STRATEGIC COMMISSIONING BOARD

Day: **Wednesday**
Date: **12 December 2018**
Time: **1.00 pm**
Place: **Lesser Hall 2 - Dukinfield Town Hall**

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
2.	**URGENT ITEMS OF BUSINESS** To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.	
3.	**ITEM FOR EXCLUSION OF PUBLIC AND PRESS** To determine any items on the agenda, if any, where the public are to be excluded for the meeting.	
4.	**DECLARATIONS OF INTEREST** To receive any declarations of interest from Members of the Strategic Commissioning Board.	
5.	**MINUTES OF THE PREVIOUS MEETING** To receive the Minutes of the previous meeting held on 28 November 2018.	1 - 8
6.	**FINANCIAL CONTEXT**	
a)	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 OCTOBER 2018 AND FORECAST TO 31 MARCH 2019** To consider the attached report of the Director of Finance.	9 - 24
7.	**QUALITY AND PERFORMANCE CONTEXT**	
a)	**QUALITY ASSURANCE REPORT** To consider the attached report of the Director of Quality and Safeguarding.	25 - 38
b)	**PERFORMANCE UPDATE** To consider the attached report of the Assistant Director (Policy, Performance and Communications).	39 - 56
8.	**COMMISSIONING FOR REFORM**	

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.

Item No.	AGENDA	Page No
a)	**COMMISSIONING INTENTIONS 2019/20: TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST, PENNINE CARE NHS FOUNDATION TRUST AND ALL OTHER PROVIDERS FOR TAMESIDE AND GLOSSOP RESIDENTS**	57 - 82
	To consider the attached report of the Interim Director of Commissioning.	
b)	**COMMUNITY HEALTH ESTATE AND INTEGRATION**	83 - 86
	To consider the attached report of the Interim Director of Commissioning.	
9.	**DATE OF NEXT MEETING**	
	To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 23 January 2019.	

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.

STRATEGIC COMMISSIONING BOARD

28 November 2018

Commenced: 1.00 pm **Terminated:** 2.35 pm

Present:
Dr Alan Dow (Chair) – 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 Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra - NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG

In Attendance:
Richard Hancock – Director of Children's Services
Jeanelle De Gruchy – Director of Population Health
Gill Gibson – Director of Quality and Safeguarding
Stephanie Butterworth – Director of Adult Services
Sandra Stewart – Director of Governance and Pensions
Kathy Roe – Director of Finance
Jessica Williams – Interim Director of Commissioning
Pat McKelvey – Head of Mental Health & Learning Disabilities
Nigel Gilmore – Head of Strategic Infrastructure
David Berry – Head of Employment and Skills
Lorraine Kitching – Performance, Intelligence & Scrutiny Manager

Apologies for Absence:
Councillor Allison Gwynne - Tameside MBC
Dr Jamie Douglas - NHS Tameside and Glossop CCG
Mrs Carole Prowse – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire CC

64 DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Board.

65 CHAIR'S OPENING REMARKS

The Chair was pleased to advise that Dr Ashwin Ramachandra had been appointed as the Clinical Vice Chair of the Tameside and Glossop CCG Governing Body.

66 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 24 October 2018 were approved as a correct record.

67 STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2018 AND FORECAST TO 31 MARCH 2019

The Director of Finance presented a report providing an overview on the financial position of the Tameside and Glossop economy in 2018/19. As at 30 September 2018, the Integrated Commissioning Fund was forecast to spend £583.1 million against an approved budget of £580.4

million, an overspend of £2.7 million. Further detail on the economy wide position was detailed in Appendix 1 to the report.

The improved position was due mainly to the release of corporate contingency budgets, additional grant income in respect of business rate reliefs and underspends in Governance. Overspends remain in Continuing Healthcare, Operations and Neighbourhoods and Growth as highlighted in previous reports to the Strategic Commissioning Board. Further detailed analysis of budget performance and progress against savings was provided.

The Director of Finance emphasised that whilst this was a significantly improved position from the previous month there were significant and increased pressures in a number of areas including Children's Services which was now forecasting expenditure to be £6.7 million in excess of budget. This increase in the projected variation since the previous reporting period was primarily related to placements expenditure.

The Director of Children's Services explained that the service had welcomed external scrutiny, support and challenge from the DfE, from Ofsted and from peer consultation with other local authorities who had driven successful improvement plans. This has provided assurance both in terms of setting the right priorities and the strategies focusing on improvement and in terms of the honesty and accuracy of self-assessment and quality assurance. Performance indicators were showing that the basics were improving. Partners were making fewer referrals, risk was being managed, however, more confidence was required to ensure referrals, children in need and child protection numbers also reduced.

Reference was also made to an update on the position regarding the Schools Private Finance Initiative (PFI) following an in depth independently verified review, as outlined in Appendix 4.

The Council's Collection Fund update was detailed in Appendix 5 with a forecast position at month 6 for a £0.1 million deficit on Council Tax and £1.2 million surplus on Non-Domestic Rates. Appendices 6 and 7 detailed the Council's irrecoverable debts over £3,000 that had been written off.

RESOLVED

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

(ii) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with related risks contributing to the overall adverse forecast be acknowledged.

(iii) That the significant costs pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth, be acknowledged.

68 DELIVERING EXCELLENCE, COMPASSIONATE COST-EFFECTIVE CARE - IN-FOCUS REPORT: SUICIDE AND SELF HARM PREVENTION

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications) detailing the work being undertaken to understand the issues that lead to suicide and the preventative action being proposed or taken to address the problems. Suicide was often the end point of a complex history of risk factors and distressing events which prevention interventions needed to address. More than half of the people who died by suicide had a history of self-harm, an indication of the underlying mental wellbeing of a population.

Particular reference was made to the following statistics:

- In 2015-17, Tameside had the 16th highest suicide rate in England (out of 149 local authority areas).
- The suicide rate for men aged 35-64 years (2013-17) was 32.7 per 100,000, 3rd worst in England.

- Over half of suicides in Tameside (53%) were amongst those aged between 35 and 54 years.
- The highest proportion of suicides occurred in routine occupations which included roles such as factory workers, retail assistants, cleaners and labourers.
- In 2016-17 the rate of emergency hospital admissions for intentional self-harm was 230.48 per 100,000, higher than the England average at 185.27 per 100,000.
- In Tameside, emergency hospital admissions due to intentional self-harm was far more prevalent amongst females than males (272.82 per 100,000 compared to 189.39 per 100,000).
- Three quarters of all people who ended their own lives were not in contact with mental health services.

It was reported that in relation to national priorities, the Independent Mental Health Taskforce published its Five Year Forward View in February 2016 setting out the current state of mental health services and recommendations for specific services areas. To support this, the Government refreshed the National Suicide Prevention Strategy in January 2017 and in October 2018 the Government announced a £2 million in funding for Zero Suicide Alliance over the next two years.

In terms of a local response, a suicide audit for Tameside covering the period 2013-17 was undertaken in July 2018 and had been presented to the Health and Wellbeing Board. As a result of the audit, the key findings of which were attached to the report at Appendix 1, a draft Tameside Suicide and Self-Harm Prevention Strategy 2018-23 had been developed. The primary focus for the first two years of the Strategy was to reduce the suicide rate by 10% by 2020 with the ultimate long-term goal being to have non-one taking their own life.

In addition, a working group of the Integrated Care and Wellbeing Scrutiny Panel had been undertaking activity looking at suicide prevention in Tameside and their findings and recommendations would be presented to the joint meeting of the Executive Cabinet and Overview (Audit) Panel on 13 February 2019.

In 2018/19, £23.3 million was being spent on the mental health contract with NHS Pennine Care NHS Foundation Trust to provide mental health services in the area. Additional funding support had also been given to a number of targeted initiatives to tackle mental health issues of £2.4 million in 2018/19 set to rise to £4.2 million in 2019/20 and £5 million in 2020/21. Progress on some of these projects was detailed in the report.

Building on this work, Tameside and Glossop had been selected as one of four pilot areas for the Living Well UK programme areas helping to drive the mental health strategy forward.

The Board acknowledged that in-focus reports often looked at very challenging issues but provided the Board with valuable information to determine how best to allocate resources to deliver better outcomes for residents.

RESOLVED
That the content of the in-focus report on suicide and self-harm prevention be noted.

69 101 DAYS FOR MENTAL HEALTH PROJECT: MENTAL HEALTH IN THE NEIGHBOURHOODS BUSINESS CASE

Consideration was given to a report of Dr Khunger, CCG Governing Body GP Lead, and the Interim Director of Commissioning explaining that although there were a number of options to support people diagnosed with mental health needs in primary and secondary care, many people fell between the thresholds for these services and often presented to their GP, A&E and other settings looking for help.

Reference was made to the Strategic Commissioning Board's decision in January 2018 to commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise

investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included.

Following an analysis of options by a multi-agency working group, the Strategic Commissioning Board agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit, to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods.

The project had concluded in this proposal to establish an innovative model of mental health support in the Neighbourhoods, starting with a prototype in one neighbourhood prior to incrementally reaching the whole of Tameside and Glossop.

The business case described the new model and requested that £931,513 of existing resources were redesigned and £1,048,831 additional funding be committed recurrently for this development to establish a viable team with additional capacity in the health services, the Council services and the Voluntary and Community Sector as outlined in the report.

Members of the Board were supportive of the proposal and the benefits to patients of implementing the new model of care for mental health.

RESOLVED
That the new model be supported and the investment required from existing resources and additional funding as detailed in the report be approved.

70 LOCALLY COMMISSIONED SERVICES REVIEW - 2019/20 COMMISSIONING INTENTIONS

Consideration was given to a report of Dr Vinny Khunger, CCG Governing Body GP Lead, and the Interim Director of Commissioning presented explaining that the level of funding each General Practice received was based on the number of patients registered in each Practice. The amount of funding per registered patient was based on a nationally derived weighted formula for General practice and aimed to take into account levels of deprivation as well as other factors.

The majority of funding each year for Practices came from NHS England, to Greater Manchester Health and Social Care Partnership and then delegated to Clinical Commissioning Groups to distribute for what was defined as “core services”, i.e. the minimum level of services a Practice had to offer its population. Clinical Commissioning Groups might also decide to invest additional revenue funds into primary medical services to incentivise the delivery of additional services, over and above the core contracted level of service, which were a local priority.

The Board was advised that NHS Tameside and Glossop Clinical Commissioning Group had always chosen to invest additional funds in General Practice to support local delivery of priorities, maintain or increase quality of services and reduce demand elsewhere within the health and social care system. Previous initiatives included Quality Outcomes Framework, Directed Enhanced Services and Locally Commissioned Services.

Locally Commissioned Services had been rolled over year on year since 2013/14 and the current contracts expired on 31 March 2019. The report set out a proposal for reviewing and streamlining the way Locally Commissioned Services funding streams, currently valued at £1.2 million per annum, were managed. The Locally Commissioned Services funding enabled those Practices that wished to participate, to deliver proactive and preventative services and / or alternative locations to an acute hospital location for treatments.

However, in recent years, Locally Commissioned Services payments had remained broadly static and it was possible that Practices would no longer be able to afford to offer these services. This could result in a reduction in local service provision or increased inequity. It was proposed to bring together specific funding streams to create a larger Locally Commissioned Services and pay Practices for "bundles" of care rather than individual treatments. With increased clarity of what aspects of care needed to be provided by a Practice or through collective working across a neighbourhood, the aim was to facilitate a cohesive, affordable and high quality population offer.

The long term vision for General Practice was to reduce variation in the provision of services provided locally, improve equity, broaden access to services and improve the quality of health outcomes across the population. The proposal set out in the report was the first step towards the delivery of the vision as it commenced development of a neighbourhood model of delivery.

RESOLVED

(i) To note the longer term vision of delivering services at a neighbourhood level and this proposal be accepted as a transition step on that journey.

(ii) To approve the continued use of the existing £1.2 million resource for the commissioning of Locally Commissioned Services with a two year contract from 2019/20.

(iii) To approve the addition of the £389,000 existing Primary Care Quality Scheme budget to the Locally Commissioned Services resource from 2019/20.

(iv) Support the inclusion of the £625,000 Invest to Save element of the current Commissioning Improvement Scheme, noting that this was a Primary Care Delegated Commissioning resource that had been approved by the Primary Care Committee with the requirement set out at 3.12 of the report.

(v) Approve the full review and refresh of the Locally Commissioned Services model (Option 2) through the existing working group, with oversight by the Health and Care Advisory Group.

71 HOUSING FINANCIAL ASSISTANCE POLICY 2018-23

Consideration was given to a report of the Executive Leader and Interim Director of Growth providing an updated Private Sector Housing Policy to enable a wider and more holistic approach to Housing Adaptation improvements due to increased Government Disabled Facilities Grant funding and continued repayments from previous housing improvement grants and loans. The revised Policy would replace Tameside's current Private Sector Housing Renewal Policy approved in 2003 and provided the means to allow vulnerable and disabled residents access to existing forms of financial assistance to assist them in maintaining independence, preventing further deterioration in their condition and reducing the need to call upon social care and health services.

In addition, and as part of the revised Policy, it was intended to introduce new forms of assistance to enable the offer to be increased to the elderly and the vulnerable home-owner, assisting those individuals who might not qualify for a Disabled Facilities Grant adaptation but need other assistance to prevent or deter the need for further and more expensive interventions at a later date. The proposed assistance would be offered in a number of ways and subject to financial considerations as detailed in Appendix 1 to the report

Reference was also made to an Equality Impact Assessment, attached to the report at Appendix 2, drafted to address the impacts of this policy change and continuing to operate alongside the implementation of the revised policy for the purpose of monitoring. As part of the Equality Impact Assessment process and in order to seek wider support for the proposed Housing Financial Assistance Policy, it was intended to consult with a range of users. This would include Tameside MBC Adult, Social and Children's Services, disability user groups, registered providers (whom the Council had service level agreements with for adaptations) and through the facilities offered by the Council's Big Conversation initiative, as detailed in Appendix 3.

RESOLVED
That approval be given for a 6 week public consultation exercise in respect of the proposed amendments to current policy in connection with the Disabled Facilities Grant and other associated funding loans and grants as set out in the report, the outcome of which would be reported for final decision to the Strategic Commissioning Board and Executive Cabinet.

72 TAMESIDE EMPLOYMENT FUND

Consideration was given to a report of the Executive Member (Economic Growth, Employment and Housing) and Director of Children's Services advising that the grants and scheme detailed in the report had been successfully implement and delivered sustainable outcomes for young people and businesses in Tameside.

It was reported that Tameside MBC had been supporting local small to medium enterprises to grow and develop skilled trades, employment of young people aged 16 to 24 years old in apprenticeships and reduction of young residents aged 16 to 24 years who were not in employment, education or training.

Reference was made to a summary evaluation and business case to continue the outcomes delivered by the grants in the form of re-branded Tameside Employment Fund beginning in April 2019.

The Strategic Commissioning Board was advised that the case for continuing the grants was based on the benefits of cost avoidance by targeting outcomes on vulnerable and complex cohorts and supported the delivery of Corporate Parenting. The Employment and Skills team had already secured £100,130 of Greater Manchester Combined Authority funding towards this programme and further details on this funding were outlined in section 6 of the report.

The Board welcomed the report and supported further investment to continue the scheme and noted the strong outcomes and positive impact for young people from complex groups.

RESOLVED
(i) That the significant benefits of the grants and schemes for Tameside businesses, providers and young people aged 16 to 24 years old, particularly looked after children and care leavers be noted.
(ii) RECOMMEND TO COUNCIL an investment of £0.297 million to support continuation of the scheme over the 2 year period 1 Aril 2019 to 31 March 20121. In addition, £0.100 million would be received from the Greater Manchester Combined Authority.
(iii) That a celebration event be arranged for those benefiting from the scheme to further build sustainable relationships.

73 SOCIAL VALUE IN COMMISSIONED CONTRACTS GUIDANCE

Consideration was given to a report of the Deputy Executive Leader and the Interim Director of Growth explaining that the draft Social Value Guidance detailed supported the Greater Manchester Combined Authority Social Value Policy. This had already been adopted by all Greater Manchester boroughs and should increase social value outcomes within Tameside if implemented effectively.

Reference was made to the summary evaluation and business case to implement a Tameside Social Value Guidance to ensure this was adopted within all commissioned contracts where appropriate. The case for this was based on the measureable benefits to the borough, supporting the outcomes detailed in 'Our People – Our Place – Our Plan'. It had been developed in conjunction with STAR procurement and, if adopted, STAR and the Employment Skills Team would work with the relevant commissioners to ensure the Guidance was operationally implemented and continued to evolve through learning.

RESOLVED
That the Tameside Social Value Guidance be agreed and the potential significant benefits to the borough of the adherence to the Guidance in all contracts be noted.

74 DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 12 December 2018.

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 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 OCTOBER 2018 AND FORECAST TO 31 MARCH 2019**
Report Summary:	As at 31 October 2018 the Integrated Commissioning Fund is forecasting to spend £582.3m against an approved budget of £580.4m, an **overspend of £1.9m,** but an improvement on the position reported at month 6. This forecast masks significant risks and pressures in a number of areas, including Continuing Care, Children's Services and Operations and Neighbourhoods. The improved position from month 6 is due to a combination of improved savings delivery and the release of corporate contingency budgets.
Recommendations:	Strategic Commissioning Board Members are recommended : 1. To note the report content. 2. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast. 3. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Operations & Neighbourhoods, and Growth.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	This report provides the 2018/19 consolidated financial position statement at 31 October 2018 for the Strategic Commission and Integrated Care Foundation Trust partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years. 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. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget. It should be noted that the Integrated Commissioning Fund for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

Legal Implications: **(Authorised by the Borough Solicitor)**	Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.
How do proposals align with Health & Wellbeing Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy
How do proposals align with Locality Plan?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan
How do proposals align with the Commissioning Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop 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 : Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council Telephone:0161 342 5609 e-mail: tom.wilkinson@tameside.gov.uk

Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group

Telephone:0161 342 5626

e-mail: tracey.simpson@nhs.net

David Warhurst, Associate Director Of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust

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 October 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy 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 £580.4 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. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council and High Peak Borough Council.

1.4 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)

2. FINANCIAL SUMMARY

2.1 As at 31 October 2018 the Integrated Commissioning Fund is forecasting to spend £582.3m against an approved budget of £580.4m, an overspend of £1.9m, but an improvement on the position reported at month 6. This forecast masks significant risks and pressures in a number of areas, including forecast overspend on Continuing Care (£2.8m), Children's Services (£6.6m) and Operations and Neighbourhoods (£2.4m).

2.2 The forecast position for the Strategic Commission has improved by £0.8m from month 6, due mainly to further delivery of savings on CCG budgets and the release of Council corporate contingency budgets.

3. TARGETED EFFICIENCY PLAN (TEP) SAVINGS

3.1 The opening economy wide savings target for 2018/19 is £35.920m, consisting of:

- Clinical Commissioning Group - £19.8m
- Tameside MBC - £3.1m
- Integrated Care Foundation Trust - £13.0m

3.2 Against this target, £18.9m of savings have been realised in the first seven months, 53% of the required savings.

3.3 Expected savings by the end of the year are £32.8m, a shortfall of £3.1m against target and a small improvement on the position reported last month.

3.4 The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

4. RECOMMENDATIONS

4.1 As set out at the front of the report.

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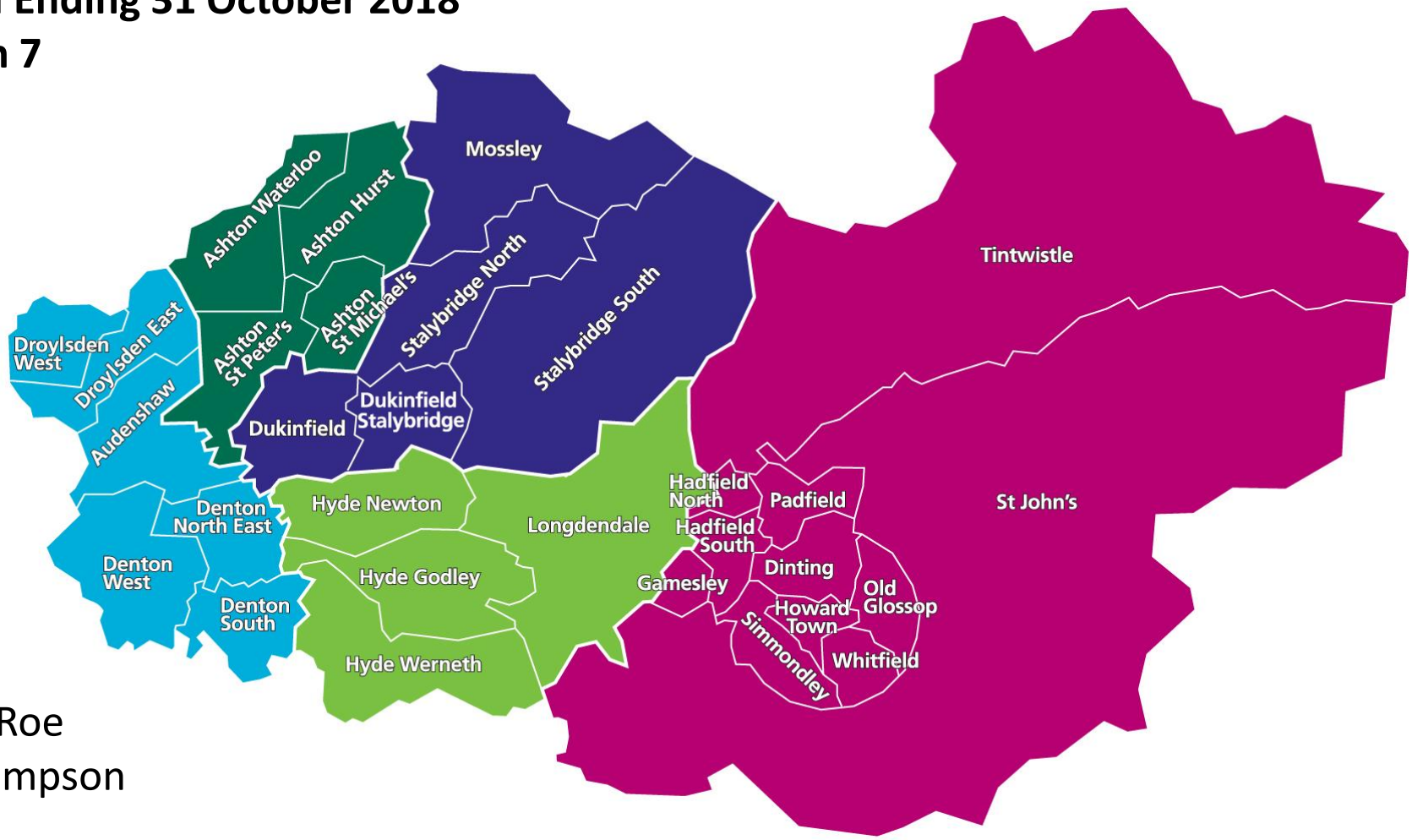
Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 October 2018
Month 7



Kathy Roe
Sam Simpson

Integrated Financial Position Summary Report

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Tameside & Glossop Integrated Economy Wide Financial Position

£6.6m

Children's Services

Unprecedented levels of demand in Children's Social Care continue and place significant pressures on staff and resources. **Placement costs are the main driver of the forecast £6.6m in excess of approved budget.**

Message from the DOFs

The economy wide financial position has continued to improve but the overall picture remains mixed with significant challenges and risks in some areas.

Delivery of further savings and the release of contingencies has resulted in an improvement in the forecast outturn position. However, this improved overall position masks continuing pressures across a number of areas, including significant overspends on Children's Services, Continuing Healthcare and Operations and Neighbourhoods.

TEP performance has improved for both the CCG and the Trust, but further improvement is required for the CCG and Council to deliver a balanced position, and the Trust to meet it's deficit control total, by 31 March 2019. Savings delivery for 2018/19 and future years remains a key priority. Financial plans for 2019/20 and beyond are now being refined and savings required next year remain significant.

£0.8m

Strategic Commission Forecast

Overall forecast outturn for the Strategic Commission has improved by £0.8m due mainly to the delivery of further savings. The forecast is now for an overspend of £1.8m.

This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Integrated Care Foundation Trust (ICFT) . It does not capture any Local Authority spend from Derbyshire County Council or High Peak Borough Council for the residents of Glossop.

	Forecast Position			Variance	
Forecast Position £000's	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	393,929	394,855	-926	-1,370	445
TMBC Expenditure	186,514	187,481	-967	-1,320	353
Integrated Commissioning Fund	**580,443**	**582,336**	**-1,893**	**-2,691**	**798**
ICFT - post PSF Agreed Deficit	-19,149	-19,149	0	0	0
Economy Wide Position	**561,294**	**563,187**	**-1,893**	**-2,691**	**798**

Tameside & Glossop Integrated Commissioning Fund

As at 31 October 2018 the Integrated Commissioning Fund is forecasting to spend £582.3m against an approved budget of £580.4m, an **overspend of £1.9m,** but an improvement on the position reported at month 6. This forecast masks significant risks and pressures in a number of areas, including Continuing Care, Children's Services and Operations and Neighbourhoods.
The improved position from month 6 is due to a combination of improved savings delivery and the release of corporate contingency budgets.

	Forecast Position					Net Variance	
Forecast Position £000's	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	204,347	0	204,347	204,348	-1	116	-117
Mental Health	32,343	0	32,343	33,015	-672	-633	-40
Primary Care	83,791	0	83,791	83,504	286	221	65
Continuing Care	14,330	0	14,330	17,096	-2,766	-2,767	1
Community	29,912	0	29,912	30,239	-327	-305	-22
Other CCG	23,997	0	23,997	20,517	3,481	3,367	113
CCG QIPP Shortfall (QIPP)	0	0	0	926	-926	-1,370	445
CCG Running Costs	5,209	0	5,209	5,209	-0	-0	0
Adults	82,653	-42,172	40,480	40,267	213	174	39
Children's Services	78,200	-28,871	49,330	55,905	-6,575	-6,733	158
Individual Schools Budgets	127,944	-127,944	0	0	0	0	0
Population Health	16,912	-680	16,232	16,171	61	61	0
Operations and Neighbourhoods	88,802	-31,990	56,811	59,250	-2,439	-2,146	-293
Growth	30,095	-28,669	1,426	2,153	-727	-894	167
Governance	88,643	-79,889	8,754	7,711	1,043	1,043	0
Finance & IT	6,103	-1,550	4,553	4,322	231	248	-16
Quality and Safeguarding	367	-288	79	79	-0	6	-6
Capital and Financing	10,998	-1,360	9,638	8,058	1,580	1,580	0
Contingency	4,163	-6,823	-2,660	-7,018	4,358	4,054	304
Corporate Costs	8,726	-6,857	1,870	583	1,287	1,287	0
Integrated Commissioning Fund	**937,534**	**-357,092**	**580,443**	**582,336**	**-1,893**	**-2,691**	**798**

Integrated Commissioning Fund – Movements since month 6

The overall forecast outturn for the Integrated Commissioning Fund has improved by £0.8m since period 6.

£117k Acute

Forecast costs on the Stockport Foundation Trust contract have increased by £101k due to an increase in elective activity and a forecast of further increased activity before year end to clear a back log on waiting lists. The forecast is based on trends and judgement on the likely increase in activity, although there is the potential for further pressures in excess of this forecast.

Increased costs are also being seen on all other NHS provider contracts, in line with previously reported trends. Whilst overall activity has increased slightly, the high levels of increased activity at Manchester Foundation Trust appear to have stabilised. Demand pressures are also resulting in increased activity on independent sector contracts.

£445k CCG TEP

The improved position includes continued success on the QIPP programme for prescribing, in particular savings on repeat ordering.

Additional non-recurrent benefit is due to changes to category M prices, which will reduce by £50m nationally over the next five months to compensate for excess margins earned by pharmacies in previous years. A separate deep dive analysis on Prescribing is included on the agenda for the Finance and QIPP assurance group.

£304k Contingency

Year end projections for the use of contingency budgets are reviewed and updated each month. The revised forecast at month 7 has released further contingency budget which offsets forecast overspends in other areas.

£293k Operations and Neighbourhoods

The change in forecast outturn reflects a reduction in the level of underspends forecast against pay budgets, following further review of projections for the rest of the year.

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	117,746	118,328	-582	204,347	204,348	-1	116	-117
Mental Health	18,798	19,298	-499	32,343	33,015	-672	-633	-40
Primary Care	48,079	47,897	183	83,791	83,504	286	221	65
Continuing Care	8,069	9,246	-1,177	14,330	17,096	-2,766	-2,767	1
Community	17,448	17,482	-33	29,912	30,239	-327	-305	-22
Other CCG	18,037	15,935	2,102	23,997	20,517	3,481	3,367	113
CCG TEP Shortfall (QIPP)	0	0	0	0	926	-926	-1,370	445
CCG Running Costs	2,313	2,305	7	5,209	5,209	-0	-0	0
Adults	21,013	20,932	82	40,480	40,267	213	174	39
Children's Services	36,276	39,940	-3,664	49,330	55,905	-6,575	-6,733	158
Population Health	9,469	11,287	-1,818	16,232	16,171	61	61	0
Operations and Neighbourhoods	33,140	35,484	-2,345	56,811	59,250	-2,439	-2,146	-293
Growth	832	-1,174	2,006	1,426	2,153	-727	-894	167
Governance	5,107	8,204	-3,097	8,754	7,711	1,043	1,043	0
Finance & IT	2,656	2,499	157	4,553	4,322	231	248	-16
Quality and Safeguarding	46	-37	82	79	79	-0	6	-6
Capital and Financing	5,622	1	5,621	9,638	8,058	1,580	1,580	0
Contingency	-1,552	-872	-680	-2,660	-7,018	4,358	4,054	304
Corporate Costs	1,091	-694	1,785	1,870	583	1,287	1,287	0
Integrated Commissioning Fund	**344,190**	**346,061**	**-1,871**	**580,443**	**582,336**	**-1,893**	**-2,691**	**798**
CCG Expenditure	230,490	230,490	-0	393,929	394,855	-926	-1,370	445
TMBC Expenditure	113,700	115,570	-1,871	186,514	187,481	-967	-1,320	353
Integrated Commissioning Fund	**344,190**	**346,061**	**-1,871**	**580,443**	**582,336**	**-1,893**	**-2,691**	**798**
ICFT - post PSF Agreed Deficit	-19,149	-19,149	0	-19,149	-19,149	0	0	0
Economy Wide Position	**-19,149**	**-21,020**	**-7,890**	**561,294**	**563,187**	**-1,893**	**-2,691**	**798**

The CCG surplus has increased from £9.3m to 12.3m as approved by the Strategic Commissioning Board in September 2018. This will enable draw down of £6m of cumulative surplus in 2019/20, Improving the economy wide financial position in future years

Tameside Integrated Care Foundation Trust Financial Position

SUMMARY

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

- For the financial period to the **31st October 2018**, the Trust has reported a net deficit of c.£13.4m (Post PSF), which is c.£208k better than plan. The in month position for October reported a £1.5m net deficit, £46k better than plan.
- The Trust delivered c.£1.2m of savings in month, this is an underachievement against target by c.£75k in month, cumulatively the Trust is reporting an overachievement against plan of c£0.6m
- To date the Trust has spent c.£4.6m on Agency spend, against a plan of £5.4m; based on this run rate, spend should be within the agency cap of £9.5m.

KEY RISKS

- **Control Total –** The Trust now has an agreed control for 2018/19 of **c£19.1m**, this assumes the Trust will be in receipt of the full Provider Sustainability fund.
- **Provider Sustainability Fund** - The Trust must achieve its financial plan at the end of each quarter to achieve 70% of the PSF, the remainder is predicated on achievement of the A&E target. If the Trust fail to deliver the financial and/or performance targets it will need to borrow additional cash at 1.5%
- **TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£0.7m** and recurrently of **c£1m**. **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 hopper ideas to improve this forecast position.

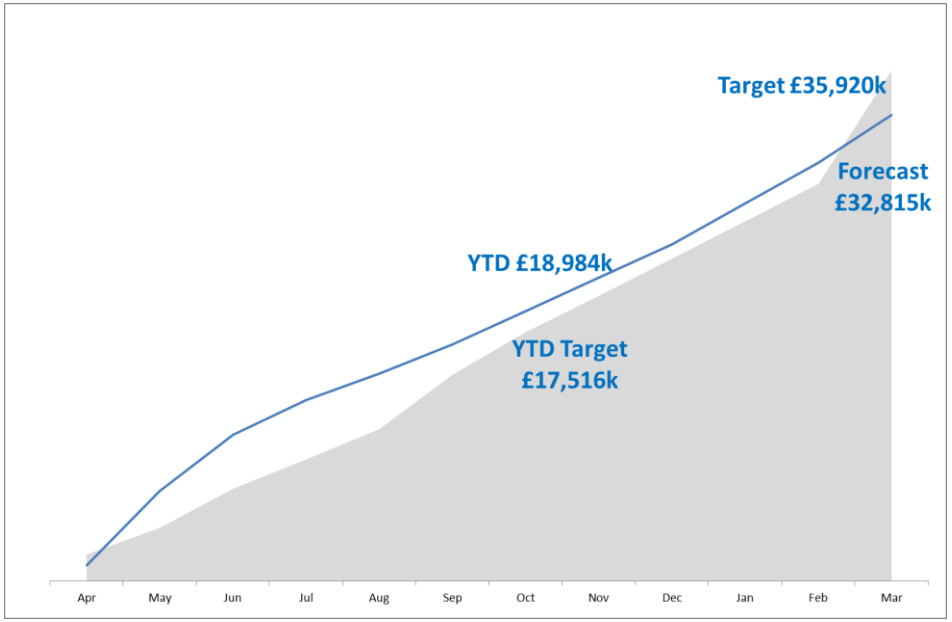
	Month 7			YTD			Outturn
Financial Performance Metric	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Normalised Surplus/(deficit) before PSF	(1,582)	(1,535)	46	(15,057)	(14,848)	208	(23,370)
Provider Sustainability Fund (PSF)	281	281	0	1,476	1,476	0	4,221
Surplus/(Deficit) post PSF	(1,301)	(1,254)	46	(13,581)	(13,372)	208	(19,149)
Capital Expenditure	655	63	(592)	2,124	768	(1,356)	4,127
Cash and Cash Equivalents	1,220	1,516	296				1,220
Trust Efficiency Savings	1,256	1,181	(75)	5,983	6,586	604	13,000
Use of Resources Metric	3	3		3	3		3

TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	65	2,840	5,506	11,942	20,353	19,800	18,874	(926)
TMBC	547	280	1,028	456	2,311	3,119	1,679	(1,440)
Strategic Commissioner	**612**	**3,120**	**6,534**	**12,398**	**22,664**	**22,919**	**20,553**	**(2,366)**
ICFT	1,155	1,028	4,648	6,586	13,417	13,001	12,262	(739)
Economy Total	**1,767**	**4,147**	**11,182**	**18,984**	**36,081**	**35,920**	**32,815**	**(3,105)**

- The opening economy wide savings target for 2018/19 is £35,920k:
  - Commissioner £22,919k (£19,800k CCG & £3,119k TMBC)
  - Provider £13,001k
- Against this target, £18,984k of savings have been realised in the first seven months, 53% of the required savings.
- Expected savings by the end of the year are £32,815k, a shortfall of £3,105k against target and a small improvement on the position reported last month.
- More work is required to identify new schemes and turn red and amber schemes green.
- The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.

Progress Against Target



TEP – Targeted/Trust Efficiency Plan

£1,124k

Strategic Commission

Overall expected savings on CCG schemes have improved from the previous month. This includes a further improved savings forecast on GP prescribing where, despite pressures on Category M drugs, significant savings are being realised by medicines management. There is no change to savings forecast on TMBC schemes.

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	0	0	0	0	0	3,239	0	(3,239)
	GP Prescribing	40	890	725	1,428	3,082	2,000	2,601	601
	Individualised Commissionin	25	0	393	300	718	1,326	696	(630)
	Other Established Schemes	0	1,250	283	2,028	3,561	4,283	2,936	(1,347)
	Tameside ICFT	0	0	1,033	1,447	2,480	2,480	2,480	0
	Technical Financial Adjustm	0	700	3,071	6,740	10,511	6,472	10,161	3,689
CCG Total		**65**	**2,840**	**5,506**	**11,942**	**20,353**	**19,800**	**18,874**	**(926)**
TMBC	Adults	318	0	379	0	697	697	411	(286)
	Growth	0	25	340	0	365	898	353	(546)
	Finance & IT	50	0	0	122	172	172	127	(45)
	Governance	129	0	0	25	154	154	38	(116)
	Childrens (Learning)	0	0	90	0	90	90	90	0
	Operations & Neighbourhoo	50	255	0	0	305	580	133	(448)
	Pop. Health	0	0	219	309	528	528	528	0
TMBC Total		**547**	**280**	**1,028**	**456**	**2,311**	**3,119**	**1,679**	**(1,440)**
Strategic Commissioner Total		**612**	**3,120**	**6,534**	**12,398**	**22,664**	**22,919**	**20,553**	**(2,366)**

TEP – Targeted/Trust Efficiency Plan

£693k

ICFT

Overall expected savings have improved from the previous month. The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£0.7m** and recurrently of **c£1m**. **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 hopper ideas to improve this forecast position.

Page 124 of 124	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
ICFT	Community	0	183	38	79	300	363	300	(64)
	Corporate	0	0	270	764	1,034	805	1,034	229
	Demand Management	350	106	372	520	1,348	1,474	998	(476)
	Estates	28	10	235	224	496	569	468	(101)
	Finance Improvement Team	75	0	460	975	1,510	1,067	1,435	368
	Medical Staffing	290	105	105	80	579	1,103	290	(813)
	Nursing	129	35	326	687	1,177	1,243	1,047	(196)
	Paperlite	93	41	22	65	221	250	128	(122)
	Pharmacy	100	402	232	78	812	450	712	262
	Procurement	91	0	384	78	553	752	463	(289)
	Transformation Schemes	0	0	1,531	1,905	3,436	3,000	3,436	436
	Technical Target	0	146	173	102	421	375	421	46
	Vacancy Factor	0	0	501	1,030	1,530	1,550	1,530	(20)
ICFT Total		**1,155**	**1,028**	**4,648**	**6,586**	**13,417**	**13,001**	**12,262**	**(739)**

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 2018
Officer of Single Commissioning Board	Gill Gibson, Director of Safeguarding and Quality Lynn Jackson, Quality Lead Manager
Subject:	**BIMONTHLY QUALITY ASSURANCE REPORT**
Report Summary:	The purpose of the report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.
Recommendations:	The Strategic Commissioning Board is asked to note the content of the report.

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				
Total				**£577m Net Resource**
Section 75 - £'000 Strategic Commissioning Board	£267million Net Resource			

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

There is no direct financial implications within the content of this report but the Strategic Commission have an integrated commissioning fund with a net value of £577m of which £267m is within the Section 75 pooled budget. Quality is an important factor in determining value for money services, mitigating risk and providing assurance that our residents are receiving the best outcomes from investment. The content of this report highlights the controls and monitoring systems currently in place to maintain high quality services and instigate remedial action as required. This is particularly crucial in high risk areas such as continuing healthcare and children's services. Furthermore, this level of rigour and control facilitates the potential for additional income from the CCG Quality Premium.

Legal Implications:

(Authorised by the Borough Solicitor)

As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. A framework needs to be developed to achieve this. It must include complaints and other indicators of quality.

How do proposals align with Health & Wellbeing Strategy?	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
How do proposals align with Locality Plan?	Quality assurance is part of the locality plan.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The services are responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their care.
Quality Implications:	The purpose of the report is to provide the SCB with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working.
How do the proposals help to reduce health inequalities?	As above.
What are the Equality and Diversity implications?	None currently.
What are the safeguarding implications?	Safeguarding is part of the report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.
Risk Management:	No current risks identified.
Access to Information :	The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by:  Telephone: 07800 928090  e-mail: lynn.jackson7@nhs.net

1. PURPOSE

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

2. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (Acute and Community Services):

Key Issues and Concerns
Community Services

2.1 The Strategic Commission (SC) has raised concerns in relation to staffing capacity within Intgrated Care Foundation Trust (ICFT) community services. The ICFT has undertaken a review of community services; and have been asked to present the findings of the review, alongside assurance that they have capacity to provide good quality community services, at the ICFT Quality and Performance Contract Meeting. This presentation is scheduled for 13 December 2018 and an update will be provided in the following report.

Health Visiting Service

2.2 Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus. There is current concern around a deterioration in performance within the service against National Key Performance Indicators.

Actions taken to improve

2.3 Following the September Quality and Performance meeting with the ICFT the Director of Nursing, as Chair of this group, and the Deputy Director of Public Health (as accountable commissioner) escalated the ongoing concerns about the Health Visiting service to the Chief Nurse and Director of Operations at the Trust. The Trust were asked to provide the Health Visiting improvement plan which has been submitted to the accountable commisisoner, alongside assurance that performance will be back on trajectory for quarter 3.

2.4 The Service Improvement Plan is being monitored through a monthly meeting with service leads. The Improvement Plan has been RAG rated and includes actions around recruitment, data quality and quality audit of assessments, increasing antenatal contacts and additional training for staff. The service aim to show performance improvement by Quarter 3 2018/19. Tameside MBC Internal Audit team are also auditing Health Visiting performance and contracting with a report due at the beginning of December.

Good Practice

2.5 The service, in partnership with Manchester Metropolitan University, has published a recent research Community capacity project report around role of grandparents in school readiness.

2.6 Vicky Grundy, a Health Visitor in Denton won the -Recognising Excellence and Achievement Award- Mentor of the Year from Manchester University. The 'Recognising Excellence and Achievement' Awards affords all nursing and midwifery students the opportunity to highlight practice staff who have shown enthusiasm and commitment to supporting them and their learning. Vicky was shortlisted from a large number of applicants (90+) across Greater Manchester. This is the second year in a row that one of our Tameside Health Visitors has won the award (Last year Barbara Waugh won the award), which really is a credit to the fantastic support that the Health Visiting Teams give to students.

2.7 This highlights the learning experience that our students receive in Tameside and how much they value the experience. Below is a comment from the student that Vicky has mentored:

''Vicky is deserving of the mentor award and I am truly grateful for her continuous support and thankful I have been lucky to learn from her, for I cannot imagine learning from a more inspiring mentor who is equally just as gifted in health visiting.''

Looked After Children (LAC)

2.8 Concerns remain about the overall timeliness of Looked After Children (LAC) statutory health assessments with performance remaining below expected target. Whilst service improvements have been made over last 12 months improvements have not been consistent or sustainable.

Actions taken to improve

2.9 A final improvement action plan has been agreed between the ICFT and CCG which is being monitored biweekly to ensure progress is on target for quarter 3. Work continues to review complex commissioning arrangements for health of looked after children including re-specifications of the LAC health service to include more cohesive arrangements to improve timeliness and quality of services for LAC.

Health Care Acquired Infections (MRSA bacteraemia)

2.10 To date (2018/19) there has been a total number of 7 MRSA bacteraemia across the Tameside and Glossop economy (5 x community onset and 2 x acute onset); this is an increase in cases compared to the same period 2017/18 (4).

2.11 In terms of quality assurance all MRSA bacteraemia cases are examined using the national Post Infection Review tool. This process aims to draw out learning from incidents to ensure that action is taken to reduce future risk to the case and other patients. All investigations are reviewed at the Health Care Aquired Infections (HCAI) Quality Improvement group providing assurance that learning form incidents is acted upon and plans are in place to ensure best practice in infection prevention is shared across the trust foot print.

2.12 The outcome of post infection reviews identified 2 x cases where no lapses in care were identified and 3 x cases where wider opportunities for learning were identified but did not contribute to the development of this MRSA case (i.e. not preventable but require action to reduce future risk). 2 x cases identified lapses in care that could have contributed to the development of this MRSA case (i.e. preventable); this is one more case)to date) than in 2017/18.

2.13 Thematic analysis of the MRSA bacteraemia cases reviewed by the infection prevention team this year has indicated that all patients had wounds of some kind and the majority of these patients had had previous admission to the Stamford Unit.

Action taken to improve

2.14 Whilst the data gathered from the post infection review, in most of cases, has not indicated lapses in care that led to infection, the Trust are taking proactive action in requesting that the Stamford Unit Nursing team and the Lead Nurse for Tissue Viability review the management of wound care to identify any specific learning, and the need, or otherwise to refresh wound management guidelines. The Trust already has a pressure ulcer prevention and management focus and a considerable number of actions are being overseen by the Pressure Ulcer Prevention Group.

2.15 The implementation of actions plans are overseen by the Infection Prevention Lead Matron who provides assurance to the ICFT Quality and Performance meeting on a quarterly basis, the HCAI Quality Improvement Group and Tameside MBCs Health Protection Group.

Mortality data

2.16 The Trust's Hospital Standardised Mortality Rate (HSMR), of 107.6, is greater than the national mean of 100 and is now considered 'high' or 'worse than expected'. The Trust's

HSMR has increased to >100 as a result of the 'observed' number of deaths exceeding the 'expected' number.

Actions taken to improve

2.17 The Mortality Review Process has not identified changes to standards of care as the cause of the deterioration in performance. Alongside the assessment of care, work is also being undertaken to establish whether changes to the recording of the data, that is used to construct the mortality models, could be responsible for increased mortality rates. The analysis of data will focus on a number of areas: (1) diagnosis codes/ groups which have a significant influence upon national mortality indices (e.g. septicaemia, pneumonia, stroke, heart disease etc.); (2) the capture of patients' co-morbidities; and (3) changes in case-mix/ activity levels. An action plan will be constructed once both elements of the investigative work have been completed and this will be presented at the Quality and Performance contract meeting.

Cancer Patient Experience Survey

2.18 The Cancer Patient Experience Survey has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey is conducted by Quality Health on behalf of NHS England. The latest survey results were published in September 2018 and reflect results for 2017.

2.19 **ICFT Results (full results available here)**

The ICFT result had an overall score of 8.6 (out of 10) for how patient's rated their overall care; this is slightly lower than 2016 when they scored 8.9. However, this is still within the expected range. The ICFT had 1 x question which scored outside expected range for 2017 – this question scored higher than the expected range, which is positive.

Practice staff definitely did everything they could to support patient

The ICFT did not have any questions that scored lower than the expected range; again which is positive, all questions in the survey scored within the expected range.

2.20 **CCG Results (full results available here)**

Tameside and Glossop CCG result had an overall score of 8.8 (out of 10) for how patient's rated their overall. Tameside and Glossop CCG had 3 questions which scored outside expected range for 2017 – all of these scored higher than the expected range, which is very positive.

Patient thought they were seen as soon as necessary
Patient had confidence and trust in all doctors treating them
Patient definitely given enough support from health or social services after treatment

Tameside and Glossop CCG did not have any questions that scored lower than the expected range – again which is positive; all remaining questions in the survey scored within the expected range.

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

Key Issues and Concerns
Improving Access to Psychological Therapies (Healthy Minds)
Prevalence

3.1 This service is currently in the process of redesign with the new step one service "Big Life" not yet fully operational (staff are now in post and expected commence service delivery in early December). As a result of this single episode workshops have reduced which has

impacted prevalence, focus is being placed on Improving Access to Psychological Therapies (IAPT) appropriate treatment for patients entering the Healthy Minds service which are focused on needs led assessment and intervention. Prevalence data is reported monthly and ongoing monitoring is in place via the Contract Performance and Quality Group (CPQG).

Secondary Waits

3.2 As previously reported, there are ongoing delays for patients waiting for treatment, particularly in relation to Step 3 and Enhanced Service Interventions.

Actions taken to improve

3.3 The secondary waits are being addressed jointly with the CCG with additional investment in capacity in the psychological therapies service. Over September and October agency staff were recruited to address the secondary waits. The new posts created with the additional CCG investment have now been fully recruited to with 2 staff commencing in post at the end of October and early November. The 3 remaining staff are in the process of completing the pre-employment checks and confirming start dates with the service. The aim is for the additional capacity to support the waiting list reduction. The service is also undertaking a waiting list validation exercise to ensure that the patients waiting for treatment still require the treatment, this is being undertaken during November and December.

Memory Assessment Service

3.4 The Memory Assessment service has not been reaching the referral standard of 12 weeks since July 2018. Issues around staffing during the summer were previously reported to have impacted timescales for appointments in particular consultant capacity over the summer. Measures including additional clinics and increased short-term capacity have been put in place to address this. However, it has been reported that other contributory factors are also affecting performance and a performance diagnostic is required.

Actions taken to improve

3.5 Additional clinics and short term increased capacity have been put in place. It has been reported that a performance diagnostic is being undertaken. Clear timescales for this have been requested.

Staffing Issues

3.6 Capacity and recruitment continue to be challenging for Pennine Care Foundation Trust (PCFT) across a number of services. These are formally acknowledged for Community Mental Health Team (CMHT) on the Risk Register.

Actions taken to improve

3.7 Bank and agency staff are being utilised to increase capacity. The newly formed Quality Assurance Meeting involving all five CCGs has identified this as an area of focus at Trust-wide level and a request has been made to strengthen safe staffing reporting including acuity and risk tolerance. PCFT are developing a Board paper to address this as well as spot audits onwards. Locally, capacity is monitored via the CQPG, regular updates are also provided via the locality report and an update on current vacancies and progress with recruitment has been requested. As noted above additional investment has also been provided to the Trust for areas of specific concern such as psychological therapies. A focussed session on workforce is also being requested as a “Quality in Focus” item for 2019 which will cover both adults and children.

Horizon Scanning

3.8 Work has been inititated to provide a stronger quality focus at the Local CQPG Meetings in 2019/20. Work is being initiated to look at the reporting structure and content in readiness for the 2019/20 contractual discussions.

4. PUBLIC HEALTH

CGL - Substance Misuse Peer Review

4.1 Substance Misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities. The recent peer review is timely in helping us focus our efforts on key areas for improvement. It forms part of our collective response to the considerable challenges of substance abuse we face across the Borough. Sarah Hart from Haringey Council, Public Health Team led the review. She has over 15 years of experience commissioning substance misuse services for Haringey Council. The scope of the review was broad and included prevention, commissioning, sustainability, integration, and outcomes for local people.

4.2 **It had 3 keys aims**

- To provide an overview of current challenges;
- To highlight and appreciate areas of good practice;
- To identify key areas for improvement.

4.3 **The peer review process involved**

- self-assessment;
- document review;
- interviews, focus group and visits;
- feedback and identification of issues to be worked into our local action planning;
- Stakeholder feedback session.

The participants in the review and feedback session included

4.4 Tameside Strategic Alcohol and Drug Group, Commissioning; Children's Services; Neighbourhoods; Population Health; Mental Health; Adult Social Care; Primary care lead GPs , Greater Manchester Police and Service Providers

Recommendations of the Peer Review

4.5 **Strategic Direction and Priorities**

- Tameside needs to develop a strategic statement regarding substance misuse which includes - priorities, responsibilities and time frames (request is no more than a page);
- This needs to be agreed and jointly signed off by the Health and Wellbeing Board and Community Safety Partnership;
- Parental substance misuse to be considered as a priority. The Strategic Commissioning Board could use the opportunity of forthcoming SM Public Health England parenting guidelines to set up a task and finish group to produce polices and pathways. This work will be taken forward by the Early Help Group.

4.6 **Quick win**

- Tameside understanding issues and the new delivery model– produce something that explains ethos of the new service;
- Engagement with GPs and agreeing a plan for GP shared care with relevant partners.

4.7 **Leadership and capacity**

- Senior Leaders to consider agreeing a lead for substance misuse across the life course and personal, community and place;
- Introduce a new strategic and operational structure including task and finish groups as needed;
- Leadership in CGL (Change, Grow, Live) to agree to continue to prioritise Tameside.
- CGL, Public Health England and Community organisations to aid the development of a Tameside service user voice
- Strategic Commission to ensure that prevention of substance misuse is part of their commissioning intentions

4.8 **Achievements, outcomes and objectives**

- Population Health and Corporate Performance needs to ensure it has the capacity and expertise to scrutinise and analyse the National Drug Treatment Monitoring System (NDTMS) data;
- Consider agreeing with the provider a set of KPIs which are in line with national monitoring to achieve over a period of 12 months i.e. number in alcohol treatment, waiting times;
- Explore doing a needs assessment around current drugs use including Spice;
- Although a national challenge, possibly there are local or Greater Manchester levers around getting hospital alcohol related trauma data.

4.9 **Priorities and Next Steps**

- Engaging with missing partners;
- Connecting and supporting Neighbourhood work;
- Developing and aligning pieces of work together.

4.10 **Strategic Direction**

- Identify Lead Director / Member for Substance Misuse
- Review the current partnership approach to substance misuse and the Community Safety Partnership including the accountable/delivery mechanisms
- Take the summary of the review for views to key meetings such as Health and Care Advisory Group, Health and Wellbeing Board, Joint Management Team and Community Safety Partnership.
- Connecting and supporting Neighbourhood work including embedding Substance misuse in the work of the Integrated Neighbourhood Design Teams strategically and operationally.

4.11 **Community**

- Launch and implement phase 1 of the GM Big Alcohol Conversation;
- Developing and aligning pieces of work together for example Communities in charge of Alcohol and the GM Big conversation;
- Develop the Alcohol Exposed Pregnancy Programme Proposal;
- Establish a task and finish Group to plan and identify priorities programmes of work starting with Children, Hidden Harm and Alcohol.

4.12 **One to One Service**

- Identify potential support for scrutiny and analysis of NDTMS data
- Review CGL KPIs and agree trajectories linked to national data sets
- Working with Primary Care and General practice to review and co-design a new fit for purpose Shared Care Offer

4.13 **Place**

Development of a process to review and utilise hospital and treatment data to inform neighbourhood enforcement and licensing.

Horizon scanning

Buprenorphine prescribing costs:

4.14 Further to the increase in the cost reported in the last report, the cost increase has levelled off, and Public Health England have written to commissioners to highlight the potential impact on providers if prices do not return to previous levels early next year. Currently costs are being absorbed by the service, but in view of the accumulating increase a joint meeting with CGL and Manchester CC to consider the options and agree a GM approach aligned to CGLs national position is planned for 18 December 2018.

5. PRIMARY CARE

Key points / Issues of concerns

Quality and Outcomes Framework (QOF)

5.1 The Quality and Outcomes Framework is a voluntary reward and incentive scheme for all GP surgeries in England. Practices aim to deliver high quality care across a range of areas for which they score points and the higher a practice's score, the higher the financial reward for the practice. The maximum number of points a practice can receive is 559.

5.2 The aim of the scheme is to reduce variations between general practices in the quality of care. While there are criticisms that Quality Outcomes Framework (QOF) represents a limited, biomedical view of health and the quality of primary care, it does provide information on where variations between practices within Tameside and Glossop as well as providing a year on year comparison of individual practice positions.

5.3 2017/18 QOF Data has been published, which highlights practice achievement in 2017/18.

5.4 All Tameside and Glossop practices participate in QOF. While Tameside and Glossop now have 37 practices, there were 39 for the 17/18 QOF year. For the purposes of this report all practices that have achieved either a 1% year on year increase or a 1% year on year decrease have been treated as either positive or negative outliers.

5.5 Practice overall achievement ranges from 78.73% to 100%. Two practices achieved 100% with 12 practices achieving greater than 99% but less than 100%, ranging from 99.01% to 99.9%. 26 practices had an achievement of 95% or higher.

5.6 5 practices had a year on year increase of 1% or more ranging from a 1.08% increase to an 11.14% increase. 17 practices had a year on year decrease of -1% or more ranging from a -1.17% decrease to a -14.70% decrease.

Actions taken to improve

5.7 The primary care team will work with those practices with a year on year decrease, to understand what challenges they faced in achieving a higher QOF score, support them in improving their position and helping to reduce inequalities across Tameside and Glossop's general practice providers. It is expected that this work will be on-going and across the remainder of the financial year.

Good practice

5.8 Stalybridge practices are using 2018/19 Commissioning Improvement Schemes to reinstate coffee morning to help reduce social isolation and loneliness amongst patients identified as severely frail. The new scheme utilises the existing coffee morning / luncheon club held at Kendal House in Stalybridge and Beatrix House, Dukinfield. Previously, these sessions have only been available to New Charter residents, but the aim was to create an integrated services neighbourhood coffee morning with practices would identifying isolated patients to 'invite' to the coffee mornings/luncheon clubs etc. There are also low lever exercise sessions running at these venues (Live Active) following the coffee mornings and participants will be encouraged to join in or sign up to other community activities.

Horizon scanning:

5.9 Care Quality Commission (CQC) has been discussing how it assesses GP practices going forward. Its proposal was to use an online portal where all practices rated good or outstanding would complete a Provider Information Collection (PIC). The completed PICs would inform CQC's decision making as to which practices it would inspect. The proposal was that any inspection made under this regime would be focused on the effective and well-led key lines of enquiry.

5.10 The technology for CQC to work this way is not yet in place, so CQC will be resuming its second wave of inspections under its existing regime. This means they will revert to the 5 year plan and inspect 20% of Tameside and Glossop practice each year over a five year period.

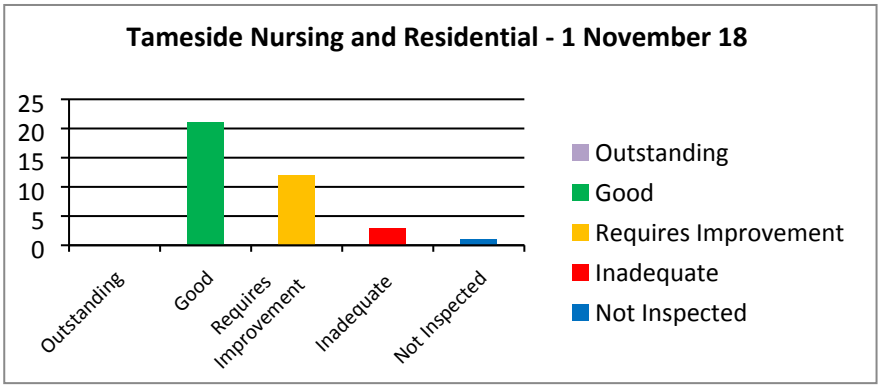
5.11 These inspections will be full inspections rather than focused inspections and are proposed to resume in November. The first Tameside and Glossop practice to be inspected is Millgate Healthcare Partnership on 20 November 2018.

6. CARE AND NURSING HOMES

CQC Performance

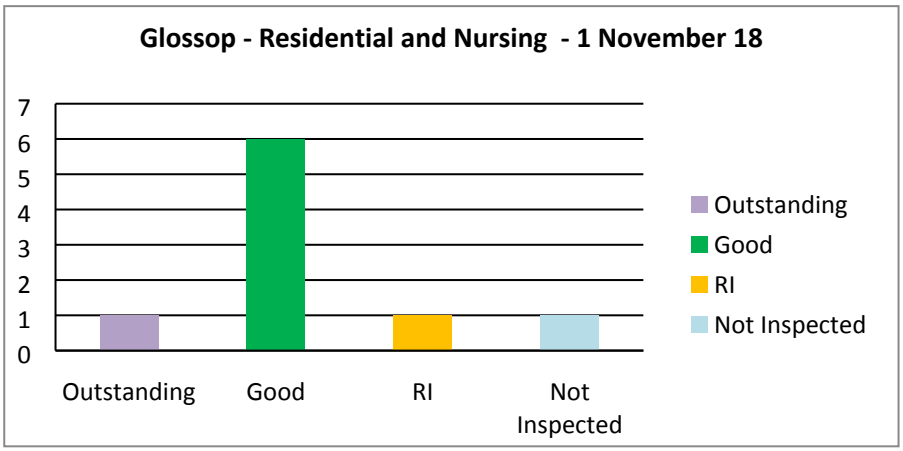
6.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing[1] is provided in the graph below.

Tameside Position – 1 November 18



NB: This data covers operational TMBC commissioned Homes that are CQC registered as "residential" or "nursing". Carson House has now been removed from the data as this home is no longer operational.

Glossop Position – 1 November 18



NB: This data covers operational DCC commissioned Homes that are CQC registered as "residential" or "nursing"

CQC Ratings

Inadequate Ratings

[1] *Where ownership has changed this has been recorded as "not inspected" in line with CQC reporting. The Home will have been inspected under the revised CQC methodology under previous ownership.*

6.2 There are currently three residential homes rated inadequate within the Tameside and Glossop locality.

Oakwood Care Centre (Tameside MBC): rated **Inadequate** by the CQC on 22 March 2018 (previously rated inadequate on 22 April 2017). Significant support has been provided to the Home from the Quality Improvement Team (QIT) and improvements have been seen. The Home was re-inspected in September 2018 and publication is awaited.

Bowlacre Home (Tameside MBC); rated **Inadequate** by the CQC on 24 August 2018 following an inspection on 6 and 7 June 2018. The Home remains suspended from admissions. An action plan was in place and the Quality Improvement Team continued to support the Home, however, Bowlacre has subsequently given notice to all residents that it will close on the 19 November 2018 and the Council is working with residents/families to seek alternative placements. This home is no longer operational.

The Vicarage (Tameside MBC) rated **Inadequate** by the CQC on 21 August 2018 following inspection on 21 May 2018. The Home remains suspended from admissions. Support from the Quality Improvement Team will continue.

Changes to Inadequate Ratings

6.3 There is an improved locality position from the previous report due to the following changes:

Carson House (Tameside MBC): Due to organisational issues a decision was made to work with residents and families to identify suitable alternative accommodation in September 18. As this Home is not currently operational it will not be quality monitored via the standard processes within the locality. It is worth noting the Home will be included in Greater Manchester and National reporting figures as it is currently still registered under CQC.

Regency Hall (Derbyshire CC): This Home was CQC inspected on 3 August 2018, the report has now been published (1 November) and the Home has achieved a Good rating across all CQC domains.

Published CQC Ratings (September and October 18)

6.4 The following CQC Ratings have been published:

Hurst Hall (Tameside MBC) rated as **Requires Improvement** on the 13 September 2018 following an inspection on 23 May 2018. The Home was inspected following prompts from Health and Social Care staff about concerns regarding alleged management of pressure care and incidents within the Home (which also prompted a suspension of new placements). The Home achieved a Good rating in the Caring domain, but Requires Improvement across the other four domains.

Firbank House (Tameside MBC): rated as **Requires Improvement** on the 25 September following a CQC inspection on 15 August 2018 (a reduction from their previous overall Good rating). The Home achieved a Good rating in the Caring and Responsive domains, but Requires Improvement across the Safe, Effective and Well-led domains.

Hatton Grange (Tameside MBC): rated as **Requires Improvement** on the 20 October 2018 following a CQC inspection on the 13 August 2018. The Home achieved a Good rating in the Caring, Effective and Responsive domains, but Requires Improvement across the Safe and Well-led domains. Issues were identified in relation to the implementation of a new medication system and around staffing levels. A medications audit has since been undertaken and a pass was achieved. A Letter offering support has also been sent to the Home from the Quality Improvement Team.

Regency Hall (Derbyshire CC) rated as **Good** on the 1 November 2018 following an inspection on the 3 August 2018. The Home achieved a good rating across all five domains.

The Manager has been asked to present at the Care Home Manager's Forum in the New Year to share any learning as this home was previously rated Inadequate.

Horizon Scanning

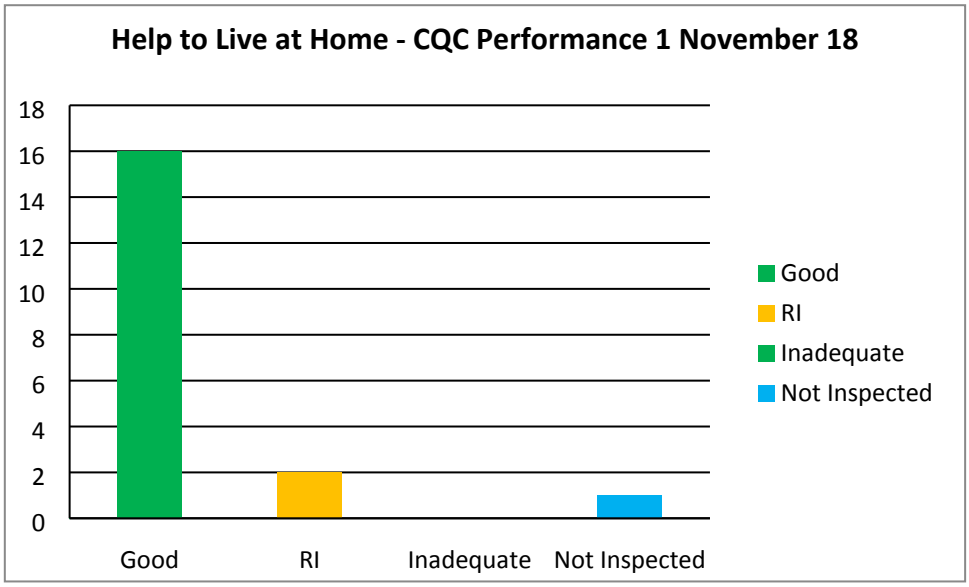
6.5 Work is being undertaken to apply a risk rating to homes based on current intelligence. The risk rating will be determined by a sub-group of the Care Home Quality Review Group based.

6.6 The Quality Improvement Team have now offered to support Homes with preparation for their CQC inspections, this offer was shared with the Home Managers at the Care Home Manager's Forum in October 2018. A further offer has also been given to all Nursing Homes offering bespoke quality improvement support on all aspects of nursing care, as well as clinical skills in several areas of practice. Baseline medication audits are also now being completed for all Homes and baseline reports are being shared through the Care Home Quality Review Group alongside other intelligence.

7. SUPPORT IN THE COMMUNITY

CQC Performance

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



NB: *This data covers operational commissioned providers that are CQC registered as "Homecare Agency" or "Supported living"*

During the reporting period the following CQC reports have been published for the following commissioned providers.

Comfort Call (Help to Live at Home)

7.2 Rated as **Good a**cross all five domains following an inspection on 12 September 2018.

Support at Home Model

7.3 The new support at home model continues to be rolled out across all six zoned providers (phase 2 started in July 2018) so the providers will be working to two models of care initially whilst the new model embeds. It anticipated that by the end of March 2019 all support at home services will be delivered using the new model.

8. CHILDREN'S

8.1 The agreed assurance route for Children's Services is via Tameside Children's Services Improvement Board.

9. ASSOCIATE CONTRACTS

9.1 The quality of associate contracts are manged by the Lead CCG for that contract and assurance sought via the lead CCG's contracting processes. A working group has been established to strengthen internal processes in relation to the performance and quality of associate contracts.

10. SMALLER VALUE CONTRACTS

10.1 Work has been initiated to review the current quality assurance arrangements for the smaller value contracts; this includes the use of a risk matrix to establish the levels of focus required from the Quality Team. A meeting is booked with the Director of Quality and Safeguarding in December 2018 to agree next steps.

11. QUALITY PREMIUM SCHEME 2017/18: PROVISIONAL RESULTS

11.1 The Quality Premium (QP) scheme is about financially rewarding clinical commissioning groups (CCGs) for improvements in the quality of the services they commission. The scheme incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

11.2 The maximum Quality Premium payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. For 2017/18 Tameside and Glossop CCG had the potential to achieve **£1,176k**

11.3 CCGs are advised of the level of their provisional Quality Premium Scheme award in quarter 3 of the following financial year. Provisional outcome for Tameside and Glossop CCG is outlined below: -

Potential Achievement 2017/18	
Achievement based on schemes assessed to date (and assuming financial gateway passed)	**£622**
Potential Achievement for cancer	**£161**

This is a significant improvement on performance compared to previous years:

2016/17:	£390k
2015/16:	£105k
2014/15:	£439k
2013/14:	£545k

2017/18 Assessment (to date):

Assessment of QPP Measures	Achieved	Failed	Not Yet Assessed
QP 1: Cancers diagnosed at early stage (Assessment in Feb 2019)	0.0%	0.0%	20.5%
QP 2: Overall experience of making a GP appointment	Not assessed		
QP 3: NHS Continuing Healthcare Part A Eligibility decision (referral)	10.2%	0.0%	0.0%
QP 3: NHS Continuing Healthcare Part B Assessment setting	10.2%	0.0%	0.0%
QP 4: Mental Health 4A: Out of area placements (OAPs)	not selected in T&G		
QP 4: Mental Health 4B: Equity of Access and outcomes in IAPT services	20.5%	0.0%	0.0%
QP 4: Mental Health 4C: Improve inequitable rates of access to Children & Young People's Mental Health Services	not selected in T&G		
QP 5: GNBSIs 5Ai: Reducing gram negative blood stream infections (BSI) across the whole health economy.	7.2%	0.0%	0.0%
QP 5: GNBSIs 5Aii: Blood stream infection data collection	*2.0%*	0.0%	0.0%
QP 5Bi: Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: GNBSIs - 10% reduction in the ratio Trimethoprim: Nitrofurantoin prescriptions	4.6%	0.0%	0.0%
QP 5Bii: Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: GNBSIs - 10% reduction in Trimethoprim items prescribed to patients 70+	4.6%	0.0%	0.0%
QP 5: GNBSIs 5C: Sustained reduction of inappropriate prescribing in primary care	2.0%	0.0%	0.0%
QP 6 Rightcare measure	*18.1%*	0.0%	0.0%
Total	**79.4%**	**0.0%**	**20.5%**

Value of QPP achievement before quality Adjustment £000	**£934**	**£0**	**£241**

Constitution, Financial and Quality Reductions	Achieved	Failed	Not Yet Assessed
Incomplete RTT	33.3%	0.0%	-
Cancer 62 day referral waits	33.3%	0.0%	-
A&E 4 hours waits	0.0%	33.3%	-
	66.7%	**33.3%**	**0.0%**

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 2018
Officer of Strategic Commissioning Board	Sarah Dobson, Assistant Director Policy, Performance and Communications.
Subject:	**DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

Report Summary:

This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at December 2018. The report covers:

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

This is based on the latest published data (at the time of preparing the report). This is as at the end of September 2018.

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

The following have been highlighted as exceptions:

- A&E 4 Hour Standard
- Referral To Treatment- 18 weeks
- Direct Payments
- 65+ at home 91days.

Recommendations:

The Strategic Commissioning Board are asked:

- Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner.

	• Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy.
How do proposals align with Health & Wellbeing Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
How do proposals align with Locality Plan?	Should provide check & balance and assurances as to whether meeting plan.
How do proposals align with the Commissioning Strategy?	Should provide check & balance and assurances as to whether meeting strategy.
Recommendations / views of the Professional Reference Group:	This section is not applicable as this report is not received by the professional reference group.
Public and Patient Implications:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.
Quality Implications:	As above.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.
Legal Implications: **(Authorised by the Borough Solicitor)**	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all part sot account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators of quality.
How do the proposals help to reduce health inequalities?	This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.
What are the Equality and Diversity implications?	None.
What are the safeguarding implications?	None reported related to the performance as described in report.

What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no Information Governance implications. No privacy impact assessment has been conducted.
Risk Management:	Delivery of NHS Tameside and Glossop's Operating Framework commitments 2017/18
Access to Information :	• **Appendix 1** – Health & Care Dashboard; • **Appendix 2** – Exception reports; The background papers relating to this report can be inspected by contacting Ali Rehman by:  Telephone: 01613425637  e-mail: alirehman@nhs.net

1.0 BACKGROUND

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

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;

- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware;

- In-focus – a more detailed review of performance across a number of measures in a thematic area.

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

2.0 HEALTH AND CARE DASHBOARD

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

EXCEPTIONS (areas of concern)	1	A&E- 4 hour Standard
	3	Referral To Treatment-18 Weeks
	40	Direct Payments
	45	65+ at home 91days
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	41	LD service users in paid employment

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

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

2.3 The A&E performance for September was 92.7% for Type 1 & 3 which is below the target of 95% nationally, and above the GM 90% target. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Tameside and Glossop Integrated Care Foundation Trust are ranked first in GM for the month of September 2018 and 22nd out of 133 trusts nationally.

18 Weeks Referral To Treatment

2.4 Performance for September is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91.1%. This is an improvement in performance compared to the previous month, July which also failed to achieve the standard at 91.3%. The national directive to

cancel elective activity was expected to reduce performance from January. The impact for Tameside and Glossop was expected to be greatest at Manchester Foundation Trust (MFT) and the recovery plan submitted to GM reflected that fact that failure at MFT could mean Tameside and Glossop performance would be below the required standard. MFT is failing to achieve the Referral to Treatment national standard. MFT (formerly UHSM) revised its improvement trajectory and is currently on track. MFT (formerly CMFT) is slightly below target although there have been improvements in children's services. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

Proportion of people using social care who receive self-directed support, and those receiving Direct Payments

2.5 Performance for Quarter 2 is below the threshold for total proportion of people using social care who receive self-directed support and those receiving direct payments (28.1%) achieving 13.71%. This is an improvement in performance compared to the previous quarter, which also failed to achieve the standard at 12.84%. Tameside performance in 2016/2017 was 12.47%, this is a decrease on 2015/2016 and is below the regional average of 23.8% for 2016/2017. Nationally the performance is 28.3% which is above the Tameside 2016/17 outturn. Additional capacity was provided within the Neighbourhoods funded from the Adult Social Care transformation funding. Four Direct Payment workers have been recruited and have been working on a marketing programme to promote direct payments and encourage take up within the neighbourhoods. Although take up has increased there remains a problem with recruitment to Personal Advisor roles. In order to address this Direct payment Workers are working on a Personal Advisor pool and are also working on a marketing programme to raise awareness of the role of Personal Advisor and promote this as a valuable career pathway

Proportion of older people (65+) who were still at home 91 days after discharge from hospital

2.6 Performance for Quarter 2 is below the threshold for the proportion of older people (65+) who were still at home 91 days after discharge from hospital (82.7 %) achieving 77.2%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 77.4%. Tameside performance in 2016/2017 was 81.8%, this is an decrease on 2015/2016 and is below the regional average of 82.8% for 2016/2017. Nationally the performance is 82.5% which is still above the Tameside 2016/17 outturn. We are starting to monitor this more frequently to understand why the numbers are not reaching the expected goal. Asset based working has been re-launched with the Re-ablement Team as part of the review of the service and we would expect this to make an impact from the next quarter onwards.

3.0 OTHER INTELLIGENCE / HORIZON SCANNING

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

NHS 111

3.2 The North West NHS 111 service performance has deteriorated in all of the key KPIs for September with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 70.26%
- Calls abandoned (<5%) = 7.76%
- Warm transfer (75%) = 24.13%
- Call back in 10 minutes (75%) = 39.88%

Average call pick up for the month was 2 minutes 2 seconds. Performance was particularly difficult to achieve over the weekend periods. The Service has had a challenging month and performance against KPIs reflects this. The performance improvement plan (approved by the Strategic Partnership Board) continues to be implemented and reviewed with additional actions being considered in collaboration with CCG Commissioners.

52 Week waiters.

3.3 The Clinical Commissioning Group has had a number of 52 week waiters over the last few months. The table below shows the numbers waiting by month, which provider it relates to and the specialty.

		Better is...	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27	20	14	6
Provider	Manchester Foundation Trust	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27	20	14	5
Provider	Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	0	0	0	1
Specialty	Plastic Surgery	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	6	6	6	5
Specialty	ENT	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	17	9	7	1
Specialty	General Surgery	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	2	2	1	0
Specialty	Ophthalmology	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	1	0	0
Specialty	Other	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1	2	0	0

3.4 Breaches have occurred at Manchester Foundation Trust and Stockport Foundation Trust in the specialty of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures, and ENT. More recently there has been a further review of long waiters and investigation of the Patient Administration System (PAS), identified further long waiters at Manchester Foundation Trust (MFT).

3.5 MFT has identified an emerging risk in relation to the management of waiting lists on the Manchester Royal Infirmary site. Following a review of the longest waiting patients, and some subsequent investigation of our PAS system, they have identified that approximately 250 patients are waiting over 52 weeks for treatment, primarily in the specialties of General Surgery and ENT. These are in addition to the 30 DIEP plastic surgery patients. The reasons for this are multi-factorial and around systems and processes. They recognise that these are clearly unacceptable delays for any patient, which is why they have been working intensely to investigate what happened and make the necessary changes and improvements. They have taken a number of immediate actions across all hospitals.

- They have written to each patient identified as having waited more than 52 weeks for their treatment and apologised immediately.
- Undertaken a clinical review of the patients – so far they have not identified any significant patient harm as a result of the delay.
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients but also to review the IT and operational processes – a detailed action plan is in place.

- They are making plans to introduce a more modern version of the waiting list system although this will take up to two years to complete
- They have informed regulators, GM and the Board of the plan.
- Director of Performance at MHCC is a member of the task force referenced above – weekly meetings are scheduled for the next few months and the performance team will be the single point of contact to CCGs and the GM Partnership in relation to this issue.
- A weekly briefing note will be provided to commissioners (via contracting leads) the GM partnership, NHSI and the CQC, updating on actions and patient numbers

3.6 As at November 2018, Tameside and Glossop is now down to 3 patients, as the Trust carries out urgent remedial action. We are informed following a clinical review that no patient harm to date has occurred as a result of the delay. This is clearly unacceptable and we are being assured by the host CCG that systems and improvements are being put in place. This is also being discussed and lead by the quality leads group. The current number of people waiting by specialty for Tameside and Glossop is tabled below.

Specialty	No Of Patients	Without a date	With a date
Plastic Surgery	3	2	1
Total	**3**	**2**	**1**

A&E- Manchester University Hospital NHST

3.7 Following a 7.2% increase in A&E activity and a 16.5% increase in Non-Elective activity as at month 4 at Manchester Foundation Trust, a task and finish group was established to conduct a deep dive to understand the position. A summary of the findings can be found below. The analysis did not identify any clear specific cause or reason for the increase which suggests it is as a result of multiple factors. The key points from the initial analysis are:

- Tameside and Glossop were not the only CCG seeing increases at MFT with Salford CCG and Bury CCG seeing similar levels of increase and others seeing smaller increases.
- There was no correlating decrease at the ICFT or other providers.
- The increases in the activity was mainly during the months of April and May and is now stabilising (analysis to month 6 (sept).
- The increase was mostly self-presenters rather than those arriving by ambulance.
- Time of the day and day of the week analysis did not show anything particular or out of the norm.
- The age analysis shows that there were increases in the following age bands: 0-4 years, 5-9 years, 35-39 years, 55-59 years and 70-74 years.
- The main diagnosis which saw increases were: Gynaecological conditions, dislocation/fracture/joint, laceration and there was some increase in the nothing abnormal category.
- There were a number of practices where there were increases in activity compared to the same period last year, these were Medlock Vale, Bedford House and Haughton Thornley.

3.8 The following key actions have been agreed:

- Specific discussions with Medlock Vale, Bedford House and Haughton Thornley to identify how to reduce the risk of increases reoccurring.
- Triangulate GP survey results with those practices that have seen increases in activity
- Review of practice list sizes in the Denton locality to identify if any significant increases in registered population.

- Commissioning Business Managers to discuss with neighbourhoods/practices that have had high usage of A&E particularly at MFT to identify ways of reducing attendance.
- The Wider Associate contracts group will continue to monitor the activity going forward and will provide feedback as appropriate.

Elective waiting lists.

3.9 The operating guidance Refreshing NHS Plans for 2018/19 section 3.7 states:
"A more significant annual increase in the number of elective procedures compared with recent years means commissioners and providers should plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and, where possible, they should aim for it to be reduced."

The table below shows the RTT waiting list position for the CCG by month compared to the baseline of March 2018.

RTT

	Mar 18 Base	Apr-18	% Varation from Mar 18	May-18	% Varation from Mar 18	Jun-18	% Varation from Mar 18	Jul-18	% Varation from Mar 18	Aug-18	% Varation from Mar 18	Sep-18	% Varation from Mar 18
Bolton	5	2	-60.0%	4	-20.0%	5	0.0%	4	-20.0%	6	20.0%	3	-40.0%
Christie	81	97	19.8%	92	13.6%	130	**60.5%**	113	**39.5%**	109	**34.6%**	95	**17.3%**
Manchester University FT	3,017	3,053	1.2%	3,096	2.6%	3,218	**6.7%**	3446	**14.2%**	3567	**18.2%**	3509	**16.3%**
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%	424	14.6%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%	322	75.0%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%	47	62.1%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%	206	67.5%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%	409	-0.7%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%	476	0.8%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	**7.5%**	1035	**9.1%**	1028	**8.3%**	994	**4.7%**
T&G ICFT	11,367	11,507	1.2%	11,761	3.5%	11,825	**4.0%**	11844	**4.2%**	11377	**0.1%**	11756	**3.4%**
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	87	-7.4%	87	-7.4%
Total	17,103	17,411	1.8%	17,809	4.1%	18,031	5.4%	18,265	6.8%	17,980	5.1%	18,328	7.2%
												Unvalidated	

3.10 This shows that the waiting list position as at the end of September 2018 is 7.2% higher than the March 2018 position. This is a deterioration compared to the previous month where it was 5.1%. There are a number of providers where the waiting list is on the increase, Tameside and Glossop Integrated Care Foundation Trust, Manchester Foundation Trust, Stockport and the Christie are the main contributors.

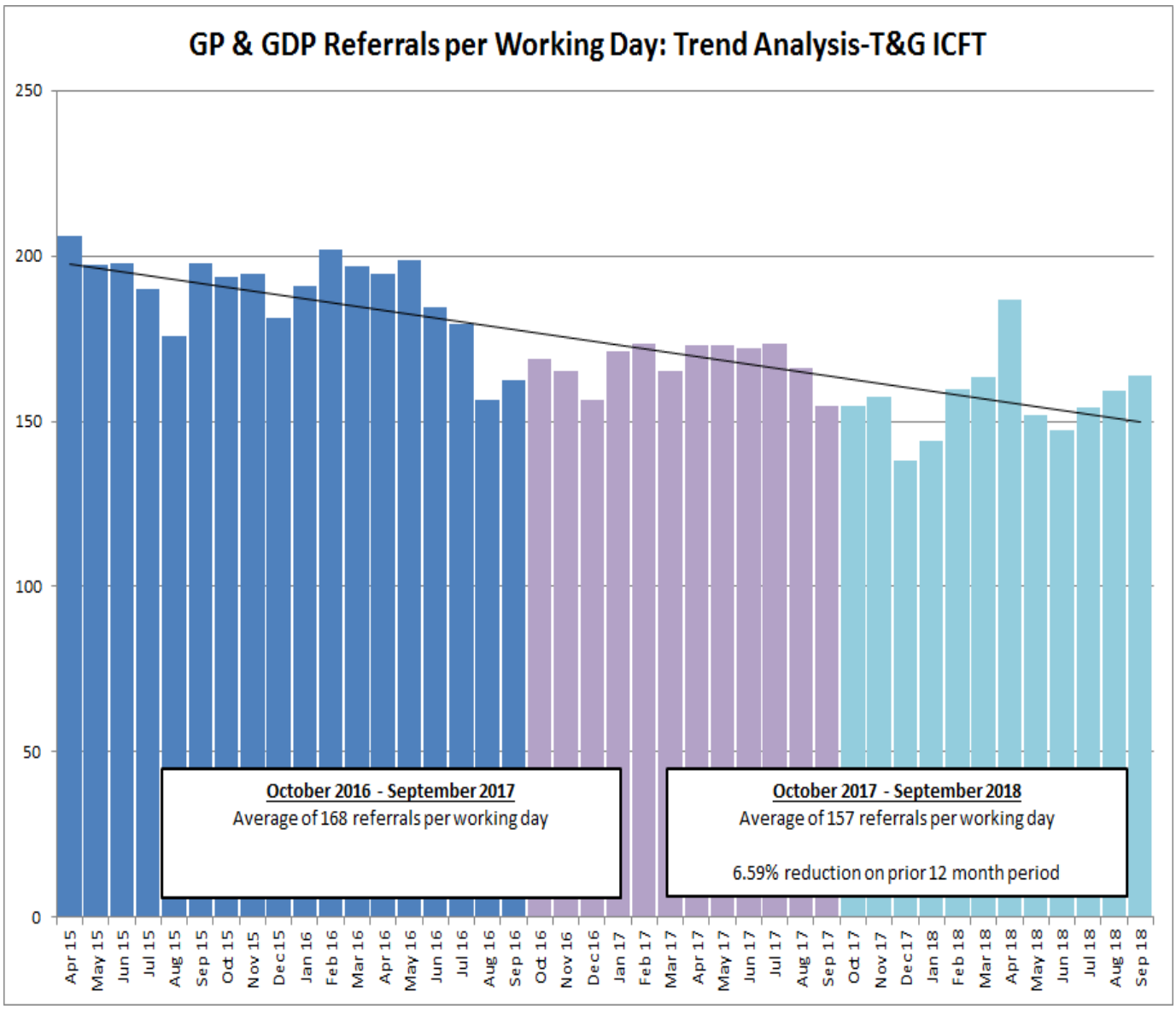
T&G CCG Total	March	April	May	June	July	August	September	Var Mar v Sept
100 - General Surgery	2172	2162	2276	2337	2364	2249	2,338	166
101 - Urology	1041	1122	1147	1072	1159	1144	1,132	91
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	2,810	41
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	1,296	- 46
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	1,837	579
140 - Oral Surgery	0	0	0	0				-
150 - Neurosurgery	8	12	30	51	66	81	97	89
160 - Plastic Surgery	183	182	175	210	223	241	259	76
170 - Cardiothoracic Surgery	51	43	49	53	42	48	53	2
300 - General Medicine	590	603	569	533	488	461	492	- 98
301 - Gastroenterology	742	990	852	871	861	760	848	106
320 - Cardiology	1015	961	1043	1042	1035	1000	1,052	37
330 - Dermatology	777	876	917	936	1004	1072	1,132	355
340 - Thoracic Medicine	491	513	576	584	556	575	544	53
400 - Neurology	6	6	7	6	7	1	12	6
410 - Rheumatology	392	405	417	416	384	418	410	18
430 - Geriatric Medicine	12	15	15	18	22	20	17	5
502 - Gynaecology	1453	1412	1383	1343	1342	1430	1,395	- 58
X01 - Other	2801	2768	2808	2884	2861	2778	2,604	- 197
Total	**17103**	**17411**	**17809**	**18031**	**18265**	**17980**	**18,328**	**1225**

3.11 The table above shows the waiting list position by specialty for the CCG. The main specialties where the waiting list is above the March 2018 position are general surgery, Urology, Ophthalmology, Dermatology. An analysis of the data at provider level has been undertaken which shows which providers are contributing to this growth.

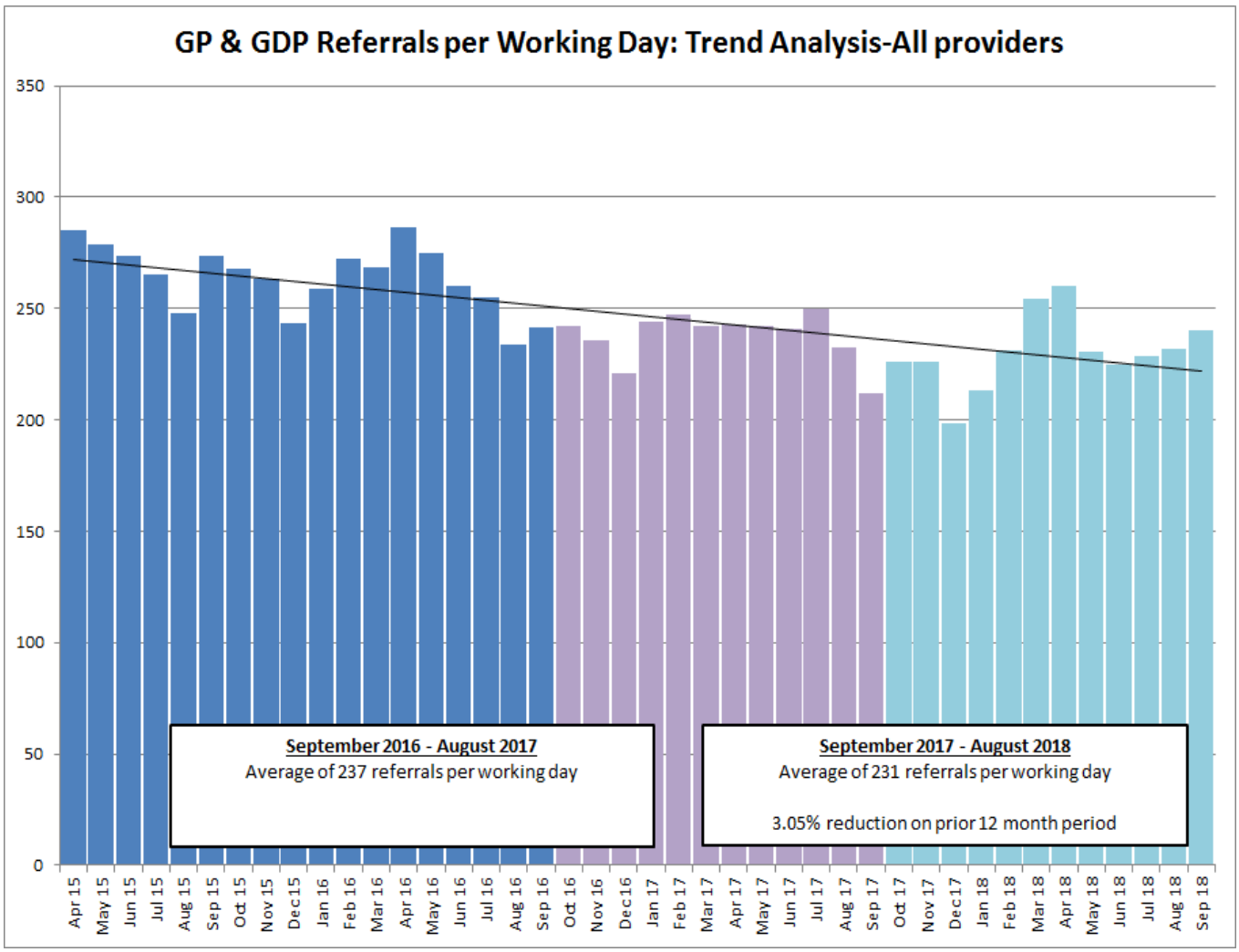
3.12 We are trying to understand what is driving the increase ie increased demand, e.g. cancer activity following national cancer campaigns, or insufficient capacity. We are working with individual providers to ensure there is a plan to reduce the waiting lists as per the operating guidance. The Integrated Care Foundation Trust have advised that such increases between April and July are usual and are predicting reductions in both waiting lists and backlog in the next few months.

Referrals

3.13 The chart below shows the GP referrals trend for Tameside and Glossop Clinical Commissioning Group at the Integrated Care Foundation Trust. This shows that there has been a 6.59% reduction on the prior 12 month period (October to September). The average number of referrals per working day was 157 over the last 12 months compared to 168 for the same period last year.



3.14 The chart below shows the GP referrals trend for the CCG at all providers. This shows that there has been a 3.05% reduction on the prior 12 month period (October to September). The average number of referrals per working day was 231 over the last 12 months compared to 237 for the same period last year.



3.15 The table below shows the GP referral data for each CCG against plan. Tameside and Glossop Clinical Commissioning Group is 0.2% above plan as at Month 6 (September).

GP referrals	18-19					
CCG Name	YTD Actual Activity	YTD Planned Activity	YTD No. Variance to Plan	YTD % Variance to Plan	GP Registered Population	Rate per: 1000
Stockport CCG	39,094	39,110	-16	0.0%	313,242	125
Bolton CCG	33,764	34,396	-632	-1.8%	310,545	109
Manchester CCG	68,048	61,426	6,622	10.8%	642,463	106
Tameside & Glossop CCG	29,033	28,980	53	0.2%	248,548	117
Bury CCG	23,144	26,235	-3,091	-11.8%	205,095	113
Oldham CCG	22,576	24,101	-1,525	-6.3%	256,452	88
Trafford CCG	28,295	29,856	-1,561	-5.2%	243,010	116
HMR CCG	24,300	28,427	-4,127	-14.5%	234,673	104
Salford CCG	25,192	28,394	-3,202	-11.3%	274,318	92
Wigan Borough CCG	43,745	42,380	1,365	3.2%	328,989	133
Total	**337,191**	**343,305**	**-6,114**	**-1.8%**	**3,057,335**	**110**

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3.16 The Table below shows GP referrals against the same period last year. This shows that Tameside and Glossop CCG has had a 3.0% reduction in GP referrals compared to the same period last year as at month 6 (September).

GP referrals	17-18 vs 18-19					
CCG Name	YTD Actual (17/18) A	YTD Actual (18/19) Act	YTD No. Variance to Actua	YTD % Variance to Actua	GP Registered Population	Rate per: 1000
Stockport CCG	38,837	39,094	257	0.7%	1,927	0.05
Bolton CCG	33,260	33,764	504	1.5%	2,343	1
Manchester CCG	61,954	68,048	6,094	9.8%	13,314	7
Tameside & Glossop CCG	29,938	29,033	-905	-3.0%	1,477	- 4
Bury CCG	25,876	23,144	-2,732	-10.6%	1,605	- 14
Oldham CCG	24,753	22,576	-2,177	-8.8%	2,891	- 10
Trafford CCG	30,653	28,295	-2,358	-7.7%	1,578	- 11
HMR CCG	28,557	24,300	-4,257	-14.9%	2,399	- 19
Salford CCG	28,203	25,192	-3,011	-10.7%	5,223	- 13
Wigan Borough CCG	41,676	43,745	2,069	5.0%	2,095	5
Total	343,707	337,191	-6,516	-1.9%	34,852	- 3

GP referrals	16-17 vs 18-19					
CCG Name	YTD Actual (16/17) A	YTD Actual (18/19) Act	YTD No. Variance to Actua	YTD % Variance to Actua	GP Registered Population	Rate per: 1000
Stockport CCG	38,841	39,110	269	0.7%	310,998	-1
Bolton CCG	35,173	34,396	-777	-2.2%	307,709	-7
Manchester CCG	66,956	61,426	-5,530	-8.3%	630,885	-10
Tameside & Glossop CCG	33,049	28,980	-4,069	-12.3%	247,030	-13
Bury CCG	22,180	26,235	4,055	18.3%	203,345	17
Oldham CCG	24,379	24,101	-278	-1.1%	253,691	0
Trafford CCG	30,981	29,856	-1,125	-3.6%	241,257	-2
HMR CCG	32,668	28,427	-4,241	-13.0%	232,114	-19
Salford CCG	30,375	28,394	-1,981	-6.5%	269,928	-10
Wigan Borough CCG	41,796	42,380	584	1.4%	326,874	-1
Total	356,398	343,305	-13,093	-3.7%	3,023,829	-5

4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.

Health and Care Improvement Dashboard

December 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Sep-18	92.9%	95.0%	92.6%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Mar-18	3.2%	3.2%	2.9%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Sep-18	91.3%	91.8%	91.1%	▼	
4	* Diagnostics Tests Waiting Times	1%	Sep-18	0.7%	0.9%	0.5%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Sep-18	96.7%	95.3%	96.7%	▲	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Sep-18	98.7%	99.0%	93.0%	▼	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Sep-18	97.4%	99.2%	98.0%	▼	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Sep-18	93.8%	93.8%	100.0%	▲	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Sep-18	100.0%	100.0%	100.0%	◀▶	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Sep-18	100.0%	100.0%	100.0%	◀▶	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Sep-18	89.3%	85.5%	82.5%	▼	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Sep-18	87.5%	100.0%	87.5%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Sep-18	93.6%	92.1%	75.0%	▼	
14	MRSA	0	Sep-18	1	1	0	▲	
15	C.Difficile (Ytd Var To Plan)	0%	Sep-18	-25.0%	-27.5%	-22.9%	▲	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Aug-18	82.8%	80.4%	80.8%	▲	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Aug-18	3.7%	3.5%	3.0%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Aug-18	50.5%	50.4%	50.4%	◀▶	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Aug-18	87.5%	87.7%	89.2%	▲	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Aug-18	99.1%	99.2%	99.2%	◀▶	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Sep-18	70.8%	75.9%	84.6%	▲	
22	Mixed Sex Accommodation	0	Sep-18	0.13	0.27	0.00	▲	
23	Cancelled Operations		18/19 Q1	1.1%	1.3%	1.2%	▼	
24	Cancer Patient Experience		2017	8.70	8.80	8.80	◀▶	
25	Cancer Diagnosed At An Early Stage		16/17 Q3	43.7%	54.2%	54.6%	▲	
26	General Practice Extended Access		Mar-18	82.1%	92.3%	91.9%	▼	
27	Patient Satisfaction With GP Practice Opening Times		Mar-18			62.0%		

* data for this indicator is provisional and subject to change

28	111 Dispositions- - % Recommended to speak to primary and community care (Ranking out of 40, 38 from March onwards)		Sep-18	11% (32nd)	11% (34th)	11% (33rd)	▲	
29	111 Dispositions- - % Recommended to dental (Ranking out of 40, 38 from March onwards)		Sep-18	2% (37th)	3% (37th)	3% (36th)	▲	

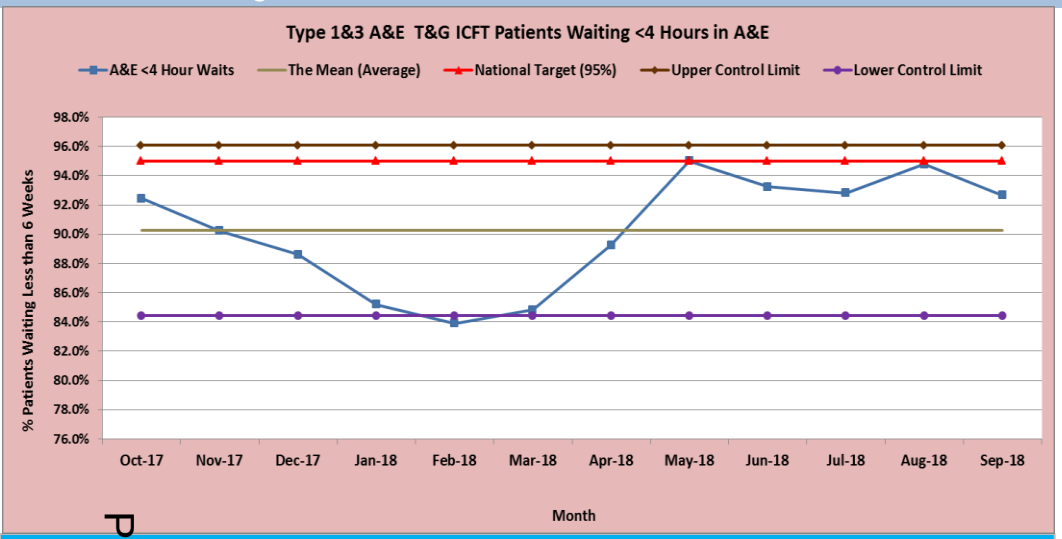
	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
30	111 Dispositions- - % Recommended home care (Ranking out of 40, 38 from March onwards)		Sep-18	4% (33rd)	3% (26th)	3% (25th)	▲	
31	Maternal Smoking at delivery		18/19 Q1	16.7%	17.1%	14.4%	▼	
32	%10-11 classified overwieight or obese		2014/15 to 2016/17	33.6%	33.6%	33.8%	▲	
33	Personal health budgets		18/19 Q1	10.10	11.40	16.10	▲	
34	Percentage of deaths with three or more emergency admissions in last three months of life		2017	7.80	6.40	6.80	▲	
35	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
36	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
37	Emergency admissions for urgent care sensitive conditions (UCS)		17/18 Q3	3037	2597	2951	▲	
38	Patient experience of GP services		2018			81.6%		
39	Overall Experience of making a GP appointment		Mar-18		68.9%	64.0%	▼	
	Adult Social Care Indicators							
40	Part 2a - % of service users who are in receipt of direct payments	28.1%	18/19 Q2	13.19%	12.84%	13.71%	▲	
41	Total number of Learning Disability service users in paid employment	5.7%	18/19 Q2	4.17%	4.05%	6.83%	▲	
42	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q2	16.33 (22 Admissions	2.22 (3 Admissions)	2.96 (4 Admissions)	▲	
43	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q2	56.41 (256 Admission	152.25 (60 Admissions)	276.58 (109 Admissions)	▲	
44	Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q2	278	63	113	▲	
45	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q2	77.4%	77.4%	77.2%	▼	
46	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-18	58%	57%	57%	◀▶	
47	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-18	80%	80%	80%	◀▶	
48	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-18	75%	81%	81%	◀▶	

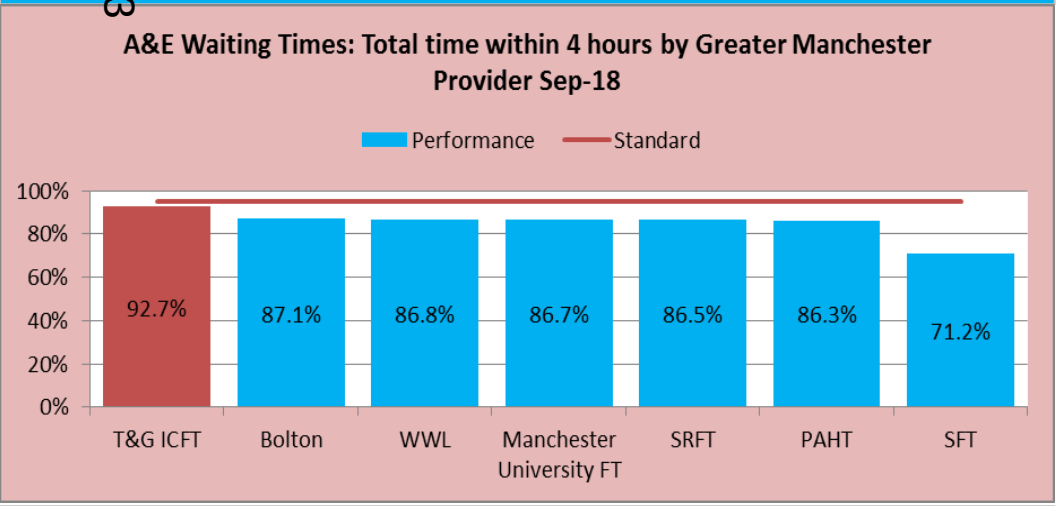
▼	Performance detiorating and failing standard
▲	Performance improvinging and failing standard
▲	Performance improving and achieving standard
▼	Performance detiorating and achieving standard
▼	Performance detiorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving standard
◀▶	No change in Performance and failing standard
◀▶	No change in Performance and no standard

Health and Care Improvement– Exception

Appendix 2

A&E Patients waiting <4 Hours | Lead Officer: Elaine Richardson | Lead Director: Jess Williams | Governance: A&E Delivery Board





* Please note that Tameside Trust local trajectory for 18/19 is Q1, Q2 and Q3 90%, and Q4 95%.
* Type 1 & 3 attendances included from July 2017.

Key Risks and Issues:

The A&E Type1 and type 3 performance for September was 92.7% which is below the National Standard of 95% but above the GM agreed target of 90%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Lack of physical capacity in the ED to see patients safely during periods of surge.
- Increase attendance of high acuity patients requiring admission, longer lengths of hospital stay which reduces flow
- Patient flow from the Acute medical units to other wards across the site.

Actions:

- ED streaming to PCC in practice 10am to 8pm in ED. Refining data gathering processes. This is being further enhanced by the introduction of the E-card.
- ED lead consultant on a shift to focus on performance and supervision of medical staff. Second consultant to focus on complex cases;
- Continuation of ED Live Dashboard
- Recruitment of 11 specialty doctors for ED
- Push Pull model operational between ED and AEC which has seen an increased in AEC attendances
- Roll out of E-card across all departments within ED
- GP call handling by Digital Health to support GP direct referrals
- Trajectory of improvement on NWAS handovers to be reviewed and assessed by the monthly directorate meeting.

Operational and Financial implications:

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

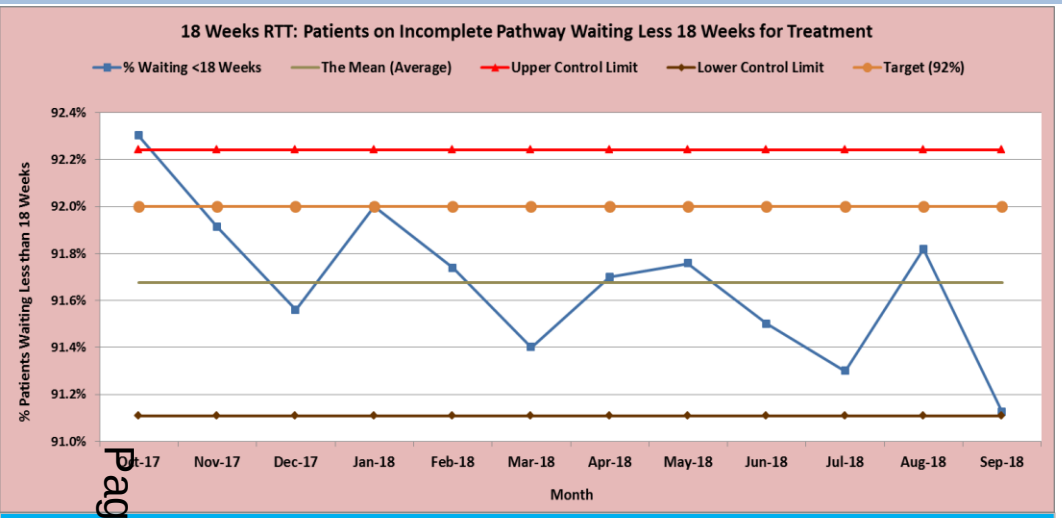
The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment

Lead Officer: Elaine Richardson | Lead Director: Jess Williams | Governance: Contracts



Monthly Referral to Treatment (RTT) waiting times for incomplete pathways.

	Sep-18			
CCG	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20531	19052	92.80%	92%
NHS Tameside and Glossop CCG	18331	16704	91.12%	92%
NHS Salford CCG	24297	22042	90.72%	92%
NHS Oldham CCG	15391	13935	90.54%	92%
NHS Manchester CCG	43099	38921	90.31%	92%
NHS Trafford CCG	16797	15107	89.94%	92%
NHS Bolton CCG	22943	20510	89.40%	92%
NHSE North of England	1083260	957277	88.37%	92%
NHS Bury CCG	13656	12058	88.30%	92%
NHS Heywood, Middleton & Rochdale CCG	17990	15612	86.78%	92%
NHS Stockport CCG	28693	24323	84.77%	92%

* Benchmarking data relates to September 2018

Key Risks and Issues:

The RTT 18 weeks performance for September was 91.1% which is below the National Standard of 92% .
Failing specialties are, Urology (90.37%), Trauma & Orthopaedics (86.44%), ENT (91.74%), Plastic Surgery (82.24%), Cardio thoracic (79.25%), Rheumatology (85.12%), Gynaecology (90.47%), Other (90.75%).
The performance at MFT at 88.14% is the key reason for the failure in September with 416 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 263 breaches.
T&O continues to be a challenge across most providers.
In MFT our concerns are around plastics, cardio thoracic, gynaecology and cardiology in addition a recent review of long waiters and their PAS highlighted 52 week waiters in general surgery, urology, T&O and ENT. These have now been treated.
As lead Commissioner.
T&G ICFT as a provider are achieving the standard.

Actions:
MFT have advised the following.
- written to each patient identified and apologised immediately
- Undertaken a clinical review of the patients – so far not identified any significant patient harm as a result of the delay
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients and to review IT and operational processes – a detailed action plan is in place. Will be a single point of contact to CCGs and the GM Partnership in relation to this issue.
- will introduce a more modern version of waiting list system although this will take up to two years to complete
- informed regulators, GM and the Board of plan.
- weekly briefing note will be provided to commissioners

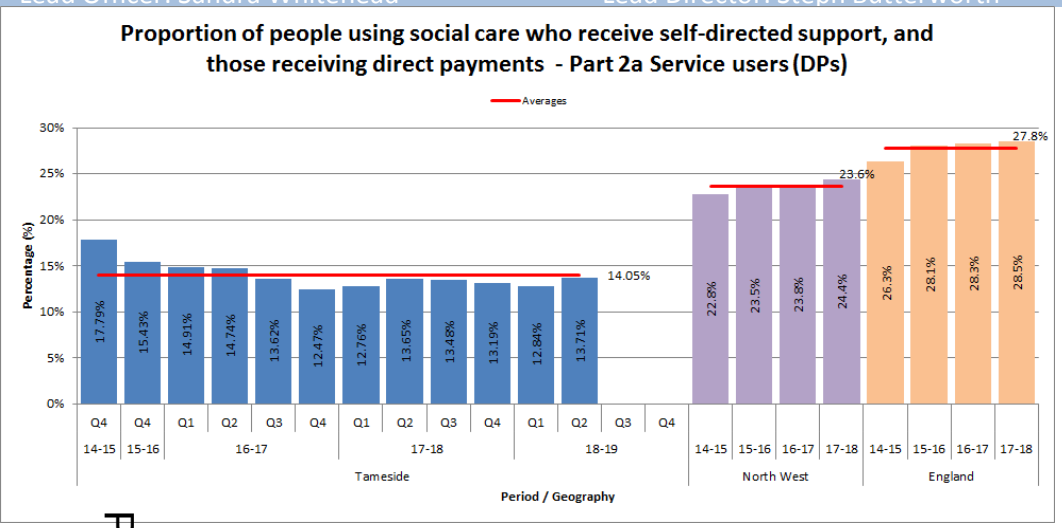
Operational and Financial implications:
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.
The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

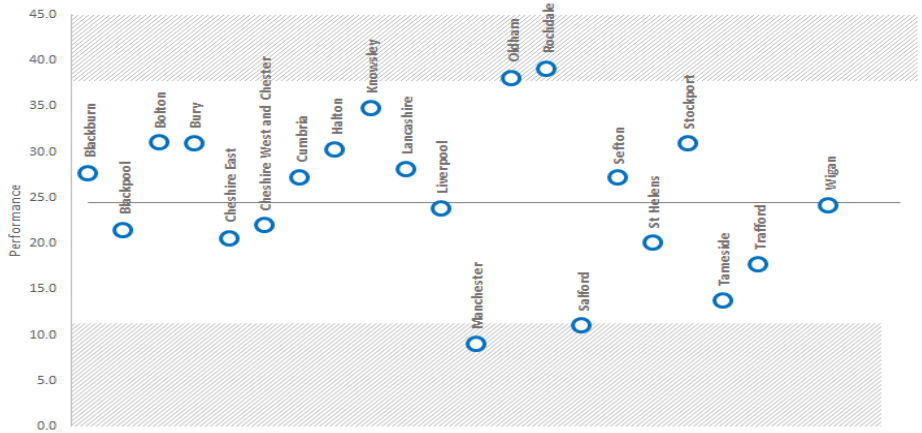
Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead Lead Director: Steph Butterworth Governance: Adults Management team





*Benchmarking data is as at Q2 18/19.

Key Risks and Issues:

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

Actions:

Additional Capacity was provided within the Neighbourhoods funded from the ASC transformation funding.
4 Direct Payment workers have been recruited to and have been working on a marketing programme to promote direct payments and encourage take up within the neighbourhoods. Although take up has increased there remains a problem with recruitment to PA roles. In order to address this Direct payment Workers are working on a PA pool and are also working on a marketing programme to raise awareness of the role of PA and promote this as a valuable career pathway

Operational and Financial implications:

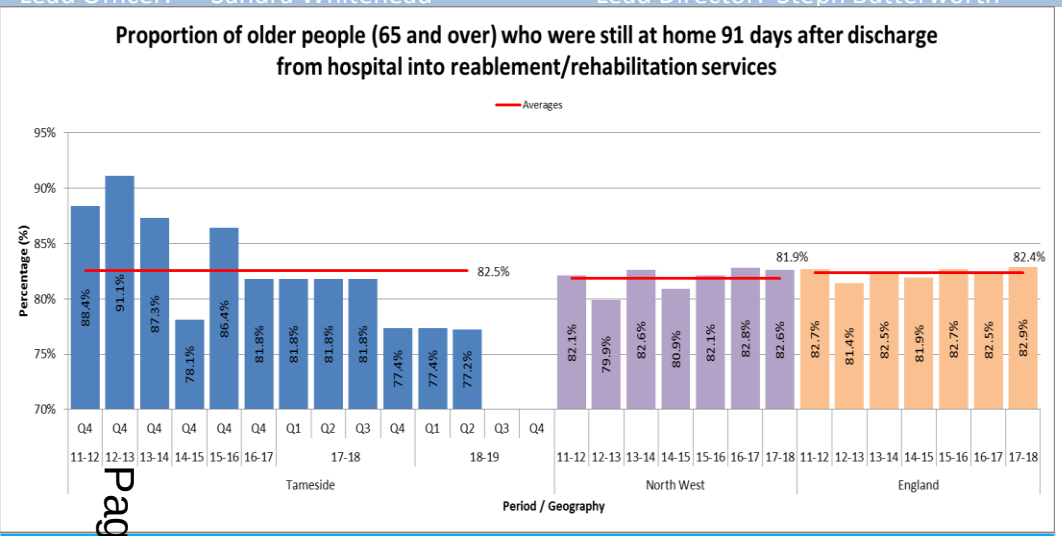
None

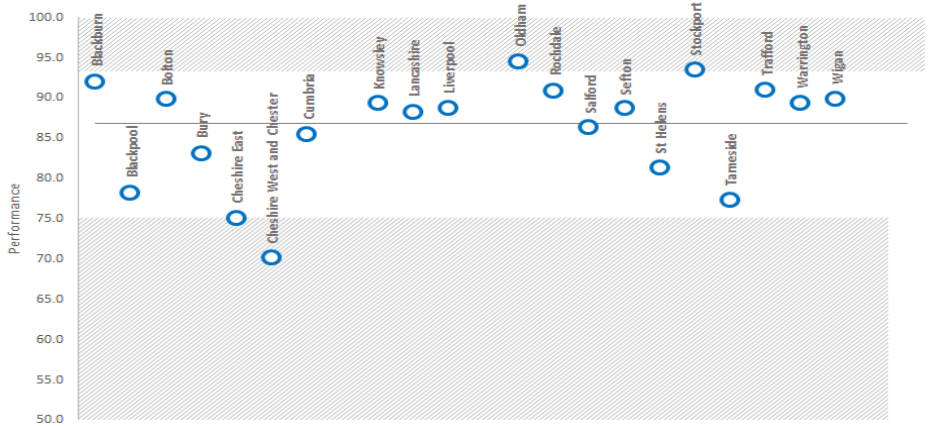
Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

ASCOF 2B(1)- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

Lead Officer: Sandra Whitehead Lead Director: Steph Butterworth Governance: : Adult Management meeting





*Benchmarking data is as at Q2 18/19

Key Risks and Issues:

Failing to improve the numbers will put at risk promoting the ways to wellbeing, and ensuring that individuals increase independence and remain at home. This could increase the numbers of people needing support through the health and social care system.

Actions:

We are starting to monitor this more frequently to understand why the numbers are not reaching the expected goal. Asset based working has been re-launched with the Reablement Team as part of the review of the service and we would expect this to make an impact from the next quarter onwards.

Operational and Financial implications:

This could put more pressure in the health and social care system and on the budget If this does not improve in line with standards.

Unvalidated-Next month FORECAST

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 2018
Officer of Single Commissioning Board	Jessica Williams, Interim Director of Commissioning
Subject:	**COMMISSIONING INTENTIONS 2019/20: TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST, PENNINE CARE NHS FOUNDATION TRUST AND ALL OTHER PROVIDERS FOR TAMESIDE AND GLOSSOP RESIDENTS**
Report Summary:	The letters set out, in high level terms, how Tameside and Glossop Strategic Commission intends to commission services from providers in 2019-20. Details of specific commissioning intentions, in terms of activity and financial planning, will be shared with appropriate providers during contract negotiation. These commissioning intentions are in line with the 'Approach to Planning' guidance issued by NHS Improvement and NHS England on 16 October, which sets out the timetable for 2019-20.
Recommendations:	The Strategic Commissioning Board are asked to discuss and support the 2019/20 commissioning intentions so that the Strategic Commission can carry on working with its providers in working towards delivering a stable economy and its long term commitment to delivering sustainable improvement to healthy life expectancy.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	No direct financial commitments are made in the commissioning intentions letter. Rather this is a high level document, written before planning guidance is available to set out principles for the year ahead. More tangible financial implications will become apparent over the next few months, when these intentions are factored into the contract.
Legal Implications: **(Authorised by the Borough Solicitor)**	The development of commissioning intentions is an annual activity that seeks to ensure commissioners have clear oversight to work towards informing local health activities and to let providers know of the contractual changes that will be implemented in the forthcoming year. Commissioning intentions are not intended to set out all activity that will be undertaken in a given year but they provide context for commissioning changes, list commissioning changes that improve quality of service or value for money and signal to providers that resources may be changing or new delivery models may be implemented.
How do proposals align with Health & Wellbeing Strategy?	The commissioning intentions are aligned with the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The commissioning intentions have been developed in line with the Locality Plan and proposed model of care. They are aligned with the transformation fund submission to Greater Manchester.

How do proposals align with the Commissioning Strategy?	The documents are aligned with the commissioning intentions in the Commissioning Strategy.
Public and Patient Implications:	Public and patient implications have been considered for each of the individual intentions included in the document.
Quality Implications:	The appropriate individual Quality Impact Assessments are being/have been undertaken. This document is a compilation of the commissioning activities of the Strategic Commission.
How do the proposals help to reduce health inequalities?	The commissioning intentions are in line with the Strategic Commission's approach to reducing health inequalities.
What are the Equality and Diversity implications?	Equality Impact Assessments have been / will be undertaken on commissioning activities as required. This document is a compilation of the commissioning activities of the Strategic Commission, all of which will receive the appropriate individual consideration in terms of equality and diversity implications.
What are the safeguarding implications?	Safeguarding implications of the proposals will be considered and address on an individual basis.
What are the Information Governance implications? **Has a privacy impact assessment been conducted?**	Information Governance and Privacy Impact Assessments will be undertaken for individual projects rather than for this proposal, including requirements for Privacy Impact Assessments.
Risk Management:	Any risks will be reported and managed via the Clinical Commissioning Group's risk register.
Access to Information :	The background papers relating to this report can be inspected by contacting Jessica Williams, Interim Director of Commissioning:  Telephone: 0161 342 5611  e-mail: jessica.williams1@nhs.net

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

7th November 2018

Dear Karen

Tameside & Glossop Interim Commissioning Intentions 2019-20

This letter sets out, in high level terms, how Tameside & Glossop Strategic Commission intends to commission services from Tameside and Glossop Integrated care NHS Foundation Trust in 2019-20. Details of specific commissioning intentions, in terms of activity and financial planning, will be developed with you over the next few months. These Commissioning Intentions are in line with the 'Approach to Planning' guidance issued by NHS Improvement and NHS England on 16th October, which sets out the following timetable for 2019-20:

14 January 2019	Initial plan submission – activity and efficiency
12 February 2019	Draft 2019/20 organisation operating plans
5 March 2019	2019/20 contract plan alignment submission
21 March 2019	Deadline for contract signature
29 March 2019	Organisation Board/Governing Body approval of 2019/20 budgets
4 April 2019	Final 2019/20 organisation operating plan submission
11 April 2019	Aggregated 2019/20 system operating plan submissions and system operational plan narrative
Summer 2019	Systems to submit Five-Year plans signed off by all organisations

We will ensure all contracts include the required 'must do' expectations as set out in national and local contracting and commissioning guidance, the details of this will be shared as described above, through provider specific contract negotiations.

1. Tameside & Glossop Strategic Commission

Tameside and Glossop Strategic Commission is committed to early intervention, prevention and tackling unacceptable health inequalities and these are the bedrock for our strategic commissioning intentions. We have a long term commitment to deliver sustainable improvement to healthy life expectancy.

The Strategic Commission, made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG, continues to drive the commissioning agenda in the locality. We aim to support the implementation of a new model of care, based on our place and realign the system to support the development of preventative, local, high quality services. We have unifying statutory and collaborative governance arrangements via our clinically led Strategic Commissioning Board, established as a joint committee of the two organisations with delegated decision-making powers and resources.

The Strategic Commissioning Board (SCB) considers commissioning proposals which are funded from our Integrated Commissioning Fund. This fund is comprised of three elements as set out in the table below:

Budget Allocation Sections	**Detail**	**Governance implications**
Section 75	This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level	SCB makes decisions on this funding which are binding upon the two statutory partner organisations.
Aligned Services	This comprises services which legislation does not permit to be held within a Section 75 pooled fund.	SCB makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.
In Collaboration Services	This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England.	SCB makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

2. Tameside and Glossop Financial Context 2019/20

Whilst details of CCG allocations are not expected until mid-December, it is anticipated that 2019-20 will be another challenging year in Tameside and Glossop. In 2018-19, the CCG had a QIPP target of £19.8m and whilst we are confident we will balance the position in year, only 1/3 of this gap is likely to be closed through recurrent measures. Therefore even if allocations increase, we anticipate carrying a significant savings target (estimated at £18.1m) into next year.

As such, we will not be in a position to support any activity growth or cost increases in 2019-20 and will be requiring providers to work with us to reduce demand or mitigate this as far as possible. We expect a block contract arrangement again in 2019-20 which is based on the information already included in all the locality roll-up/economy sustainability planning exercises recently completed and continues to be in the spirit of our Care Together plans. We would then look to adjust for anything extra included in the planning guidance where appropriate. We will work with you via our contract and performance meetings to agree KPIs, baseline data and trajectories for improvements. We will be challenging any activity undertaken which does not adhere to Effective Use of Resources (EUR) policies. There will be no additional funding for any new services or developments with the exception of those within our transformation plans or guaranteed to provide a rapid return on investment/reduce cost elsewhere in our economy.

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Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and Social Care Partnership (GM HSCP) funds will be supported in full.

Achieving financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. We look forward to working alongside you to identify and support innovative approaches to managing demand in more cost effective ways including embracing technology to support self-management. We will be looking to you as well as all our providers to support the delivery of our model of care, maximise productivity and deliver population outcomes in the most cost effective way to the economy as a whole.

3. Aligning health and social care with wider public sector reform

In our commissioning intentions for 2018-19 we asked providers to recognise and commit to supporting our key 4 local priorities aligned to the commitments of our Health and Wellbeing Board:

- Reduction of all aspects of Homelessness
- Reduction in all aspects of Domestic Abuse
- Reducing premature mortality through prevention, assessment, treatment, rehabilitation and care of Coronary Heart Disease and Stroke
- Improving staff satisfaction due to understanding and supporting our vision to deliver an integrated place based approach to improving healthy life expectancy.

Although we were not in a position to financially incentivise these during 2018/19, we note and appreciate the work started during 18/19 by the ICFT on both the homelessness and domestic abuse agendas. We will work with the Trust to continue to embed new ways of working to improve outcomes for these particular groups.

In line with recent developments within the Strategic Commission, we are now aligning specific commissioning intentions across the Life Course; Starting Well, Living Well (including Neighbourhood Development) and Ageing Well. In addition, we have specific Prevention and Population Health commissioning intentions which go across the life course.

To ensure continued focus on our priorities and understand progress across Tameside and Glossop, we will be introducing a strategic scorecard to show progress against our Corporate Plan. This will be backed up by three separate service neighbourhood scorecards; Children's, Integrated Neighbourhood Services (Police, Community Resilience) and Health and Social Care which will feed directly into performance and contract meetings with all of our providers. We will work with you to populate the Health and Social Care Scorecard by the start of 2019/20 and agree trajectories and incentives for improving performance in relevant areas.

4. Prevention and Population Health

Population health is an approach which aims to improve the health of the entire population and to reduce health inequities among population groups. The approach looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. We want our providers to acknowledge that population health signals a change in the way health care is accessed, provided and utilised and is a move away from reactive responses to an individual's health needs.

We aim to see a fundamental shift towards outcomes-based, proactive approaches to a given population as well as prevention efforts to reduce disparity and variation in care delivery. We will be working with all our providers and GM HSCP to drive this across GM as well as locally. We will be looking for commitment from providers to the principles of early intervention and prevention with particular focus on:

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- Improvement of Healthy Life Expectancy and reduction of premature mortality; focus on the causes of our biggest killers; cancer and heart disease, increasing opportunities and support for positive system wide change (tobacco, substance misuse, diet and physical activity);
- Commitment to supporting our children to start school ready to learn and reach their full potential: Focus on the development of an integrated neighbourhood approach for children and families
- Resilient, stronger communities using asset based approaches and social prescribing.
- Being proactive and recognising the role Providers of healthcare have in changing the wider determinants of health e.g.; air quality as well as reacting to illness, with a focus on health inequalities

In addition, we will be working to ensure our commissioning and procurement processes reflect the need for locally added value in our relationships and partnership.

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, the ICFT is well positioned to use your spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health in Tameside & Glossop. The concept of 'anchor' institutions offers a helpful way of thinking about how NHS organisations can maximise their role in local economies. There are several potential ways your assets could align to influence the broader factors that impact health. The ICFT can support local economies in its role as an employer, purchaser, and property developer. We would like to work more closely with the ICFT to further develop their role as an anchor institution in Tameside.

5. Starting Well

5.1 Starting Well Board

The Strategic Commission have formally adopted the concept of partnership forums to drive forwards improvements in priority areas and the first Board approved and currently being established is a new Starting Well Board. We will be looking to the ICFT to enthusiastically support and actively contribute to this Board including within 19/20, reviewing the high level of paediatric admissions to identify key population segments and identify areas for action to improve outcomes.

5.2 Children & Families

Strategic Commissioning Board has approved the ongoing development and piloting of an Integrated Neighbourhood Children's Model to deliver improved outcomes and efficiencies for children and young people and those who care for them. The pilot will facilitate provision of early help and access to bespoke person centred holistic solutions, working to the following principles of place based care:

- Integrated local early help services ensuring collaborative responses to local need;
- Services that build on assets of the community & intervene early in an emerging problem whether at an individual or population level;
- One team, knowing their area and each other;
- Person centred approach within the context of family & community;
- Services delivered within the community, close to home from a flexible asset base and
- Development of a multi-agency "Team around the School" approach.

As a result, all providers working with children are asked to continue to contribute and support this development and delivery in 2020/21.

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The ICFT, as a key partner, will support the functions of the new Multi-Agency Safeguarding Arrangements in the Borough. In order to work together effectively, the safeguarding partners with the ICFT should develop processes that:

- Facilitate and drive action beyond usual institutional and agency constraints and boundaries.
- Ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.

5.3 Special Education Needs and/or Disability (SEND).
We are committed to delivering the SEND reforms and ensure we effectively meet the needs of children and young people with Special Education Needs and/or Disability. All our providers and partners will need to engage effectively to deliver these reforms, which are expected to be tested in the HMI Ofsted and CQC Local Area Inspection in 2018/19. We will work with you and other partners to develop a SEND strategy, taking further forward the integration of services, including an all age learning disability service. We will also expect you to contribute to our SEND self-evaluation and improvement plan recognising the crucial role maternity, health visitors and school nurses play in the early identification and assessment of child and family need.

5.4 Children and young people's mental health
In 2019/20, we will take forward the findings of the review of local provision in line with the GM CAMHS Specification, notably options to meet extended hours and provision for 16 and 17 year olds and ensure the achievement of access and waiting times standards. Children and young people's crisis and acute care will be strengthened through the GM Service Developments and the local all age RAID/Vulnerable Young Persons provision, created through the redesign of posts in ICFT and PCFT. The THRIVE model will be further strengthened, particularly in relation to open access, neighbourhood drop-ins and robust links with the Early Help agenda.

The national recognised T&G integrated Parent Infant Mental Health Service (the Early Attachment Service) model is being rolled out across GM. All integrated pathway partners, notably Maternity and Health Visiting are asked to work in close partnership to build the new GM Perinatal Community Mental Health Team effectively into our local pathway.

Transforming Care Programme for Children are committed to fully embedding the Dynamic Risk Stratification and Care, Education and Treatment Review (CETR) processing within Tameside and Glossop. All providers will be required to fully support these processes ensuring that more children and young people with Learning disabilities and/or Autism can be kept at home with the right support.

6. Living Well

6.1 Living Well Board
Plans for the Living Well Board are embryonic at present and it is likely that this will take towards end of 2019 to be established. This is due to the significant span of responsibility which could fall within this area e.g.; Addressing Poverty, Mental Health, Employment, Homelessness, Domestic Abuse as well as health and social care within Neighbourhood developments. For the purposes of these Commissioning Intentions, Living Well includes all aspects of Mental Health including Drugs and Substance Misuse as well as the further development of physical health and social care neighbourhood development. We look forward to working with you in due course on the Living Well Board.

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6.2 Neighbourhood Mental Health Development

This new model has been co-produced by a wide range of partners through the 101 Days for Mental Health Project to meet the needs of people with significant mental health and other complex needs. The model includes a new Neighbourhood Mental Health Team, built from existing and new resources.

It is proposed that the Step 1 IAPT Service, commissioned from Big Life by the ICFT, is included in this development to create seamless access to all levels of mental health support. A virtual team will be established to prototype the model in Hyde from January with a view to expanding incrementally across the Locality.

6.3 Living Life Well Programme

Building on work described above, Tameside and Glossop have been selected by the Innovation Unit to join the Living Well UK Programme, funded by the Big Lottery. As one of four sites, people with mental health needs living in the locality will benefit from having a say in how mental health support is designed and developed in Tameside and Glossop over the next three years through our local Living Life Well Programme.

The programme is inspired by the Lambeth Living Well model, an approach to mental health care that has changed the way the voluntary and public sectors work together so that the right support is available to people when it is needed. We will be working closely with Pennine Care NHS Foundation Trust, yourselves and key local organisations to review how mental health support is commissioned and provided and to develop a new model of care. This new model will support early intervention and prevention; it will support people to stay well; ensure the delivery of high quality and sustainable services, including support for families; help reduce homelessness; get people into work and will be age friendly.

It is hoped that, through the programme, the support available in the four Living Well UK areas will become internationally recognised examples of an innovative way to help people achieve good mental health in community and primary care settings. The work will have the potential to be adopted across the NHS in the UK, transforming the support currently offered by GPs and community and mental health teams. Your and other key stakeholder support in this programme will be crucial to its successful delivery.

6.4 Autism Support for Adults

In line with the GM developments, the Strategic Commission is committed to improving access to diagnostic services and ongoing support through the expansion of the ICFT autism team. We will be commissioning additional support for people with a Learning Disability and Autism in the new Neighbourhood Mental Health Team.

6.5 Mental Health Acute and Crisis Care

A review of mental health inpatient and crisis services has identified the need for a Mental Health Observation and Assessment Room. This secondary care service will provide a safe place for people attending A&E who require extended assessment and short term interventions. It is proposed that this is sited within or close to the proposed Emergency Care Village in order to increase capacity to meet mental health needs effectively on the hospital site. We hope to work closely with you and PCFT over the next financial year to agree how this can most effectively be delivered.

In addition, we would like to propose that the ICFT become more engaged in the commissioning of the RAID service and, as per GM timeframe, the Mental Health Liaison developments.

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6.6 Drugs and Alcohol

Substance misuse is a constant but changing challenge in all communities, and the scale of alcohol related harm in Tameside and Glossop has been consistently highlighted. Tameside Health and Wellbeing Board adopted the 'Rethinking Drinking: A Strategy for Tameside' in May 2017, a local policy stocktake in light of the national and GM strategies has been undertaken by the Tameside Strategic Alcohol and Drug Group in 2018, and most recently a peer review enabled us to identify key areas for improvement.

Following on from the peer review we wish to:

- Review the current partnership approach to substance misuse and the Community Safety Partnership including the accountable/delivery mechanisms;
- Connect and support neighbourhood work including embedding substance misuse in the work of the INDTs strategically and operationally;
- Develop and deliver the Alcohol Exposed Pregnancy Programme proposal in partnership with Maternity funded via GM transformation funding;
- Establish a task and finish group to plan and identify priority programmes of work starting with Children, Hidden Harm and Alcohol;
- Develop a process to review and utilise hospital and treatment data to inform neighbourhood enforcement and licensing and;
- Ensure an effective role for the HALS team within local alcohol and substance misuse pathways

6.7 Making Smoking History in Tameside & Glossop

In conjunction with partners, we are committed to Making Smoking History in Tameside & Glossop and recognise the crucial role the ICFT plays in supporting smokers to quit within their neighbourhoods, community and acute care. 19/20 will see the launch of the CURE programme and the roll out of the Babyclear programme to reduce smoking in pregnancy. This will support the organisation to implement the mandatory Preventing ill health commissioning for quality and innovation (CQUIN) supporting the NHS to take action to address risky behaviours related to alcohol and smoking.

6.8 Primary Care

Delivery of the Primary Care Access Service, incorporating out of hours, alternative to transfer and extended access, will improve quality outcomes and patient experience for pre-bookable and urgent primary care. This service will need to work with the whole urgent care system to ensure consistency of provision and respond to whole urgent care system performance measures. We look forward to working with you to ensuring this new service is embedded effectively and works in an integrated manner with the Urgent Treatment Centre.

In addition, we will share with you our commissioning intentions for primary medical services as they develop. This is with the intention of aligning support and investment for General Practice with the commissioned neighbourhood model of health and social care.

6.9 Cancer

Providers are expected to ensure services are delivered in line with the GM Cancer plan and that all necessary national standards and targets are met. We will work with Greater Manchester Cancer, the Greater Manchester Commissioning Hub, local stakeholders and you on our locality response to the GM Cancer Plan and national standards.

6.10 Planned Care

Through the Greater Manchester Health & Social Care Partnership and the work of the Elective Care Hub, we will engage in GM programmes of redesign of planned care pathways. Principles we will apply in the work on elective care in the locality will include:

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- Elective care will be provided locally to ensure ease of access for our population unless there are outweighing reasons e.g.; improved safety, improved quality of outcome to commission from alternative providers
- Promotion of public education and self-care for individuals
- Shared decision making as a key principle with motivational interviewing techniques used; patients should be involved in shared decision making throughout their pathway and feel in control of their care
- Referrals will be reviewed to ensure patients receive their first appointment with the most appropriate person, in the most appropriate place with the right information available to support care planning
- Ensure Follow Up appointments are only booked when clinically necessary; we will work with you to understand ambitious trajectories for a reduction in follow up appointments
- Availability of advice and guidance to avoid unnecessary referrals.

6.11 NHS Right Care and GM Elective Hub

We have identified 6 priority programme areas which are;

- Circulation
- Respiratory
- Trauma and Injuries (Falls)
- Musculo Skeletal System (MSK)
- Ophthalmology
- Dermatology

We will continue to work with you and at GM level to ensure the Right Care data is taken into consideration where appropriate to programmes of service improvement and redesign, and that we engage in the appropriate level of reporting and feedback to GM and NHSE.

6.12 Healthier Together and Theme 3 Reconfiguration

We are committed to and will continue to engage with GM HSCP and our providers in the South East sector on the design and delivery of services in line with Healthier Together. In addition, we wish to develop a single Tameside and Glossop approach towards Theme 3 and during 2019-20 will ensure joint work with commissioner and provider colleagues on the ongoing development of this model. We will ensure proposals are taken through our local governance arrangements for clinical, commissioning and financial evaluation prior to presentation to the Greater Manchester Joint Commissioning Board. Every effort will be made to ensure the locality is represented in the ongoing detailed design process. In the first instance, this relates to the proposed models of care for neuro-rehab, breast services, benign urology, vascular, cardiology, respiratory, paediatric surgical services and MSK/Orthopaedics.

6.13 Neighbourhood Workforce Development

There is no doubt that our new models of care will need to embrace different workforce models and potentially new roles, responsibilities and patterns of working. The health service is likely to move towards becoming doctor led but not necessarily doctor delivered. As new professional groups emerge, we will be asking our providers to ensure they can provide high quality learning environments, and where appropriate in multi-disciplinary environments for all professionals.

We wish to develop an innovative practice nursing support offer to General Practice. This should include an understanding of the current resource within general practice, skill mix as well as the challenging recruitment and retention issues. We want to determine a plan to enhance skills, increase capacity and flexibility within practice nursing locally ensuring future stability of this workforce and general practice. In order to achieve our aims and address the recruitment and retention issues, it is our expectation to second our Practice Development Nurse into the Nursing Development Team within the ICFT work to support a whole economy exploration of options as a key organisational development programme during 19/20.

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7. Ageing Well

We are in final development of an Ageing Well strategy for Tameside and Glossop which will further develop the GM approach to Ageing Well. This strategy will cover development of strong communities to enable people to live independent lives as well as Frailty, End of Life and Dementia. The ongoing development and implementation of this strategy will be taken forward by an Ageing Well Board consisting of a wide range of stakeholders and we look forward to your support with this. The aim will be to increase place based support for our ageing population with a decline in demand for residential and acute services. We want to work in partnership with you to develop an age friendly approach to health and social care that responds to the challenges and opportunities created by ageing, by adapting structures and services to be accessible to and inclusive for older people who will have varying levels of need and capacities.

7.1 Adult Social Care Transaction

We have collectively agreed that from 1 April 2019, a proportion of Adult Social Care services currently employed by Tameside Metropolitan Borough Council will transfer to the ICFT. Although the Council will retain the statutory responsibility for Adult Social Care, staff and corresponding operational responsibilities will be transferred to the ICFT.

We therefore will be commissioning this proportion of Adult Social Care from you. Our overarching aim of this transfer of responsibility will be to continue to improve how we support people to live well at home and that residential and nursing beds are used when this is the only way to safely maintain peoples well being. Although we recognise that the mix of residential and nursing beds may change as the model of care continues to develop, the total number of beds or packages of care cannot be more than before the transaction. The detail behind this can be agreed as part of our contract discussions.

7.2 Palliative and End of Life Care

As part of the Ageing Well strategy, we will continue to work with a range of providers (NHS, social care and 3rd sector) to set, agree and implement a system-wide strategy and outcomes for palliative and end of life care, meeting the requirements and standards set out in the National Palliative and End of Life Care Partnership's Ambitions for care and working towards the Greater Manchester average 'Death in Usual Place of Residence' figure of 42%. The Strategic Commission are represented at a GM level in the Greater Manchester Palliative & End of Life Care Programme Board, and will ensure the work of this Board influences the locality developments.

7.3 Post-diagnostic Dementia Support

From 1 September 2019, we wish to commission the ICFT to lead the whole economy post-diagnostic Dementia support through the creation of a new post of Dementia Team Leader with oversight of neighbourhood and acute dementia resources. We will agree the detail of the content of this support with you and PCFT prior to 1 April 2019.

7.4 Urgent Care

We are committed to ensuring people with an urgent and emergency care need are seen promptly by the most appropriate professional to support recovery and return to independence. We expect our providers to work collaboratively to maximise opportunities for people to self-care and to provide access to services within neighbourhoods embracing technology as an enabler.

Following on from the public consultation early 2018 and subject decision by the SCB on the new model for urgent care provision, we will commission the ICFT to provide a new Urgent Treatment Centre from 1st April 2019. This will be Primary Care led, managed alongside the A&E and will be subject to delivery of the contractual expectations as outlined in the public consultation.

8. Additional Commissioning Intentions for 2019/20

8.1 Development of Integrated Neighbourhood Estate

As part of our strategy, we wish to develop the concept of the Integrated Neighbourhood Hub with the aim to have one in each neighbourhood as a one-stop-shop model for the patient, customer and resident. These hubs intend to deliver a seamless service where the user can visit for any prevention, wider wellbeing support or treatment services which should mitigate against fragmented care, multiple referrals, and handovers as a multi-agency user outcome can be achieved in one visit.

Subject to the agreed and finalised service model, opportunities for co-location of public sector staff and differing estate prospects in each neighbourhood, each neighbourhood solution is likely to differ. We would like to work closely with you and other stakeholders to ensure an agreed optimal service model within 19/20.

8.2 Secondment of Medicines Management team

Discussions have commenced regarding the secondment of the Medicines Management Team from the Strategic Commission (CCG) to T&GICFT to work alongside the ICFT pharmacy team. The rationale for this is to harmonise the approach to Medicines Management across Tameside and Glossop, improve synergies, reduce duplication of tasks within neighbourhoods and provide opportunities for different recruitment and retention practices. Whilst the hospital and community teams have developed closer working relationships recently, secondments would bring all staff within one team and improve communication and effectiveness. Accountability for funding medicines prescribed in the community would not be transferred and would be retained within the Strategic Commission.

The necessary HR, governance and financial assurance will be undertaken prior to the secondment of the team, and agreement reached on how the team will support the system wide medicines management work. Ideally, this arrangement will commence on 1st April 2019 for an initial 2 year period, with a review after 18 months to determine next steps.

8.3 Transfer of Contracts

There are a number of smaller contracts e.g.; Wheelchairs, Tele-health, Marie Curie where we feel there could be improved synergies or efficiencies if these passed over to your management. We will discuss the detail of these with you over the next few months with the aim of transfer from 1 April 2019.

8.4 Personal Health Budgets (PHBs)

We are committed to further development of the personalisation agenda including the implementation of personal health budgets. We will be working with you and other key providers to embed person centred practice across our economy and will have a particular focus in 2019/20 on mental health and end of life care for the development and implementation of personal health budgets.

On behalf of Tameside and Glossop Strategic Commission, we are looking forward to working with you in 2019/20 to collectively further the delivery of our vision.

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I hope you find our commissioning intentions letter helpful. We will set up a series of discussions to firm up on the detail to support this letter and in the meantime, please do not hesitate to contact me should you wish to discuss further.

With best wishes

Yours sincerely

Jessica Williams
Interim Director of Commissioning

cc. Alan Dow, Chair
Steven Pleasant, Chief Executive/Accountable Officer

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Keith Walker
Director of Operations
Pennine Care NHS Foundation Trust
225 Old Street
Ashton-under-Lyne
OL6 7SR

25th October 2018

Dear Keith,

Tameside & Glossop Interim Commissioning Intentions 2019-20

This letter sets out how Tameside & Glossop Strategic Commission (made up of NHS Tameside & Glossop CCG & Tameside Metropolitan Borough Council) intends to commission services from Pennine Care NHS Foundation Trust (PCFT) in 2019-20 once the current two year bi-lateral Mental Health NHS Standard Contract ends on 31st March 2019. The contents of this letter will remain interim until formally agreed via the Tameside and Glossop Strategic Commissioning Board.

Tameside and Glossop Strategic Commission would like to extend the bi-lateral Mental Health NHS Standard Contract with Pennine Care NHS Foundation Trust (PCFT) for one more year (2019-20) for all services.

We are committed to work with PCFT to jointly address how to manage sustainability and propose that the following areas are prioritised within the Mental Health Service Review:-

- Community Mental Health Teams – review of options to better support people to stay well in the community thereby reducing in-patient admissions through the *Living Life Well Programme* being developed in partnership across our locality and with support from the Innovation Unit.
- Older People's Mental Health - focus on how we meet the needs of older people in secondary care and those stepping down. This will include an analysis of services to meet those with functional mental health needs across in-patient care, Day Hospital, our new Neighbourhood mental health model and the Age UK STAR service.

Our detailed interim commissioning intentions regarding mental health for 2019-20 are as follows:

1. Core aspects

a. Neighbourhood development.

PCFT is an invited partner in the development of our neighbourhood model of care and we look forward to working with you to ensure improved engagement going forward. Within this, we plan to phase the transfer of responsibility for the delivery of some mental health outcomes (to be agreed on a tri-partite arrangement) into the ICFT over the next two years.

b. MH Outcome Framework and revised quality and performance reporting
We will work with our PCFT Locality lead to develop this by March 2019.

c. Indicative Activity Plan
Commissioners require this for all services for inclusion in the contract.

d. Safer Staffing
Evidence of quality and safety improvements is required and we will agree the trajectory for this before March 2019.

e. Additional 12 Beds (previously referred to as IG beds)
Decisions regarding the commissioning of the additional beds from April 2019 will not be progressed until activity reconciles with the level of funding in the contract.

2. Starting Well

a. Children and young people priorities;
- Access and waiting time standards achievement
- GM CAMHS Specification; taking forward the findings of the review notably options to meet extended hours and provision for 16 and 17 year olds
- Embed local all age RAID/vulnerable YP provision, morphing the service as GM provision comes on stream
- Integrated children's services – embedding neighbourhood and schools mental health practitioners in the teams

b. Perinatal Infant MH
We propose to move the Early Attachment Service into the NHS Contract, outside the block. PCFT is requested to work in close partnership with the GM Perinatal Community Mental Health Team and other partners to establish a fully integrated care pathway. In line with this the 1001 Critical Days action plan should be refreshed.

3. Living Well

a. Transforming MH support for people to keep themselves well
Working together with wide range of partners through the *Living Life Well Programme,* we plan to change how we support people to manage their own mental health in the community. In 2019/20, we will establish the new model of neighbourhood mental health support for people below the threshold for secondary care and start work to determine how this approach can extend to people on CMHT caseloads. This will involve significant redesign of PCFT services.

b. Acute and Crisis Care services
We will work with the ICFT and PCFT to progress the establishment of a MH Observation and Assessment Room/Safe Haven in an appropriate setting.

c. IAPT
We will continue to work with the PCFT on reforming payment systems for IAPT in line with national guidance, should this become a mandated requirement. It is anticipated that the work to revise the pathway and work with the Step 1 partner will ensure that all the standards are consistently met and secondary waiting times fall.

d. Early Intervention in Psychosis
We have already requested a costed plan to improve the service in line with national standards.

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e. Be Well
We will commission this service for one further year during which time, we will be redesigning this service and will tender on the new specification.

4 Aging Well

a. Older Peoples Mental Health
We will focus on how well we are meeting the needs of older people in secondary care and those stepping down. This will include an analysis of services to meet those with functional MH needs across in-patient care, Day Hospital, new Neighbourhood MH model and the Age UK STAR service.

b. Dementia
We expect PCFT to remain an active partner in ensuring the Integrated Dementia Pathway is fully established and effective.

On behalf of Tameside and Glossop Strategic Commission, I am looking forward to working with you in 2019/20 to collectively further the delivery of our vision.

I hope you find our interim commissioning intentions letter helpful. Please do not hesitate to contact us should you wish to discuss the detail further, and my team and I will be more than happy to assist.

Yours sincerely,

Jessica Williams
Interim Director of Commissioning

cc. Alan Dow, Chair
Steven Pleasant, Accountable Officer
Emma Tilston, PCFT Director of Finance
Frances Molyneux, PCFT
Helen Davies, GMSS
Nina Kuzyszyn, GMSS
Pat McKelvey, Head of Mental Health & Learning Disabilities

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November 2018

To: All providers of health and social care for Tameside and Glossop residents

Re: Tameside & Glossop Draft Commissioning Intentions 2019-20

This letter sets out, in high level terms, the commissioning priorities for Tameside & Glossop Strategic Commission in 2019-20. Details of specific commissioning intentions, in terms of activity and financial planning, will be developed with providers over the next few months. These Commissioning Intentions are in line with the 'Approach to Planning' guidance issued by NHS Improvement and NHS England on 16th October, which sets out the following timetable for 2019-20:

14 January 2019	Initial plan submission – activity and efficiency
12 February 2019	Draft 2019/20 organisation operating plans
5 March 2019	2019/20 contract plan alignment submission
21 March 2019	Deadline for contract signature
29 March 2019	Organisation Board/Governing Body approval of 2019/20 budgets
4 April 2019	Final 2019/20 organisation operating plan submission
11 April 2019	Aggregated 2019/20 system operating plan submissions and system operational plan narrative
Summer 2019	Systems to submit Five-Year plans signed off by all organisations

We will ensure all contracts include the required 'must do' expectations as set out in national and local contracting and commissioning guidance, the details of this will be shared as described above, through provider specific contract negotiations.

1. Tameside & Glossop Strategic Commission

Tameside and Glossop Strategic Commission is committed to early intervention, prevention and tackling unacceptable health inequalities and these are the bedrock for our strategic commissioning intentions. We have a long term commitment to deliver sustainable improvement to healthy life expectancy.

The Strategic Commission, made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG, continues to drive the commissioning agenda and aims to support the implementation of a new model of care, based on our place and realign the system to support the development of preventative, local, high quality services. We have unifying statutory and collaborative governance arrangements via our clinically led Strategic Commissioning Board, established as a joint committee of the two organisations with delegated decision-making powers and resources.

The Strategic Commissioning Board (SCB) considers commissioning proposals which are funded from our Integrated Commissioning Fund. This fund is comprised of three elements as set out in the table below:

Budget Allocation Sections	Detail	Governance implications
Section 75	This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level	SCB makes decisions on this funding which are binding upon the two statutory partner organisations.
Aligned Services	This comprises services which legislation does not permit to be held within a Section 75 pooled fund.	SCB makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.
In Collaboration Services	This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England.	SCB makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

2. Tameside and Glossop Financial Context 2019/20

Whilst details of CCG allocations are not expected until mid-December, it is anticipated that 2019-20 will be another challenging year in Tameside and Glossop. In 2018-19, the CCG had a QIPP target of £19.8m and whilst we are confident we will balance the position in year, only 1/3 of this gap is likely to be closed through recurrent measures. Therefore even if allocations increase, we anticipate carrying a significant savings target (estimated at £18.1m) into next year.

As such, we will not be in a position to support any activity growth or cost increases in 2019-20 and will be requiring providers to work with us to reduce demand or mitigate this as far as possible. We will be challenging any activity undertaken which does not adhere to Effective Use of Resources (EUR) policies. There will be no additional funding for any new services or developments with the exception of those within our transformation plans or guaranteed to provide a rapid return on investment/reduce cost elsewhere in our economy.

Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and Social Care Partnership (GM HSCP) funds will be supported in full.

Achieving financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. We look forward to working with providers to identify and support innovative approaches to managing demand in more cost effective ways including embracing technology to support self-management. We will be looking to all our providers to support the delivery of our model of care, maximise productivity and deliver population outcomes in the most cost effective way to the economy as a whole.

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3. Aligning health and social care with wider public sector reform

In our commissioning intentions for 2018-19 we asked providers to recognise and commit to supporting our key 4 local priorities aligned to the commitments of our Health and Wellbeing Board:

- Reduction of all aspects of Homelessness
- Reduction in all aspects of Domestic Abuse
- Reducing premature mortality through prevention, assessment, treatment, rehabilitation and care of Coronary Heart Disease and Stroke
- Improving staff satisfaction due to understanding and supporting our vision to deliver an integrated place based approach to improving healthy life expectancy.

Despite a lack of financial incentives to promote the above, we have been excited about local developments with these agendas and will continue to prioritise in 19-20. In line with recent developments within the Strategic Commission, we are now aligning specific commissioning intentions across the Life Course; Starting Well, Living Well (including Neighbourhood Development) and Ageing Well. In addition, we have specific Prevention and Population Health commissioning intentions which go across the life course.

To ensure continued focus on our priorities and understand progress across Tameside and Glossop, we will be introducing a strategic scorecard to show progress against our Corporate Plan. This will be backed up by three separate service neighbourhood scorecards; Children's, Integrated Neighbourhood Services (Police, Community Resilience) and Health and Social Care which will feed directly into performance and contract meetings with all of our providers.

4. Prevention and Population Health

Population health is an approach which aims to improve the health of the entire population and to reduce health inequities among population groups. The approach looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. We want our providers to acknowledge that population health signals a change in the way health care is accessed, provided and utilised and is a move away from reactive responses to an individual's health needs.

We aim to see a fundamental shift towards outcomes-based, proactive approaches to a given population as well as prevention efforts to reduce disparity and variation in care delivery. We will be working with all our providers and GM HSCP to drive this across GM as well as locally. We will be looking for commitment from providers to the principles of early intervention and prevention with particular focus on:

- Improvement of Healthy Life Expectancy and reduction of premature mortality; focus on the causes of our biggest killers; cancer and heart disease, increasing opportunities and support for positive system wide change (tobacco, substance misuse, diet and physical activity);
- Commitment to supporting our children to start school ready to learn and reach their full potential: Focus on the development of an integrated neighbourhood approach for children and families
- Resilient, stronger communities using asset based approaches and social prescribing.
- Being proactive and recognising the role Providers of healthcare have in changing the wider determinants of health e.g.; air quality as well as reacting to illness, with a focus on health inequalities

In addition, we will be working to ensure our commissioning and procurement processes reflect the need for locally added social value in our relationships and partnership.

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5. Starting Well

5.1 Starting Well Board
The Strategic Commission have formally adopted the concept of partnership forums to drive forwards improvements in priority areas and the first Board approved and currently being established is a new Starting Well Board. We will be looking to providers to actively contribute to this Board including within 19/20 to identify areas for action to improve outcomes.

5.2 Children & Families
Strategic Commissioning Board has approved the ongoing development and piloting of an Integrated Neighbourhood Children's Model to deliver improved outcomes and efficiencies for children and young people and those who care for them. The pilot will facilitate provision of early help and access to bespoke person centred holistic solutions, working to the following principles of place based care:

- Integrated local early help services ensuring collaborative responses to local need;
- Services that build on assets of the community & intervene early in an emerging problem whether at an individual or population level;
- One team, knowing their area and each other;
- Person centred approach within the context of family & community;
- Services delivered within the community, close to home from a flexible asset base and
- Development of a multi-agency "Team around the School" approach.

As a result, all providers working with children are asked to continue to contribute and support this development and delivery in 2020/21.

5.3 Special Education Needs and/or Disability (SEND).
We are committed to delivering the SEND reforms and ensure we effectively meet the needs of children and young people with Special Education Needs and/or Disability. All our providers and partners will need to engage effectively to deliver these reforms, which are expected to be tested in the HMI Ofsted and CQC Local Area Inspection in 2018/19. We will work with partners to develop a SEND strategy, taking further forward the integration of services, including an all age learning disability service.

5.4 Children and young people's mental health
In 2019/20, we will take forward the findings of the review of local provision in line with the GM CAMHS Specification, notably options to meet extended hours and provision for 16 and 17 year olds and ensure the achievement of access and waiting times standards. Children and young people's crisis and acute care will be strengthened through the GM Service Developments and the local all age RAID/Vulnerable Young Persons provision, created through the redesign of posts in ICFT and PCFT. The THRIVE model will be further strengthened, particularly in relation to open access, neighbourhood drop-ins and robust links with the Early Help agenda.

The national recognised T&G integrated Parent Infant Mental Health Service (the Early Attachment Service) model is being rolled out across GM. All integrated pathway partners, notably Maternity and Health Visiting are asked to work in close partnership to build the new GM Perinatal Community Mental Health Team effectively into our local pathway.

Transforming Care Programme for Children are committed to fully embedding the Dynamic Risk Stratification and Care, Education and Treatment Review (CETR) processing within Tameside and Glossop. All providers will be required to fully support these processes ensuring that more children and young people with Learning disabilities and/or Autism can be kept at home with the right support.

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6. Living Well

6.1 Living Well Board

Plans for the Living Well Board are embryonic at present and it is likely that this will take towards mid 2019 to be established. This is due to the significant span of responsibility likely to fall within this area e.g.; Addressing Poverty, Mental Health, Employment, Homelessness, Domestic Abuse as well as health and social care within Neighbourhood developments. For the purposes of these Commissioning Intentions, Living Well includes all aspects of Mental Health including Drugs and Substance Misuse as well as the further development of physical health and social care neighbourhood development. We look forward to working with providers in due course on the Living Well Board.

6.2 Neighbourhood Mental Health Development

This new model has been co-produced by a wide range of partners through the 101 Days for Mental Health Project to meet the needs of people with significant mental health and other complex needs. The model includes a new Neighbourhood Mental Health Team, built from existing and new resources. It is proposed that the Step 1 IAPT Service, commissioned from Big Life, is included in this development to create seamless access to all levels of mental health support. A virtual team will be established to prototype the model in Hyde from January with a view to expanding incrementally across the Locality.

Building on work described above, Tameside and Glossop have been selected by the Innovation Unit to join the Living Well UK Programme, funded by the Big Lottery. As one of four sites, people with mental health needs living in the locality will benefit from having a say in how mental health support is designed and developed in Tameside and Glossop over the next three years through our local Living Life Well Programme.

The programme is inspired by the Lambeth Living Well model, an approach to mental health care that has changed the way the voluntary and public sectors work together so that the right support is available to people when it is needed. We will be working closely with Pennine Care NHS Foundation Trust and key local organisations to review how mental health support is commissioned and provided and to develop a new model of care. This new model will support early intervention and prevention; it will support people to stay well; ensure the delivery of high quality and sustainable services, including support for families; help reduce homelessness; get people into work and will be age friendly.

It is hoped that, through the programme, the support available in the four Living Well UK areas will become internationally recognised examples of an innovative way to help people achieve good mental health in community and primary care settings. The work will have the potential to be adopted across the NHS in the UK, transforming the support currently offered by GPs and community and mental health teams. Stakeholder support in this programme will be crucial to its successful delivery.

6.3 Autism Support for Adults

In line with the GM developments, the Strategic Commission is committed to improving access to diagnostic services and ongoing support through the expansion of the ICFT autism team. We will be commissioning additional support for people with a Learning Disability and Autism in the new Neighbourhood Mental Health Team.

6.4 Drugs and Alcohol

Substance misuse is a constant but changing challenge in all communities, and the scale of alcohol related harm in Tameside and Glossop has been consistently highlighted. Tameside Health and Wellbeing Board adopted the ‘Rethinking Drinking: A Strategy for Tameside’ in May 2017, a local policy stocktake in light of the national and GM strategies has been undertaken by the Tameside

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Strategic Alcohol and Drug Group in 2018, and most recently a peer review enabled us to identify key areas for improvement.

Following on from the peer review we wish to:

- Review the current partnership approach to substance misuse and the Community Safety Partnership including the accountable/delivery mechanisms;
- Connect and support neighbourhood work including embedding substance misuse in the work of the INDTs strategically and operationally;
- Develop and deliver the Alcohol Exposed Pregnancy Programme proposal in partnership with Maternity funded via GM transformation funding;
- Establish a task and finish group to plan and identify priority programmes of work starting with Children, Hidden Harm and Alcohol;
- Develop a process to review and utilise hospital and treatment data to inform neighbourhood enforcement and licensing and;
- Ensure an effective role for the HALS team within local alcohol and substance misuse pathways

6.5 Making Smoking History in Tameside & Glossop

In conjunction with partners, we are committed to Making Smoking History in Tameside & Glossop. 19/20 will see the launch of the CURE programme and the roll out of the Babyclear programme to reduce smoking in pregnancy. This will support the organisation to implement the mandatory Preventing ill health commissioning for quality and innovation (CQUIN) supporting the NHS to take action to address risky behaviours related to alcohol and smoking.

6.6 Primary Care

Delivery of the Primary Care Access Service, incorporating out of hours, alternative to transfer and extended access, will improve quality outcomes and patient experience for pre-bookable and urgent primary care. This service will need to work with the whole urgent care system to ensure consistency of provision and respond to whole urgent care system performance measures.

6.7 Cancer

Providers are expected to ensure services are delivered in line with the GM Cancer plan and that all necessary national standards and targets are met. We will work with Greater Manchester Cancer, the Greater Manchester Commissioning Hub and providers on our locality response to the GM Cancer Plan and national standards.

6.8 Planned Care

Through the Greater Manchester Health & Social Care Partnership and the work of the Elective Care Hub, we will engage in GM programmes of redesign of planned care pathways. Principles we will apply in the work on elective care in the locality will include:

- Elective care will be provided locally to ensure ease of access for our population unless there are outweighing reasons e.g.; improved safety, improved quality of outcome to commission from alternative providers
- Promotion of public education and self-care for individuals
- Shared decision making as a key principle with motivational interviewing techniques used; patients should be involved in shared decision making throughout their pathway and feel in control of their care
- Referrals will be reviewed to ensure patients receive their first appointment with the most appropriate person, in the most appropriate place with the right information available to support care planning
- Ensure Follow Up appointments are only booked when clinically necessary; we will work with you to understand ambitious trajectories for a reduction in follow up appointments
- Availability of advice and guidance to avoid unnecessary referrals.

6.9 NHS Right Care and GM Elective Hub
We have identified 6 priority programme areas which are;

- Circulation
- Respiratory
- Trauma and Injuries (Falls)
- Musculo Skeletal System (MSK)
- Ophthalmology
- Dermatology

We will continue to work with providers and at GM level to ensure the Right Care data is taken into consideration where appropriate to programmes of service improvement and redesign, and that we engage in the appropriate level of reporting and feedback to GM and NHSE.

6.10 Healthier Together and Theme 3 Reconfiguration
We are committed to and will continue to engage with GM HSCP and our providers in the South East sector on the design and delivery of services in line with Healthier Together. In addition, we wish to develop a single Tameside and Glossop approach towards Theme 3 and during 2019-20 will ensure joint work with commissioner and provider colleagues on the ongoing development of this model. We will ensure proposals are taken through our local governance arrangements for clinical, commissioning and financial evaluation prior to presentation to the Greater Manchester Joint Commissioning Board. Every effort will be made to ensure the locality is represented in the ongoing detailed design process. In the first instance, this relates to the proposed models of care for neuro-rehab, breast services, benign urology, vascular, cardiology, respiratory, paediatric surgical services and MSK/Orthopaedics.

6.11 Neighbourhood Workforce Development
There is no doubt that our new models of care will need to embrace different workforce models and potentially new roles, responsibilities and patterns of working. The health service is likely to move towards becoming doctor led but not necessarily doctor delivered. As new professional groups emerge, we will be asking providers to ensure they can provide high quality learning environments, and where appropriate in multi-disciplinary environments for all professionals.

7. Ageing Well

7.1 Ageing Well Strategy
We are in final development of an Ageing Well strategy for Tameside and Glossop which will further develop the GM approach to Ageing Well. This strategy will cover development of strong communities to enable people to live independent lives as well as Frailty, End of Life and Dementia. The ongoing development and implementation of this strategy will be taken forward by an Ageing Well Board consisting of a wide range of stakeholders and we look forward to your support with this. The aim will be to increase place based support for our ageing population with a decline in demand for residential and acute services. We want to work in partnership with providers to develop an age friendly approach to health and social care that responds to the challenges and opportunities created by ageing, by adapting structures and services to be accessible to and inclusive for older people who will have varying levels of need and capacities.

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The Strategic Commission are represented at a GM level in the Greater Manchester Palliative & End of Life Care Programme Board, and will ensure the work of this Board influences the locality developments.

7.3 Urgent Care

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8. Additional Commissioning Intentions for 2019/20

8.1 Development of Integrated Neighbourhood Estate

As part of our strategy, we wish to develop the concept of the Integrated Neighbourhood Hub with the aim to have one in each neighbourhood as a one-stop-shop model for the patient, customer and resident. These hubs intend to deliver a seamless service where the user can visit for any prevention, wider wellbeing support or treatment services which should mitigate against fragmented care, multiple referrals, and handovers as a multi-agency user outcome can be achieved in one visit.

Subject to the agreed and finalised service model, opportunities for co-location of public sector staff and differing estate prospects in each neighbourhood, each neighbourhood solution is likely to differ. We would like to work closely with providers to ensure an agreed optimal service model within 19/20.

8.2 Personal Health Budgets (PHBs)

We are committed to further development of the personalisation agenda including the implementation of personal health budgets. We will be working with providers to embed person centred practice across our economy and will have a particular focus in 2019/20 on mental health and end of life care for the development and implementation of personal health budgets.

On behalf of Tameside and Glossop Strategic Commission, we look forward to working with our providers in 2019/20 to collectively further the delivery of our vision.

I hope our commissioning intentions letter is helpful. We will set up a series of discussions to firm up on the detail to support this letter where appropriate and in the meantime, please do not hesitate to contact me should you wish to discuss further.

With best wishes

Yours sincerely

Jessica Williams
Interim Director of Commissioning

cc. Alan Dow, Chair
Steven Pleasant, Chief Executive/Accountable Officer

Headquarters: NHS Tameside and Glossop Clinical Commissioning Group, Dukinfield Town Hall, King Street, Dukinfield, SK16 4LA.
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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 2018
Reporting Officer of Strategic Commissioning Board	Jessica Williams – Interim Director of Commissioning
Subject:	**COMMUNITY HEALTH ESTATE AND INTEGRATION**
Report Summary:	A strategic vision for the modernisation of the Community Healthcare Estate and the development of Integrated Neighbourhood Hubs.
Recommendations:	The Strategic Commissioning Board is requested to: 1. Note the prioritisation of estates and neighbourhood integrated hubs within Greater Manchester and that external resource has been made available centrally to develop opportunities. 2. Note that Tameside and Glossop Strategic Commission have been successful in securing some of this resource via funding bids ranging from £25k to £80k and totalling £250k. 3. Approve the spend of these funds to gain more detailed understanding of potential neighbourhood opportunities leading to development of Outline Business Cases.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	Full consideration shall be given to the financial implications of each outline business case when produced. The financial implications will vary in nature but all will need to demonstrate a return on investment and value for money in order to proceed through our governance route.
Legal Implications: **(Authorised by the Borough Solicitor)**	This report seeks only to approve expenditure of Funding provided to the CCG for the purpose of developing business cases. Such expenditure must comply with Financial Standing order and procurement obligations. It should be noted that all Outline Business Cases will need to be agreed in advance by the Strategic Commissioning Board – any approvals and authorisations will be dependent on the source of the budget for the proposals if reliant on council funding and this ultimately may be dependent on full Council approval. Meanwhile no liabilities should be committed to and / or incurred before such authority provided. There are some significant legal and financial issues that will need to be considered by any potential delivery model, this is because the Council is able to buy and hold land whereas health can only lease land through a health company – therefore any integrated approaches whilst on the face of them provide a common sense approach, there is currently no legal framework in place that would protect the council in the event that any lease was reneged upon. Accordingly these are issues that need to be developed further and understood before any individual business case can be agreed. It is something we will need to get our external auditors to sign off.

How do proposals align with Health & Wellbeing Strategy?	The strategic vision for the modernisation of the Community Healthcare Estate and the development of Integrated Neighbourhood Hubs is aligned with the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The strategic vision for the modernisation of the Community Healthcare Estate has been developed in line with the Locality Plan and proposed model of care.
How do proposals align with the Commissioning Strategy?	The proposal aligns with the commissioning intentions in the Commissioning Strategy. It aims to reduce overhead costs and to enhance service delivery by integrating customer and patient services.
Recommendations / views of the Health and Care Advisory Group:	This strategy is sighted economy wide and all executive and stakeholder groups are in support of its development.
Public and Patient Implications:	There are no public and patient implications at this initial stage, however this will be taken into consideration should any modernisation of Estates and/or development of Hubs proceed.
Quality Implications:	Quality Impact Assessments will be carried our as/when necessary. They are not required at this early stage in the process and will be covered should there be development of a business case
How do the proposals help to reduce health inequalities?	The long term plan aims to provider more aligned care for each of the neighbourhoods, making access to health and social care more streamlined for all
What are the Equality and Diversity implications?	Equality Impact Assessments will be undertaken as/when required and would be included within the business case
What are the safeguarding implications?	Safeguarding implications of the proposals will be considered and address on an individual basis.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance and Privacy Impact assessments will be undertaken as and when required, but these are not currently required at this early stage in the process
Risk Management:	Risk implications shall vary for each project but shall be considered in detail within each Outline Business Case. The risk of not acting against this report detail shall also be addressed.
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Mathew Chetwynd, Estate Business Manager, by:  Telephone: 0161 342 5500  e-mail: mathew.chetwynd@nhs.net

1.0 INTRODUCTION

1.1 NHS community services are delivered from circa 30 locations across Tameside and Glossop. The towns of Ashton and Glossop are the only neighbourhoods to have benefited from modernised healthcare facilities over the past 25 years with the exception of a small clinic owned by Pennine Care NHS Foundation Trust in Stalybridge. With increasing housing developments and ageing NHS infrastructure, there is a need to ensure that all neighbourhoods benefit from modern and fit for purpose healthcare facilities. This report attempts to articulate the main issues surrounding the community and primary care estate and outlines a developing plan to modernise the estate in combination with delivering multi-agency services co-located in each neighbourhood.

2.0 BACKGROUND

2.1 The integration of the Clinical Commissioning Group, Local Authority and local Acute Trust presents opportunities which would be otherwise unachievable in respect to Estates. Prior to integration, the Clinical Commissioning Group delivered two modern Primary Care Centres in Ashton and Glossop which relied on a Private Finance Initiative investment model which before 2013 was the only available method to develop new healthcare facilities. New partnership arrangements allow the potential for healthcare estate developments in conjunction with the Council and the wider public sector.

2.2 With the exception of the Primary Care Centres, the remainder of the NHS community estate is almost entirely leasehold. It is reliant on the former NHS Primary Care Trust estate which over time has suffered from a significant lack of capital investment. Coupled with an ageing infrastructure and rising rental costs well in excess of budget allocations, there is a need to develop a modernised community estate to ensure that all neighbourhoods can access a wide range of integrated, high quality services.

2.3 In addition, much of the Primary Care estate has lacked capital investment and capacity issues are now a common theme across many GP practices. Almost a fifth of local GP practices operate in leasehold premises and this disadvantages any opportunity to improve their buildings. Tameside and Glossop plan to deliver new affordable housing developments which is only likely to increase GP capacity pressures. There is now an opportunity to explore how Primary Care constraints could be addressed within neighbourhood estate developments.

2.3 Over the past 3 years, the wider public sector has been working together on common estates themes and has been working on the benefits of delivering co-located services. In addition to the NHS and Tameside MBC, the Department of Work and Pensions, Police, Court Estate and third sector partners are seeking to come together and offer a multi-agency approach to improve resident / patient service delivery and to release system cash savings by reducing their estates costs and removing appointment pressures.

3.0 STRATEGY DEVELOPMENT

3.1 The total leasehold community and primary care estate costs circa £8m per annum to operate. There is no budget locally or nationally for capital investment to improve this ageing infrastructure. Within a borough covering a relatively small geographical area, there is an opportunity to rationalise this estate into a much smaller number of buildings without losing local service provisions. The funding mechanism to enable this strategy essentially relies on capitalising the NHS rental revenue costs into a capital sum to enable Tameside MBC to deliver new facilities by the NHS guaranteeing the rent.

3.2 In each neighbourhood, there are a variety of estate options and differing pressures to be considered. These range from the need to avoid investing in existing poor estate, the expiry of current leases, opportunities for development and capacity issues relating to housing developments.

3.3 Initial assessment of opportunities for delivering an integrated neighbourhood estate which could deliver services in a co-located or hub format has been carried out. To date the estates element of the work has been developed further than the service delivery model which presents risks in relation to the non-estates savings, however given that so many estates issues are pressing it has been necessary to move at pace. A specific programme to develop the service delivery model is in the process of being established.

3.4 Due to the prioritisation of estates and integrated hubs within Greater Manchester, resource has been made available centrally to develop opportunities further. Tameside and Glossop Strategic Commission have submitted a number of funding bids based on specific neighbourhoods and all have been successful. The funding allocations awarded range from between £25k to £80k with a total sum of external monies secured amounting to £250k. It is proposed to use these funds to develop more detailed assessment of potential opportunities.

4.0 SUMMARY

4.1 There is a clear need to deliver solutions for the community health estate which addresses building condition, rising costs and service need. These solutions need to encourage a collaborative public asset approach and a multi-agency delivery approach to ensure that resident / patient needs and care are joined up.

4.2 Ashton and Glossop neighbourhoods already have the benefit of modern community provision and although this has been broadly health until now, working groups in each neighbourhood will be identifying opportunities for closer working with the wider public sector. It is apparent that other neighbourhoods have been disadvantaged by a lack of modernised health facilities and therefore the focus on developing new schemes will be in the remaining neighbourhoods of Hyde, Denton and Stalybridge.

5.0 RECOMMENDATIONS

5.1 As set out on the front of the report.