extend the contract is there is already provision in the Contract to allow for an extension; the contract has been well conducted with no adverse problems; and the Contract is considered to provide value for money.

There is no restriction under the Public Contracts Regulations to extending a Contract is the authority for such an extension is contained in the Contract itself and the original procurement which is in fact the case and the extension does not involve a modification of the Contract.

	The rationale is contained in the report for agreeing to an extension of the above contract for a period of two years. Such an extension needs to be agreed between all three partnering Authorities who are collaborating together under the procurement arrangements. This collaboration is aimed at securing the Greater Manchester Sexual Health Strategy. The Borough Solicitor is supportive of the extension proposal.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Starting Well and Developing Well programmes for action
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	Reported directly to the Strategic Commissioning Board.
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?	Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service is available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.

Risk Management:	The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.
Access to Information :	The background papers relating to this report can be inspected by contacting Richard Scarborough, Planning and Commissioning Officer by: Telephone: 0161 342 2807 e-mail: richard.scarborough@tameside.gov.uk

1 BACKGROUND

1.1 Under the Health and Social Care Act 2012, Local Authorities have a statutory duty to commission confidential, open access services for Sexually Transmitted Infections and Contraception, as well as ensuring that the local population has reasonable access to all methods of contraception.

1.2 An Executive Decision in January 2016 approved the joint procurement of a sexual and reproductive health service in a cluster arrangement with Stockport and Trafford Councils with Stockport leading the procurement and awarding the contract.

1.3 This arrangement was in line with the Greater Manchester sexual health strategy, produced by the Greater Manchester Sexual Health Network, to recommission services in cluster based arrangements using a single Greater Manchester service specification.

1.4 When the cluster based re-commissioning of secondary care was undertaken it was as the first stage in the move towards a single system or service for Greater Manchester, possibly using pooled budgets and a lead provider model. The shared service specifications and transformation of cluster based services were seen as the first step in the development of single system with a wholescale re-procurement process to be conducted in time for a new Greater Manchester service being in place in 2019.

1.5 Since these plans were formulated in 2015 this strategy has been revised and there are currently no plans to procure a single system or provider across Greater Manchester.

1.6 As stated in the GM Sexual Health Strategy 2018:

"The emerging Local Care Organisation developments across Greater Manchester, alongside the integrated commissioning arrangements, and the work on neighbourhood and primary care standards across the conurbation, gives us an opportunity to engage primary care (and particularly general practices and pharmacies) with sexual and reproductive health in a way that has never before been possible. While we have consistency of offer in our specialist services, we have great variation in primary care provision, both within and between boroughs. This is particularly evident in the provision of reproductive health services. Improving the quality and consistency of this offer will improve pathways through the system and will better meet patient expectations and outcomes. This will include developing closer relationships between specialist and primary care services, in order that they can support each other effectively. This work will take place alongside the development of a strengthened digital offer, allowing patients both to self-manage and to access some services online, allowing us to reduce demand on clinic based services. It will also allow patients to be more effectively triaged, with faster access of higher risk patients into services."

1.7 Following a competitive tender process in 2016, Manchester University NHS Foundation Trust (MFT) was awarded the contract to deliver a sexual and reproductive health service for the three Boroughs with the Tameside service based at Ashton Primary Care Centre.

1.8 The contract commenced 16 September 2016 for an initial period of two and a half years. There is an option to extend this contract for a further two years, subject to approval and negotiation between the parties to 31 March 2021.

1.9 A partnership agreement between Stockport, Tameside and Trafford governs the relationship between the commissioning parties. This agreement requires our consent to allow Stockport to issue a variation to extend the provider contract.

1.10 The service is delivered under the MFT branding of "The Northern" which includes the provision of services to Manchester City Council, having won their tender for a single multi-

site service across Manchester. MFT are therefore the largest single Sexual and Reproductive Health Service provider across Greater Manchester.

1.11 During the initial period of the contract MFT has completed a full staffing restructure requiring an extensive staff consultation exercise. This restructure has now been implemented, including the recruitment of additional staff, to produce a single staff team across the Northern footprint. This restructure has been difficult and impacted service delivery capacity at times of staff shortages, however, the service is now in a much better position with a more resilient and appropriate structure which benefits from being managed across the Northern footprint whilst retaining locally focussed teams and clinical management.

1.12 MFT have implemented a new clinical system across the Northern footprint moving our clinic from the old Blythe Lilly system to Inform. This means that clinical records are available covering all consultations, tests, treatments etc regardless of which of their sites a patient has attended providing a safer and more joined up service which is more able to identify and respond to safeguarding issues. The new clinical system is also linked to the laboratory systems enabling the direct reporting of results which previously could take several days.

1.13 Alongside the building based service MFT have implemented an online service for people who have no symptoms but would like a sexual health check-up using a kit sent through the post as an alternative to a face-to-face clinic visit. This is an area of service which we intend to develop further and expand if a contract extension is granted.

1.14 One key new area of work that MFT have managed very successfully during the initial contract period is the implementation of the national pre-exposure prophylaxis (PrEP) trial. This NHS England trial is to provide PrEP (usually a daily tablet) to HIV negative people as a method of preventing transmission of HIV. MFT were one of the first service providers to be approved to commence delivery and have been central to the Greater Manchester response to eradicating HIV.

1.15 Whilst MFT are delivering our service under a joint contract and as part of the wider "Northern" service they have continued to respond to local needs and have local clinical leadership. We are currently working with them to develop and improve the provision of Long Acting Removable Contraception (LARC) within neighbourhoods and to support Tameside General Practices in the provision of LARC.

1.14 The service has reviewed and implemented new processes for management of safeguarding patients and is implementing an action plan to improve awareness and contribution to the Tameside Safeguarding Children's Board Neglect Strategy having completed a recent audit.

1.15 Performance management of the contract has been conducted jointly by the sexual health commssioners within the three commssioning areas with additional joint work alongside the Manchester commissioner. Most of the initial focus has been on the workforce transformation, consolidating the new integrated service and implementation of new service functionality such as the online offer.

1.16 Performance meetings were initially conducted monthly during mobilisation and are now conducted on a quarterly basis. The service is subject to a performance framework and it reports against a range of performance and quality indicatiors on a quarterly basis. The provider engages well with the commissioners and actively pursues improvements in performance and quality. There are no current performance issues. (See example at **Appendix 1**).

2 PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

2.1 Authorisation for continued allocation of funding is required to enable us to give Stockport authority to extend the contract.

3 VALUE OF CONTRACT

3.1 The Tameside contribution to the contract value is £1,299,710 per annum.

3.2 The previous contract value of the SRHS prior to re-procurement and award to Central Manchester FT was £1,409,626 annually (2016/17 value). As this was an NHS contract it was subject to the annual NHS inflator so this value would have increased. The contract value for the current MFT contract is £1.3 million representing an approximate £100,000 reduction.

3.3 In addition to this the current service specification has additional responsibilities including –

- Responsibility for all chlamydia screens done within the service that previously were passed to RUClear and separately funded at a cost of approximately £50,000.

- Responsibility for all provision provided for residents of Manchester, Salford, Bury Wigan, Stockport and Trafford due to GM cross-charging arrangements meaning that the provider forgoes charging income. (This is a reciprocal arrangement and we are therefore not charged by services in these Boroughs and there is a simplified commissioner to commissioner arrangement resulting in cost savings.)

3.4 The contract includes amortised start-up costs of £63,000 during the initial period of the contract. The extension of the contract should therefore be at a reduced value.

4 GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT

4.1 Following a competitive tender process in 2016, led by Stockport MBC, Manchester University FT was awarded the contract to provide sexual and reproductive health services for Tameside, Stockport and Trafford.

4.2 The contract was for a period of two and a half years with an option to extend for a further two years.

4.3 Performance monitoring of the service has been positive and MFT engage well with the commissioners.

4.4 Since the contract commenced there has been no inflationary increase.

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

5.1 The provision of open access services for Sexually Transmitted Infections and Contraception is a statutory duty under the Health and Social Care Act 2012.

5.2 Sexual health and contraception are health inequality issues with consequences that are serious and long-lasting. Failure to prevent or treat sexual ill health or to provide adequate contraception generates avoidable cost and demand across the health and social care system.

5.3 The implementation of the current contract has involved a workforce restructure and commencing a transformation of service delivery. This incurred an opportunity cost in terms of the impact on service delivery capacity during the implementation. The transformation of sexual health services is not complete and there is further work to implement the new Greater Manchester sexual health strategy. Further disruption to the service in the form of a re-procurement would hamper our ability to both drive forward change and prevent us consolidating the progress made so far.

5.7 Effective sexual and reproductive health services reduce costs from a range of areas including:

- Health costs – including unintended pregnancies, abortion services and STI treatment, and additional costs for treating complications arising from undiagnosed STI infections

- Other public sector costs – including children born from unintended pregnancies, social welfare expenditure (such as family tax credits), personal social services (such as interventions for those experiencing neglect or abuse), housing and education (GM Sexual Health Strategy 2018)

5.8 Services that promote good sexual health, test for and treat STIs and prove access to condoms all contribute to reducing the number of diagnoses of STIs and HIV. NICE health economic modelling estimated the costs of treating each episode of STIs, HIV and PID complications, as follows:

- £121.92 for chlamydia;
- £206.17 for gonorrhoea;
- £210.59 for syphilis;
- Treating 1 episode of pelvic inflammatory disease at £3,124;
- On average, it costs £13,900 a year to treat a case of HIV (GM Sexual Health Strategy 2018).

5.9 In addition to the benefits to the individual and the community of being sexual healthy, there are economic benefits. The Department of Health's *Framework for Sexual Health Improvement in England* concludes that there is an £11 saving for every £1 spent on contraception.

6. RECOMMENDATIONS

6.1 As set out on the front of the report.

APPENDIX 1

The following is extracted from the service quality report. The service reports, and is monitored, across the three areas so RAG rating is across the total performance and is not location specific. Data for Stockport and Trafford has been redacted.

An exception summary is included at the end of the report.

Quality Outcome Indicators (Key Performance Indicators) Report

Stockport, Tameside & Trafford
Period: Q4 2017/18
(January - March 2018)

Performance is currently not meeting the target or set to miss the target by a significant amount.			
Performance is currently not meeting the target or set to miss the target =/<10%.			
Performance is currently meeting the target.			

Access					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients contacting the service who are triaged within 48 hours	**100%**		100%		**100%**
% of patients contacting the service with an urgent clinical need offered an appointment within 48 hours	**90%**		100%		**100%**
% of clients requiring emergency contraception offered an appointment on the day of contacting the service	**90%**		100%		**100%**
% of clients with a non-urgent clinical need offered an appointment within 2 weeks of contacting the service	**80%**		100%		**100%**

STI Testing & Treatment					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients offered an HIV test (Note: this relates to eligible patients attending for the purpose of obtaining a sexual health screen)	**90%**		assumed 100% - internal audit		
% of patients (of those offered - see above) who accept an HIV test (Note: this relates to clients attending for the primary purpose of obtaining a sexual health screen)	**80%**		internal audit		
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a Level 1, 2 or 3 service is documented as reported by the index case, or by a Healthcare Worker (HCW), within four weeks of the date of the first PN discussion	**60%**		36%		**39%**
Ratio of contacts of chlamydia index cases whose attendance at a Level 1, 2 or 3 service was documented as reported by the index case, or by a HCW, within four weeks of the date of the first PN discussion	**60%**		31%		**41%**
% of patients with a new diagnosis of HIV who are offered an appointment with HIV appropriately trained staff within two weeks	**100%**		100%		**100%**
Documented evidence within clinical records that a 'look-back' / root cause analysis exercise has been conducted for all patients who have been diagnosed with HIV at a late stage of infection in order to determine missed opportunities for earlier diagnosis.	'Look Back' report produced		No late diagnoses		**100%**

Documented evidence within clinical records that PN has been discussed with people living with HIV within 4 weeks of receiving a positive HIV diagnosis and within 1 week of identifying subsequent partners at risk	**90%**		100% (n=1)		**67%**
For a person diagnosed with HIV, ensure there is documented PN outcomes or a progress update at 12 weeks after the start of the PN process.	**90%**		100%		**67%**
% of patients who are notified of their test results within 10 working days (of the date that the sample was taken or received at the lab)	**90%**		90% (10 cases sampled)		**97%**

Chlamydia Screening & Treatment					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of asymptomatic young people aged under-25 attending the service who are screened for chlamydia on an opportunistic basis	**75%**		46%		**37%**
% of positive screens (positivity) is between 9% and 12% (Under 25s)	**9% - 12%**		9% (1/11)		**3%**
% of young people who are notified of their results within 10 working days (of the date that the sample was taken or received at the lab)	**90%**		80%		**93%**
% of young people who are diagnosed with chlamydia who are treated within six weeks of the test date	**95%**				This is not coded in L3 services

Contraception					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of long-acting methods prescribed as a % of all methods prescribed	**25%**		40%		**44%**

Patient Experience					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients receiving a new diagnosis of HIV who are referred to HIV support services	**100%**		100%		**67%**
% of clients with a booked appointment seen within 30 minutes of their appointment time	**70%**		Awaiting results		
% of patients attending a walk-in clinic seen within 90 minutes of registration	**70%**		Awaiting results		
% of 'did not attends' for appointment slots	**≤ 10%**		14%.		14%.
% of clients making a formal complaint about the service	**<2%**		0%		**0%**
% of clients receiving a response to a formal complaint with 28 days	**100%**		NA		**NA**
Completion of an annual patient survey	TO BE AGREED FOR 2017/18				**Mar-18**
% of clients responding to the annual patient survey rating the service as good or excellent	TO BE AGREED FOR 2017/18		Awaiting results		
Improvements to provision implemented as a result of patient feedback	TO BE AGREED FOR 2017/18		Awaiting results		
Completion of the You're Welcome self-assessment tool	TO BE AGREED FOR 2017/18		Yes		**2/3**

Reducing Inequalities					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
Development and implementation of an outreach plan to inform the provision of clinical and non-clinical outreach services for at-risk groups	Completed by Q3				

Workforce					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
Proportion of nursing staff will be dual trained	Baseline to be established in 2016/17		80%		**87%**
Completion of an annual staff survey	TO BE AGREED FOR 2017/18		Sep-17		

Exception summary
Some target percentages that are very hard to achieve and are set much higher than usual standard we may therefore need to review targets and definitions.

Gonorrhoea ratio
Gonorrhoea contacts PN low– partly due to a training issue. Health adviser role gap now filled and staff training scheduled. Also suspect that the completion of PN tab on Inform is not being done accurately –especially with all team now doing it not just one person. MFT are confident that contact ratio is higher than recorded.
Direction of travel good, presumably due to improved recording as staff get used to Inform etc

Chlamydia ratio
Similar issues as per gonorrhoea ratio

Possible that the downward changes compared to previous quarters are due to data being prepared by different people – especially % asymptomatic screened for chlamydia which has fallen from 75. New analyst has been recruited and will be working alongside other analyst to prepare data to ensure consistency.

DNA
DNAs have gone up to 14%. Noted that MFT regard this as a good rate as it is a very challenging target. Also noted that repeat DNAs can skew the data.

Summary
Overall there is good performance in many areas and the 'red' areas do not relate to any major issues and can be turned around and/or they are national issues with extremely challenging targets.

QUALITATIVE DATA Q4 2017/18

MFT in partnership with PAHT

STT INTEGRATED SEXUAL HEALTH SERVICE - Tameside

1. What is the average time between a referral being made and service delivery?

- The service is walk-in / self-referral.
- Letter(s) from GP rare.
- Target is 48 hour access.

2. Have you identified any unmet needs across the locality as a result of your work?

- Plans to provide / support LARC in primary care. Dr Jane Harvey exploring service arrangement within Neighbourhood scheme in Hattersley.

3. Have MFT made any changes to service delivery based on established unmet need or learning?

- On-line home testing offer implemented July 2017
- New staffing structure implemented September 2017
- Service delivery changes i.e. structure, model, timetables etc to be implemented w/c 6th November 2017
- Introduction of IMPACT Prep trial November 2017
- New processes for management of safeguarding patients January 2018
- Plan to roll out HPV vaccination to MSM <45Y – Q1 2018/19

4. Please describe any trend analysis including trends relating to safeguarding.

Key Indicators

	Period	Local count	Local value	Eng. value	Eng.worst / lowest	Range	Eng.best / highest
Syphilis diagnostic rate / 100,000	2016	25	11.3	10.6	127.9		0.0
Gonorrhoea diagnostic rate / 100,000	2016	118	53.2	64.9	596.4		11.7
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) < 1900 1900 to 2300 ≥ 2300	2016	668	2593	1882	813		4,938
Chlamydia proportion aged 15-24 screened	2016	5,496	21.3	20.7	9.4		50.0
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	1,031	726	795	3,288		344
HIV testing coverage, total (%)	2016	3,323	66.3	67.7	26.7		86.3
HIV late diagnosis (%) (PHOF indicator 3.04) < 25 25 to 50 ≥ 50	2013 - 15	15	50.0	40.1	75.0		12.5
New HIV diagnosis rate / 100,000 aged 15+	2015	16	8.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 < 2 2 to 5 ≥ 5	2015	225	1.73	2.26	14.60		0.35
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) < 80 80 to 90 ≥ 90	2015/16	1,231	95.3	87.0	68.4		97.3
Under 25s repeat abortions (%)	2015	109	29.7	26.5	37.3		11.1
Abortions under 10 weeks (%)	2015	733	84.3	80.3	67.5		88.0
Total prescribed LARC excluding injections rate / 1,000	2015	2,317	55.1	48.2	11.4		85.7
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2015	95	25.1	20.8	43.8		5.7
Under 18s conceptions leading to abortion (%)	2015	49	51.6	51.2	28.9		82.4
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	397	1.8	1.7	0.9		3.5

5. Please demonstrate how you have adhered to the social value outcomes outlined in your bid/application?

- Links across sexual health services are well established regionally with The Greater Manchester Sexual Health Network and nationally through high profile leadership of our professionals within BASHH, FSRH and BHIVA;
- Partnership Innovation Forum – to scope efficacy of home testing kits for partner organisations;
- Nursing Assistant apprenticeships;
- Enhanced surveillance for PHE;
- Providing 'clinical' governance and expertise to BHA for GM PaSH programme:
    - Co-authored PaSH SOP with pathology input from MFT;
    - Sept 2017 – provided training to PaSH staff (BHA, GHT, LGBTF) for implementation of community HIV testing programme;
- We work closely with third sector partners to ensure we are providing services to meet the needs of all high risk groups.
- Free STIF training places provided to third sector partners.

6. What progress has CMFT made towards its duty under the Equalities Act 2010 and has an EIA been completed?

- Your welcome – all sites;
- Hearing loop;
- Disabled access – all sites;
- Translation services – accessible at all sites;
- We accommodate people with special needs and will allocate staff to provide extra resource where needed;
- Access to learning disability and mental health services for support and advice;
- Open access to all, with specific services to LGBT, BME communities;
- Wide stakeholder representation on the Partnership Innovation Forum;
- A seamless pathway to HIV services is in place in all sites;
- Recruitment is delivered in line with EA 2010;
- EIAs completed for changes to service delivery.

7. Have you received any feedback from clients during this reporting period (compliments and complaints)? If so, please describe and explain how complaints have been handled.

- Yes, the service continues to receive compliments throughout Q4.
- 0 x formal complaints received Q4.
- PALS leaflets are available clinic venue(s).
- Formal complaints are investigated by a senior nurse and/or clinical lead, and where necessary statements requested from those involved. They are either dealt with/de-escalated by PALS or a formal written response is required and is provided by the Matron, or other manager; reviewed by QA and signed-off by the Chief Executive – as per the CMFT formal complaint process.

8. Have there been any clinical risk incidents? If so, please explain the outcome.

Clinical risk incident(s) logged for Tameside in Q4:

- Nil to report.

9. Please list the training sessions held for both clinicians and frontline staff.

- **15 March 2018**
    - → Mandatory Fire training session (all staff to attend)
    - → INFORM and coding updates –Dr Nicky Waddell.

- **14 February 2018**
  - → IMPACT trial and PrEP coding – Chris Ward
  - → Male survivors – Duncan Craig, Survivors Manchester
- **16 January 2018**
  - → ACE morning cancelled by the Trust due to winter pressures

10. Please outline the sexual health training offered and delivered to other professionals in the wider community?

Dr Ward has provided Obs & Gynae teaching at Tameside General Hospital to junior doctors as part of their postgraduate education program.

11. Please provide a breakdown of the staffing including the vacancies for each area and any volunteers recruited.

CMFT - Tameside				
Group	**Band/Role**	ACTUAL	BUDGET	Variance
Medical	Consultant	0.80	1.54	-0.74
	Non consultant	1.50	1.00	0.50
Nurse	7	1.40	1.40	0.00
	6	6.45	6.42	0.03
Sen. Nurse Ass.	3	4.20	4.11	0.09
Non-clinical OR	4	1.00	1.00	0.00
A&C	4	0.98	1.07	-0.09
	3	1.00	1.00	0.00
	2	1.40	2.38	-0.98
Counsellor	6	0.00	0.00	0.00
Grand Total		**18.73**	**19.92**	**-1.19**

12. Please describe your involvement in regional and national audit completion of an audit plan (standard: all providers of services managing STIs).

Nil to report

13. Please describe how the online offer has reduced demand on the clinics in each area – please include number of online self-assessments, number of kits posted out / returned, number of kits collected / returned per area.

Data and report to follow

14. Please provide details of promotional campaign involvement.

Nil to report

15. Please detail the number of outreach sessions delivered.

Nil to report

16. Are there any other issues relating to contract delivery e.g. changes to clinical pathways etc.?

Nil to report