Tameside & Glossop Care Together

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 13 February 2019
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 23 January 2019.	1 - 6
6.	**CORPORATE CONTEXT**	
a)	**CORPORATE PLAN** To consider the attached report of the Executive Leader/Assistant Director (Policy and Performance).	7 - 28
b)	**BUDGET CONVERSATION 2019/20** To consider the attached report of the Deputy Executive Leader/Assistant Director (Policy and Communications).	29 - 56
c)	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 DECEMBER 2018 AND FORECAST TO 31 MARCH 2019** To consider the attached report of the Director of Finance.	57 - 74
7.	**QUALITY AND PERFORMANCE CONTEXT**	
a)	**QUALITY ASSURANCE REPORT** To consider the attached report of the Director of Quality and Safeguarding.	75 - 88

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

b) PERFORMANCE UPDATE 89 - 104

To consider the attached report of the Assistant Director (Policy, Performance and Communications).

c) ENGAGEMENT UPDATE 105 - 112

To consider the attached report of the Executive Leader / Lay Adviser for Public and Patient Involvement / Assistant Director (Policy, Performance and Communications).

8. COMMISSIONING FOR REFORM

a) INVESTMENT IN A NEW EARLY HELP IT SOLUTION 113 - 124

To consider the attached report of the Executive Member (Children's Services)/Director (Children's Services).

b) PROPOSAL TO CONSULT WITH KEY STAKEHOLDERS AND INDIVIDUALS ON CHANGING MANUAL HANDLING ASSESSMENT 125 - 148

To consider the attached report of the Director of Adult Services.

9. DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 27 March 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

23 January 2019

Commenced: 1.00 pm **Terminated:** 2.15 pm

Present:
Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Warren Bray – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG

In Attendance:
Kathy Roe – Director of Finance
Jessica Williams – Interim Director of Commissioning
Debbie Watson – Assistant Director of Population Health
Sandra Whitehead – Assistant Director of Adult Services
Anna Moloney – Consultant, Public Health Medicine
Richard Scarborough – Planning and Commissioning Officer

Apologies for Absence:
Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Carole Prowse – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire County Council

84 DECLARATIONS OF INTEREST

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

85 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 12 December 2018 were approved as a correct record.

86 CONSOLIDATED REVENUE MONITORING STATEMENT - MONTH 8

The Director of Finance submitted a report providing an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 30 November 2018 with a forecast projection to 31 March 2019 including details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the Integrated Commissioning Fund was currently £580.816 million, against an approved budget of £580 million, an overspend of £1.0 million. The report also provided details of the financial position of the Tameside and Glossop Integrated Care Foundation Trust.

She made reference to the supporting details for the whole economy provided in Appendix 1 to the report and highlighted the following:

- Referral to Treatment remained a real concern for the Clinical Commissioning Group and the impact on the achievement of the Quality, Innovation, Productivity and Prevention Programme.
- Children's Social Care continued to experience unprecedented levels of demand placing significant pressures on staff and resources.
- Corporate costs budgets included dividend income from the Council's shareholding in Manchester Airport and this additional income would be used to offset overspends in other service areas.
- Growth continued to face pressures due to non-delivery of savings and additional costs pressures.
- Clinical Commissioning Group Targeted Efficiency Plan expected savings reported last month had improved by £515k largely attributable to prescribing for patients with respiratory conditions exceeding expectations. Additional non-recurrent benefit was due to the achievement of the Quality Premium, the highest ever seen in Tameside and Glossop and the success of the Primary Care Access tender which had gone live sooner than anticipated.

The Director of Finance advised that heading towards winter she remained optimistic that risks had been identified and covered, but there would be elements such as unexpected severe weather that would add additional pressures to front line services.

In conclusion, she was confident that the economy could meet its financial control totals and deliver an in-year balanced position, although savings delivery for 2018/19 and future years remained a key priority. Financial plans for 2019/20 and beyond were now being refined and the savings required next year remained significant.

RESOLVED

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

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

87 TAMESIDE SEXUAL AND REPRODUCTIVE HEALTH: IN FOCUS REPORT

Consideration was given to a report of the Executive Leader and Director of Population Health setting out an overview of the sexual and reproductive health of the Tameside resident population and an update on the commissioning and provision of sexual and reproductive health services including:

- Northern Sexual Health, Contraception and HIV Service;
- RuClear;
- Passionate about Sexual Health Programme;
- Youthink – Tameside's sexual health intervention and prevention team;
- National HIV self-sampling service;
- Contraceptive services in Primary Care;
- Emergency Hormonal Contraception services in Pharmacies;
- Termination of pregnancy.

The Board commented favourably on the deep dive of the provision and reviewing the impact of the services commissioned by the Strategic Commissioning Board and outline of what the next steps should be looking to the future.

RESOLVED

That the content of the report be noted.

88 TAMESIDE SEXUAL AND REPRODUCTIVE HEALTH: CONTRACT EXTENSION AND FUTURE INVESTMENT

The Executive Leader and Director of Population Health submitted a report seeking approval for a range of contracts and changes to service delivery within sexual health services. It included approval for contract extensions to continue using two contracts jointly commissioned across Greater Manchester, for the provision of chlamydia screening and for support for the most vulnerable groups for HIV and Sexually Transmitted Infections, and changes to the delivery of chlamydia screening within General Practice and the extension of the Pharmacy Emergency Hormonal Contraceptive service.

It was explained that under the Health and Social Care Act 2012, local authorities had a statutory duty to commission confidential, open access services for Sexually Transmitted Infections (STIs) and Contraception, as well as ensuring that the local population had reasonable access to all methods of contraception. A range of services were commissioned from NHS providers, General Practice, Pharmacy and third sector organisations in order to fulfil these obligations.

An Executive Decision in January 2016 approved the joint procurement of a sexual and reproductive health service in a cluster arrangement with Stockport and Trafford Councils, with Stockport leading the procurement and awarding the contract. A two year extension to the contract was approved in July 2018. This arrangement was in line with the Greater Manchester Sexual Health Strategy, produced by the Greater Manchester Sexual Health Network.

The Greater Manchester Sexual Health Commissioners Group collaborated to jointly commission services across Greater Manchester including an opportunistic chlamydia screening programme provided by RuClear and an STI and HIV screening and support service provided by the Greater Manchester Passionate About Sexual Health Partnership. Both of these contracts were coming to the end of their initial term and the lead commissioners and the Partnership had agreed to extend as permitted within their contract terms subject to local agreements.

A national Health Prevention England HIV self-sampling service, operating under a framework, was due to expire on 31 March 2019 with an available extension until 29 October 2019. A tender was in progress to procure a new framework with the intention of having a new service in place by 1 April 2019.

It was reported that General Practice operated two Locally Commissioned Services (LCSs) for Sexual and Reproductive Health, Long Acting Reversible Contraception and Chlamydia screening. In addition, Pharmacies delivered one Locally Commissioned Service, Emergency Hormonal Contraception, which included a Chlamydia screening element.

The current arrangements for each of these additional services, the future options, proposed extensions and implications for Tameside was explained in detail in the report and in summary as follows:

- Extension of the RuClear contract in line with the extension granted by the Lead Commissioner; Manchester Council.
- Extension of the HIV and STI screening and support service in line with the extension granted by the Lead Commissioner, Salford Council.
- To cease the current LSC with General Practice for Chlamydia Screening and replace with an LSC for the provision of self-sampling kits and enhanced condom offer.
- To remove Chlamydia screening from the Pharmacy Emergency Hormonal Contraception Service.
- To extend the Pharmacy LSC to include Ulipristral (Ella One) Emergency Hormonal Contraception.
- To continue commitment to the national HIV screening service.

Members of the Board commented that the provision of sexual and reproductive health services had a positive effect on health inequalities and the continuation of services and provision of Emergency Hormonal Contraception would ensure the continued targeting of resources for those in greatest need. In addition to the individual and the community of being sexually healthy, there were also economic benefits. Failure to prevent or treat sexual ill health or to provide adequate contraception generated avoidable cost and demand across the health and social care system.

RESOLVED

(i) That approval be given to the extension of the RuClear contract in line with the extension granted by the Lead Commissioner, Manchester Council.

(ii) That approval be given to the extension of the HIV and STI screening and support service in line with the extension granted by the Lead Commissioner, Salford Council.

(iii) That approval be given to the ceasing of the current Locally Commissioned Service with General Practice chlamydia screening, to be replaced with a service for provision of self-sampling kits and enhanced condom offer.

(iv) That approval be given to the removal of chlamydia screening from the Pharmacy Emergency Hormonal Contraception service.

(v) That the extension of the Pharmacy Locally Commissioned Service to include Ulipristral (Ella One) Emergency Hormonal Contraception be approved.

(vi) That the continued commitment to the national HIV screening service be approved.

89 ALLOCATION OF £1.154 MILLION ADULT SOCIAL CARE WINTER PLANS FUNDING FOR 2018-19

Consideration was given to a report of the Executive Leader and Director of Adults providing a set of high level proposals to address some of the unmet social care need in the system and would transform a number of existing services. Many of the proposals would offer improvements to the whole system and would increase options and improve outcomes to people accessing services.

It was explained that the Government had allocated £1.154 million to the Council to support the system with winter pressures. As the funding was for the period ending 31 March 2019 it was imperative to allocate the funding promptly and to commence the services / schemes in order to ensure impact during the winter period.

A set of schemes were proposed that required approval, with approximate values to date provided in Appendix 1 to the report:

- Block booking 10 transitional care home beds to support a timely discharge from hospital to a placement until the preferred choice of home was available.
- Offer of a short term in-house service to provide support to individuals who might otherwise end up in hospital due to a crisis at home.
- Payment of 2019/20 fee uplift to care homes brought forward to 1 January 2019 with the expectation that care homes work with the health and social care economy to ensure good flow in the system.
- Funding of two Trusted Assessor posts to build relationships with care providers and carry out assessments.
- Additional three whole time equivalent social worker posts across the Integrated Urgent Care Team to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital.
- Additional Occupational Therapy / Manual Handling capacity to support people to remain at home safely and timely discharges from hospital.
- A holding payment for beds at homes with high demand and low vacancies to ensure they are secured pending an offer to a Tameside resident.
- Projects with the voluntary and community sector.

The proposals had been discussed with the Director of Operations at the Tameside and Glossop Integrated NHS Foundation Trust and had been shared with other service areas as appropriate. Approaches had also been made to third sector organisations and groups through Action Together.

It was also expected that other pressures and suggestions would emerge during the next few months and flexibility to use the estimated funding balance of £0.135 million would enable a prompt responsive approach to maximising the benefits of the funding award.

Members of the Board welcomed the report and that the investment over the winter period would have a positive impact on the people accessing and using the services funded through this money.

RESOLVED

(i) That approval be given to the following schemes to reduce social isolation, support people to remain living safely at home and to promote a timely and safe discharge from hospital:

- **Block booking 10 transitional care beds;**
- **In-house home care services;**
- **Payment of 2019/20 fee uplift to care homes brought forward to 1 January 2019;**
- **Trusted Assessor posts;**
- **Additional Social Worker capacity;**
- **Additional Occupational Therapy / Manual Handling capacity;**
- **Holding payment for beds at homes with high demand and low vacancies;**
- **Projects with the voluntary and community sector.**

(ii) That delegated authority be given to the Director of Adult Social Care, following discussions with the Director of Operations, Tameside and Glossop Integrated NHS Foundation Trust, to manage the unallocated balance of £0.315 million in accordance with the funding awarded to 31 March 2019.

90 INTERMEDIATE CARE

The Interim Director of Commissioning presented a report providing an update on the implementation of the decisions taken by the Strategic Commissioning Board in January and May 2018 and details of how the mitigation agreed had been addressed.

The report presented to the Strategic Commissioning Board in May 2018 included extensive detail on the process towards the move of intermediate care beds from the Shire Hill site to the Stamford Unit at Tameside Hospital which commenced in June 2018. It included a review by the Interim Director of Commissioning of the Tameside and Glossop Integrated Care NHS Foundation Trust's (ICFT) response to the Commissioner's expectations and concluded that the necessary processes and plans were in place to enable the Strategic Commissioning Board to support the move of the intermediate care beds to the Stamford Unit on the ICFT site, but that the Strategic Commission should review this position, including the annual presentation of the National Audit of Intermediate Care (NAIC) results to the Strategic Commissioning Board.

Particular reference was made to the update on progress and confirmation of the current positon with regard to the delivery of intermediate care to the registered population of Tameside and Glossop outlined in the report in the following sections:

- Project management;
- Process for identification and referral of patients to intermediate care;
- Commissioning of intermediate care beds in Glossop;
- Glossop Integrated Neighbourhood Services;
- Glossop Primary Care utilisation;
- Staffing, financial, estates and legal implications;
- Delivery of all levels of intermediate care (defined by the NAIC); and

- Service improvements and outcome measure.

In conclusion, the Interim Director of Commissioning made reference to participation in the 2018 National Audit of Intermediate Care (NAIC) to support the ongoing review and analysis of the Intermediate Care system in Tameside and Glossop. A Commissioner bespoke report was released by NHS Benchmarking on 14 November 2018 and detailed the position of Tameside and Glossop as a commissioner against the national position and the key points to note were outlined. The Strategic Commission and Tameside and Glossop ICFT would establish clear processes for the full assessment of the NAIC, provider and commissioner reports, and ensure issues were reported back for action via the Strategic Commission and ICFT governance as required.

Members of the Board commented favourably on the extensive work that had been undertaken to ensure the successful implementation of the Intermediate Care model and the relocation of intermediate care and rehabilitation services from Shire Hill site to the Stamford Unit on the Tameside hospital site. The Board welcomed the update on decisions previously taken and the assurances provided that the conditions set out in the report to the Strategic Commissioning Board in May 2018 had been addressed to ensure the delivery of intermediate care services to meet individual needs across the locality.

RESOLVED
That the update report on progress be noted and the assurance provided that the conditions set out in the report to the Strategic Commissioning Board in May 2018 had been addressed.

91 DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will be held on Wednesday 13 February 2019.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Reporting Member /Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Sarah Dobson – Assistant Director (Policy, Performance and Communications)
Subject:	**CORPORATE PLAN**
Report Summary:	The report sets out the proposed organisational Corporate Plan 2019-2026.
Recommendations:	The final version of the Tameside and Glossop, Our People, Our Place, Our Plan be approved for formal adoption by Executive Cabinet and the Strategic Commissioning Board.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	There are no direct financial implications arising from this report, however the multi-disciplinary team approach to the corporate plan should support ethos and delivery of the Medium Term Financial Strategy.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Corporate Plan outlines the strategic direction of the Tameside and Glossop Strategic Commission's (Council and CCG) for the next seven years. There needs to be some clear understanding going forward of the governance of the Starting Well Strategic Board and how this fits with the Council and CCG formal legal governance as it will have no decision making powers unless delegated by Council and the CCG Governing Body.
How do proposals align with Health & Wellbeing Strategy?	The Corporate Plan sets out the strategic direction of Tameside and Glossop Strategic Commission and aligns with the Health & Wellbeing Strategy through a focus on the life course – Starting Well, Living Well and Ageing Well.
How do proposals align with Locality Plan?	The Corporate Plan sets out the strategic direction of Tameside and Glossop Strategic Commission and aligns with the Locality Plan through a focus on the delivering high quality, person-centred services based in the community.
How do proposals align with the Commissioning Strategy?	The Corporate Plan sets out the strategic direction of Tameside and Glossop Strategic Commission and aligns with the Commissioning Strategy through a focus on the life course – Starting Well, Living Well and Ageing Well.
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented to the Health and Care Advisory Group.
Public and Patient Implications:	No direct implications as a result of the report. Progress against the plan, and the ongoing development of initiatives to support its delivery, will be the subject of engagement with the public and patient.
Quality Implications:	No direct implications as a result of this report. Quality is a key aspect of the Corporate Plan and the services it guides.

How do the proposals help to reduce health inequalities?	The Corporate Plan sets out the strategic direction of Tameside and Glossop Strategic Commission and aligns with the Health & Wellbeing Strategy through a focus on the life course – Starting Well, Living Well and Ageing Well.
What are the Equality and Diversity implications?	No direct implications as a result of the report.
What are the safeguarding implications?	No direct implications as a result of the report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	No direct implications as a result of the report. Not applicable.
Risk Management:	This report fulfils the commitment for the delivery of the Corporate Plan to be monitored on a regular basis by the Executive Cabinet and Strategic Commissioning Board.
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Jody Smith, Policy and Strategy Service Manager, by:  Telephone: 0161 342 3170  e-mail: jody.smith@tameside.gov.uk

1.0 PURPOSE OF REPORT

1.1 This report provides an update on the development of the Tameside and Glossop Corporate Plan, the high level objectives contained within and the framework and system architecture proposed to enable and assess effective delivery

2.0 TAMESIDE AND GLOSSOP CORPORATE PLAN PROPOSALS

2.1 Attached at **Appendix one** is a proposed Corporate Plan. The Plan covers a seven year time frame (2019- 2026) and sets out the aspirations we have to deliver improved outcomes for our community. The Plan is set out across the life course and reflects the importance of a vibrant place and economy in delivering our aspirations. The Plan contains a series of statements about our vision for the people and place of Tameside and Glossop. The document also sets out a series of reform principles which underpin the delivery of the strategy and will enable our workforce and stakeholders to understand the way in which we will work. The high level outcomes set out in the plan are subject to further refinement through implementation groups and Boards.

2.2 The Plan is underpinned by the Greater Manchester Public Reform Principles as set out below. These principles set out the way in which we will operate now, and in the future to deliver the plan and improve outcomes for our residents and communities.

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control
- A place based approach that redefines services and places individuals, families, communities at the heart
- A stronger prioritisation of well-being, prevention and early intervention
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

3.0 SYSTEM ARCHITECTURE

3.1 It is proposed that this high level vision will be supported by detailed implementation plan grouped into:

- Starting Well
- Living Well
- Vibrant Economy
- Great Place
- Ageing Well

3.2 Each of these strands will be directed and supported by a Board and a separate implementation group. Set out below is an example of how this will work, worked through for the ‘Starting well’ strand of the Corporate Plan.

Starting Well will have two tiers to provide both strategic direction and assurance on delivery.

- ‘Starting Well’ Strategic Board

    - Chair: Executive Member for Children’s Services (Cllr Oliver Ryan)
    - Frequency: Quarterly
    - Administration: Democratic Services

- ‘Starting Well’ Implementation Group

    - Chair: Director of Children’s Services (Richard Hancock)
    - Frequency: Monthly
    - Administration: Children’s Services

3.3 A key role for the ‘Starting Well’ Implementation Group will be to Plan for the ‘Starting Well’ Strategic Board to ensure smooth flow of business and continuity of direction.

3.4 The proposed membership of the ‘Starting Well’ Implementation Group is:

- Director of Children’s Services (Chair)
- Public Health
- Children’s Social Care
- Children’s Health
- Education
- Safeguarding and Quality
- Project Manager
- Substance Misuse
- Mental Health

3.5 After an initial set up and bedding in period the membership of both meetings will quickly move from Strategic Commission only to multi-agency developing a partnership wide plan and architecture for delivery.

4.0 DELIVERY

4.1 The Corporate Plan delivery programme and infrastructure will focus on transformation and service redesign but not Business As Usual (or ‘doing the basics better’)

4.2 The approach will be underpinned by the public service reform principles – and should work towards having an overarching ‘Public Service Reform Board’ (which may ultimately subsume other boards e.g. the Health and Wellbeing Board)

4.3 A Squad Working approach will be used as one of the delivery mechanisms for the Corporate Plan. Squad working is a methodology which allows flexible, responsive and rapid activity to take place to address issues and develop new ways of working.

5.0 REPORTING ON PROGRESS

5.1 An annual report setting out progress and refining the detail of delivery plan will be produced, aligned to the budget setting process.

5.2 The Corporate Plan high level scorecard will be reported to Board, Cabinet and Strategic Commissioning Board on a quarterly basis. An initial populated draft is attached at **Appendix 3**. This will be further refined and developed as each of the implementation groups and Boards are established and agree and refine the focus of activity.

5.3 Supporting 'Grip' indicators which monitor the effectiveness of supporting activity and business as usual, critical to delivery but not the focus on the outcomes scorecard, will be reported to Board and SCB as appropriate. Exceptions causing significant concerns will be reported on an exception basis.

6.0 ENGAGEMENT

6.1 It is proposed that this high level document will form the basis of a conversation with the public about how we deliver on this plan. This will link into the Budget Conversation and will primarily be delivered through the Partnership Engagement Network. The first event is planned for 4 February 2019.

7.0 RECOMMENDATIONS

7.1 As set out on the front of the report.

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Tameside Metropolitan Borough

Transforming Tameside & Glossop

Our People - Our Place - Our Plan

For everyone every day

NHS Tameside and Glossop Clinical Commissioning Group

Starting Well

Living Well

Ageing Well

Every best start in life where children are ready to learn and encouraged to thrive and develop

- Reduce rate of smoking at time of delivery
- Reduce the number of children born with low birth weight
- Improve school readiness
- Children attending 'Good' and 'Outstanding' Early Years settings
- Take up nursery at 2yrs
- Promote good parent infant mental health

Aspiration and hope through learning and moving with confidence from childhood to adulthood

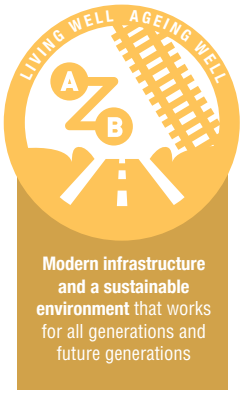
- Reading / writing / maths at Key Stage 2
- Attainment 8 and Progress 8 at Key Stage 4
- Young people going onto higher education
- Children attending 'Good' and 'Outstanding' schools
- Number of 16-19 year olds in employment or educated
- Proportion of children with good reading skills
- Promote and whole system approach and improving wellbeing and resilience

Resilient families and supportive networks to protect and grow our young people

- Early Help Intervention
- Reduce the number of first time entrants into Youth Justice
- Increased levels of fostering and adoption
- Improve the quality of social care practice
- Improve the placement stability for our looked after children
- Reduce the impact of adverse childhood experiences

Opportunities for people to fulfil their potential through work, skills and enterprise

- Increase median resident earnings
- Increase the working age population in employment
- Increase the number of people earning above the Living Wage
- Increase number of enterprises / business start ups
- Working age population with at least Level 3 skills
- Increase the number of good quality apprenticeships delivered



Modern infrastructure and a sustainable environment that works for all generations and future generations

- Improve air quality
- Increase the number of net additional dwellings
- Increase the number of affordable homes
- Digital inclusion - average download speeds
- Reduce tonnes of waste sent to landfill and increase the proportion recycled
- Increase journeys by sustainable transport / non-car
- Increase access to public transport

Nurturing our communities and having pride in our people, our place and our shared heritage

- Increase participation in cultural events
- Reduce victims of domestic abuse
- Reduce the number of rough sleepers / homelessness
- Improve satisfaction with local community
- Victims of crime / fear of crime
- Reduce levels of anti social behaviour
- Increase access, choice and control in emotional and mental self-care and wellbeing

Longer and healthier lives with good mental health through better choices and reducing inequalities

- Increase physical and mental healthy life expectancy
- Improve the wellbeing for our population
- Smoking prevalence
- Increase levels of physical activity
- 'Good' and 'Outstanding' GPs practices
- Reduce drug and alcohol related harm

Independence and actvitiy in older age, and diginity and choice at end of life

- Increase the number of people helped to live at home
- Reduce hopsital admissions due to falls
- Increase levels of self-care / social prescribing
- 'Good' and 'Outstanding' social care settings
- Prevention support outside the care system

Great Place Vibrant Economy

Delivering the vision, aims and priorities of the Corporate Plan will be supported by a number of enablers and ways of working:

A **new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.

An **asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.

Behaviour change in our communities that builds independence and supports residents to be in control

A **place based approach that redefines services** and places individuals, families, communities at the heart

A stronger prioritisation of **well being, prevention and early intervention**

An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

Our People - Our Place - Our Plan

Our Place - Our Services

Place

257,500
Population

35,500
pupils taught in 97 schools

25,579
Maintain 25,579 street lights

Answer approximately
179,000
calls to our call centre

£900 million
Strategic Commission total spend

2,418
Support 2,418 children in need and their families

600
Act as a parent to over 600 looked after children

200,000
are collected each week

750km
of roads are maintained

248,500
people served by 37 GP surgeries (T&G)

36
We inspect and maintain 36 playgrounds

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

For everyone every day

Our People - Our Place - Our Plan

Our Place - Our Services

Successes

24/7

100%
Customer Service Excellence - 100% Compliant with 10 Areas of Compliance Plus

1,000
Hold approximately 1,000 family events

20%
decrease in those who smoke (biggest decrease in GM)

2965
aged 65+ helped to live at home

100%
of our children's homes rated good or outstanding by Ofsted

4,000
Health checks offered to 4,000 people aged 40-74

10
Ashton Old Baths Digital Hub, 10 businesses

GOOD
CQC Rating for Shared Lives and Re-ablement

100%
GP surgeries rated good or outstanding

Establishment of Tameside and Glossop Partnership Engagement Network

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

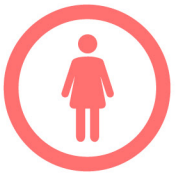
For everyone every day

Our People - Our Place - Our Plan

Our Place - Our Services

Challenges

58.1
Healthy life expectancy for men (4th lowest in GM)



57.6
Healthy life expectancy for women (2nd lowest in GM)

17.7%
projected growth in 65+ population in the next 10 years. This is the second highest in GM

225%
increase in temporary accommodation over the last 3 years

59%
Adult Social Care Homes rated Good or Outstanding

34%
of children starting primary school are not school ready- this equates to 1,000 children

90%
increase in rough sleepers over the past 3 years

33%
increase number of LAC over the last 12 months

11th
worst for male suicide in England

31st
highest smoking prevalence in England

people in GM die prematurely due to air pollution every day

37%
of adult social care homes were rated as "requires improvement" or "inadequate"

£70 million
savings over next five years for Tameside & Glossop Strategic Commission

33,000
Over a fifth of people aged 16 to 64 are economically inactive - this equates to 33,000 people

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

For everyone every day

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1	VERY BEST START IN LIFE WHERE CHILDREN ARE READY TO LEARN AND ENCOURAGED TO THRIVE AND DEVELOP	STARTING

Area	Measuring outcomes against the priority	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T&G	Percentage of women smoking at time of delivery	15.9%	15.4%	15.8%	⟺	No data available	10.8%
T	Low birth weight (<2500g) - live birth at term	3.2%			N/A	2.9%	2.79%
T	Percenage of children achieving a good level of development (school readiness)	63.0%	66.0%	65.7%	⟺	68.3%	71.5%
T	Children Attending "Good" and "Outstanding" Early Years Settings	85.0%	93.0%	95.0%	⟺	94.4%	95.0%
T	% of 2 Year Old Children Benefitting from Funded Early Education	73.0%	86.0%	85.0%	⟺	86.5%	72.0%
	Promote good parent infant mental health (indicator to be established)						

2	ASPIRATION AND HOPE THROUGH LEARNING AND MOVING WITH CONFIDENCE FROM CHILDHOOD TO ADULTHOOD	STARTING LIVING

Area	Measuring outcomes against the priority	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	Percentage of pupils achieving the expected standard at Key Stage 2 in reading, writing and mathematics	55.0%	60.0%	63.0%	⇧	64.6%	64.0%
T	Average attainment 8 score per pupil (Key Stage 4)	49.2	44.8	43.9	⇔	45.2	44.3
T	Average Progress 8 Score per Pupil	-0.13	-0.13	-0.16	⇔	-0.17	-0.08
T	Children attending "Good" and "Outstanding" Primary Schools	92.0%	93.0%	92.0%	⇔	88.6%	87.0%
T	Children attending "Good" and "Outstanding" Secondary Schools	53.0%	53.0%	73.0%	⇧	68.0%	75.0%
T	16 and 17 Year Olds in Education or Training, as at 31 December	91.8%	91.2%	92.4%	⇔	91.4%	89.8%
T	Percentage of pupils achieving the expected standard at Key Stage 1 in reading	70.0%	72.0%	73.0%	⇔	73.4%	75.0%
T	Percentage of pupils achieving the expected standard at Key Stage 2 in reading	68.0%	70.0%	73.0%	⇧	75.0%	75.0%
	Young people going onto further education (indicator to be determined)						
	Promote a whole system approach and improving wellbeing and resilience (indicator to be established)						

3	RESILIENT FAMILIES AND SUPPORTIVE NETWORKS TO PROTECT AND GROWN OUR YOUNG PEOPLE	STARTING LIVING

Area	Measuring outcomes against the priority	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	First Time Entrants into the Youth Justice System aged 10-17	468.1	405.6	229.4	⇧	250.95	295.1
T	Percentage of Looked After Children Adopted in Year	14.0%	22.0%	12.0%	⇩	13.2%	13.0%
T	% of LAC with 3 or more placements in a 12 month period	9.0%	7.0%	8.0%	⇔	9.9%	9.0%
		Q1 18/19	**Q2 18/19**	**Q3 18/19 (to date)**			
T	Children's Services Audits Rated Good or Outstanding	17.00%	28.67%	22.50%	⇩	N/A	N/A
T	Children's Services Audits Rated Inadequate	15.67%	9.67%	8.00%	⇔	N/A	N/A
	Early help intervention (indicator to be determined)						
	Reduce the impact of adverse childhood experiences (indicator to be established)						

4	OPPORTUNITIES FOR PEOPLE TO FULFILL THEIR POTENTIAL THROUGH WORK, SKILLS AND ENTERPRISE	STARTING LIVING

Area	Measuring outcomes against the priority	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	Median Resident Earnings	£23,419	£24,289	£24,405	⇔	£26,819	£27,492
T	% Working Age Population in Employment	71.0%	71.0%	72.6%	⇔	72.8%	75.2%
T	Working Age Population with at least Level 3 Skills	47.3%	46.1%		⇔	55.0%	54.2%
T	Births of New Enterprises	885	855		⇩	23,590	339,345
T	Number of Apprenticeships Started (All Levels)	2,720	2,650	2,050	⇩	22,590	375,760
T	Number of Apprenticeships Completed (All Levels)	1,420	1,450	1,400	⇩	15,630	276,160
		2016	**2017**	**2018**			
T	Jobs with Hourly Pay Below the Living Wage	28.90%	25.70%		⇧	21.80%	22%

5	MODERN INFRASTRUCTURE AND A SUSTAINABLE ENVIRONMENT THAT WORKS FOR ALL GENERATIONS AND FUTURE GENERATIONS						LIVING AGEING
Area	**Measuring outcomes against the priority**	**2015/16**	**2016/17**	**2017/18**	**RAG Rating**	**GM Average**	**England Average**
T	Housing - Net Additional Dwellings	593	365	484	⇧	8961	222,194
T	Additional Affordable Housing Supply (Completions)	83	102		⇧	1,367	22,885
T	Median Broadband Speed (Fixed Connection) (MB/s)	17.9	23.2	38.5	⇧	40.8	35.0
T	Percentage of household waste sent for reuse, recycling or composting	48.6%	52.8%	52.4%	⇔	41.7%	43.2%
T	Collected household waste per person (kg)	309.5	310.9	299.5	⇧	360.7	409.5
	Improve air quality (incator to be determined)						
	Increase journeys by sustainable transport / non- car (indicator to be determined)						
	Increase access to public transport (indicator to be determined)						

6	NURTURING OUR COMMUNITIES AND HAVING PRIDE IN OUR PEOPLE, OUR PLACE AND OUR SHARED HERITAGE	LIVING AGEING

Area	Indicator	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	Street Counts and Estimates of Rough Sleeping	14	19	43	⇩	268	4,751
T	Public Protection Incidents (Domestic abuse reported incidents) per 1,000		23.5	35.4	⇩	N/A	N/A
		2016	**2017**	**2018**			
T	Number of reported crimes per 1,000 population		130.8	138.7	⇩	147.2	N/A
T	Number of recorded cases of anti-social behaviour per 1,000 population		49.4	31.7	⇧	28.9	N/A
T	Number of participants taking part in cultural events (awaiting data)						
	Increase access, choice and control in emotional and mental self-care and wellbeing (indicator to be determined)						

7	LONGER AND HEALTHIER LIVES WITH GOOD MENTAL HEALTH THROUGH BETTER CHOICES AND REDUCING INEQUALITIES	LIVING AGEING

Area	Indicator	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	Smoking Prevalance in adults - current smokers	22.0%	21.7%	21.3%	⇔	18.7%	17.2%
T	Percentage of Physically Active Adults	63.4%	63.6%		⇔	64.3%	66.0%
T	Rate of hospital admissions due to alcohol per 100,000	821	729		⇧	679	636
		2013/15	**2014/16**	**2015/17**			
T	Rate of Deaths related to Drug Misuse per 100,000	5.2	4.9	5.1	⇔	6.2	4.3
		2016	**2017**	**2018**			
T &	Good and Outstanding GP Practices	88.20%	100.00%	100.00%	⇔	96.50%	95.50%
		2013/15	**2014/16**	**2015/17**			
T	Healthy Life Expectancy at birth (Males)	56.4	57.7	58.1	⇔	60	63.4
T	Healthy Life Expectancy at birth (Females)	58.8	58.3	57.6	⇔	60.4	63.8
	Improve the wellbeing for our population (indicator to be determined)						

8	INDEPENDENCE AND ACTIVITY IN OLDER AGE, AND DIGINITY AND CHOICE AT END OF LIFE	AGEING

Area	Indicator	2015/16	2016/17	2017/18	RAG Rating	GM Average	England Average
T	Number of people helped to live at home and remain independent with support from Adult Services	2971	2977	2965	⇔	N/A	N/A
T	Number of people supported outside the Social Care System with prevention based services.	8503	7795	7792	⇔	N/A	N/A
T	Emergency hospital admissions due to falls in people aged 65+ per 100,000	2,318	2,143		⇧	2,398	2,114
		2016	**2017**	**2018**			
T	Good and Outstanding Social Care Settings	38.20%	51.10%	70.20%	⇧	78.20%	83.10%
	Increase levels of self-care / social prescibing (awaiting data)						

9	CORPORATE RESILIENCE	GREAT PLACE VIBRANT ECONOMY

Area	Indicator	2015/16	2016/17	2017/18	RAG Rating
T	% of local spend contracts	47.55%	43.95%	34.25%	⇩
T	Number of calls to customer services	349,267	332,565	300,815	⇧
T	Number of transactions through the website / digital platforms				
T	Number of apprentices employed by the Council / CCG				
T	£ / % budget savings achieved				
T	% council tax collected	94.17%	93.70%	93.42%	⇔
		Q4 17/18	**Q1 18/19**	**Q2 18/19**	
T	Sickness Absence Rates (including schools)	1.5	1.2	1.3	⇔
T	Sickness Absence Rates (excluding schools)	1.7	1.4	1.7	⇔
T	Number of Formal Complaints per 10,000 population	46.9	39.18	45.2	⇩
		2016	**2017**	**2018**	
T	Number of Ombudsman Complaints or Enquiries	57	78	79	⇔

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Reporting Member /Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Sandra Stewart – Director of Governance and Pensions Sarah Dobson – Assistant Director (Policy, Performance and Communications)
Subject:	**BUDGET CONVERSATION 2019-20**
Report Summary:	It is important that Tameside and Glossop Strategic Commission (Council and CCG) understand the priorities of the public – local residents, businesses, patients and service users. A public engagement exercise was launched between 5 December 2018 and 29 January 2019 to understand their priorities for spending within the context of the financial challenges facing public services. This engagement took the form of a conversation with the public on providing sustainable public services for the future, and encouraging residents to see themselves as citizens, not just consumers of services. The public were encouraged to leave comments and feedback through the Big Conversation including ideas and suggestions for saving money and improving services. The conversation has also been undertaken via attendance at existing meetings/forums supported by an extensive communications campaign. This report provides the findings of the Budget Conversation exercise for 2019-20.
Recommendations:	It is recommended that the Strategic Commissioning Board note the content of the report and take the findings from the conversation into consideration when setting the Council's budget at the Full Council meeting on 26 February 2019.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	There are no direct financial implications arising from this report. All financial implications relating to the budget will be considered as part of the final budget proposals presented to Council.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Council has a statutory duty to consult. Failure to consult on the proposed changes to the Council's budget could lead to challenge and negative public attitudes. This consultation has been an important step in sharing the Council's finances and the challenges that services and Borough face. It should be noted that it is the first integrated budget consultation of the Strategic Commission (Tameside Metropolitan Borough Council and NHS Tameside & Glossop Clinical Commissioning Group) that has taken place. It is important that the Council and CCG take into account and considers that feedback when setting the budget and importantly we feedback the impact of the consultation on that decision making to ensure transparent
How do proposals align with Health & Wellbeing Strategy?	The findings from engagement and consultation, including the budget conversation, support the development of services that meet the needs of the public as outlined in the Health & Wellbeing Strategy.

How do proposals align with Locality Plan?	The need to undertake engagement and consultation, including the budget conversation, to inform the development of services is a statutory requirement and as such will be a key requirement in the delivery of the components of the Locality Plan.
How do proposals align with the Commissioning Strategy?	The need to undertake engagement and consultation to inform the development of the budget and services supports the Commissioning Strategy.
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented to the Health and Care Advisory Group
Public and Patient Implications:	The subject this report.
Quality Implications:	The findings from engagement and consultation, including the budget conversation, support the development of services that meet the needs of the public including the quality of that provision.
How do the proposals help to reduce health inequalities?	The findings from engagement and consultation, including the budget conversation, support the development of services that meet the needs of the public including reducing health inequalities.
What are the Equality and Diversity implications?	No implications as a direct result of this report.
What are the safeguarding implications?	No implications as a direct result of this report.
What are the Information Governance implications?	No implications as a direct result of this report.
Has a privacy impact assessment been conducted?	Not applicable.
Risk Management:	The Council and CCG have statutory duties to engage and consult with the public. Failure to engage on the spending priorities and proposed changes to the budget could lead to challenge and negative public attitude.
Access to Information :	The following appendices are included as part of this report:

Appendix A	Key Themes from Budget Conversation Survey
Appendix B	Budget Conversation Information Slides
Appendix C	Communications & Promotional Activity
Appendix D	Groups and Networks Budget Conversation was shared with
Appendix E	Dedicated Engagement & Drop In Sessions
Appendix F	Achieved Survey Sample

The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy, Performance and Intelligence, Governance and Pensions.

Telephone: 0161 342 3542

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

1.0 BACKGROUND

1.1 This report provides the findings from the conversation on the 2019/20 budget for Tameside & Glossop Strategic Commission (Tameside Metropolitan Borough Council and NHS Tameside & Glossop Clinical Commissioning Group). The Strategic Commission continues to face major financial challenges with savings of £70 million required over the next five years.

1.2 The Budget Conversation approach supports the public (local residents, businesses, patients and service user) in understanding the tough choices and decisions required when shaping the Strategic Commission budget and also to understand the public's priorities.

1.3 This report outlines the results of the Budget Conversation 2019/20 and the communication / publicity conducted to promote the consultation. This was the first time an engagement exercise focussing on identifying the priorities of the public in terms of the budget has been undertaken by the Strategic Commission jointly as two organisations as opposed to the Council alone. All work to deliver the Budget Conversation has been undertaken within existing staff budgets.

2.0 EXECUTIVE SUMMARY

2.1 The key headlines from the Budget Conversation 2019/20 are:

- Undertaken between 5 December 2018 and 29 January 2019
- Information on the Budget Conversation was directly e-mailed to over **15,500** individual contacts
- Information was shared directly with over **115** groups / networks.
- Over **100** Budget Conversation social media posts reached our followers almost **90,000** times.
- A total of **731** engagements. This is based on:

- **501** survey responses
- **211** contacts at dedicated engagement, drop-in sessions and other meetings
- **17** e mails
- **2** letters in The Reporter

- The key themes emerging from the Budget Conversation are outlined below. These are based on the full range of feedback received during the Budget Conversation including survey responses and wider comments (e.g. feedback and drop-in sessions, e mails, social media and letters)

Suggested spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years

- Older people social care
- Education and schools
- Healthcare in general
- Children's social care
- Maintenance of roads and highways i.e. potholes
- Emergency Services: Police and Fire
- Mental Health services

- Transport infrastructure
- Littering or rubbish on the streets/Street Cleanliness
- Waste/recycling

Ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue[1]

- Working practices and culture should be more efficient
- Increase fees or charges or fines
- Preventative early help investment to save money on service costs at later day,
- Encourage volunteering and community action
- Work with and support local businesses
- Utilise existing owned buildings better
- Reduce Elected Members expenses - Councillors and MPs
- Listen to the public
- Criticism of new parking charges
- Criticism of Vision Tameside project

The full list of themes emerging from the Budget Conversation survey can be found at **Appendix A**.

3.0 BUDGET CONVERSATION

3.1 The Budget Conversation was launched on 5 December 2018 and ran for almost 8 weeks finishing on 29 January 2019.

3.2 The conversation was used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas on how services can be improved and savings made. The conversation focussed primarily on two questions:

- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years?
- Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

3.3 The Budget Conversation was open to all as everyone has the right to contribute their views on what they feel our priorities should be now and in future years. The public were provided with an opportunity to leave comments and feedback through the Big Conversation – available on both the Council and CCG websites. Dedicated webpages to the Budget Conversation were created explaining all aspects of the conversation with links to the feedback form. A dedicated email account was also provided to enable public / service users / businesses to submit any comments.

3.4 Postcards were also available in Libraries and Children's Centres for those who wished to submit their comments in writing / via post.

3.4 The conversation also took place through attendance at a number of meetings / forums and was promoted extensively via existing groups / networks (further detail at 3.10 to 3.12).

[1] This list excludes those who stated no comment / provided no answer to this question (19.4%) and those who made a one off comment relating to a specific topic which could not be analysed within a wider theme (8.0%)

3.5 A series of information slides were produced providing context to the Budget Conversation and the considerations the Strategic Commission must take into account to deliver a balanced budget. These covered:

- The total amount of money spent by the Strategic Commission and the savings required
- Change in funding over time – decreased significantly
- Where the Strategic Commission's money comes from: Government, Business rates, Council Tax and Income.
- How the Strategic Commission currently spends its money – examples
- The Strategic Commission's main spending areas and examples of services provided
- Examples of helping to address challenges facing the area
- Examples of new ways we have delivered services and are investing in the future

In addition to being hosted on the dedicated webpages these slides were also presented at the meetings / forums where Budget Conversation was discussed. A copy of the information slides are attached at **Appendix B**.

3.6 The conversation with Glossop residents related only to health services commissioned by Tameside & Glossop Strategic Commission. Engagement material was tailored accordingly.

Communications / Promotion

3.7 To support the engagement activity, a full programme of communications was undertaken. This included a full suite of infographics used to help explain the Strategic Commission's budget and spend. These were used on social media, the web pages and other publicity material.

3.8 Posters were also produced to promote the Budget Conversation. Copies were sent to Libraries, Children's Centres, GP Practices and Civic Buildings across the locality. Posters were also available on request. In addition bookmarks and postcards (as referred to at 3.4) were also available at Libraries and Children's Centres. A copy of the suite of materials used to promote the Budget Conversation is attached at **Appendix C**.

3.9 The following channels were used to communicate to the public and wider stakeholders (including staff) that the engagement was taking place:

- Press release
- Tameside Council and Tameside & Glossop CCG websites
- Twitter
- Facebook
- Instagram
- Leader's blog
- Leader's weekly column (Tameside Reporter & Manchester Weekly News)
- Staff Portals
- E-mail signature
- Chief Executive's Brief
- Wire
- Public sector partners' newsletters, emails, websites etc.
- Partnership Engagement Network

Engagement

3.10 In addition to promotion through written communications the Budget Conversation was also promoted in a number of other ways. These include via:

- Partnership Engagement Network - a network of almost **300** contacts public, patients, stakeholders, partners and voluntary and community sector.
- Big Conversation - over **130** members of the public who have signed up to receive regular updates on consultations and engagement opportunities across Tameside and Glossop.
- Purple Wi-Fi - a list of over **15,000** members of the public who have accessed the free Wi-Fi service across Tameside and agreed to receive marketing emails. This was sent on three occasions, once in December and twice in January.
- Discussed at all Patient Neighbourhood Groups across Tameside & Glossop taking place during the Budget Conversation engagement period (**26** engagements).
- Information was also provided at all of the Tameside Strategic Neighbourhood Forums (**23** engagements).

3.11 The Budget Conversation was also promoted via existing groups / networks. Information was sent directly to **over 115** groups / networks. These are set out in **Appendix D**. This list is not exhaustive. Service areas / commissioning teams across the Strategic Commission were also encouraged to share details widely across Tameside & Glossop.

3.12 During the budget conversation we have endeavoured to engage with people from all equality groups. Engagement has been undertaken across all age groups – including young, working age and older. **5** dedicated engagement sessions and **6** drop-in sessions were also undertaken as outlined in **Appendix E**. The drop-in sessions were held at Action Together, The Grafton Centre, The Carers Group and The Together Centre at Loxley House which enabled engagement with a variety of different community groups / service users who use those facilities. The key themes arising from these sessions are outlined within Section 4.0 of this report.

4.0 BUDGET CONVERSATON ANALYSIS

4.1 Analysis of the Budget Conversation and key themes emerging from this are outlined in section 4.0. These are based on feedback taken from:

- **501** survey responses
- **17** e mails
- Feedback from **5** dedicated engagement and **6** drop-in sessions
- **2** letters in The Reporter
- Social media comments

Survey

4.2 A total of **501** people completed the Budget Conversation survey.

4.3 **Appendix F** outlines the achieved sample compared to the Tameside & Glossop population.

4.4 Table 1 details the achieved sample from the survey by postcode sector compared to the Tameside & Glossop population. The achieved sample figures are based on the **90.0%** of respondents who provided a valid Tameside & Glossop postcode sector in response to Question 2: Please select the first part of your postcode from the options below.

Table 1: Achieved Sample by Postcode Sector

Postcode Sector	Tameside & Glossop Households[2] (%)	Achieved sample (%)
M34 – Denton / Audenshaw	18.5	10.4
M43 – Droylsden	9.0	6.0
OL5 – Mossley	4.6	5.1
OL6 – Ashton (Hurst / St. Michaels)	11.6	18.2
OL7 – Ashton (Waterloo / St. Peters)	6.6	9.1
SK14 – Hyde	18.2	22.0
SK15 – Stalybridge	10.9	15.1
SK16 - Dukinfield	7.7	10.0
SK13 - Glossop	12.7	4.2

4.5 The tables above detail the achieved sample from the survey, against the Tameside & Glossop population. Respondents who did not specify a particular characteristic have been removed from these figures. This has not impacted on considering their views just reporting their demographic profile.

4.6 Weighting the data to account for over and under-sampling of particular sections of the population is not necessary, given that the budget conversation was available via the Big Conversation web pages on both the Council and CCG websites. It was open to all residents / members of the public and was not a fixed/controlled sample. No personal data was collected as part of the consultation process.

4.7 A total of **501** respondents also stated their interest in the consultation (Question 1). **428** of respondents (**85.4%**) were a resident of the area. Responses are detailed in table 2.

Table 2: Respondent's interest in consultation

Interest in Issue	%
I am a resident of the area	85.4
I work in the area	4.8
I spend my free time in the area	0.2
I have family in the area	0.4
I am an employee of either Tameside Council, Tameside and Glossop Clinical Commissioning group, or another public sector organisation based in the area	5.2
I am a representative or member of a charity or voluntary group based in the area	1.6
Other	2.4

4.8 The Budget Conversation asked two key questions:

- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years?
- Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

4.9 The key themes arising from each of the key questions are outlined in Tables 3 and 4 below. A full table of the themes identified are available at Appendix F.

[2] Figures are based on the number of households in each postcode sector area.

Table 3: What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years?

Theme	No.	%
Older people social care	114	22.8%
Education and schools	98	19.6%
Healthcare in general	89	17.8%
Children's social care	76	15.2%
Maintenance of roads and highways i.e. potholes	64	12.8%
Emergency Services: Police and Fire	55	11.0%
Mental Health services	52	10.4%
Transport infrastructure, i.e. traffic management, roundabouts, cycle lanes	37	7.4%
Community safety	31	6.2%
Waste/Recycling	30	6.0%

Table 4: Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?[3]

Theme	No.	%
Working practices and culture should be more efficient	85	17.0%
Increase fees or charges or fines	42	8.4%
Preventative early help investment to save money on service costs at later day	36	7.2%
Encourage volunteering and community action	34	6.8%
Work with or support local businesses	31	6.2%
Utilise existing council owned buildings better	29	5.8%
Reduce elected members expenses- Councillors and MPs	28	5.6%
Listen to and engage with the public more	27	5.4%

4.10 Cross tabulation of results by demographic group has not been undertaken due to small numbers by individual category, making meaningful analysis not possible.

Engagement & Drop In Sessions

4.11 As detailed at 3.12, **5** dedicated engagement sessions were also undertaken as part of the Budget Conversation. The key themes arising from these sessions are outlined in Table 5 below.

[3] This list excludes those who stated no comment / provided no answer to this question (19.4%) and those who made a one off comment relating to a specific topic which could not be analysed within a wider theme (8.0%)

Table 5: Key Themes from Engagement Sessions

Group / Organisation	No. Attending	Key Themes
Youth Council	10	• Childhood obesity/health – invest in facilities for young people that are accessible and reasonably priced. • Youth support & leisure activities offer should see more investment • Provision of work experience opportunities for young people with local businesses • Mental health support needs investment, particularly for young people. • Homelessness support – rough sleeping is increasing.
Tameside College	8	• Boost / regenerate / tidy town centres to increase footfall and support businesses • Improve the parking offer in town centres • Criminal behaviour / anti-social behaviour in town centres needs to be tackled. Deal with crime at the root cause. • Waste services – keep areas tidy to make the area more attractive and to help local businesses. • Invest in urban regeneration
Age UK Social Club	16	• Hospital stays: more needs to be done to prevent unnecessary stays in hospital, for example more care in place to support people to live independently at home. • More resources in the caring profession to allow carers to do their job properly. • Offer of health / care support for older people must reflect the growing population • More dementia care • More resources in GP services • Invest more money in roads to spend less on fixing them • Promote cultural events
People First Tameside	16	It is important that the Strategic Commission continue to spend money on: • Waste services • Adult services • Learning disability services • Highways • Health • Parks • Facilities • Children's services Continue to spend money on schemes such as Shared Lives and Routes to Work
Ashton Sixth Form	19	• Mental health services • Invest in youth spaces to deter anti-social behaviour • Tackle congestion • Focus on unemployment, boost skills in the area to incentivise work • Public transport is too expensive for young people • Provision of real life skills for young people • Consistent GP services across the borough – access to GP appointments • Save money through making libraries digital • Invest in sports facilities

In addition, **6** drop in sessions were also held in partnership with a number of local groups. The drop in sessions were also publicised by the hosting organisation to maximise participation amongst their members / target audience. The attendance at the drop in sessions is detailed in Table 6.

Table 6: Attendance at Drop in Sessions

Group / Organisation	No. Attending
The Grafton Centre	**30**
The Together Centre x2	**43**
Action Together x2	**3**
Tameside Carers Group	**17**

The engagement sessions and drop in sessions resulted in **162** engagements.

Other Feedback Methods

4.12 In addition to feedback received through the direct survey and via engagement / drop in sessions, there were other methods by which comments were received. These include social media, e mails (**17**), and letters to the Tameside Reporter (**2**).

4.13 In total **103** posts promoting the Budget Conversation were made across Tameside & Glossop Strategic Commission social media channels (Twitter, Facebook and Instagram) during the engagement period. Information detailing the reach of these posts is outlined in Table7.

Table 7: Social Media – Number of Posts and Reach

Social Media Platform	No. of posts	No. of comments received	Number reached
Twitter: TMBC	38	N/A	34,891
Twitter: CCG	31	N/A	11,318
Facebook: TMBC	21	79	42,866
Facebook: CCG	13	0	760
Instagram: TMBC	1 post plus link to webpage in bio.	0	475

4.14 It is important that this feedback is also collated and fed into the engagement process. Table 8 below details the key themes taken from social media, direct e mails and letters appearing in The Reporter across the Budget Conversation engagement period.

Table 8: Key Themes from Other Feedback Methods

Theme
Council Does Not Listen
Cut Number / Pay of Councillors or Senior Managers
Bins and Flytipping
Council Wastes Money
Against New Parking Charges
Traffic Infrastructure and Road Maintenance
Against Vision Tameside
Support Budget Consultation

5.0 THEMES FROM WIDER CONSULTATION & ENGAGEMENT OPPORTUNITIES

5.1 Tameside & Glossop Strategic Commission regularly engage and consult with the public, patients, stakeholders, partners and the voluntary & community sector to understand their views on various issues.

5.2 Key engagement headlines for Tameside & Glossop Strategic Commission from 2018 include:

- Facilitated over **30** thematic Tameside and/or Glossop engagement projects
- Received over **5,000** engagement contacts (excluding attendance at events / drop-ins)
- Delivered four Partnership Engagement Network (PEN) conferences attended by nearly **300** delegates
- Supported **19** engagement projects at the Greater Manchester level
- Promoted **31** national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop

5.3 Responses to all thematic engagement and consultation activity is thoroughly analysed and the outputs used to information the specific project related to that piece of work. Clearly common themes occur across the difference thematic engagement activity. Similarly the strategic engagement work through the Partnership Engagement Network (PEN) provides an insight into views and opinions outside of the topic specific thematic work. These cross-cutting themes help to provide a direction of travel and under-pinning understanding of needs and aspirations.

5.4 Below is a summary of the key cross-cutting themes identified in 2018.

- Support for young people including learning opportunities and apprenticeships
- Availability of public transport giving access to services (routes and evenings/weekends)
- Transport costs, including the cost of public transport
- Parking at or close to service points – accessible and affordable
- Raising standards and quality of services
- Development of digital services but don't forgot older people and those with learning disabilities
- Availability of appointments for key services, and waiting times
- Service providers and professional listening to patients and service users
- Knowledge of what services are available and how to access them
- Impact of service changes on low income households, those with long term conditions and families
- Help with financial management and other issues for those at greatest risk
- Focus on long term support at the lower level to prevent need for intensive interventions
- More help, support and opportunities for children, young people and families
- Concerns about ageing population – more support for older people to reduce need for care
- Person-centred care: focus on the individual and their needs
- 'Tell it once' approach for patients and service users
- Need more mental health services
- Public/private/third sector need to work together
- Better signposting from services to other services

6.0 PARTNERSHIP ENGAGEMENT NETWORK

6.1 The Partnership Engagement Network (PEN) delivers a strategic approach to engagement and consultation across Tameside and Glossop. There have now been four Tameside and Glossop Partnership Engagement Network (PEN) conferences. Feedback from the conferences is positive with 9 out 10 delegates rating them as very good or good overall, and 8 out of 10 delegates saying they were given enough opportunity to express their opinions.

6.2 The table below summarises the topics discussed at each of the conferences. Key feedback points from the workshops have been incorporated into the key-cross cutting themes at 5.4. Full feedback reports are available for all four events and are posted on the Partnership Engagement Network (PEN) pages of the website

Conference	Presentations	Workshops
October 2017 (Over 60 delegates)	• Partnership Engagement Network Approach • Shared Priorities & Objectives • Care Together	• Integrated Neighbourhoods • Intermediate Care proposals • Patient voice in care and support planning • Mental Health • Preventing Homelessness Strategy • Air quality
February 2018 (Over 50 delegates)	• Patient Choice • Active Ageing • Partnership Engagement Network Update	• Patient Choice • Active Ageing Strategy • One Equality Scheme • Preventing hateful extremism and promoting social cohesion • Development of a new 'Compact' • Public Behaviour Change (Self Care Alliance)
June 2018 (Over 80 delegates)	• Improving Access to Primary Care • Partnership Engagement Network Update • What Matters to You	• Working Together to Tackle and Prevent Homelessness • Identifying & Supporting Ex-Service Personnel in the Armed Forces Covenant • Increasing Digital Skills and Employment • Prescribing of Over the Counter Medicine • Planning at End of Life • Improving Access to Primary Care
October 2018 (Over 70 delegates)	• Frailty • PEN update	• Frailty • Community Safety • Patient Centred Diagnosis Discussions in Long Term Conditions • Collaborative Practice in Primary Care • Tameside's Big Food Debate • Children's Emotional Health & Wellbeing

7.0 STATUTORY RATE PAYERS CONSULTATION

7.1 The Council has a statutory duty to consult with businesses and other representatives of non-domestic ratepayers on its annual spending proposals for 2019/20. Our proposed plans for carrying out this consultation are detailed below.

7.2 Businesses along with the public have already had the opportunity to partake in the budget conversation exercise as detailed in this report.

7.3 Table 8 details the proposed timetable for activity. We propose to send out an email pre-warning organisations of the impending consultation one week prior to commencement.

Table 8: Proposed Timetable for Rate Payers Consultation of the 2019/20 Budget

Task	Date
Send email to the following pre-notifying them about the statutory budget consultation commencing on the 6 February 2019: • Business rate payers database of email addresses provided by Exchequer • Business representative organisations • Live, Work and Invest members • Town team chairs for onward distribution	30 January 2019
Send 2nd email to: • Business rate payers database of email addresses provided by Exchequer • Business representative organisations • Live, Work and Invest members • Town team chairs for onward distribution Informing them that the consultation is open. The consultation will be held on Survey Monkey and a direct link to the survey will be included in the emails to businesses etc.	6 February 2019
Advertise the consultation on the Live, Work, Invest webpage http://www.liveworkinvest.com/	6 February 2019
Draft budget report to Executive Cabinet	13 February 2019
Deadline for responses to the consultation	12:00 noon 18 February 2019 (length of consultation period due to timings of Executive Cabinet and Full Council)
Feedback report on the findings from the consultation (to be written and incorporated into the final report for Full Council)	18 February 2019
Final budget to Full Council for approval	26 February 2019

7.4 The question for the 2019/20 budget is:
Tameside's business community is being invited to have its say on the council's draft budget proposals for the next financial year (2019/20). We are seeking your views on how we intend to use our resources. The budget includes the Council's saving proposals 2019/20 and these are set out in the budget report which is available to view at the following link.

8.0 NEXT STEPS

8.1 The findings from the budget conversation exercise will be used, in conjunction with other considerations, to inform the Council's budget setting process. The council's budget will be set at Full Council on the 26 February 2019.

8.2 Feedback on the results will also be provided to the public, staff, partners and engaged groups and a summary infographic report produced and shared on Tameside Council's and NHS Tameside & Glossop CCG's websites.

9.0 RECOMMENDATIONS

9.1 As set out on the front of the report.

APPENDIX A – KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years? Theme	No.	%
Older people social care	114	22.8%
Education and schools	98	19.6%
Healthcare in general	89	17.8%
Children's social care	76	15.2%
Maintenance of roads and highways i.e. potholes	64	12.8%
Emergency Services: Police and Fire	55	11.0%
Mental Health services	52	10.4%
Transport infrastructure, i.e. traffic management, roundabouts, cycle lanes	37	7.4%
Community safety	31	6.2%
Other Comments (one off comments relating to specific topics including 'Against Health and Social Care Integration' and 'Recovery Services')	31	6.2%
Waste/Recycling	30	6.0%
Support for vulnerable people in general	30	6.0%
Early intervention to prevent later problems	29	5.8%
Primary care: GPs, dentists, pharmacies, opticians	28	5.6%
Neighbourhoods/Communities General	28	5.6%
Littering or rubbish on the streets/Street Cleanliness	26	5.2%
Investment in town centres	26	5.2%
Youth facilities such as youth clubs or children's centres	25	5.0%
Enforcement on violations such as benefit fraud, parking infringements	24	4.8%
Supporting businesses and enterprises	23	4.6%
Support for people with disabilities	23	4.6%
No Comment/No answer to question	23	4.6%
Parks and Greenspace	21	4.2%
Community Care	20	4.0%
Hospital services	20	4.0%
Homeless People	18	3.6%
Investment in job creation and training	16	3.2%
Teach people self-care	16	3.2%
Public Transport	16	3.2%
Communicating, educating and engaging with residents	15	3.0%
Nurseries and Early Years	15	3.0%
Free or reduce car parking	15	3.0%
Housing	15	3.0%
Focus on Core/Vital Services (Undefined as to what is "Core")	14	2.8%

APPENDIX A – KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2019/20 and future years? Theme	No.	%
Libraries	11	2.2%
Employ more staff	11	2.2%
Streetlights	9	1.8%
Reduce Councillor related expenses	8	1.6%
Museums/galleries/arts/culture/Cultural Events	7	1.4%
Investment in markets specifically	7	1.4%
Flytipping	6	1.2%
Drains and grids	6	1.2%
Dog fouling	6	1.2%
Investment in towns apart from Ashton	6	1.2%
Do not spend money on Vision Tameside/Tameside One	6	1.2%
Integration of health and social care services	5	1.0%
Pay Cuts for Senior Staff	4	0.8%
Digital infrastructure including council website	3	0.6%
Reduce business rates	3	0.6%
Income Collection	3	0.6%
Leisure Facilities	3	0.6%
Alcohol, Drug or Substance Misuse	3	0.6%
Gritting	2	0.4%
Reduce council tax	1	0.2%

APPENDIX A – KEY THEMES FROM BUDGET CONVERSATION SURVEY

Do you have ideas or suggestions for how we might deliver services more efficiently save money or raise revenue? Theme	No.	%
No Comment/No answer to question	97	19.4%
Working practices and culture should be more efficient	85	17.0%
Increase fees or charges or fines	42	8.4%
Other Comments (one off comments relating to specific topics including 'Against Health and Social Care Integration' and 'Recovery Services')	40	8.0%
Preventative early help investment to save money on service costs at later day	36	7.2%
Encourage volunteering and community action	34	6.8%
Work with or support local businesses	31	6.2%
Utilise existing council owned buildings better	29	5.8%
Reduce elected members expenses- Councillors and MPs	28	5.6%
Listen to and engage with the public more	27	5.4%
Reduce number of elected members	25	5.0%
Free or reduced cost car parking	22	4.4%
Reduce number of staff	21	4.2%
Generally reduce waste/be more efficient without specific ideas of suggestions	21	4.2%
Invest in services	21	4.2%
Reduce staff wages or benefits	20	4.0%
Current services should work in a more integrated fashion	20	4.0%
Recycling of waste	19	3.8%
Work closer with other councils or public sector partners such as the police, the hospital, fire service etc. or voluntary sector	18	3.6%
More effective or better advertising and communication	18	3.6%
Do not build Tameside One/Vision Tameside	17	3.4%
Use digital services or technology to increase efficiency	17	3.4%
The organisation has the wrong priorities	17	3.4%
More rigid enforcement of existing fines, fees and charges	16	3.2%
Encourage self-care	15	3.0%
Reduce or Stop Outsourcing	15	3.0%
Increase number of front-line staff	12	2.4%
Financial Transparency	12	2.4%
Host events to attract people to Tameside	11	2.2%
Sell buildings or assets	9	1.8%
Enforced volunteering	9	1.8%
Enforcement against benefit fraud	9	1.8%
Reduce cultural services such as museums, galleries, cultural events	8	1.6%
Reduce or maintain council tax	6	1.2%

APPENDIX A – KEY THEMES FROM BUDGET CONVERSATION SURVEY

Reiteration of which service is a priority for spending	6	1.2%
Increase council tax	5	1.0%
Use reserves	5	1.0%
Reduce marketing/advertising/communications/PR budget	5	1.0%
Reduce number of libraries, opening hours of libraries or staff costs	5	1.0%
Reduce business rates	4	0.8%
Use permanent staff instead of agency staff	4	0.8%
Don't' prioritise Ashton for resources and spending	3	0.6%
Bring derelict buildings back into use	3	0.6%
Increase business rates	2	0.4%
Collect owed money	2	0.4%
Remove or reduce expense related to the mayor specifically	1	0.2%

BUDGET CONVERSATION

2019/2020

Tameside Council (TMBC) and NHS Tameside and Glossop Clinical Commissioning Group (CCG) have come together to form the Tameside and Glossop Strategic Commission. We are responsible for a range of services from bin collections through care for the elderly to the provision of GP surgeries.

The total amount of money spent by both organisations combined is over £900 million. Although a significant sum of money that amount has reduced considerably over recent years due cuts in funding from central Government. Both organisations have had to find increasingly new and innovative ways to provide the services local people want.

Over the next few pages we explain where the money we spend comes from, where we spend it and then ask for your views that will help us set our budget for 2019/20.

(Note 1: The figures in the following pages are based on 2017/18 actuals – being the most recent fully signed off accounts – and are a guide to the scale of spending and the main areas of spend. The figures are not a draft budget for 2019/10).

(Note 2: Tameside & Glossop Strategic Commission provide health services for Tameside & Glossop and council services for Tameside only. Council services in Glossop are the responsibility of Derbyshire County Council and High Peak Borough Council and are not part of this budget conversation).

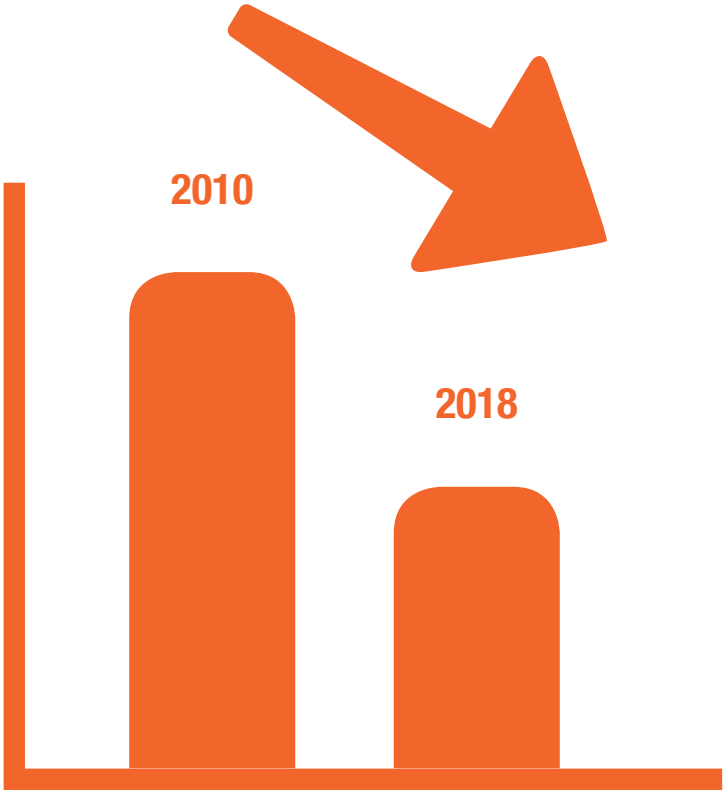
Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

Over recent years the amount of money we have to spend on local service has decreased significantly, particularly for the council. This is expected to continue in future years.



Council funding from government has been cut in half in real terms.

Over the next 5 years,

£70 million

of further savings are needed by the Strategic Commission to balance the budget

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

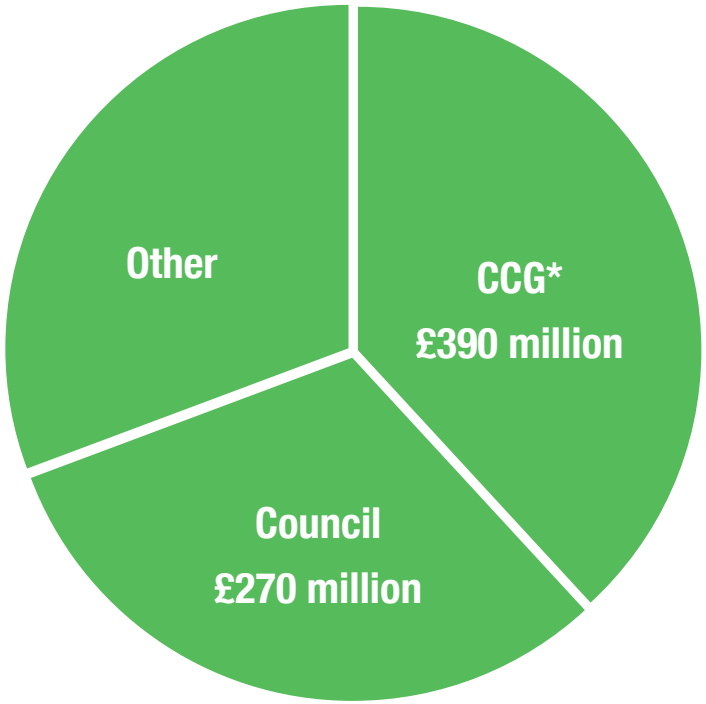
BUDGET CONVERSATION

2019/2020

So where does the £900 million come from?

Government

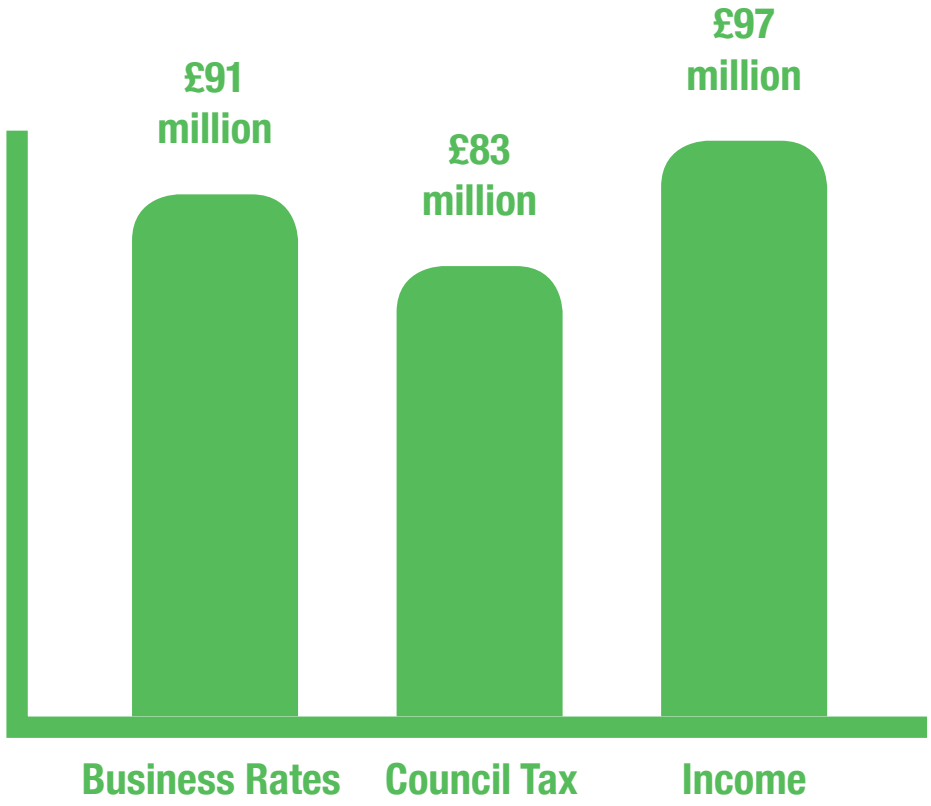
The Government provides nearly three quarters of the money we spend.



*All the CCG's spending is funded by the Government.

Council Tax, Business Rates and Income

Money from Council Tax makes up just 15% of council spending.



(Tameside Council spending only)

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

Money is spent in different ways. Here are some examples:

£180 million
on service delivery by the council and CCG.

£44 million
on drugs and medicines

£130 million
passed straight to schools to decide how to spend

£20 million
on buildings and premises from which we provide services.

£10 million
on vehicles and machinery

£35 million
for GP's and other Primary Care services

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

The main spending areas are:

Schools £130m

Money handed directly to schools for them to decide how best to spend it.

Adults £84m

Residential and nursing care. Community Response Service. Help to Live at home and learning disabilities.

Housing Benefit £80m

Housing benefit handled on behalf of the Government.

Children £72m

Support for schools, care for vulnerable children incl. social care, looked after children, fostering and adoption. Early help for families and children's centres.

Neighbourhoods £44m

Maintenance of roads and public spaces. Collecting and emptying bins. Community safety and public protection. Libraries and culture. Customer services. Environment.

Growth £41m

Investment in infrastructure. Digital iniatives. Skills and learning.

Levies £30m

Payment to Greater Manchester for transport infrastructure (TFGM) and waste disposal (GMWDA).

(Note: Tameside & Glossop Strategic Commission provides council services for Tameside only. Council services in Glossop are the responsibility of Derbyshire County Council and High Peak Borough Council and are not part of this budget conversation).

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

The main spending areas are:

Acute Care £206m

Contract with Tameside and Glossop Integrated Care NHS Foundation Trust (hospital) and payment for any other hospital stays out of the area by local patients.

Prescribing £44m

Funding to cover the cost of free prescriptions and the medicines used at the Tameside and Glossop Integrated Care NHS Foundation Trust (hospital).

Primary Care £35m

Funding to support the services provided by the thirty seven GP practices in Tameside and Glossop.

Mental Health £30m

Contract with Pennine Care NHS Foundation Trust for mental health support services plus other mental health projects and providers.

Community Health £27m

A range of community based services including District Nurses and health visiting.

Continuing Care £14m

Care outside of hospital for patients who have ongoing health care needs which are of a complex and potentially unpredictable nature that requires sustained and ongoing care.

(Note: Tameside & Glossop Strategic Commission provides health services across Tameside & Glossop).

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

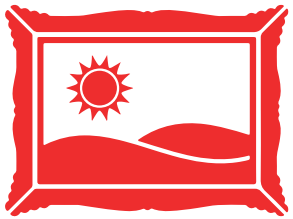
BUDGET CONVERSATION

2019/2020

Example of services provided:

36,500 pupils
taught in
97 schools

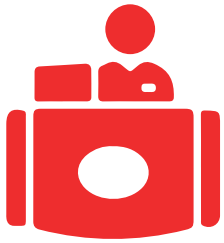
248,500 people
served by
37 GP surgeries



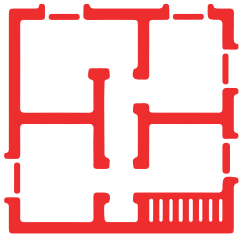
Run **8** libraries,
1 local studies and archive centre,
1 museum,
2 art galleries

Answer approximately
179,000 calls
to our call centre

Hold approximately
1,000 family events
across the borough



Deal with
33,000 visits
to Customer Services



Deal with approximately
1,000 planning applications

Empty
75,000 domestic bins
and
150,000 recycling bins
per week

Maintain **25,579** street lights, **26** parks, **35** playgrounds, **23** place areas and **27** sports pitches

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

Examples of helping to address the challenges faced in the area:

Helped
1,700 people
to stop smoking

Offer health checks to
4,000 people
aged 40 to 74

We have visited
3,000 new mothers
to offer help and advice

Commission care for
767 people
in residential or nursing homes

Act as parent to
Over 600 looked after children

Provide support to
3,000 people
to live independently and remain in their own homes

Support
2,418 children in need
and their families

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

BUDGET CONVERSATION

2019/2020

We are always finding new ways to deliver services and invest for the future. Here are a few examples:

Digital Health Centre and Community Response Service

Shared Lives

Routes to Work

Dementia Friends

Ashton Old Baths

Vision Tameside

Wellness Centre

Customer Service Excellence

BUDGET CONVERSATION

2019/2020

We'd love to hear your views.

Please go onto our survey and answer a couple of questions in your own words.

- What do you think should be the spending priorities for the Tameside and Glossop Strategic Commission for 2019/20 and future years?

- Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
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 DECEMBER 2018 AND FORECAST TO 31 MARCH 2019**
Report Summary:	This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT). The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year. Supporting details for the whole economy are provided in **Appendix 1.** The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £0.4 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. This forecast represents a further improvement on the position reported in prior periods but masks a number of significant cost pressures including a forecast overspend in excess of £7m in Children's Services.
Recommendations:	Strategic Commissioning Board Members are recommended to: 1. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast. 2. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care 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 December 2018 for the Strategic Commission and ICFT 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 (ICF) 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

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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 December 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 £582.883 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.

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 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £0.4m by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. Supporting details of the projected variances are explained in **Appendix 1**.

Table 1: Summary of the ICF and ICFT – 2018/19

Organisation	Net Budget £000s	Forecast £000s	Variance £000s
Strategic Commission (ICF)	582,883	583,332	(449)
ICFT	(19,148)	(19,148)	0
Total	**563,735**	**564,184**	**(449)**

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

2.3 Any variation beyond is shared in the ratio 68:32 for CCG: Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.

2.4 A summary of the financial position of the ICF analysed by service is provided in Table 2. The projected variances arise due to both savings that are projected not to be realised

and significant cost pressures in 2018/19. Further narrative on key variances is summarised in sections 3 and 4 below with further detail in **Appendix 1**.

Table 2: 2018/19 ICF Forecast Financial Position

Forecast Position £000's	Forecast Position			Net Variance	
	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	202,819	203,685	(867)	(811)	(56)
Mental Health	32,601	33,258	(657)	(689)	32
Primary Care	83,003	82,500	504	427	76
Continuing Care	14,104	16,523	(2,419)	(2,658)	239
Community	30,006	30,191	(185)	(206)	21
Other CCG	28,628	25,003	3,624	3,936	(312)
CCG TEP Shortfall (QIPP)	0	0	0	(411)	411
CCG Running Costs	5,209	5,209	0	0	0
Adults	40,480	40,276	204	204	0
Children's Services	49,330	56,792	(7,462)	(7,300)	(162)
Individual Schools Budgets	0	0	0	0	0
Population Health	16,232	16,160	72	72	0
Operations and Neighbourhoods	50,333	51,265	(932)	(865)	(67)
Growth	7,846	10,256	(2,410)	(2,447)	37
Governance	8,812	7,711	1,101	1,102	(1)
Finance & IT	4,553	4,263	290	267	23
Quality and Safeguarding	79	94	(15)	(15)	(0)
Capital and Financing	9,638	8,058	1,580	1,580	0
Contingency	(2,660)	(7,712)	5,052	4,705	347
Corporate Costs	1,870	(201)	2,071	2,071	(0)
Integrated Commissioning Fund	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**
CCG Expenditure	396,370	396,370	0	(411)	411
TMBC Expenditure	186,513	186,962	(449)	(626)	177
Integrated Commissioning Fund	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**

3. BUDGET VARIATIONS

3.1 The forecast variances set out in Table 2 includes a number of variances driven by cost pressures arising in the year and risks or non-delivery of savings. The key variances by service area are summarised below.

3.2 The CCG has a TEP target (also known as the QIPP), of £19.8m for 2018/19. In Month 9 the CCG's QIPP target has been fully identified. In month there have been continued savings in prescribing, and additional savings have been identified on associate demand management schemes. Due to the success of the QIPP schemes the CCG is able to reduce the amount required from the risk share arrangement (section 2 above) in 18/19.

Continuing Care (£2.419m)

3.3 Growth in the cost and volume of individualised packages of care is amongst the biggest financial risks facing the Strategic Commission. Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that the CCG is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

3.4 A financial recovery plan was put in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. The forecast has improved in month as the expected activity due to winter pressures has not yet materialised. There is still an expectation that there will be an increase in activity in the remainder of the year and this is still included in the forecast, however there is potential for there to be additional savings if this activity does not increase.

Children's Services (£7.462m)

3.5 The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 650 at 11 January 2019. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget for Third Party Payments by £6.485m due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at January 2019 is 650; a resulting increase of 65 (11.1%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £4,004 and foster care £783.

Growth (£2.410m)

3.6 The service continues to face pressures due to non-delivery of savings and additional cost pressures. Following the liquidation of Carillion the appointed liquidator PwC managed the contracts to effect a transfer to other providers. This transfer took place on 31 July 2017 but significant costs were incurred up to this date, which were not included in the budget.

3.7 Significant pressures are also being experienced in relation to loss of income due to the sale of assets and utilisation of assets for Council purposes, income from advertising and income from Building Control and Development Control is currently forecast to be less than budget.

3.8 Non delivery of savings is also creating further pressures. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable although there was no robust review of these proposals. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings proposed will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.

4. TARGETED EFFICIENT PLAN (TEP)

4.1 The economy wide savings target for 2018/19 is £35.920m. This consists of:

- CCG £19.800m
- TMBC £3.119m
- ICFT £13.001m

Table 3 : 2018/19 Targeted Efficiency Plan (TEP)

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	0	0	1,043	18,757	19,800	19,800	19,800	0
TMBC	652	0	774	1,072	2,116	3,119	1,911	(1,208)
Strategic Commissioner	**652**	**0**	**1,817**	**19,829**	**21,916**	**22,919**	**21,711**	**(1,208)**
ICFT	552	88	2,970	9,309	12,920	13,001	12,367	(634)
Economy Total	**1,204**	**88**	**4,788**	**29,137**	**34,836**	**35,920**	**34,079**	**(1,842)**

4.2 Against this target, £29,137k of savings have been realised in the nine months, £6,446k above plan. Expected savings by the end of the year are £34,079k, a shortfall of £1,842k against target. This is an improvement of £458k on the position reported last month.

4.3 The CCG have identified all of their QIPP savings at month 9 and have posted £4,953k of savings this month. Schemes at TMBC have been offset by underspends in other areas.

4.4 There is still £634k to be identified at the ICFT, and Theme Leads are working on schemes to close this gap.

5 CCG SURPLUS

5.1 In 2018/19 the CCG is now planning to deliver a surplus of £12.347m, a £3m increase from the original £9.347m as set out by national guidance. This overall surplus is broken down into three parts:

- **£3.668m** Mandated 1% surplus
- **£5.679m** Cumulative surplus brought forward from previous years
- **£3.000m** Agreed increase in Surplus to support national financial risks

5.2 The 1% in year surplus is a requirement of the business rules. It is calculated on the basis of 1% of opening allocations, excluding the allocation for delegated co-commissioned primary care.

5.3 The cumulative surplus brought forward was built up in 2016/17 and 2017/18, when CCGs had to contribute into a national risk reserve offsetting overspend in the provider sector. While the cumulative surplus brought forward remains on the CCG balance sheet, there is currently no mechanism through which T&G are able to drawdown or use any of this resource.

5.4 There is no national risk reserve in 2018/19. However there is still a significant financial gap nationally, which needs to be addressed. GMHSCP have been in discussions with national bodies to address this gap and has confirmed and agreed that any CCG who could increase their surplus for 2018/19 would be able to drawdown some of their cumulative surplus in 2019/20. Using the flexibility of the ICF we have increased our surplus by £3m, which will allow for a potential of up to £6m drawdown in 2019/20, under the 2 for 1 offer by NHS England.

5.5 Under the terms of the GM proposal, increasing the 18/19 surplus by £3m would enable drawdown of £6m in 2019/20, reducing the cumulative surplus to £6.3m. The money drawn down would be paid back into the ICF through increased CCG contributions to the pool.

5.6 An additional benefit from this proposal would be an improvement in the aggregate GM financial position in 2018/19. Any underspend against the GM system control total would attract 48p of additional Provider Sustainability Funding for every £1 of underspend.

5.7 5 year financial plans have been built on the assumption that there will be no mechanism to access the CCGs cumulative surplus. If we are able to drawdown some of our surplus in 2019/20 through the GM proposal, the financial position of the integrated commissioner will improve on a recurrent basis and the reported gap will reduce.

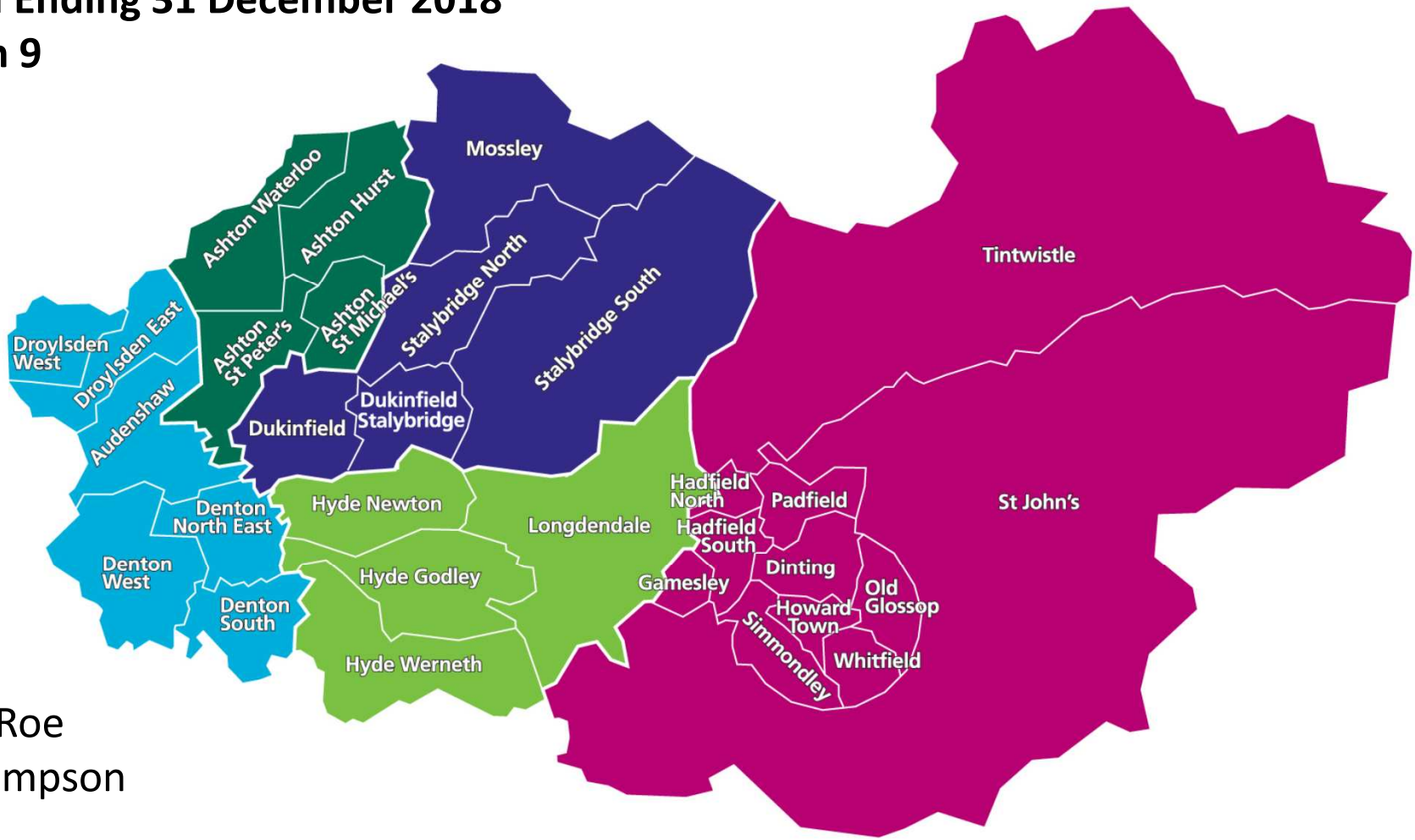
6 RECOMMENDATIONS

6.1 As stated on the report cover**.**

Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 December 2018
Month 9



Kathy Roe
Sam Simpson

Period Ending 31 December 2018

Integrated Financial Position Summary Report

Tameside & Glossop Integrated Economy Wide Financial Position

£7.4m

Children's Services

Unprecedented levels of demand in Children's Social Care continue. **Placement costs are the main driver of the forecast £7.4m in excess of approved budget.**

Message from the DOFs

As we enter the final quarter of the year, the financial position of the economy continues to improve and a balanced outturn position at month 12 is within reach. Savings delivery has improved again, with the CCG budgets now forecast to balance at the year end (albeit 60% by non recurrent means), and alternative savings identified to offset non delivery of planned Council savings. The ICFT continues to forecast that the agreed control total will be met.

We are optimistic for delivery in 2018/19, although the risk of winter pressures on front line services will remain for the next few months. With the publication of the NHS long term plan and funding allocations for next year, we continue to focus on the identification and delivery of savings for future years, and refine financial plans for 2019/20.

£0.6m

Strategic Commission Forecast

Overall forecast outturn has improved by £0.6m due mainly to the delivery of further savings.

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 £000's	Forecast Position			Variance	
	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	396,370	396,370	0	(411)	411
TMBC Expenditure	186,513	186,962	(449)	(626)	177
Integrated Commissioning Fund	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**
ICFT - post PSF Agreed Deficit	(19,148)	(19,148)	0	0	0
Economy Wide In Year Deficit	**(19,148)**	**(19,597)**	**(449)**	**(1,037)**	**588**

Tameside & Glossop Integrated Commissioning Fund

As at 31 December 2018 the Integrated Commissioning Fund is forecasting to spend £583.3m, against an approved budget of £582.9m, an **overspend of £0.4m,** which is an improvement of £0.6m since last month. Whilst we have seen another month of improvement to the integrated commissioning fund overall, there remain significant pressures within Children's Services that has seen another adverse movement of £0.1m due to the continued increase in placement costs. The improved position from month 8 is due to a combination of savings exceeding expectations and the release of corporate contingency budgets.

Forecast Position £000's	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	202,819	0	202,819	203,685	(867)	(811)	(56)
Mental Health	32,601	0	32,601	33,258	(657)	(689)	32
Primary Care	83,003	0	83,003	82,500	504	427	76
Continuing Care	14,104	0	14,104	16,523	(2,419)	(2,658)	239
Community	30,006	0	30,006	30,191	(185)	(206)	21
Other CCG	28,628	0	28,628	25,003	3,624	3,936	(312)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	(411)	411
CCG Running Costs	5,209	0	5,209	5,209	0	0	0
Adults	82,653	(42,172)	40,480	40,276	204	204	0
Children's Services	78,378	(29,048)	49,330	56,792	(7,462)	(7,300)	(162)
Individual Schools Budgets	116,329	(116,329)	0	0	0	0	0
Population Health	16,912	(680)	16,232	16,160	72	72	0
Operations and Neighbourhoods	76,306	(25,973)	50,333	51,265	(932)	(865)	(67)
Growth	42,645	(34,800)	7,846	10,256	(2,410)	(2,447)	37
Governance	88,619	(79,807)	8,812	7,711	1,101	1,102	(1)
Finance & IT	6,103	(1,550)	4,553	4,263	290	267	23
Quality and Safeguarding	367	(288)	79	94	(15)	(15)	(0)
Capital and Financing	10,998	(1,360)	9,638	8,058	1,580	1,580	0
Contingency	4,163	(6,823)	(2,660)	(7,712)	5,052	4,705	347
Corporate Costs	8,726	(6,857)	1,870	(201)	2,071	2,071	(0)
Integrated Commissioning Fund	**928,569**	**(345,686)**	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**

Integrated Commissioning Fund – Movements since month 8

£0.411m CCG TEP

In Month 9 the CCG's QIPP savings have been fully identified. In month there have been continued savings in prescribing, additional savings have been identified on associate demand management schemes and the QPP achievement. Due to the success of the QIPP schemes the CCG is able to reduce the amount required from the risk share arrangement with the Council in 18/19.

£0.162m Children's Services – Social Care

The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 650 at 11 January 2019.

Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget for Third Party Payments by £6.485m; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at January 2019 is 650; a resulting increase of 65 (11.1%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £4,004 and foster care £783.

£0.347m Contingency

The Corporate Contingency budget includes an annual provision for risks and unforeseen costs. Year-end projections for the use of contingency budgets are reviewed and updated each month. The revised forecast at month 9 has released further contingency budget which offsets forecast overspends in other areas..

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	151,296	152,476	(1,180)	202,819	203,685	(867)	(811)	(56)
Mental Health	24,559	24,993	(433)	32,601	33,258	(657)	(689)	32
Primary Care	61,918	61,599	318	83,003	82,500	504	427	76
Continuing Care	10,478	11,768	(1,290)	14,104	16,523	(2,419)	(2,658)	239
Community	22,521	22,576	(55)	30,006	30,191	(185)	(206)	21
Other CCG	23,591	20,951	2,640	28,628	25,003	3,624	3,936	(312)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	(411)	411
CCG Running Costs	2,902	2,901	1	5,209	5,209	0	0	0
Adults	34,987	35,195	(208)	40,480	40,276	204	204	0
Children's Services	28,886	36,624	(7,737)	49,330	56,792	(7,462)	(7,300)	(162)
Population Health	12,321	12,850	(529)	16,232	16,160	72	72	0
Operations and Neighbourhoods	42,555	43,809	(1,253)	50,333	51,265	(932)	(865)	(67)
Growth	8,231	10,612	(2,382)	7,846	10,256	(2,410)	(2,447)	37
Governance	4,875	3,902	973	8,812	7,711	1,101	1,102	(1)
Finance & IT	3,036	3,513	(478)	4,553	4,263	290	267	23
Quality and Safeguarding	53	(66)	119	79	94	(15)	(15)	(0)
Capital and Financing	0	1	(1)	9,638	8,058	1,580	1,580	0
Contingency	(1,773)	(871)	(902)	(2,660)	(7,712)	5,052	4,705	347
Corporate Costs	(754)	(2,202)	1,449	1,870	(201)	2,071	2,071	(0)
Integrated Commissioning Fund	**429,682**	**440,631**	**(10,949)**	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**
CCG Expenditure	297,265	297,265	(0)	396,370	396,370	0	(411)	411
TMBC Expenditure	132,417	143,366	(10,949)	186,513	186,962	(449)	(626)	177
Integrated Commissioning Fund	**429,682**	**440,631**	**(10,949)**	**582,883**	**583,332**	**(449)**	**(1,037)**	**588**
ICFT - post PSF Agreed Deficit	(16,066)	(16,019)	47	(19,148)	(19,148)	0	0	0
Economy Wide In Year Deficit	**(16,066)**	**(26,968)**	**(4,417)**	**(19,148)**	**(19,597)**	**(449)**	**(1,037)**	**588**

Tameside Integrated Care Foundation Trust Financial Position

SUMMARY

- **Revenue -** For the financial period to the **31st December 2018** , the Trust has reported a net deficit of c.£18.8m, pre Provider Sustainability Funding (PSF), which is **c.£47k better than plan**. The in month position for December reported a £1.7m deficit, **£15k below plan.**

- **Trust Efficiency programme (TEP) -** The Trust delivered **c.£1.1m** of savings in month, this is an underachievement against target by **c.£272k** in month, cumulatively the Trust is reporting an overachievement against plan of **c£664k.**

- **Agency cap -** To date the Trust has spent **c.£5.4m** on Agency, against a plan of **£6.8m**; based on this run rate, spend should be within the agency cap of £9.5m

	Month 9			YTD			Outturn
Financial Performance Metric	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000s
Normalised Surplus / (Deficit) Before PSF	(1,733)	(1,748)	(15)	(18,809)	(18,762)	47	(23,370)
Provider Sustainability Fund (PSF)	422	422	0	2,743	2,743	0	4,222
Surplus / (Deficit) post PSF	(1,311)	(1,326)	(15)	(16,066)	(16,019)	47	(19,148)
Capital Expenditure	901	572	(329)	3,962	2,205	(1,487)	5,027
Trust Efficiency Savings	1,346	1,074	(272)	8,645	9,309	664	13,000
Use of Resources Metric	3	3		3	3		3

NHS
Tameside and Glossop Integrated Care
NHS Foundation Trust

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 PSF. NHSI monitor financial delivery from a revenue perspective against post PSF targets, for the Trust this plan is £23.4m

- **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%. The Trust has achieved its Q3 Finance and performance target.

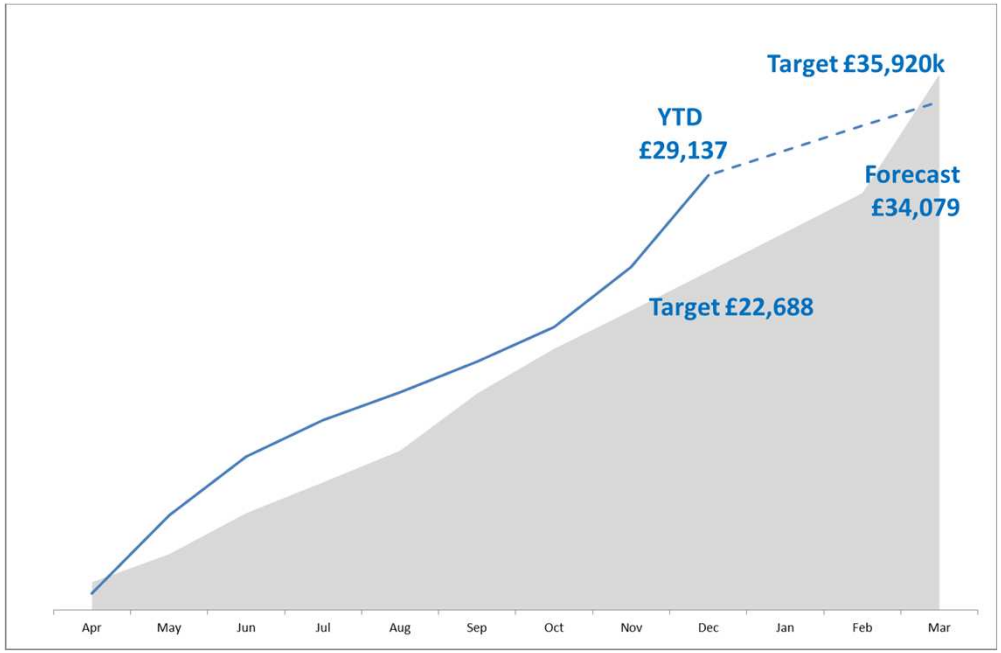
- **TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£633k** and recurrently of **c£1.8m**. **Failure of delivering the TEP target will challenge the Trust's ability to deliver its control total**. Work is on-going with Theme groups to develop high risk schemes and generate hopper ideas to improve this forecast position.

TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	0	0	1,043	18,757	19,800	19,800	19,800	0
TMBC	652	0	774	1,072	2,116	3,119	1,911	(1,208)
Strategic Commissioner	**652**	**0**	**1,817**	**19,829**	**21,916**	**22,919**	**21,711**	**(1,208)**
ICFT	552	88	2,970	9,309	12,920	13,001	12,367	(634)
Economy Total	**1,204**	**88**	**4,788**	**29,137**	**34,836**	**35,920**	**34,079**	**(1,842)**

Progress Against Target

- 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, £29,137k of savings have been realised in the nine months, £6,446k above plan
- Expected savings by the end of the year are £34,07k, a shortfall of £1,842k against target. This is an improvement of £458k on the position reported last month.
- The CCG have identified all of their QIPP savings at month 9 (albeit only 40% recurrently) and have posted £4,953k of savings this month. Although positive, 60% achievement via non-recurrent measures means significant financial challenges still exist going forwards.
- Schemes at TMBC have been offset.by underspends in other areas.
- There is still £634k to be identified at the ICFT, and Theme Leads are working on schemes to close this gap



TEP – Targeted/Trust Efficiency Plan

£0.633m CCG

In Month 9 the CCG's QIPP savings have been fully identified. In month there have been continued savings in prescribing, additional savings have been identified on associate demand management schemes and the QPP achievement. Due to the success of the QIPP schemes the CCG is able to reduce the amount required from the risk share arrangement with the Council in 18/19.

£1.208m TMBC

As reported in previous months, the Council has faced difficulties delivering the planned savings during 2018/19 and is currently forecasting total savings well below the opening target. These challenges have been offset by other unplanned savings, underspends and additional income in other areas.

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	0	0	0	0	0	3,239	0	(3,239)
	GP Prescribing	0	0	723	2,277	3,000	2,000	3,000	1,000
	Individualised Commissioning	0	0	0	0	0	0	0	0
	Other Established Schemes	0	0	159	3,632	3,791	4,283	3,791	(492)
	Tameside ICFT	0	0	0	2,480	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	0	0	9,836	9,836	6,472	9,836	3,364
CCG Total		**0**	**0**	**882**	**18,225**	**19,107**	**18,474**	**19,107**	**633**
TMBC	Adults	206	0	0	513	697	697	534	(163)
	Growth	25	0	340	25	365	898	368	(531)
	Finance & IT	0	0	0	177	172	172	177	5
	Governance	112	0	179	0	154	154	190	36
	Childrens (Learning)	0	0	0	0	90	90	0	(90)
	Operations & Neighbourhoods	0	0	30	0	110	580	30	(550)
	Pop. Health	309	0	225	357	528	528	613	85
TMBC Total		**652**	**0**	**774**	**1,072**	**2,116**	**3,119**	**1,911**	**(1,208)**
Strategic Commissioner Total		**652**	**0**	**1,656**	**19,297**	**21,223**	**21,593**	**21,018**	**(575)**

TEP – Targeted/Trust Efficiency Plan

£0.634m ICFT

The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£0.6m** and recurrently of **c£1.8m**. **Failure of delivering the TEP target will challenge the Trust's ability to deliver its control total**. Work is on-going with Theme groups to develop high risk schemes and generate hopper ideas to improve this forecast position.

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
ICFT	Community	4	0	66	242	312	363	308	(55)
	Corporate	12	0	155	918	1,084	805	1,073	268
	Demand Management	240	0	228	885	1,353	1,474	1,113	(361)
	Estates	27	6	85	259	377	569	350	(220)
	Finance Improvement Team	80	0	277	1,270	1,626	1,067	1,546	480
	Medical Staffing	0	23	55	189	267	1,103	267	(836)
	Nursing	76	0	209	899	1,184	1,243	1,108	(136)
	Paperlite	20	0	19	78	118	250	97	(153)
	Pharmacy	32	60	328	271	692	450	660	210
	Procurement	61	0	286	116	463	752	402	(350)
	Transformation Schemes	0	0	919	2,517	3,436	3,000	3,436	436
	Technical Target	0	0	44	444	488	375	488	113
	Vacancy Factor	0	0	300	1,220	1,520	1,550	1,520	(30)
ICFT Total		**552**	**88**	**2,970**	**9,309**	**12,920**	**13,001**	**12,367**	**(634)**

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Officer of Strategic Commissioning Board	Gill Gibson, Director of Quality and Safeguarding
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 are key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. The report is intended 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 / Intermediate Tier Services

2.1 Previous concerns had been raised about capacity within community services. A presentation was provided by the Director of Intermediate Tier Services at the December Integrated Care Foundation Trust (ICFT) quality and performance contract meeting which provided significant assurance. There is capacity within the District Nursing teams; potentially currently not the right resource in the right place. The ICFT is in the process of implementing an acuity and dependency score which will then inform distribution of staff resource in relation to neighbourhood needs.

Mortality data

2.2 Both the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR) are out of expected range for the first time in at least 18 months. The Trust is investigating reasons for increase and working in partnership with Dr Foster and a peer Trust. No additional recommendations / actions identified above those which the Trust had already implemented. No concerns identified about quality of care provided. Hypotheses that increase potentially related to coding of sepsis but also some early concerns that the number of patients opting out of their GP data being shared (we are an outlier) may also be impacting. These are being explored. ICFT updated that crude data has reduced but this will take some time to show in SHMI and HSMR due to rolling data.

Health Care Acquired Infections (MRSA bacteraemia):

2.3 Tameside and Glossop locality remain an outlier in MRSA bacteraemia; there has been a total number of 10 MRSA bacteraemia across the Tameside and Glossop economy (8 x community onset and 2 x acute onset). The Trust is working in partnership with NHS Improvement; an assurance item has be en scheduled for the next contract quality and performance meeting.

2.4 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 Healthcare Associated 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.

2.5 It should be noted that the MRSA cases are not the same strain i.e. the infection has not been passed from person to person due to poor infection prevention practice.

Action taken to improve

2.6 Thematic analysis has indicated that a number of patients had a wound of some kind. The Tissue Viability service have developed an action plan to suport the infection prevention agenda with a view to preventing pressure ulcer damange making patients less vulnerable to MRSA infection.

2.7 A further assurance item has been agendered for the 14 February 2019 ICFT Quality and Performance meeting.

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

Key Issues and Concerns:

IAPT (Healthy Minds): Prevalence

3.1 As reported previously, this service has undergone a recent redesign and prevalence for the Step One service had been impacted by this. The prevalence target for 18 November 2018 was achieved and the new service "Big Life" is now live. During November, the Healthy Minds service has reportedly refocused some of the resources from Step 2 and 3 to deliver interventions which support prevalence and developing effective links with the local community.

Secondary Waits (Healthy Minds)

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 Clinical Commissioning Group (CCG) with additional investment in capacity in the psychological therapies service. The aim is for the additional capacity to support the waiting list reduction. The service has also been undertaking waiting list validation exercise to ensure that the patients waiting for treatment still require treatment. Ongoing monitoring of the secondary waits will continue through Monthly reporting and the Contract Quality and Performance Group (CQPG).

Memory Assessment Service

3.4 Performance reached the referral standard for the 6 week assessment and 12 week referral to diagnosis indicators in November following a period of decreased performance between July and October. Initial issues relating to staffing capacity over the summer had been reported as impacting waiting times, more recently issues in relation to the timeliness of scan results had been raised via the CQPG.

Actions taken to improve

3.5 Performance in relation to assessment and referral to diagnosis times will continue to be monitored via the monthly CQPG. Assurance has been requested that the issue in relation to timeliness of scan results is now fully resolved.

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 on the Risk Register.

Actions taken to improve

3.7 Bank and agency staff are being utilised to increase capacity whilst posts are out to recruitment. The Trust-wide Quality Assurance Group has identified staffing and workforce as an area of focus and a request has been made to strengthen safe staffing reporting including acuity and risk tolerance.

3.8 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.

Care Quality Commission Inspection

3.9 The Care Quality Commission (CQC) well-led inspection was completed at the end of October, the final report is expected to be published in early 2019.

Quality for 2019/20

3.10 Work has been inititated to provide a stronger quality focus at the Local CQPG Meetings in 2019/20 with bi-monthly "Quality in Focus" sessions planned. Similarly, work is being initiated to look at the reporting structure and content in readiness for the 2019/20 contractual discussions with workshops planned in February 2019.

3.11 The Trust has produced a draft Quality Strategy which has been shared with commissioners and an engagement session is planned for January 19. The draft strategy covers five quality aims: well-led; patient safety; patient experience and engagement; clinical effectiveness.

4. PUBLIC HEALTH

Provider: Tameside and Glossop ICFT - Health Visiting

Key Points/Issues of Concern:

4.1 Antenatal assessments remain low in Quarter 2 at 67 compare to 61 in Quarter 1. The service has indicated that there will be increased performance seen in Quarter 3. Health visiting is the only universal service that can provide health promotion, early intervention and primary prevention in the antenatal period that continues into the early years.

4.2 New birth visits and timeliness of 2/2.5 year check continue under performance threshold.

Actions taken to Improve:

4.3 Work around recruitment continues to ensure effective capacity within the service. Additional Band 5 nurses have been recruited to support Health Visitors and access Specialist Community Public Health Nursing (SCPHN) training next year, so that the Trust can support the needs of the future local workforce. Turnover rates are high at 13% but there has been an improvement in vacancy levels.

4.4 Vulnerable families are targeted for antenatal visits highlighted by Midwifery and Children's Social Care.

4.5 Antenatal visits have started to be allocated routinely to Health Visitors using Euroking, and joint clinics with midwifery are being developed.

4.6 Data Quality of input to Ages and Stages Questionnaire (ASQ) on EMIS is now overseen by managers on a monthly basis.

Good Practice

4.7 The service, alongside Business Intelligence leads at the Trust, has formulated robust systems to make it easier to seek support from other teams to stop breeches happening. EMIS support has been given to practitioners to ensure that data is captured and recorded accurately- especially when recording is done retrospectively. This has led to the percentage of children who received a 2-2.5 year review using ASQ 3 increasing this quarter to 96.8% meeting the threshold target of 95%.

Horizon Scanning

4.8 The service improvement plan is updated monthly and the commissioning lead in the Strategic Commission meets with the service on a monthly basis to monitor this. A workshop on 28 January had been planned by Tameside and Glossop ICFT to look at

options for transformation and joint service delivery to improve partnership working and improve outcomes for families in Tameside and Glossop.

5. PRIMARY CARE

Key points / Issues of concerns:

5.1 General practice primary care is a finite resource, which may result in inequalities of access to GP appointments.

Actions taken to improve

5.2 The Access Outcomes Framework was developed for general practice to address any inequalities in Tameside and Glossop CCG registered population access to General Practice appointments. It is an optional, additional service, which may be delivered on a practice or neighbourhood basis and consists of a qualifying standard and a number of indicators. The additional investment into general practice is to facilitate enhanced primary medical services for practice populations both in terms of the coverage across core hours but also the timing and methods of appointments to reflect the needs of populations. Sign up to the framework commenced in July 2018 with assessment based on the key indicators of delivery in December 2018.

5.3 The outcome of the December assessment was that of the 31 practices signed up to deliver the framework 25 submitted on time for assessment and of the 25 practices 19 submissions were signed off for payment by the Primary Care Delivery and Improvement Group. Since the December assessment the 6 practices which have not submitted and the 6 which submitted but failed on some of the indicators have been contacted and given feedback and an extension to the submission date.

5.4 Practices have reported that delivery of some of the framework indicators has been challenging, particularly around meeting of the reasonable needs, as set out in the NHS England guidance letter of December 2017 (GP Access: expectations in respect of extended and core hours). However, practices have responded proactively to evidence changes in internal processes and approaches to meet the challenges and deliver the framework indicators which have now become business as usual. As well as the above improvements in access for patients an element of the indicators including in the framework has supported the CCG to better understand pressures on capacity in primary care via daily reporting of same day capacity which will feed in to system wide capacity planning.

Good practice

5.5 Medical assistants are members of clerical staff trained code and action incoming clinical correspondence to a practice, in line with agreed protocols, reducing the amount of clinical letters that need to be forwarded onto GPs. There are already a number of different processes in place within the 37 Tameside and Glossop practices.

5.6 Under the Five Year Forward View there is funding to support the development of these roles. The offer to Tameside and Glossop practices recognises that some practices will wish to develop their own in house ways of developing these roles, or use a process that has been developed by another practice while others may wish to use an external company's process.

5.7 Practice Inbound is the preferred external company that was chosen by a task and finish group consisting of practice managers. Up to 15 practices wish to use Practice Inbound with the majority of the remaining practices wishing to develop their own internal options.

5.8 Utilising staff to code and action incoming clinical correspondence allows clinicians to spend more time on patient facing tasks, which helps to reduce access issues and any inequalities of access that may exist across Tameside and Glossop practices.

Horizon scanning

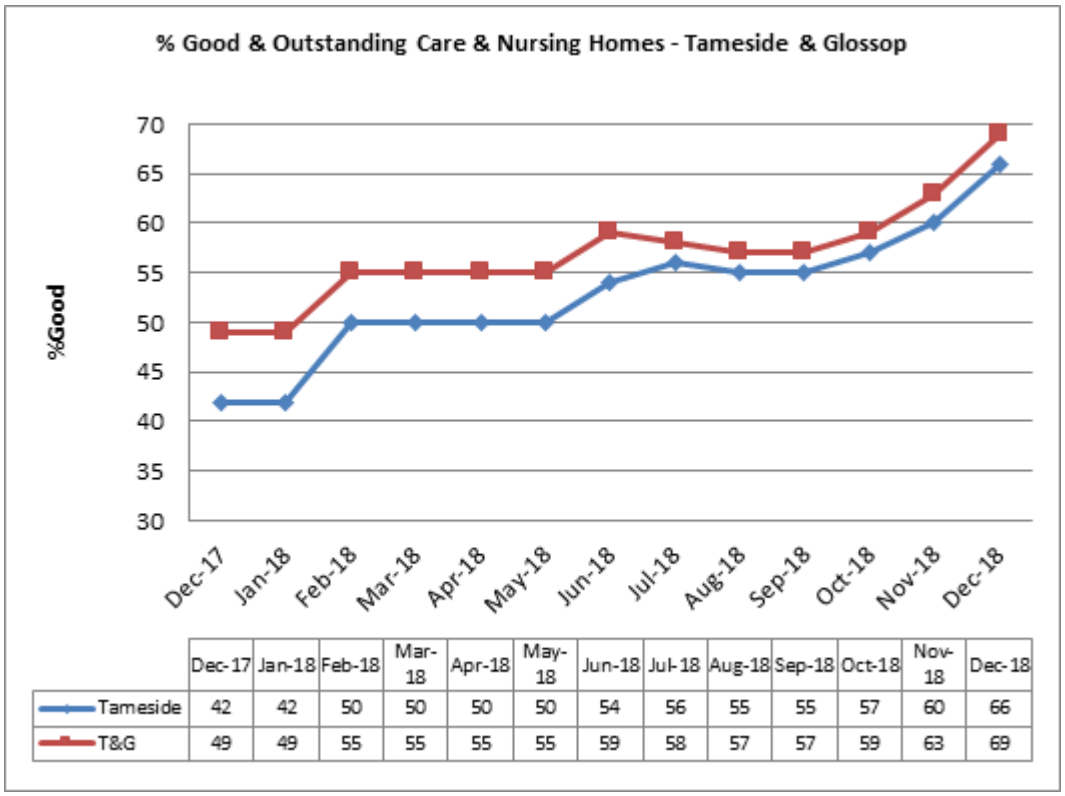
5.9 The 2017 – 2019 version of the primary care quality scheme will end on 31 March 2019, with practices having to submit a final report by that date. This is a quality improvement scheme that all Tameside and Glossop practices participated in. It required them to undertake a mandatory project monitoring trimethoprim prescribing and undertaking a "deep dive" to understand the reasons for the increase in prescribing.

5.10 There were two other projects, which practices could choose based upon areas of improvement pertinent to their practice within six broad themes. Projects chosen include, amongst others, increasing Atrial Fibrillation prevalence, reducing the number of letters going to GPs via Docman, increasing cervical screening uptake, improve bowel screening rates, increasing the number of patients with hba1c in target, improving DNAs and increasing the number of patients requesting prescriptions on line.

5.11 To help support practices in delivering their final report and encourage the sharing of their successes and challenges a single issue Practice Managers Forum was held on 15 January 2019 facilitated by the Time for Care practice development programme. Practices were advised of the reporting mechanism – using a poster template – that will explain what their projects were, the challenges and the outcomes – with a final event in May where each practice will show their poster. This will allow the learning from each project to be shared with other practices in Tameside and Glossop.

6. CARE AND NURSING HOMES

6.1 There has been significant improvement in % of care homes rated as good and outstanding for the Tameside and Glossop locality; this progress has been acknowledge by GM Partnership in our recent Quarter 3 Quality pre meet. Currently there is only 1 x operational home within the Tameside and Glossop locality with inadequate rating; CQC inspection commenced on 22 January 2019.



	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Tameside	42	42	50	50	50	50	54	56	55	55	57	60	66
T&G	49	49	55	55	55	55	59	58	57	57	59	63	69

6.2 A review of the 2018 Contracts Performance Visit Baseline is due in January 2019. Analysis of compliance across the sector will be undertaken with the aim to identify areas where increased focus needs to be placed in 2019 as well as identifying areas of good practice. Current Annual Visit Contract Performance documentation will be reviewed and amended as required.

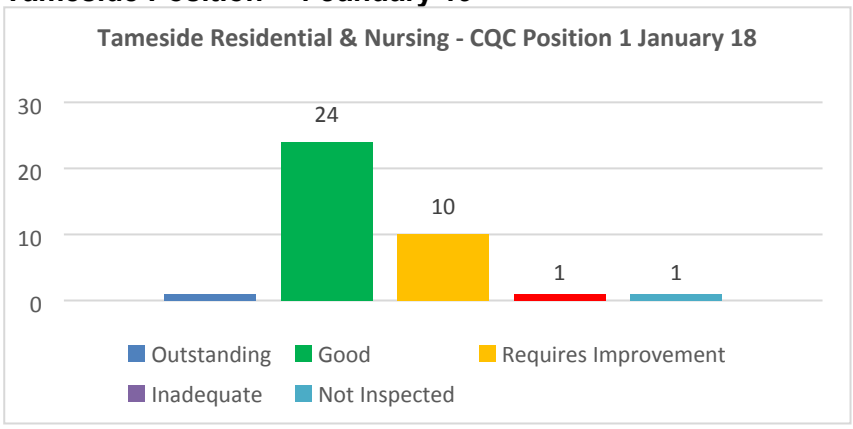
6.3 The Quarter 4 Care Home Manager's Forum is due to take place on 24 January 2019, the following sessions are included on the agenda:

- Community Involvement – Public Health;
- Oral Health – Be Well Team;
- Medicines Management Update;
- Learning from Falls – Sunnyside Care Home and Quality Improvement Team.

CQC Performance

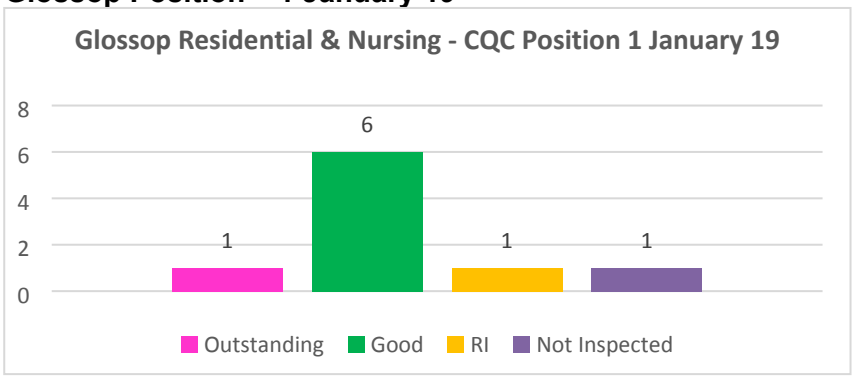
6.4 The Care Quality Commission (CQC) picture for Care Homes and with Nursing[1] is provided in the graph below.

Tameside Position – 1 January 19



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

Glossop Position – 1 January 19



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

[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.*

Inadequate CQC Ratings

The Vicarage (Tameside MBC)

6.5 The Home was 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 continues; CQC inspection commenced 22 January 2019.

Published CQC Ratings (November and December 2018)

Thorncliffe Grange

6.5 **T**he Home maintained its "Good" rating following inspection on the 31 October 18. The Home achieved a good rating across all five domains.

Fairfield View Care Home

6.6 The Home improved its CQC rating to "Good" following inspection on the 7 November 2018. The Home was previously rated as "Requires Improvement", improved performance was noted in the "safe", "effective", and "well-led" domains with a "Good" rating now achieved across all of the five domains**.**

Sunnyside Residential Home

6.7 The Home maintained its "Good" rating following inspection on 6 November 18. An "outstanding" rating in the "Responsive" domain was achieved. An excerpt from the CQC is provided below:

"The service actively promoted well-being and continually strived to protect people from the risks of social isolation and loneliness. The range of activity on offer was extensive. Staff were continually developing meaningful and appropriate activities and building community links.

Systems in place ensured the needs of each individual were identified and respected. People, and those who were important to them, were encouraged to be involved in developing their support. The service had an exemplary, holistic approach to planning and providing care and support.

People had their care and support needs kept under review. Staff were extremely proactive when people's needs changed and sought positive solutions that enabled people to do what was important to them".

Stamford Court Nursing Home

6.8 The Home improved its CQC rating to "Good" following inspection on the 1 October 2018. The Home was previously rated as "Requires Improvement. The Home achieved a "Good" rating across all categories with the exception of "responsive" where improvements were noted as required in care monitoring charts.

Fir Trees Care Centre

6.9 The Home improved its CQC rating to "Good" following inspection on the 28 November 2018. The Home was previously rated as "Requires Improvement". The Home received a "Good" rating across all CQC domains, with improvements noted across the majority of domains.

Quality Improvement Team Update

6.10 The Quality Improvement Team continues to support the Care and Nursing Home Sector in the locality. The following initiatives have been offered in Quarter 3 of 2018/19.

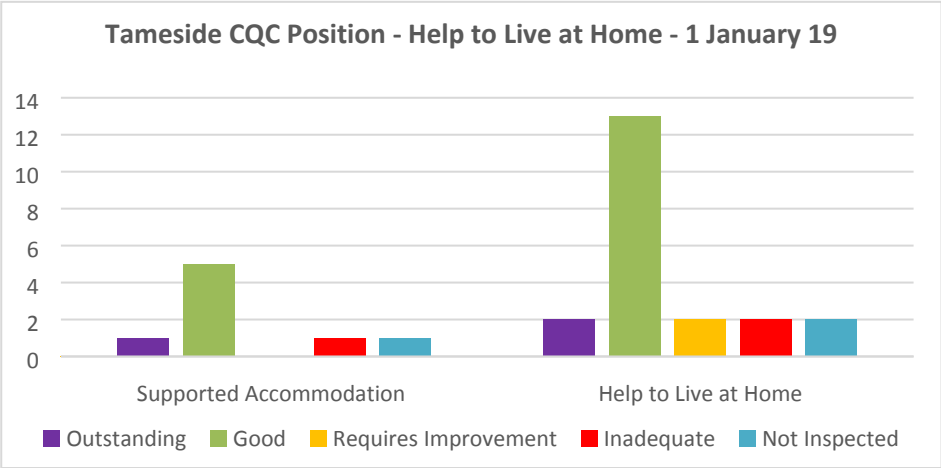
Quality Initiative	Provider	Homes Involved
Oral health	Be Well Tameside	Majority of homes have now received training
Tameside & Glossop Red Bag Scheme	Tameside & Glossop CCG	The team continue to support care home managers with the implementation of the scheme

Neighbourhood Meetings	QIT team	QIT are now linked in with Neighbourhoods and attend meetings
Care Home Quality Review Group	Strategic Commission	QIT Team Leader represents at Care Home Quality Review Group
Medicines Management	QIT team Meds technicians	All Inadequate and Requires Improvement Care homes have now been audited and those that have failed are receiving ongoing support from meds tech and QIT team.
Staff Develolpment	QIT team, Local Authority, Strategic Commission	Refresh of Training Consortium Steering Group. This work is ongoing
Tissue Viability and Infection Prevention	Tameside & Glossop ICFT	QIT team continue to work with ICFT infection prevention team and Tissue Viability team
6 Steps Celebration event	ICFT Palliative Care Team	Celebration event held in Qtr 3 for 7 homes that have completed 6 steps programme. Programme will be offerred to all care homes in 2019 alongside a programme of palliative and end of life care training for care staff.
Buddy Scheme	Tameside & Glossop CCG QIT team	Buddy Scheme launched in Qtr 3 to all homes
Teaching Care homes	GM	Offerred to homes who met criteria for consideration. 1 Care home signed up in Tameside.

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:



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

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

Medacs Healthcare (Beatrix House) – Help to Live at Home

7.3 This Provider achieved a "Good" rating following inspection in October 2018. A "Good" rating was achieved across all five domains.

Turning Point –Supported Accommodation

7.4 This Provider achieved a "Good" rating following inspection in October 2018. A "Good" rating was achieved across all five domains.

Creative Support – Help to Live at Home

7.5 This Provider was rated as "Requires Improvement" following an inspection in October 2018. A Requires Improvement rating was given across all domains.

Extrahand Care Services – Help to Live at Home

7.6 This Provider was rated as "Good" following an inspection in November 2018. A "Good" rating was achieved across all domains**.**

Support at Home Model

7.7 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.

Glossop Update – Support at Home

7.8 CQC performance for current providers that are accredited by Derbyshire County Council to provide support at Home (and cover the Glossop area) are provided below.

Provider	**CQC Performance – Overall Rating**
Community Life Choices (CLC Limited)	Good
Compassionate Care	Good
Routes	Good (outstanding in Caring)
CRG	Requires Improvement
Mears (Chapel-en-Le-Frith) *Homecare and supported accommodation*	Good
St Christopher's (*supported accommodation only)*	Good
Lifeways (supported accommodation)	Good

7.9 Ongoing updates in relation to quality of provision and CQC performance will be provided as part of this report.

8. INDIVIDUALISED COMMISSIONING

Quality Premium Scheme Performance:

8.1 The Quality Premium (QP) scheme financially rewards 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.

8.2 The Quality Premium Scheme 2017/19 includes a Continuing Health Care (CHC) Indicator. The ICFT have a key role in supporting the CCG to achieve of the CHC Quality Premium indicator by encouraging use of the discharge to assess beds within the Stamford unit when

it is deemed unsafe for a patient to return to their own home. A Quality Premium measure has therefore been included in the ICFT contract for 2018/19 to monitor the Trust's contribution to achieving this indicator.

8.3 This indicator was achieved for 2017/18 however it remains a challenging indicator; work continues with ICFT and partners to monitor performance and identify any themes emerging from delayed assessments and implement mitigating actions to improve timeliness.

Summary of Performance:

Activity	Continuing Health Care	Fast Track	Funded Nursing Care
Q1	**204**	**41**	**222**
Q2	**193**	**39**	**218**
Q3	**184**	**47**	**217**

Quality Premium Performance	% of DST's completed within 28 Days (should more than 80%)	% of DST's completed in Acute beds (should be less than 15%)
Q1	93%	15%
Q2	72%	13%
Q3	81%	12%
Aggregated performance	82%	13%

9. SAFEGUARDING

Adult Safeguarding

9.1 The Designated Nurse for Adult Safeguarding co-facilitated a multi-agency Safeguarding Adult Managers Development Day in November 2018. The focus of the day was learning from reviews and audit and how to improve the effectiveness of safeguarding strategy meetings. This was the second multi-agency Safeguarding Adult Managers event which Tameside Adult Safeguarding Partnership Board has agreed to host on an annual basis.

Children's Safeguarding

9.2 Tameside was chosen as one of seventeen local authorities by Department of Education to be an "early adopter" for implementing new arrangements for scrutiny of multi-agency safeguarding children arrangements. The new arrangements were published in December 2018.work is currently on going to ensure that changes are implemented linking children's safeguarding arrangements to the work of community safety partnership, adult safeguarding and health and wellbeing arrangements.

9.3 There is likely to be further inspection of local authority safeguarding children arrangements in March 2019 by Ofsted. This is likely to be a full inspection.

10. CHILDREN'S SERVICES

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

11. ASSOCIATE CONTRACTS

11.1 The quality of associate contracts are managed 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.

Oaklands Hospital

11.2 A Contract Performance Notice has been issued by the Co-ordinating Commissioner Salford CCG for a number of ongoing contract requirement issues.

11.3 There are no issues identified relating to the safety of services.

11.4 A formal meeting is scheduled for January 2019 to discuss the issues.

12. SMALLER VALUE CONTRACTS

12.1 The smaller value contracts have now been prioritised for quality focus using a risk matrix. The next step is to establish the level of existing commissioner oversight & contract monitoring arrangements for those that are assessed as needing significant focus from the Quality Team, this will be undertaken by 28 February 19. Following this the Quality Team will continue to work with commissioning and contract leads to ensure adequate quality monitoring arrangements are in place

13. ADDITIONAL INFORMATION

Draft NHS Standard Contract 2019/20

13.1 The draft NHS Standard Contract for 2019/20 is now in consultation until 1 February 19 https://www.england.nhs.uk/publication/draft-nhs-standard-contract-2019-20-a-consultation/

13.2 A number of changes are proposed and a summary document has been produced on the NHS England Website. The following are worth noting from a quality perspective:

Maternity Services

13.3 requirement for implementation of the Saving Babies' Lives Care Bundle; a standard for the proportion of women who experience continuity of carer during their maternity care (35% by March 2020).

Care for people with learning disabilities

13.4 NHS Improvement has recently published improvement standards, and NHS England is about to publish good practice guidance, for providers of NHS services in respect of care and treatment of people with learning disabilities and autism. There will be a new requirement in the contract to have regard to these documents.

Care and Treatment Reviews

13.5 More specific guidance on undertaking Care and Treatment Reviews before admission or discharge.

Eating disorder services

13.6 Proposal of a new requirement relating to the national standard for access to eating disorder services for children and young people.

Early Intervention in Psychosis (EIP)

13.7 Proposal to raise the threshold from 53% of Service Users waiting less than two weeks to access treatment in 2018/19 to 56% from 1 April 2019.

Physical healthcare for people with severe mental illness

13.8 A national CQUIN indicator has been in place since 2014 there is a proposal to translate that into a broadly equivalent requirement to do so within the Contract.

Sepsis

13.9 Since 2016, financial incentives have been in place through CQUIN to drive improvements in the identification and initial treatment of patients with sepsis. The proposal is to transfer the key CQUIN requirements into the Contract as two new national standards, covering screening and initial treatment for A&E attenders and inpatients. It is also propose including additional references to the use of the National Early Warning Score (NEWS 2) and to compliance with national guidance on sepsis screening and treatment.

System-wide collaboration and integration of services

13.10 Proposal to strengthen the requirements in the Contract which relate to the integration and co-ordination of care across different providers, by including a new requirement on both commissioner and provider to contribute towards implementation of any relevant local System Operating Plan.

Health inequalities

13.11 Proposal to include a high-level requirement in the Contract for the provider to support the commissioners in carrying out their duties in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services.

Staffing of clinical services

13.12 Strengthened arrangements around safe staffing (reference to Developing Workforce Safeguards) new requirements to undertake quality impact assessments before making staffing changes and to implement a standard operating procedure for dealing with day-to-day staff shortfalls.

Personalised care

13.13 Proposal to include additional requirements in the Contract to support implementation at local level of personalised care and the roll-out of personal health budgets.

NHS Continuing Healthcare Framework

13.14 Proposal of adding requirements to the Contract to reflect obligations in The new National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care regarding the need to minimise the number of NHS continuing healthcare assessments which take place in an acute hospital setting.

Infection control and antimicrobial stewardship

13.15 Proposal to transfer specific requirements (previously in the CQUIN) into the Contract, requiring providers to have regard to key national guidance on antimicrobial stewardship and to strive to achieve ongoing reductions in its use of antibiotics.

14. RECOMMENDATIONS

14.1 As set out on the front of the report.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Officer of Strategic Commissioning Board	Sarah Dobson, Assistant Director Policy, Performance and Communications.
Subject:	**DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

Report Summary:

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

This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at February 2019. The report covers:

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

This is based on the latest published data (at the time of preparing the report). This is as at the end of November 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
- Cancer 62 day referral to treatment
- 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 and care performance update at February 2019 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 & CARE DASHBOARD

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

EXCEPTIONS (areas of concern)	1	A&E- 4 hour Standard
	3	Referral To Treatment-18 Weeks
	11	Cancer 62 day referral to treatment
	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 November 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. Lack of physical capacity in the ED to see patients during periods of high demand; Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy; Increased paediatric demand (seasonal increase from September). Tameside and Glossop ICFT are ranked first in GM for the month of November 2018 and 29th out of 134 trusts nationally.

18 Weeks Referral to Treatment

2.4 Performance for November is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 90.9%. This is a deterioration in performance compared to the previous

month, October which also failed to achieve the standard at 91.2%. 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.

Cancer: 62 day referral to treatment

2.5 Performance for November is below the Standard for Cancer 62 day Referral to Treatment (85%) achieving 82.7%. This is the same performance compared to the previous month, October which also failed to achieve the standard at 82.7%. The national directive to cancel elective activity was expected to reduce performance from January. The significant increase in 2 week waits referrals, converts to an increase in demand for 62 day. We are aware that there is variation within this performance, when the detail is looked at for specific pathways (Q3 breaches: Urological, Colorectal, Gynaecological and Lung), and we will address this in the work of the locality cancer board and our involvement in GM Cancer Commissioning. On interrogation of the breach data delays were mainly due to delays in diagnostics, patient choice or complex diagnostic pathways/patients with comorbidities. The data on the GM Cancer data portal shows that Tameside and Glossop CCG was the second highest in GM against the 62 day Q2 standard, and indicates an upward trend for Q2.

There has been failure also in 62 Day Screening Standard monthly report (2 breaches) though due to the low numbers involved the De Minimis rule will apply.

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

2.6 Performance for Q3 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 13.56%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.71%. 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. Work is ongoing to continue to promote Direct Payments (DP) sign up. In 2018 there was a total of 49 new sign ups. This is an improvement to the previous year when there was a total of 24 new sign ups. Although we have promoted DP as a service option for individuals, Personal Assistants (PA) recruitment remains slow and therefore impacting on overall figures. This is a key component to people taking up Direct Payments, and the feedback we have received as to potential barriers. As such, a leaflet has been developed to try and increase PA sign up. We are currently looking at potential training opportunities that could be offered to a PA to attract staff into this role and to market it as a positive career pathway. By doing this, it should impact positively on DP uptake furthermore.

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

2.7 Performance for Q3 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 79.9%. This is an improvement in performance compared to the previous quarter, which also failed to achieve the standard at 77.2%. 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. We are working with Social Care Institute for Excellence (SCIE) and National Audit for Intermediate Care (NAIC) to ensure that we continually review current practice against national developments.

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 November with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 72.65%;
- Calls abandoned (<5%) = 8.36%;
- Warm transfer (75%) = 27.41%;
- Call back in 10 minutes (75%) = 44.90%.

Average call pick up for the month was 2 minutes 1 second. The Service has seen a small improvement in month and performance, KPIs reflects this. Implementation of the performance improvement plan continues, with the focus relating to recruitment and retention, improving the technology within our call centres and collaboration with other 111 providers to identify efficiencies and better ways of working in partnership.

3.3 **52 Week waiters.**

The CCG 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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	4	4	27	20	14	6	6	4
Manchester Foundation Trust	L	Zero Tolerance	4	4	27	20	14	5	4	3
Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	1	0	0
Leeds Teaching Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	0
The Robert Jones and Agnes Hunt Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	1
Plastic Surgery	L	Zero Tolerance	4	4	6	6	6	5	4	3
ENT	L	Zero Tolerance	0	0	17	9	7	1	0	0
T&O	L	Zero Tolerance	0	0	0	0	0	0	1	1
General Surgery	L	Zero Tolerance	0	0	2	2	1	0	0	0
Ophthalmology	L	Zero Tolerance	0	0	1	1	0	0	0	0
Other	L	Zero Tolerance	0	0	1	2	0	0	1	0

3.4 Breaches have occurred at Manchester Foundation Trust in the specialty of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures. There are 3 patients, two of these have a date to be seen and 1 awaits a date. There is one patient waiting at Robert Jones and Agnes Hunt hospital. We have been informed that this patient is likely to be waiting till Jan as this patient is awaiting ACI (Autologous Chondrocyte Implantation). A harms review has been undertaken by the trust and no harm has been identified for the patient.

Elective waiting lists.

3.5 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."

3.6 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	Oct-18	% Varation from Mar 18	Nov-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%	3	-40.0%	4	-20.0%
Christie	81	97	19.8%	92	13.6%	130	**60.5%**	113	**39.5%**	109	**34.6%**	95	**17.3%**	111	**37.0%**	98	**21.0%**
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%**	3472	**15.1%**	3513	**16.4%**
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%	424	14.6%	511	38.1%	500	35.1%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%	322	75.0%	327	77.7%	354	92.4%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%	47	62.1%	55	89.7%	59	103.4%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%	206	67.5%	223	81.3%	197	60.2%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%	409	-0.7%	421	2.2%	440	6.8%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%	476	0.8%	449	-4.9%	484	2.5%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	**7.5%**	1035	**9.1%**	1028	**8.3%**	994	**4.7%**	969	**2.1%**	947	**-0.2%**
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%**	12165	**7.0%**	12105	**6.5%**
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	87	-7.4%	87	-7.4%	85	-9.6%	76	-19.1%
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%	18,791	9.9%	18,777	9.8%

Unvalidated

3.7 This shows that the waiting list position as at the end of November 2018 is 9.8% Higher than the March 2018 position. This is a slight improvement compared to the previous month where it was 9.9%. There are a number of providers where the waiting list is on the increase, Tameside and Glossop ICFT, MFT, Stockport and the Christie are the main contributors.

T&G CCG Total	March	April	May	June	July	August	September	October	November	Var Mar v Nov
100 - General Surgery	2172	2162	2276	2337	2364	2249	2,338	2,332	2,400	**228**
101 - Urology	1041	1122	1147	1072	1159	1144	1,132	1,105	1,190	**149**
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	2,810	2,992	2,972	**203**
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	1,296	1,311	1,223	- 119
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	1,837	1,997	1,980	**722**
140 - Oral Surgery	0	0	0	0				-	-	-
150 - Neurosurgery	8	12	30	51	66	81	97	110	119	**111**
160 - Plastic Surgery	183	182	175	210	223	241	259	308	321	**138**
170 - Cardiothoracic Surgery	51	43	49	53	42	48	53	43	54	3
300 - General Medicine	590	603	569	533	488	461	492	513	470	- 120
301 - Gastroenterology	742	990	852	871	861	760	848	879	840	98
320 - Cardiology	1015	961	1043	1042	1035	1000	1,052	1,022	966	- 49
330 - Dermatology	777	876	917	936	1004	1072	1,132	1,158	1,120	**343**
340 - Thoracic Medicine	491	513	576	584	556	575	544	561	562	71
400 - Neurology	6	6	7	6	7	1	12	12	9	3
410 - Rheumatology	392	405	417	416	384	418	410	429	452	60
430 - Geriatric Medicine	12	15	15	18	22	20	17	17	32	20
502 - Gynaecology	1453	1412	1383	1343	1342	1430	1,395	1,347	1,327	- 126
X01 - Other	2801	2768	2808	2884	2861	2778	2,604	2,655	2,740	- 61
	17103	**17411**	**17809**	**18031**	**18265**	**17980**	**18,328**	**18,791**	**18,777**	**1,674**

3.8 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.

3.9 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.

4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.

Health and Care Improvement Dashboard

February 2019

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Nov-18	92.6%	92.6%	92.1%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Mar-18	3.2%	3.2%	2.9%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Nov-18	91.1%	91.2%	90.9%	▼	
4	* Diagnostics Tests Waiting Times	1%	Nov-18	0.5%	0.6%	0.8%	▼	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Nov-18	96.7%	95.6%	96.2%	▲	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Nov-18	93.0%	96.2%	92.9%	▼	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Nov-18	98.0%	99.1%	98.1%	▼	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Nov-18	100.0%	100.0%	100.0%	◀▶	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Nov-18	100.0%	100.0%	100.0%	◀▶	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Nov-18	100.0%	100.0%	100.0%	◀▶	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Nov-18	82.5%	82.7%	82.7%	▼	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Nov-18	87.5%	85.7%	80.0%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Nov-18	75.0%	77.8%	79.2%	▲	
14	MRSA	0	Nov-18	0	2	0	▲	
15	C.Difficile (Ytd Var To Plan)	0%	Nov-18	-22.9%	-23.2%	-21.9%	▼	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Nov-18	80.3%	80.0%	81.0%	▲	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Oct-18	3.0%	2.5%	2.8%	▲	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Oct-18	50.4%	50.8%	51.2%	▲	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Oct-18	89.2%	90.4%	90.1%	▲	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Oct-18	99.2%	100.0%	100.0%	◀▶	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Nov-18	84.6%	90.9%	94.4%	▲	
22	Mixed Sex Accommodation	0	Nov-18	0.00	0.62	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 37)		Nov-18	11% (33rd)	14% (23rd)	15% (23rd)	▲	
29	111 Dispositions- - % Recommended to dental (Ranking out of 37)		Nov-18	3% (36th)	2% (36th)	2% (36th)	◀▶	

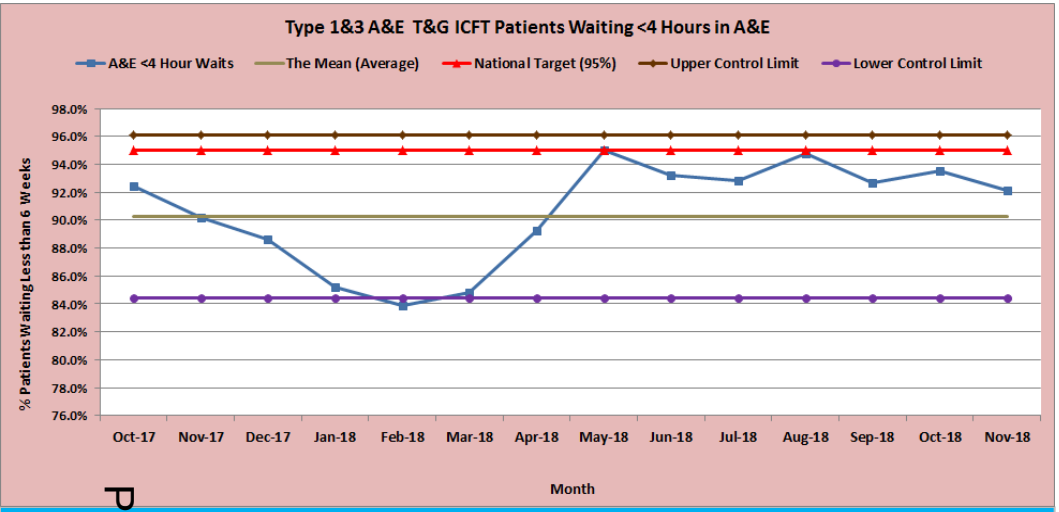
	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
30	111 Dispositions- - % Recommended home care (Ranking out of 37)		Nov-18	3% (25th)	3% (27th)	3% (22nd)	▲	
31	Maternal Smoking at delivery		18/19 Q2	17.1%	14.4%	15.6%	▲	
32	%10-11 classified overwieight or obese		2014/15 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 Q3	12.84%	13.71%	13.56%	▼	
41	Total number of Learning Disability service users in paid employment	5.7%	18/19 Q3	4.05%	6.83%	6.80%	▼	
42	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q3	2.22 (3 Admissions)	2.96 (4 Admissions)	8.8 (12 Admissions)	▲	
43	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q3	52.25 (60 Admission	276.58 (109 Admissions)	469.42 (185 Admissions)	▲	
44	Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q3	63	113	197	▲	
45	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q3	77.4%	77.2%	79.9%	▲	
46	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-18	57%	59%	63%	▲	
47	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-18	80%	80%	100%	▲	
48	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-18	81%	80%	93%	▲	

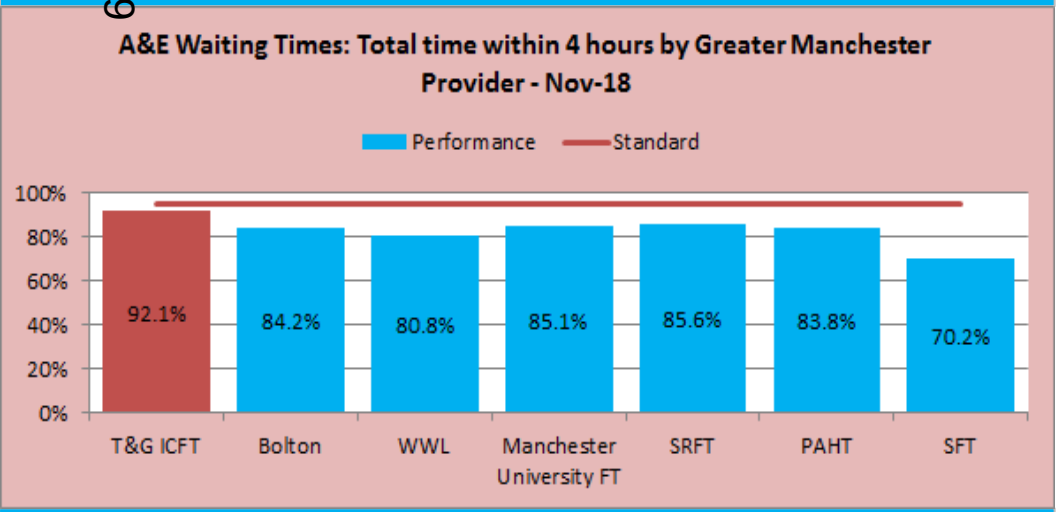
▼	Performance detiorating and failing standard
▲	Performance improvinging and failing standard
▲	Performance improving and achieving standard
▼	Performance detiorating and achieving standard
▼	Performance detiorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving 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 November was 92.1% 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 during periods of high demand;
• Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a
seasonal effect), and increased bed occupancy;
• Increased paediatric demand (seasonal increase from September).

Actions:
• Introduction of GP bay on IAU, allowing patients to be seen in a more timely manner;
• Remodelling of consultant roles to support better the focus on performance and supervision;
• New ED Live Dashboard now in use, providing real-time/ predictive data about performance and flow in the
Department;
• Electronic Casualty Card to improve quality of data/ record keeping and support improved flow;
• Recruitment of eleven specialty doctors for ED;
• Push-pull model between ED and Ambulatory Care, utilising the Ambulatory Care Score, driving increased
ambulatory care attendances;
• GP call- handling by Digital Health rolled out;
• Completion of 'ED capital scheme' has introduced a new treatment area to increase capacity.

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.

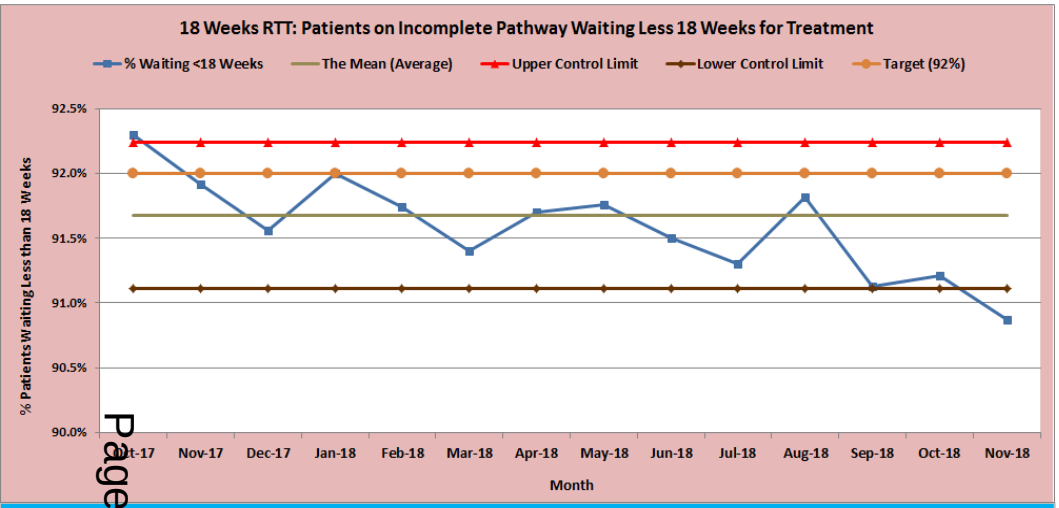
The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

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

	Nov-18			
CCG	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	21,223	19,722	92.93%	92%
NHS Tameside and Glossop CCG	18,778	17,064	90.87%	92%
NHS Salford CCG	24,737	22,326	90.25%	92%
NHS Oldham CCG	15,734	14,099	89.61%	92%
NHS Manchester CCG	43,070	38,753	89.98%	92%
NHS Trafford CCG	17,108	15,382	89.91%	92%
NHS Bolton CCG	23,326	20,955	89.84%	92%
NHSE North of England	1,082,818	963,683	89.00%	92%
NHS Bury CCG	14,384	12,639	87.87%	92%
NHS Heywood, Middleton and Rochdale CCG	17,999	15,737	87.43%	92%
NHS Stockport CCG	28,276	24,177	85.50%	92%

* Benchmarking data relates to November 2018

Key Risks and Issues:

The RTT 18 weeks performance for November was 90.9% which is below the National Standard of 92% .
Failing specialties are, Urology (91.34%), Trauma & Orthopaedics (87.85%), Ophthalmology (87.07%), Neurosurgery (86.55%), Plastic Surgery (71.03%), Cardio thoracic (77.78%), Cardiology (90.48%) and Rheumatology (85.18%).
The performance at MFT at 88.10% is the key reason for the failure in November with 418 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 285 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

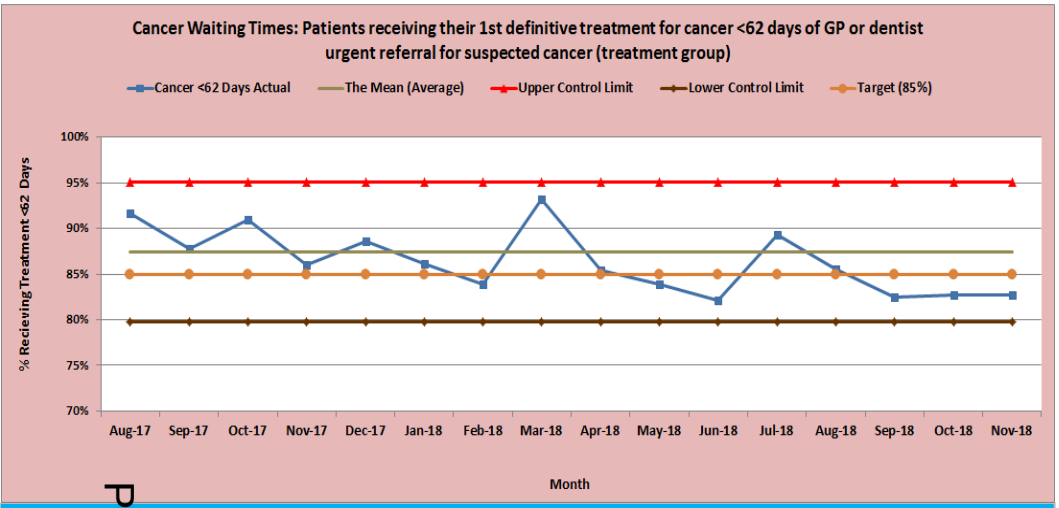
Operational and Financial implications:
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.
The failure of this target will impact on the CCGs ability to obtain the money attached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

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

Cancer: 62 Day wait from urgent referral to treatment | Lead Officer: Louise Roberts | Lead Director: Jess Williams

Governance: Contracts



Cancer Waiting Times: Patients Receiving 1st Definitive Treatment <62 Days of Urgent Referral from Consultant for Suspected Cancer by GM CCG

	Nov-18			
CCG	<62 Days	Total	Performance	Standard
NHS Bolton CCG	56	63	88.9%	85%
NHS Tameside and Glossop CCG	43	52	82.7%	85%
NHS Wigan Borough CCG	72	86	83.7%	85%
NHS Salford CCG	37	44	84.1%	85%
NHS Heywood, Middleton and Rochdale CCG	42	56	75.0%	85%
NHS Stockport CCG	59	76	77.6%	85%
England	10924	13793	79.2%	85%
NHS Manchester CCG	67	89	75.3%	85%
NHS Trafford CCG	38	46	82.6%	85%
NHS Bury CCG	23	34	67.6%	85%
NHS Oldham CCG	41	57	71.9%	85%

* Benchmarking data relates to November 2018

Key Risks and Issues:

There continues to be an increase in 2 week wait referrals resulting in an increase in demand for 62 day.
There is variation between the pathways.
Breach analysis shows delays in diagnostics, patient choice or complex diagnostic pathways/patients with comorbidities are the main reasons.
The 62 day screening standard has also failed . This is impacted by low numbers breaching having a bigger impact on performance.

Actions:

- Locality Cancer Board and Cancer Strategy Group in place with representation (clinical and managerial) from the Strategic Commission and ICFT
- Cancer summit held in October 2018 at which the expectations of the national strategy and GM Cancer plan were presented, along with the local strategies for the delivery of these standards and the plans for the implementation of new pathways and waiting time standards
- Summit repeated to GPs in Tameside & Glossop at a protected-time education session (TARGET) on 07th March 2019
- Administration Cancer TARGET session planned on 28th March 2019
- Macmillan GP and lead cancer clinician support the commissioning team in the dissemination of information to our member practices via our monthly neighbourhood based commissioning meetings.
- Work closely with Cancer Research UK on the support for General Practice and sharing of data packs to support these conversations.
- Implementation of new pathways in response to the national strategy and GM Cancer Plan
- Ongoing reviews of activity with providers where T&G is an associate to other CCGs' contracts.

Operational and Financial implications:

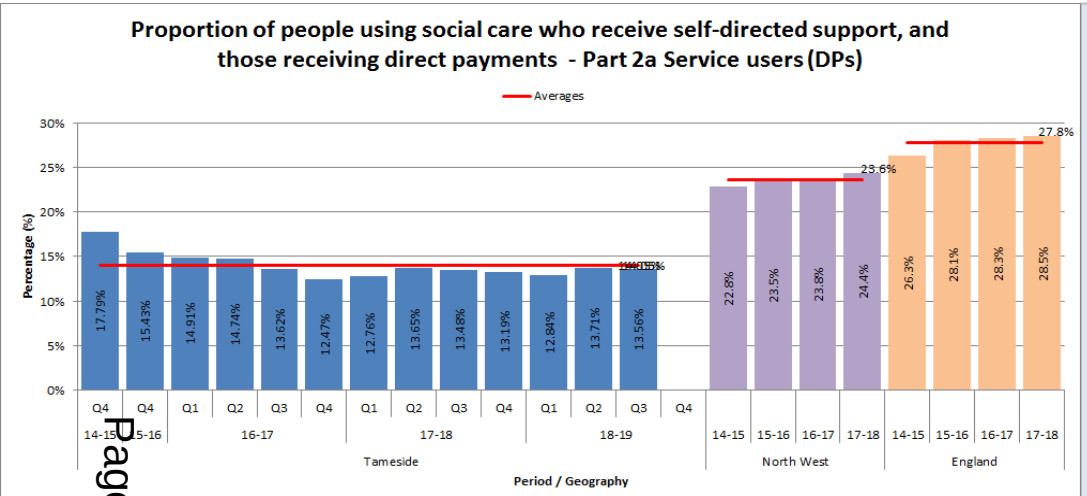
- Recovery is anticipated from December 2018
- Achievement of this NHS Constitutional standard is included within the Quality Premium Payment (50% of total achievement deducted if cumulative target not achieved)
- System has coped well with increase in referrals and whilst performance has deteriorated during November 2018, it is understood that this will improve further to implementation of identified interventions.

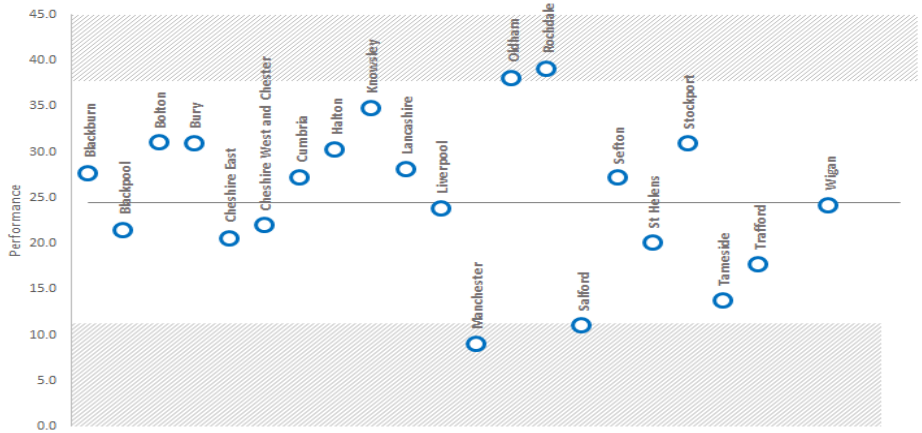
Unvalidated-Next month FORECAST

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:

Work is ongoing to continue to promote Direct Payments (DP) sign up. In 2018 there was a total of 49 new sign ups. This is an improvement to the previous year when there was a total of 24 new sign ups.

Although we have promoted DP as a service option for individuals, Personal Assistants (PA) recruitment remains slow and therefore impacting on overall figures. This is a key component to people taking up Direct Payments, and the feedback we have received as to potential barriers. As such, a leaflet has been developed to try and increase PA sign up . We are currently looking at potential training opportunities that could be offered to a PA to attract staff into this role and to market it as a positive career pathway. By doing this, it should impact positively on DP uptake furthermore.

Operational and Financial implications:

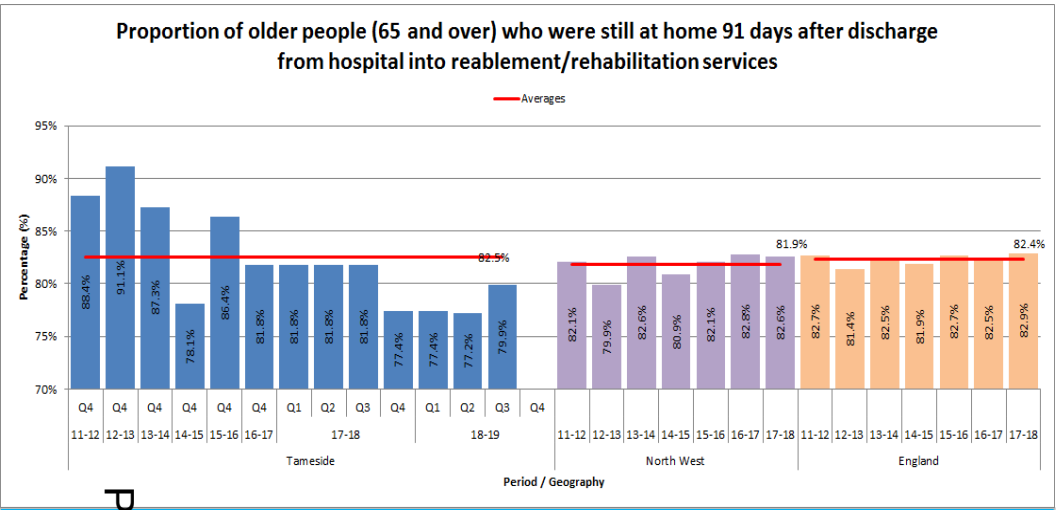
None

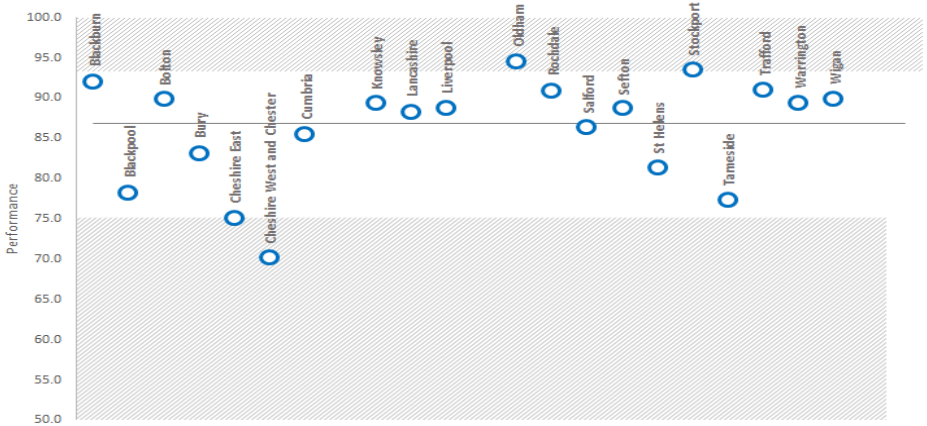
Unvalidated-Next month FORECAST

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.

Re-ablement continues to meet positive outcomes for service users and support the system to continue to work towards our targets

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.

Working with SCIE and NAIC to ensure that we continually review current practice against national developments.

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

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Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 13 February 2019

Reporting Member /Officer of Strategic Commissioning Board

Councillor Brenda Warrington – Executive Leader, Tameside Council

Maggie Murdoch – Lay Advisor for Public and Patient Involvement, NHS Tameside and Glossop Clinical Commissioning Group

Sarah Dobson – Assistant Director, Policy, Performance and Communications, Tameside and Glossop Strategic Commission

Subject: **ENGAGEMENT UPDATE**

Report Summary:

This report provides the Executive Board with an assurance update on the delivery of engagement and consultation activity in 2018.

The work is undertaken jointly by both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group as the Strategic Commission – and supported by a single integrated team.

Much of this work – in particular the Partnership Engagement Network (PEN) – is delivered in partnership with Tameside and Glossop Integrated Care NHS Foundation Trust.

Engagement is relevant to all aspects of service delivery, all the communities and wider multi-agency partnership working. The approach is founded on a multi-agency conversation about 'place shaping' for the future prosperity of our area and its communities.

Recommendations:

Note the content of report and support the ongoing delivery of engagement activity across both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group as the Tameside and Glossop Strategic Commission.

Financial Implications:

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

Integrated Commissioning Fund Section	
Decision Required By	
Organisation and Directorate	
Budget Allocation	
Additional Comments There are no direct financial implications arising from the report. All engagement activity is funded from existing approved expenditure budgets	

Legal Implications:

(Authorised by the Borough Solicitor)

The report outlines an approach that ensures both Tameside Council and Tameside and Glossop NHS Clinical Commissioning Group (as Tameside and Glossop Strategic Commission) discharge their obligations with regard to engagement, consultation and equality and it should be noted that a significant

	amount of work has been undertaken effectively and efficiently at a substantial saving to the CCG.
How do proposals align with Health & Wellbeing Strategy?	The findings from engagement and consultation support the development of services to meet the needs of the public as outlined in the Health & Wellbeing Strategy.
How do proposals align with Locality Plan?	The need to undertake engagement and consultation to inform the development of services is a statutory requirement and as such will be a key requirement in the delivery of the components of the Locality Plan.
How do proposals align with the Commissioning Strategy?	The need to undertake engagement and consultation to inform the development of services supports the Commissioning Strategy.
Recommendations / views of the Health and Care Advisory Group:	Not applicable.
Public and Patient Implications:	The subject this report.
Quality Implications:	The findings from engagement and consultation support the development of services to meet the needs of the public including the quality of that provision.
How do the proposals help to reduce health inequalities?	The findings from engagement and consultation support the development of services to meet the needs of the public including reducing health inequalities.
What are the Equality and Diversity implications?	The findings from engagement and consultation support the completion of Equality Impact Assessments (EIAs)
What are the safeguarding implications?	No implications as a direct result of this report.
What are the Information Governance implications? **Has a privacy impact assessment been conducted?**	No implications as a direct result of this report. Not applicable.
Risk Management:	The report outlines an approach that ensures both Tameside Council and Tameside and Glossop NHS Clinical Commissioning Group (as Tameside and Glossop Strategic Commission) discharge their obligations with regard to engagement, consultation and equality.
Access to Information :	The background papers relating to this report can be inspected by contacting Simon Brunet – Head of Policy, Performance & Intelligence – Governance & Pensions. Telephone:0161 342 3542 e-mail: simon.brunet@tameside.gov.uk

1.0 PURPOSE OF THE REPORT

1.1 This report provides the Executive Board with an assurance update on the delivery of engagement and consultation activity in 2018. The work is undertaken jointly by both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group as the Strategic Commission – and supported by a single integrated team. Much of this work – in particular the Partnership Engagement Network (PEN) – is delivered in partnership with Tameside and Glossop Integrated Care NHS Foundation Trust. Engagement is relevant to all aspects of service delivery, all the communities and wider multi-agency partnership working. The approach is founded on a multi-agency conversation about 'place shaping' for the future prosperity of our area and its communities.

2.0 KEY HEADLINES

2.1 The key headlines from 2018 are summarised in the box below.

- Facilitated over 30 thematic Tameside and/or Glossop engagement projects.
- Received over 5,000 engagement contacts (excluding attendance at events / drop-ins).
- Delivered four Partnership Engagement Network (PEN) conferences attended by nearly 300 delegates.
- Supported 19 engagement projects at the Greater Manchester level.
- Promoted 31 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop.
- Agreed and implemented a Tameside and Glossop Engagement Strategy (which was co-designed with the Partnership Engagement Network).
- Achieved Green Star (including four out five domains at outstanding) in the public and patient participation Improvement and Assessment Framework (IAF).
- Undertook the first joint budget consultation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group.
- Established the Partnership Engagement Network (PEN) family, a database of residents, patients and stakeholders who receive a monthly digest of all live engagement and consultation for them to access from one place.

2.2 A table listing all engagement activity facilitated, supported or promoted in 2018 is attached at **Appendix 1** for information.

3.0 CROSS CUTTING THEMES

3.1 Responses to all thematic engagement and consultation activity is thoroughly analysed and the outputs used to information the specific project related to that piece of work. Clearly common themes occur across the difference thematic engagement activity. Similarly the strategic engagement work through the Partnership Engagement Network (PEN) provides

an insight into views and opinions outside of the topic specific thematic work. These cross-cutting themes help to provide a direction of travel and under-pinning understanding of needs and aspirations.

3.2 Below is a summary of the key cross-cutting themes identified in 2018:

- Support for young people including learning opportunities and apprenticeships;
- Availability of public transport giving access to services (routes and evenings/weekends);
- Transport costs, including the cost of public transport;
- Parking at or close to service points – accessible and affordable;
- Raising standards and quality of services;
- Development of digital services but don't forgot older people and those with learning disabilities;
- Availability of appointments for key services, and waiting times;
- Service providers and professional listening to patients and service users;
- Knowledge of what services are available and how to access them;
- Impact of service changes on low income households, those with long term conditions and families;
- Help with financial management and other issues for those at greatest risk;
- Focus on long term support at the lower level to prevent need for intensive interventions;
- More help, support and opportunities for children, young people and families;
- Concerns about ageing population – more support for older people to reduce need for care;
- Person-centred care: focus on the individual and their needs;
- 'Tell it once' approach for patients and service users;
- Need more mental health services;
- Public/private/third sector need to work together;
- Better signposting from services to other services.

4.0 PARTNERSHIP ENGAGEMENT NETWORK (PEN)

4.1 At its best, meaningful and effective public and patient engagement is a range of different activities where each element informs the development of specific projects or plan. And the whole provides a strategic view to guide forward plans for the area – 'place shaping'. With this in mind, it was agreed to establish a Partnership Engagement Network (PEN) to deliver a strategic approach to engagement and consultation across Tameside and Glossop.

4.2 There have now been four Tameside and Glossop Partnership Engagement Network (PEN) conferences. Feedback from the conferences is positive with 9 out 10 delegates rating them as very good or good overall, and 8 out of 10 delegates saying they were given enough opportunity to express their opinions.

4.3 The table below summarises the topics discussed at each of the conferences.

Conference	Presentations	Workshops
October 2017 (Over 60 delegates)	• Partnership Engagement Network Approach • Shared Priorities & Objectives • Care Together	• Integrated Neighbourhoods • Intermediate Care proposals • Patient voice in care and support planning • Mental Health • Preventing Homelessness Strategy • Air quality

Conference	Presentations	Workshops
February 2018 (Over 50 delegates *)	• Patient Choice • Active Ageing • Partnership Engagement Network Update	• Patient Choice • Active Ageing Strategy • One Equality Scheme • Preventing hateful extremism and promoting social cohesion • Development of a new 'Compact' • Public Behaviour Change (Self Care Alliance)
June 2018 (Over 80 delegates)	• Improving Access to Primary Care • Partnership Engagement Network Update • What Matters to You	• Working Together to Tackle and Prevent Homelessness • Identifying & Supporting Ex-Service Personnel in the Armed Forces Covenant • Increasing Digital Skills and Employment • Prescribing of Over the Counter Medicine • Planning at End of Life • Improving Access to Primary Care
October 2018 (Over 70 delegates)	• Frailty • PEN update	• Frailty • Community Safety • Patient Centred Diagnosis Discussions in Long Term Conditions • Collaborative Practice in Primary Care • Tameside's Big Food Debate • Children's Emotional Health & Wellbeing

(Over 80 participants signed up to attend but a large number of apologies were received on the morning due to the adverse weather conditions)*

4.6 Full feedback reports are available for all four events and are posted on the Partnership Engagement Network (PEN) pages of the website. Similarly, for all thematic engagement and consultation activity a short feedback report is posted on the Big Conversation pages of the website.

4.7 In addition to the conferences there have been a number of Partnership Engagement Network (PEN) forums covering topics including the development an engagement strategy, age-friendly, palliative care and cancer support.

5.0 IMPROVEMENT AND ASSESSMENT FRAMEWORK (IAF)

5.1 Each year NHSE undertake an Improvement and Assessment Framework (IAF) regarding for public and patient engagement for every clinical commissioning group. Last year NHS Tameside and Glossop Clinical Commissioning Group achieved the top score of Green Star (with four out of the five domains rated as outstanding).

5.2 The IAF for this year is to be submitted by 8 March 2019, having been signed off by the Accountable Officer (Steven Pleasant). Evidence is only required where a measure within a domain does not meet the top level of criteria – i.e. the assessment builds on the previous year.

5.3 NHS North and NHS England have asked Tameside & Glossop to showcase our approach at a number of IAF workshops and webinars to help areas prepare for this year's assessment.

6.0 RECOMMENDATIONS

6.1 As set out on the front of the report.

APPPENDIX 1

The table below summarises engagement and consultation activity in 2018.

Ref	Topic	Lead
1	Urgent Care	T&G
2	Care Home (on/off contracts)	T&G
3	Museum of Manchester Regiment – to support a funding bid to the Heritage Lottery Fund	T&G
4	Statutory local authority budget consultation with business rate payers	T&G
5	Primary school meals	T&G
6	Open Libraries Plus evaluation and impact review	T&G
7	Over The Counter (OTC) – engagement to inform response to national consultation	NHSE
8	Working Carers – supporting working carers in the workplace	GMHSCP
9	Hypertension campaign evaluation and impact review	T&G
10	Trans-Pennine upgrade	Highways England
11	Promoting social cohesion and preventing hateful extremism	GMCA
12	Ageing Well Tameside Strategy – engagement to inform the development of the strategy	T&G
13	Personal Health Budgets	NHSE
14	Home care / support at home - model and approach (trials), payments	T&G
15	Shared Lives – payment banding (complexity of need) and expanding service to those aged 16+	T&G
16	History Makers (make smoking history in GMCA)	GMCA
17	Transforming the response to Domestic Abuse	MoJ
18	Integrated Communities Strategy Green Paper Consultation	MHC&LG
19	Metrolink Zonal Fares	TfGM
20	Review of Greater Manchester Children's Hospital	GMHSCP
21	Benign Urology	GMHSCP
22	Consultation on proposed changes to the service specification for Tier 4 Child and Adolescent Mental Health Services (CAMHS)	NHSE
23	Government's Draft Clean Air Strategy	Defra
24	Planning at End of Life	T&G ICFT
25	Cross Country Rail Franchise	DfT
26	NHSE Guidance for which Over the Counter Medicine should not be routinely prescribed	T&G
27	Homelessness Prevention Strategy	Council
28	Hattersley and Mottram Public realm Vision	T&G
29	Beelines	TfGM
30	Reform of the Gender Recognition Act	GEO
31	GM Cardiology Service Redesign Project	GMHSCP
32	GM Respiratory Service Redesign Project	GMHSCP
33	Evidence Based Interventions Consultation	NHSE
34	Infant Feeding	T&G
35	Maternity Services	T&G
36	A new deal for social housing	MHC&LG
37	Consultation on contracting arrangements for Integrated Care Providers (ICPs)	NHSE
38	Insight & Perception Survey	GMHSCP
39	Have your say on taxi and private hire services	TfGM
40	Council Tax Support Scheme	T&G

Ref	Topic	Lead
41	Digital Skills	T&G
42	Foster carer payments framework	T&G
43	Economic strategy – draft strategy	T&G
44	Poverty Action Plan – draft action plan	T&G
45	Housing Assistance Policy	T&G
46	Abnormally invasive placenta services	NHSE
47	Specialised gynaecology surgery and complex urogynaecology conditions service specifications	NHSE
48	Gluten-free food on NHS prescription in England	DHSC
49	Proposed changes to specialised severe intestinal failures services for adults	NHSE
50	Sale of Energy Drinks to Children	DHSC
51	Early Help Review	DCC
52	Calorie labelling for food and drink served outside the home	DHSC
53	Greater Manchester Culture Strategy	GMCA
54	Developing a good Employment Charter for Greater Manchester	GMCA
55	Proposals for the reform of the annual canvas	Cabinet Office
56	Stalybridge Town Centre Challenge	Council
57	Gambling Policy Consultation	Council
58	Developing good jobs and growth: Greater Manchester's Local Industrial Strategy	GMCA
59	Improving Adult Basic Digital Skills	DfE
60	Consultation on proposals to ban the distribution and/or sale of plastic straws, plastic stemmed cotton buds and plastic drink stirrers in England	Defra
61	Same-sex accommodation on in-patient mental health wards	Pennine Care
62	Changes to planning policy and guidance including the standard method for assessing local housing need	MHC&LG
65	Planning reform: supporting the high street and increasing the delivery of new homes	MHC&LG
66	Regulating basic digital skills qualifications	Ofqual
67	Strategy for our veterans: UK government consultation paper	MoD
68	The Big Alcohol Conversation	GMCA / GMHSCP
69	Extremism in England and Wales: call for evidence	CCT
70	Budget Conversation 2019-20	T&G
71	Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs	NHS England
72	Williams Rail Review	DoT
73	Council Tax Charge on Long Term Empty Dwellings	T&G
74	Developing a drug and alcohol strategy for Greater Manchester	GMCA
75	MEC SCN children and young people increasing confidence survey	GMEC
76	Developing a patient safety strategy for the NHS	NHSE
77	What Matters to You	T&G
78	Greater Manchester Spatial Framework	GMCA
79	Police Funding 2019-20	GMCA
80	Improving access to social housing for members of the armed forces	MHC&LG

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Reporting Member /Officer of Strategic Commissioning Board	Councillor Oliver Ryan – Executive Member (Children's Services) Richard Hancock – Director (Children's Services)
Subject:	**INVESTMENT IN A NEW EARLY HELP IT SOLUTION**
Report Summary:	The Early Help service has ambitious improvement plans in place to reduce demands on Social Care and improve outcomes for Children and Families in Tameside. The service does not currently benefit from a dedicated Early Help IT system and consequently operates on an IT Social Care system, which does not support the objectives of Early Help. Maintaining the status quo whilst possible would directly and detrimentally impact on the service's ability to deliver a number of strategic objectives in their improvement plan. Only by investing in new Early Help IT software will the service be able to achieve key deliverables around multi-agency working, coordination of Early Help Assessments (Early Help Assessments or CAFs) and Step Ups Step Downs.
Recommendations:	To approve £0.204m (year one) investment in the procurement of an Early Help IT system, AND that the financing arrangements for the licensing and support of this IT solution as detailed in Appendix A are approved. To approve the additional staffing resource and costs to ensure that the system is implemented and maintained appropriately from year two onwards as detailed in **Appendix A** (£0.101m in year two, increasing by inflation each year thereafter).
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	The report explains the rationale for the proposed investment in a new early help IT solution. The system should ensure potential demand on Children's Social Care services is managed effectively and the current ongoing budget pressures are reduced accordingly. Appendix A provides a summary of the proposed investment for years 1 to 5 of the system implementation. The investment will be funded via additional base budget that will be allocated to the Governance and Pensions Directorate from year one (2019/20). There is total investment required in year one of £ 0.204m to support software and implementation related expenditure as explained in section 5 of the report. £ 0.106m is non recurrent and will be financed via Council reserves. £0.034m of this sum will be allocated to the Children's Social Care Directorate to finance the backfill of a Neighbourhood Co-ordinator who will be required to support the initial system implementation.
Legal Implications: (Authorised by the Borough Solicitor)	The purpose of this Report is to make the case that the Software functionality must be improved in order to change and enhance the Early Years Service; and is asking for

	investment to be planned and approved to enable this to happen. It is understood that further report(s) will deal with how this is to be achieved, for example in relation to procurement where Star and legal services will advise further.
How do proposals align with Health & Wellbeing Strategy?	No direct impact as a result of this report.
How do proposals align with Locality Plan?	An integrated, multiagency Early Help offer across our partners and the neighbourhoods will be facilitated by the software proposed in this report.
How do proposals align with the Commissioning Strategy?	No direct impact as a result of this report.
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented to the Health and Care Advisory Group.
Public and Patient Implications:	The IT solution proposed in this report supports and enables the improvement journey in Early Help as detailed in the service's Early Help Strategy Guide and Early Help Delivery Plan to ultimately improve the effectiveness of the Early Help offer to the Children and Families in the borough.
Quality Implications:	The IT solution proposed in this report supports and enables the improvement journey in Early Help as detailed in the service's Early Help Strategy Guide and Early Help Delivery Plan to ultimately improve the effectiveness of the Early Help offer to the Children and Families in the borough.
How do the proposals help to reduce health inequalities?	The IT system will be accessible to partners, this will enable a coordinated and more joined up approach for families which leads to improved outcomes and should reduce health inequalities across the economy.
What are the Equality and Diversity implications?	No direct impact as a result of this report.
What are the safeguarding implications?	Safeguarding considerations have been considered throughout the report with a stronger IT system across the Children's Workforce
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Wider data sharing across partners will be a benefit gained from the proposed Early Help IT solution to ensure that more coordinated, appropriate and effective interventions can be provided to our residents. Data access will be controlled through robust system permissions and appropriate governance will be in place around information security and GDPR in partnership with the Council's Risk Management service. A privacy impact assessment will be undertaken as part of the project plan.
Risk Management:	1. Implementation of system inadequately resourced – investment in additional people resource has been requested in this report to mitigate this risk based on learning from other authorities who have implemented Early Help software.

2. Multi agency partners do not use the Early Help system and benefits are not realised – informal consultation with key partners has commenced and initial feedback is extremely positive. A communication plan will ensure effective consultation with partners who will be involved in the design and roll out of the system.
3. Inaccurate information inputted into the system – training and feedback will be given in service and to partners with regular data reporting to ensure that information quality is maintained as much as possible, although this will continue to be a significant risk.
4. Project implemented outside of timeframes – a robust project plan agreed by all parties will be developed in consultation with all stakeholders to ensure that timeframes are adhered to.
5. Data security and sharing – multi agency access will make records regarding vulnerable children and families accessible to a broader network of professionals. As part of the project plan a detailed exercise will be undertaken to understand system data restriction functionality and put in place all appropriate governance around information security and GDPR in partnership with the Council's Risk Management service

Access to Information :

The background papers relating to this report can be inspected by contacting the report writer Emily Drake, Head of Payments, Systems and Registrars, by:

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1. BACKGROUND

1.1. Liquidlogic Children's System (LCS), formerly known as Integrated Children's System (ICS), is the Council's primary IT system used in Children's Social Care for case management, record keeping and performance monitoring.

1.2. In place since 2008, the LCS system is well embedded and widely used across Children's Social Care, supported by the Corporate Systems Team.

1.3. The Children's Services Improvement Plan recognises that IT is a key enabler in achieving Children's Services ambition to 'deliver services that are good or outstanding and securing consistent and basic standards as a secure foundation for further improvement in future years'.

1.4. Development of IT systems contributes directly to two key recommendations from the Children's Services Improvement Plan recommendations.

Recommendation 5	Improve the quality of performance management reporting to senior leaders and elected members, so they have sufficient information to benchmark improvement against clear, good practice standards.
Recommendation 8	Work with partners to ensure coordinated early help for a wider group of children through increased use of early help assessment and plans via the common assessment framework and implement an effective quality assurance framework to monitor and improve the work done in early help.

1.5. Furthermore, two specific actions in the plan relate directly to LCS system development:

1.6	Integrated Children's System (ICS) Review to be carried out
4.4x	Increase EHA (CAF) completion levels and EHA (CAF) information sharing (*through purchase of Early Help software)*

1.6. A review of the LCS system commenced in January 2018 as specified in the Children's Services Improvement Plan Action. Significant progress has been made in partnership between Children's Services and the Corporate Systems Team to improve and maximise use of LCS in Social Care and implement any 'quick wins' without the need for further financial commitment. Over 40 improvements have been made to date through this phase of work. The impact of these improvements have aligned business and system processes, creating more streamlined, efficient and appropriate ways of working and thus diverting capacity from administrative duties to more direct work in the service.

1.7. Whilst the above improvements have implemented, it is clear through the LCS review that the Early Help Service does not have adequate software functionality in place to support day to day working practices, assist in meeting overall business objectives or enable effective data collation or performance management.

1.8. A gap analysis identified that LCS (which is a Social Care solution) is unable to meet the requirements for Early Help and that an additional IT system is necessary to ensure that the improvements are progressed further. Further financial investment is needed to procure new specific Early Help software to meet the service's strategic priorities and ultimately the needs of Tameside's families and children.

1.9. This report puts forward the business case for this proposed investment.

2. EARLY HELP BUSINESS PRIORITIES

2.1. The Early Help service has a clear strategic vision and ambitious delivery plan, which we have committed to delivering following OFSTED recommendations.

2.2. Our commitments are detailed in the Early Help Strategy Guide and Early Help Delivery Plan, which was developed and approved in March 2018. These document the service's priorities and the extract below lists those priorities that will be beneficially impacted by the introduction of Early Help software:

a) Diversion of referrals to Early Help response from the Hub
b) Support Step Down/ de-escalation from Children in Need (CIN) Team to Early Help Universal, Targeted and Preventative Services.
c) Increase, completion, quality and coordination of Early Intervention/ Early Help Assessment (Early Help Assessments or CAFs) across all agencies.
d) Develop an approach to Making Every Relationship Count – developing, implementing and sustaining restorative approaches to working with children and families, with each other, and with partners.
e) Develop a coordinated and integrated place-based delivery and commissioning approach that identifies and manages demand appropriately.

2.3. These priorities are all underpinned by guidance and statute that requires the Council to work across multiple agencies as detailed in the Government's 'Working Together to Safeguard Children' guidance updated in 2018. It states:

2.4. *Effective early help relies upon local organisations and agencies working together to:*

• identify children and families who would benefit from early help;
• undertake an assessment of the need for early help; and
• provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

3. CURRENT EARLY HELP IT SOFTWARE

3.1. The LCS system is a Social Care IT case management system and not designed specifically around the Early Help operating model.

3.2. Adjustments have been made to try and accommodate the requirements of Early Help within the LCS system, however, there are significant limitations to the current model.

3.3. These limitations centre around the system's inability to support multi agency access, an approach that the Council has a clear commitment to. This has been recognised in OFSTED's visit who reported that *'early help is heavily led by the local authority and although there is evidence of increasing engagement by partners, the early help agenda is not yet fully owned by partners*'.

3.4. Presently, partners work in silos with no facility to access a child's record on a single computer system. Consequences include:

a) Responses are poorly coordinated and lack of ownership can occur.
b) Often multiple Early Help Assessments (CAFs) are completed on the same family, which is inefficient and can cause the family to disengage and so escalate risk.
c) Early Help Assessments (CAFs) conducted by other agencies are often not sent to the Council.
d) Decisions about a child or family may be made on part information which can cause incorrect or missed referrals.
e) Early Help Assessments (CAFs) that are gathered from partners manually are out of date as soon as they are received.

3.5. The service lacks any tracking data of step ups and step downs between Early Help and Social Care, and information on how many families have been re-referred. This prevents a full understanding at a strategic level of the success of interventions and is a gap in data that could inform Early Help interventions.

3.6. This was also acknowledged at an OFSTED monitoring visit. '*The early help score card is in its infancy and requires further development to ensure that it provides sufficient robust information, and gives elected members, senior leaders and managers a clear overview of the effectiveness of the early help service. At this current time, the service lacks any overarching analysis of the impact of early help at a strategic or operational multi-agency level.'*

3.7. The ultimate impact is that the absence of an Early Help IT solution reduces the understanding about our children and families and consequently reduces the effectiveness of Early Help support resulting in higher demands on social care or via re-referrals.

4. BENEFITS OF EARLY HELP SOFTWARE

4.1. Early Help software would act as a case management tool for children outside of Social Care but to maximise its effectiveness would need to integrate with the Children's Social Care IT system LCS to ensure information was shared to ensure a 'full picture' understanding and bring business process efficiencies.

4.2. Practice of other authorities reinforces the business case that Early Help software is key to effective service delivery. Of Liquid Logic's 76 LCS customers, Tameside MBC is the only one not to have procured an Early Help solution.

4.3. The benefits that can be realised through an effective Early Help IT solution are outlined below.

4.4. Invest to Save to Reduce Demand on Social Care - The system will give the ability to monitor the effectiveness of the Early Help offer through a whole systems approach across partners. The investment in this new approach will assist in addressing future budget pressures by supporting a reduction in demand on Children's Social Care.

4.5. Effective Case Management - The case management system for children and families in Early Help would include forms, assessments, plans, alerts and workflow. This would enable better working practices, more streamlined processes and more accurate data and performance management. This will help embed a culture of performance management to understand impact of Early Help interventions.

4.6. Multiple Agency Access - Multiple agencies from the health, education, blue light and voluntary sectors would be able to access Early Help records on a single system. By being separate from the Social Care system this will ensure partnership working whilst reducing the risk of compromising data security. Information would be shared effectively allowing a coordinated approach and improve connections to ensure that families receive the most appropriate support at the earliest opportunity. Sandwell Council currently have 3,000 external partner users from health, education and blue light services who access their Early help system for a truly coordinated multi-agency approach. Feedback from our own partners on a jointly accessible Early Help IT system has been positive.

4.7. Step Up Step Down between Early Help and Social Care - There would be a clear and seamless step up step down process between the Early Help and LCS system. There would be the ability to electronically escalate and refer cases into social care, and similarly to receive electronic referrals from social care. Transparent history between each system would reduce the risk of 'lost' cases and give management better understanding of transitions between early help and social care. Knowsley MBC who utilise Early Help software have seen a 20% reduction in social care cases through management of the step up step down process.

4.8. Increased Capacity in Service - Significant capacity would be generated in service through streamlined processes and better record keeping. Roles could focus on operational work, for example the valuable role of EHA (CAF) Advisors could be strengthened further by an increase in capacity to which focus on EHA (CAF) quality assurance rather than the administrative exercise of gathering Early Help Assessments (CAFs).

4.9. Purpose Built Pathways - The system would be totally configurable to allow pathways to match day to day business operations.

4.10. Improved Management Information - A single system holding all Early Help information would enable management and performance data to be readily accessible.

4.11. Early Help Assessments (CAFs) in a Single Database - Approximately 350 Early Help Assessments (CAFs) had to be gathered manually from partners in preparation for the recent OFSTED monitoring visit. This is over 50% of all Early Help Assessments (CAFs) recorded in the borough. The Early Help software would enable partners to store their Early Help Assessments (CAFs) direct on the system. It would ensure key stakeholders could access Early Help Assessments (CAFs) 'in real time', prevent duplication and share knowledge and understanding to improve outcomes for children and families.

5. FINANCIAL INVESTMENT REQUIRED

5.1. The estimated financial expenditure for years 1 to 5 of the project is provided in **Appendix A** and summarised below.

Software Costs

5.2. When a new IT system is procured, there are various costs that need to be considered. These relate to the actual purchase of the system and relevant licences, implementation costs which normally will include some consultancy support from the software provider, and staffing costs to resource implementation and ongoing maintenance of the system. These costs are outlined below:

5.3. The year 1 costs of procuring the system are:

- Software - £35,000
- Implementation consultancy - £27,200
- Ongoing support (license) – £7,000

- IT hardware - Nil
- Data migration - £10,000
- E-learning module - £12,500

Cost of System in Year 1 - £91,700

5.4. The ongoing annual cost of running the system is:
- Ongoing support (license) – £7,300 (4% increase per annum - all years)
- E-learning module - £12,500

Cost of System in Year 2 and subsequent years - c£20,000

5.5. Total software costs are £0.092m in year one. From year 2 onwards the annual cost is c£0.020m increasing by inflation beyond year 2 as detailed in **Appendix A.**

Staffing Costs

5.6. Previous experience of system implementation and subsequent maintenance has highlighted that it is essential to have sufficient dedicated capacity and resource within the Council to ensure successful implementation of any Early Help IT system that achieves the outcomes for the service and the borough's children and families.

5.7. The staffing resource required for implementation and ongoing system administration has been determined based on the following:

- Feedback from Knowsley and Sandwell Council who currently successfully administer both LCS and Early Help software.
- Learning from previous system implementation within the Council that have required significant additional hours to be worked and paid.
- Learning from past lack of investment in system administration support for key systems such as iTrent and Agresso which to remedy has resulted in a centralised support resource being developed.
- The impact that a well-resourced IT system can have on generating capacity within the service.
- Learning from other Council models which through adequate system resourcing generates maximum efficiencies and a high level of return on investment in those systems.
- An analysis of the activities that would be required from the ongoing system administration resource including but not limited to upgrades and user acceptance testing, system user training, issue resolution, system development, partner agency support which could be in the thousands if other Councils' uptake is mirrored at Tameside.
- Enables system issue resolution and development to be aligned to business's priorities and not reliant on external; expertise.
- Work priorities of the existing Children's System Team including administration of LCS, LAS and data integration initiatives between Health and Social Care.

5.8. Consequently, it has been determined that the following people resource would be required:

- Release of 1 x Neighbourhood Co-ordinator (Grade F) in the service for 6-12 months to Corporate Systems for implementation. This is likely to require temporary backfilling within the service.
- Recruitment of 2 permanent FTEs, 1 x grade H (senior systems officer) and 1 x grade F (Systems Office) for implementation and ongoing system maintenance and support.

5.9 The cost of staffing resource in Year 1 would estimated to total £0.113m (**per Appendix A**).

5.10 The cost of staffing resource in Year 2 and subsequent years for ongoing maintenance and development of the system per year is estimated to total £ 0.081min 2 increasing by inflation in subsequent years as detailed in **Appendix A**.

6. KEY INDICATORS TO MEASURE IMPACT

6.1. It will be essential to measure the impact of the Early Help system to ensure that return on any investment is quantified and the success of the project assessed.

6.2. Overall success of this project will be measurable in its most simplest form by the implementation of a new Early Help application within pre agreed budget and timeframes.

6.3. The following service indicators will be used to measure impact, some of which are original actions from the Early Help Delivery Plan albeit it should be noted that these indicators are influenced by a number of other improvement actions across the service. Please note that for some indicators targets are estimated as data is not currently readily available.

Early Help Objective	Measure	Target
Support Step Down/ de-escalation from Children in Need (CIN) Team to Early Help Universal, Targeted and Preventative Services.	% of contacts being referred from social care to EH (increase)	70%
Fewer step ups from Early Help to Social Care.	% of contacts referred to children's social care (decrease)	TBC
Reduction of re referrals into Social Care	% or re referrals into social care (decrease)	TBC
Increase, completion, quality and coordination of Early Intervention/ Common Assessment Framework (EHA / CAF) across all agencies.	Number of external Early Help Assessments (CAFs) held by Council on EH system	100 with 6 months of go live
	Number of duplicate Early Help Assessments (CAFs)	5%
	Number of external Early Help Assessments (CAFs) that are Good or above	70%
Develop an approach to Making Every Relationship Count – developing, implementing and sustaining restorative approaches to working with children and families, with each other, and with partners.	Number of partners engaged in using the EH system	100%
	Numbers of partners trained on the EH assessment	
	Number of EHA (CAF) champions	

6.4. The project will also contribute to the positive work impacting on the following service KPIs:

REF	INDICATOR	Sep-18	Oct-18	CURRENT (Nov-18)	HISTORIC PERFOR-MANCE	STAT NEIGHBR	**Target** (Oct 19 For discussion)
1.1	Decision within 3 working days (% of contact)	97.8%	90.4%	93.3%			98%

1.2	Referred to children's social care (% of contact)	30.2%	31.3%	31.1%	12%	29%	29%
1.3	Referred to Early Help Offer (% of contact)	13.7%	14.8%	14.6%	13%		20%
1.4	Referrals received (No. 12 Months rolling)	3885	3874	3805	1471		3096
1.5	Referrals received (Rate 12 Months rolling)	787	785	771	718	627	627

6.5. Anecdotal feedback will also be gathered from the workforce via survey about improvements to day to day working including but not limited to ease of working practices, system access, partnership working, data quality and performance monitoring.

7. CONCLUSION

7.1. The Early Help service has ambitious improvement plans in place to reduce demands on Social Care and improve outcomes for Children and Families in Tameside.

7.2. The service does not currently benefit from a dedicated Early Help IT system and consequently operates on an IT Social Care system which does not support the objectives of Early Help.

7.3. Whilst the investment being requested is discretionary, the reality of maintaining the *status quo* directly impacts on the service's ability to deliver a number of strategic objectives in their improvement plan.

7.4. Only by investing in Early Help software will the service be able to achieve deliverables around multi-agency working, coordination of Early Help Assessments (CAFs) and Step Ups Step Downs.

8. RECOMMENDATION

8.1. As outlined on the report cover.

Appendix A

	Software	Consultant Implementation	Support	Data Migration	Ongoing training - Partners	Neighbourhood Co-ordinator - Backfill - Grade F	Senior Systems Officer - Grade H	Systems Officer - Grade F	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Year 1	35.0	27.2	7.0	10.0	12.5	34.1	44.4	34.1	204.3
Year 2			7.3		12.5		45.7	35.1	100.7
Year 3			7.6		12.5		47.1	36.2	103.4
Year 4			7.9		12.5		48.5	37.3	106.2
Year 5			8.2		12.5		50.0	38.4	109.1
Total	**35.0**	**27.2**	**37.9**	**10.0**	**62.5**	**34.1**	**235.7**	**181.1**	**623.6**

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	13 February 2019
Reporting Member / Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Stephanie Butterworth – Director of Adult Services
Subject:	**PROPOSAL TO CONSULT WITH KEY STAKEHOLDERS AND INDIVIDUALS ON CHANGING MANUAL HANDLING ASSESSMENT.**
Report Summary:	The report focuses on seeking permission to consult with key stakeholders and individuals on changing manual handling policy with a view to subsequently seeking authorisation to proceed with the establishment of a single handed care team for an initial two year period
Recommendations:	That approval be given to enter into consultation from mid-February 2019 to mid-April 2019 with: • Current service users that could be directly affected by the proposed change of policy and practice; • Potential future service users; • The general public to seek their views

Financial Implications:

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation	Investment of £ 0.390 million over two years as referenced in section 2.6. (2019/20 and 2020/21). Proposed estimated savings to be realised as detailed in table 1 section 3.2.
Additional Comments The proposal is estimated to realise annual savings of £ 1.1 million by 2021/22 (profiled in table 1 section 3.2) based on an estimated two year investment of £ 0.390 over 2019/20 and 2020/21. The estimated savings are based on a 50% conversion success rate. Clearly additional savings will be realised if the proposal is approved following consultation via a greater level of conversion success. Any additional savings will contribute towards the projected financial gap of the Strategic Commission in future years.	

Legal Implications:
(Authorised by the Borough Solicitor)

Consultation is required with all key stakeholders whenever a change of policy takes place. Careful analysis is always important and this case is no exception. There are a number of potential implications arising from the proposed change to

	manual handling services by establishing a single care team, and the risk of claims arising out of this change which could prove counterproductive to savings proposed. The Council's insurers should be involved in the consultation process.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action
How do proposals align with Locality Plan?	The proposed change in practice is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commissioning for the 'whole person' • Creating a proactive and holistic population health system
Recommendations / views of the Health and Care Advisory Group:	This report has not been seen by HCAG
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	The proposal will not negatively affect protected characteristic group(s) within the Equality Act
What are the Equality and Diversity implications?	The proposed change in policy and practice will be applied to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership
What are the safeguarding implications?	There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. The purchaser's Terms and Conditions for services contains relevant clauses regarding Data Management.
Risk Management:	The consultation, if approved, will be undertaken in accordance with good practice and risk management advice from Policy as used in other wide ranging consultation.

Access to Information: The background papers relating to this report can be inspected by contacting the report writer

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1. INTRODUCTION

1.1 On-going engagement with the borough's six contracted support at home providers as part of the transformation of homecare in Tameside – itself, part of the wider GM sponsored Living Well at Home programme – has raised the issue of risk adverse manual handling practices across the piece leading to a high level of double handed manual handling transfers where there is often scope for safe, more person centred single handed approaches.

1.2 Providers have been consistent in highlighting the difficulties they routinely face providing staff to undertake transfers risk assessed as requiring two staff. One of the most significant impacts of this is delayed hospital discharge.

1.3 This view chimes with the trend nationally towards reduced care handling options; a trend that recognises the benefits to be realised by such an approach:

- The doubling up of calls places restrictions on how support at home providers rota and use their staff flexibly within a person centred, outcomes focussed model. Providers employing single handed care techniques report increased flexibility for staff, hours 'freed up' and greater scope to provide an outcomes-focussed service.

- Single handed care techniques can reduce the lead time to get packages of care in place thus potentially speeding up hospital discharges.

- The lack of clarity within manual handling plans as to the exact role of the second staff member can lead to potentially ambiguous and unsafe manual handling practices.

- Double handed approaches can negatively impact on the experience of the person needing support. An individual's dignity can be enhanced by a reduction in the number of people providing intimate support whilst potentially they benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.

- Double ups can, unintentionally, undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers.

1.4 In addition, there are clear financial benefits to be had across the health and social care economy by embracing a concerted, comprehensive switch to single handed care; principally in the number of homecare hours commissioned. Whilst to some extent, this will be offset by a reduction in revenue from charging as service users pay for the hours of one member of staff rather than two, the number of hours in question is significant.

2. SINGLE HANDED CARE TEAM

2.1 The intention is to establish a single handed care team to address the perception of social care, hospital and community based assessors, support providers and service users and family that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers. The team will be tasked with instigating whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support.

2.2 The team will be community-based, but with close links to the hospital and other services and will have the sole function of embedding safe, single handed care, as normal practice across all sectors within the Tameside MBC footprint:

- FTE Senior Practitioner Occupational Therapist (OT);
- 3 FTE Occupational Therapist/Manual Handling Assessor.

2.3 The team will be employed on a two year fixed term basis. Some initial investment will be required in respect of employing the dedicated staff team.

2.4 Buy-in from all relevant staff groups and from support at home providers is crucial. The proposed approach – based on a tried and tested approach adopted by Derbyshire Social Services some two and a half years ago - accounts for this in terms of establishing a shared set of policies and practices from the outset; support at home providers have already indicated their commitment to this approach.

2.5 A comprehensive training/awareness raising programme will be part and parcel of the roll-out:

- Equipment specific training by the equipment provider(s) to OTs, providers, social workers, family etc i.e. all relevant stakeholders.
- Manual handling training and up-dates with a focus on risk assessing single handed care by manual handling practitioners.
- Potential for initial awareness raising 'hearts and minds' work around the cultural shift to single handed care.

2.6 Initial investment will be required in respect of employing the dedicated staff team £0.120 million per annum for a 2 year fixed term period. Further additional investment for hoists etc at an average cost of £1,500 per service user is currently being considered. The estimated equipment cost based on a 50% conversion success rate is approximately £0.150m over two years i.e. total estimated investment of £ 0.390 million over two years.

3. WHY ARE WE PROPOSING THESE CHANGES

3.1 The Single Handed Care Team, once in post, will provide clinical and project leadership as well as additional capacity and will work with the existing Manual Handling Team as well as hospital based practitioners with the following brief:

- Review existing best practice in safe manual handling specifically related to single handed care.
- Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period.
- Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer.
- Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff.
- Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists.
- Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment.
- Support service users, providers and carers in the use of techniques and equipment to reduce double handling.
- Inform on-going arrangements across the borough to deliver a sustainable approach to manual handling.

3.2 In terms of the financial impact, based on a fairly conservative assumption that 50% of current transfers undertaken by two carers were to switch to single handed care, it has been estimated the following savings would be realised as stated in **table 1.**

Table 1

	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000
Estimated Investment (per section 2.6)	195	195			
Estimated Savings	(540)	(1,079)	(1,079)	(1,079)	(1,079)

4. WHO WILL BE IMPACTED

4.1 There are a number of impacts that need to be considered in such a proposal, outlined below.

a. Service users – the proposed approach will mean people currently assessed as requiring two people to transfer will, over time, be reassessed and, depending on the risk assessment change to single handed care or a combination of double handed and single handed where safe and where the individual concerned is agreeable. Experience in Derbyshire and elsewhere where practice has changed from double handed to reduced care handling has shown that some people, used to being transferred by two people, can become anxious using new techniques. People will be given the choice in such circumstances and a gradual, phased approach could be offered to allow people the time to become used to the change.

b. Providers – a shift to single handed care practice as the 'default' wherever safe and viable would have significant implications for support at home service providers and their staff. Training and access to the right equipment would be key as well as strong links with the Single Handed Care Team (as per the Derbyshire model). Impacts would be largely, if not exclusively, positive in terms of freeing up staff – a significant issue given on-going challenges around recruitment and retention of staff – and the ability to get packages of care in place quicker and easier. Evidence suggests that involving informal carers – family members who are willing and reliably available – is a positive in terms of increased flexibility of care and support for people, whilst single handed care better facilitates person centred approaches from staff.

c. Future service users/third parties – For people newly requiring assistance transferring, the aim wherever possible will be to use a single handed approach and, hence, this is all they will have known.

5. HOW WILL WE CONSULT AND ENGAGE

5.1 The consultation will take place for six weeks from mid-February 2019. The format and questions to be included in the consultation are included at **Appendix 1**.

5.2 Consultation will be with those people currently affected by the proposal and potential service users who may be affected by the proposal in the future. Advice was sought from colleagues in Policy to determine the best methods of consultation.

5.3 The proposal is to run a six week consultation via two key routes:

- On-line utilising The Big Conversation website. The background and rationale for the changes would be outlined focussing on the shift to an outcomes focussed support at home service before detailing the charging policy proposal.

- A questionnaire undertaken by all six support at home providers with as many of the people they support who currently required double handed care as possible. Providers

have indicated they will be in a position to do this from the third weekend of January onwards.

6 RISK MANAGEMENT

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

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Failure to effectively communicate the proposal to service users and the public	This would impact on the validity of the consultation and results, and therefore impact on the decision making	High	Low	To ensure that a range of different consultation approaches are used to fully inform consultees and subsequent decision making. To offer support for individuals who require support understanding or answering questions.
Need to ensure that individuals being consulted with have capacity and fully understand what they are being consulted on.	Failure to do this would impact on response rates. This would in turn impact on the validity of the consultation and results, and therefore impact on the decision making.	High	Low	To offer a range of consultation methods including face to face discussions to ensure support is available to respondents.

6.2 To try and mitigate these risks a range of consultation and engagement methods (see section 5 above) will be utilised with all stakeholders to ensure they are fully informed and engaged in the decision making process, and thereby ensure that decisions are informed and valid.

7. EQUALITIES IMPACT

7.1 An Equalities Impact Assessment has been undertaken (initial draft attached as **Appendix 2**) to support the proposed establishment of a single handed care team and will be updated and reported alongside the results of the consultation exercise.

8. CONCLUSION

8.1 The proposal is entirely consistent with the overall aims of the Council, the wider Care Together programme and the GM transformation programme.

8.2 It will deliver savings whilst also:
- Building capacity in homecare – recruitment and retention of staff remains a challenge.
- Assisting with the planned reduction in residential and nursing placements – increased capacity in the support at home service is crucial if this is to be achieved.

8.3 Helps providers co-produce and deliver more person centred/outcomes focused care and support.

9. RECOMMENDATIONS

9.1 As stated on the front of the report.

APPENDIX 1

Background

Increasingly, local authorities are reviewing their manual handling policies and practice to allow for a more flexible, person centred approach that recognises that with the right training and modern, specialist equipment, people requiring assistance transferring can be supported safely by a single carer. A number of local authorities have used and championed so-called single handed care over recent years and the approach and real life evidence has demonstrated that thousands of individuals are able to manage well with lone carers and prefer the flexibility this provides. Many people wish to participate in their care and enjoy the one-to-one relationship that single carer packages afford them. Indeed, much of the evidence points toward current practice often being out of step with what is actually required by the service user.

A policy that encourages unnecessary caution leads to a culture of 'proving' the case for one carer rather than the other way around. Making the correct choice has major implications in terms of cost – to the Council and to the service user - the number of carers required, the impact upon the client's privacy and their general well-being. Difficulties recruiting and retaining care staff only serve to exacerbate this situation and the proven long-term cost benefits of providing suitable equipment for the client's needs and the argument for thoroughly challenging the perceived need for double-handed care is strong.

As a result Tameside Council is minded to review manual handling practice locally. Tameside's plans are based, in part, on neighbouring Derbyshire County Council's Single Handed Team, created in August 2015 to address the perception that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers. Whilst by no means the only such service nationally, Derbyshire's approach was felt to be particularly pertinent not just because of the change in practice already achieved, but because in Glossopdale the model is already in practice across one of the borough's integrated neighbourhood teams.

Should a new manual handling policy be introduced, people currently in receipt of double-handed care will, over time, have their support reviewed. Following a full risk assessment, if the transfer could, with the correct specialist equipment and the necessary training, be safely undertaken by a single carer, this option will be discussed with the individual and, where appropriate, their family. Practice and research elsewhere recognises that making the change from having two carers to one can, for some people, be anxiety provoking. Where this is the case, people will be fully involved in decision-making. The option of having two carers present for a period of a few weeks to allow time to get used to, and be reassured by, any new equipment required and/or having only one carer involved in the transfer will be available and, ultimately, if someone does not want to change they will not have to.

It is also worth noting that any assessed reduction in the number of carers required to transfer will not affect any benefits that individual's might be in receipt of and that a reduction in the number of carers will mean a reduction in the amount people are charged for the support they receive.

This is most likely to affect people already supported at home by one of the boroughs contracted homecare providers – this currently equates to between 150 and 200 people. All six providers have been fully involved in the decision-making process and are supportive of it.

Single Handed Care – Consultation

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

- I am a service user who currently receives care at home provided by two carers (dual care)
- I am a relative or friend of someone who currently receives care at home provided by two carers (dual care)
- I am a member of the public (Go to **Q4**)
- I am a carer from one of the organisations providing a two carer approach (dual care) in people's homes on behalf of Tameside Council (Go to **Q4**)
- I represent a community or voluntary group (Go to **Q4**)
- I represent a partner organisation (Go to **Q4**)
- I represent a business /private organisation (Go to **Q4**)
- I am a Tameside Council employee (Go to **Q4**)
- Other (please specify below) (Go to **Q4**)

2. How long have you (or your friend or relative) received care at home supported by two care workers as part of a dual care package? (Please tick one box only)

- ☐ Less than one month
- ☐ More than one month but less than three months
- ☐ More than three months but less than six months
- ☐ More than six months but less than a year
- ☐ More than a year but less than two years
- ☐ More than two years but less than three years
- ☐ Three years or more

3. The proposed model (as outlined at link to webpage with background info / covering letter if paper copy) recognises that there is a need for a Single Handed Care Team approach whilst at the same time ensuring that the new function is safe.

Please tell us your thoughts on the proposal to implement single handed care. If you, a friend or relative uses the service, please explain how single handed care would impact you / your friend or relative directly. (Please write your comments in the box below)

4. Do you have any other comments you would like to make about the proposal to implement single handed care in Tameside? (Please write your comments in the box below)

About You

We would like to ask some questions about you. This information will help the council to improve its services. The information you provide will be kept entirely confidential and will never be traced back to you as an individual. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

5. What best describes your sex? (Please tick one box only)

- ☐ Male
- ☐ Female
- ☐ Prefer to Self-Describe
- ☐ Prefer not to say

6. What is your age? (Please state)

7. What is your postcode? (Please state)

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

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

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

- ☐ White – English / Welsh / Scottish / Northern Irish / British
- ☐ White Irish
- ☐ White – Gypsy or Irish Traveller
- ☐ Other White background (Please specify in the box below)
- ☐ White & Black Caribbean
- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British – Bangladeshi
- ☐ Asian/Asian British – Chinese
- ☐ Other Asian background (please specify

in the box below)

- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other Mixed / Multiple ethnic background (Please specify in the box below)
- ☐ Arab
- ☐ Black/Black British – African
- ☐ Black/Black British – Caribbean
- ☐ Other Black / African / Caribbean background (please specify in the box below)
- ☐ Any other Ethnic group (please specify in the box below)

Any other Ethnic group: ☐

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

- ☐ Christian
- ☐ Muslim
- ☐ Buddhist
- ☐ Jewish
- ☐ Hindu
- ☐ Sikh
- ☐ No Religion

Any other religion, please state: ☐

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

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ Single

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

APPENDIX 2

Subject / Title	Single Handed Care Team

Team	**Department**	**Directorate**
Strategic Commissioning Function	Adults	People

Start Date	**Completion Date**
October 2018	

Project Lead Officer	Dave Wilson
Contract / Commissioning Manager	Trevor Tench
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	**Job title**	**Service**
Dave Wilson	Team Manager	Commissioning
Trevor Tench	Service Manager	Commissioning
Julia Worthington	Integrated Neighbourhood Manager	Adults
Wendy Gee	Manual Handling Practitioner	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	**What is the project, proposal or service / contract change?**	Facilitate whole system change in practice via the establishment of a single handed care team with the sole function of embedding safe, single handed care, as normal practice across all sectors within the TMBC footprint
1b.	**What are the main aims of the project, proposal or service / contract change?**	1. Review existing best practice in safe manual handling specifically related to single handed care 2. Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period 3. Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer 4. Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff 5. Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists 6. Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment 7. Support service users, providers and carers in the use of techniques and equipment to reduce double handling 8. Inform on-going arrangements across the borough to deliver a sustainable approach to manual handling

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?

Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	x			Of the 900+ people who will be supported by the Support at Home Service – ie those people currently supported by the Homecare Service – a significant number are older people. • 80.5% of people in receipt of homecare are 70+ years old • 19.3% of people in receipt of

				homecare are 90+ years old Of these, at any given time around 200 people require support with manual handling transfers currently assessed as requiring two people. Depending on how the SHC team approaches reassessments, a significant number of these people may have their transfers reassessed so that they can be safely and appropriately transferred by one person with the necessary equipment and training. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Furthermore, double-ups potentially undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers.
Disability	x			Of the 900+ people who will be supported by the Support at Home Service – ie those people currently supported by the Homecare Service – a significant number will have long-term health conditions/disabilities. • 77.3% of people in receipt of homecare have a disability (physical access & mobility & personal care and support) Most of the 200-odd people currently in receipt of double handed care will have a disability. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single

				handed care, but for those who do, the shift to a more person centred, outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Ethnicity		x	X	Approximately 7% of people currently supported by the Homecare Service identify themselves as other than White British; broadly in-line with the Tameside population (8.7%). With providers trained to provide single handed care to those people requiring transferring, evidence would suggest the people they support will experience a more person centred approach as a result. Hence, there may be an indirect impact, but no direct impact is anticipated in terms of ethnicity.
Sex / -			x	Overall, the service is used by broadly similar numbers of men and women. There is no evidence available to suggest any direct or indirect impact in terms of -sex
Religion or Belief			x	The service is used by people of all religion/beliefs. There is no evidence available to suggest any direct or indirect impact in terms of religion or belief.
Sexual Orientation			x	The service is used by people of all sexual orientations. With providers trained to adopt a more person centred approach people may experience a positive impact but there is no evidence available to suggest any direct or indirect impact in terms of sexual orientation
Gender Reassignment			x	No direct impact is anticipated in terms of gender reassignment. There is no evidence available to suggest any direct or indirect impact in terms of gender reassignment.
Pregnancy & Maternity			x	No direct or indirect impact is anticipated in terms of pregnancy/maternity due to the age range of people predominantly accessing the service.
Marriage & Civil Partnership			x	No direct impact is anticipated for those who are married or who are in a civil partnership. There is no evidence

				available to suggest any direct or indirect impact will be experienced in terms of marital status.
Other protected groups determined locally by Tameside and Glossop Single Commissioning Function?				
Group (*please state)*	**Direct Impact**	**Indirect Impact**	**Little / No Impact**	**Explanation**
Mental Health	x			It is anticipated that people with dementia and mental health needs should experience a positive impact as a result of this service transformation • 4% of people in receipt of homecare use mental health services Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single handed care, but for those who do, the shift to a more person centred, outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Learning disability	x			It is anticipated that people with learning disability should experience a positive impact as a result of this service transformation. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single handed care, but for those who do, the shift to a more person centred,

				outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Carers	x			The introduction of single handed care techniques that engage and utilise the support of family, friends and other informal carers will positively impact on carer health and will contribute to preventing carer breakdown.
Military Veterans		x		The service is used periodically by military veterans, particularly older veterans, and so there may be an indirect impact but no direct impact is anticipated in relation to military veterans.
Breast Feeding			x	The service is predominantly used by people beyond child bearing age and hence no direct impact is anticipated in terms of this particular characteristic.
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (*e.g. vulnerable residents, isolated residents, low income households)*				
Group (*please state)*	**Direct Impact**	**Indirect Impact**	**Little / No Impact**	**Explanation**
Isolated older people	x			A significant number of people supported by the service routinely or periodically report social isolation and the often negative impact this can have on their physical and emotional wellbeing. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.
Vulnerable older people	x			A significant number of people supported by the service routinely or periodically report feeling vulnerable as a result of their health and/or social care circumstances or are considered vulnerable by family, friends or services. As above; where single handed care is assessed as being appropriate, people in receipt of care

				should experience more personalised support when transferring.

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	The changes proposed are seeking to make a direct and positive impact for service users and service providers alike. However, it will entail a complete change to manual handling assessments and whilst the implications – in terms of changing arrangements they might otherwise be used to - for people requiring transferring after the SHC team is in place, for some people already in receipt of double handed care, there is more likely to be an impact as a result of change.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

This from a 2015 report 'It Takes Two; Exploring the Manual Handling Myth' jointly authored by University of Salford and Prism Medical Uk:

"*Our research shows that misconceptions regarding moving and handling, insufficient knowledge of specialist equipment and an often outdated and inflexible approach has led to too much generalisation regarding the perceived need for two carers as opposed to one. This has led to a culture of 'proving' the case for one carer rather than the other way around. Furthermore making the correct choice has major implications not only in terms of cost but also the number of carers required, the impact upon the client's privacy and their general well-being.*

Add to this the increasing difficulty of recruiting and retaining carers and the proven long term cost benefits of providing suitable equipment for the client's needs and the argument for thoroughly challenging the perceived need for double-handed care is strong.

Real life evidence has proven that thousands of these individuals are able to manage well with lone carers and prefer the flexibility this provides. Many clients wish to participate in their care and enjoy the one-to-one relationship that single carer packages afford them. The findings of our research are consistent and all point toward current practice often being out of step with what is actually required by the client. A policy that encourages unnecessary caution and over provision in the workplace has huge cost implications against a backdrop of persistent pressure to reduce the burden of cost of social care. A dwindling carer workforce only serves to exacerbate this situation".

Tameside's project is based, in part, on Derbyshire County Council's Safe/Single Handling Team, created in August 2015 to address the perception of social care, hospital and community based assessors, support at home providers and service users and family that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers.

Whilst by no means the only such service regionally/nationally, Derbyshire's approach was felt to be particularly pertinent not just because of the demonstrable change in practice and associated cost savings already achieved, but because in Glossopdale, the model is already in practice across one of our neighbourhood footprints.

Manual handling can be defined as lifting, lowering, carrying, pushing or pulling (Health and Safety Executive 2004) (HSE)……which in the context of social care is an everyday occurrence to facilitate activities of daily living and it is this occupational task which can be a particular risk factor due to the unpredictable nature of the load (adapted from Bracher and Brooks, 2006).

As with the Derbyshire project, the proposal to form a Tameside SHC team takes as it's starting point, the recognition that instances of double handling have steadily grown over recent years for a number of reasons:

- Risk adverse approaches by hospital based therapists resulting in recommendations that equipment (which is designed to be safely operated by one person) should only be used by two staff
- Risk adverse agencies who insist on double ups with above equipment
- Risk adverse approaches by the Council themselves particularly in the training of relevant staff
- People leaving hospital earlier requiring more initial assistance, but without timely review once home due to a lack of capacity amongst neighbourhood based therapists

Whilst there are clear financial benefits to be had across the health and social care economy by embracing a concerted, comprehensive switch to single handed care - in their first 18 months (through to September 2016), the DSS team calculate that across five hospitals and the entire county, they achieved £1.8m savings on avoided double ups and double ups switched safely to single handed care - the need to reduce instances of double handling is not driven purely by financial considerations. There is a significant body of evidence to support other potential advantages. These include:

- The doubling up of calls places restrictions on how support at home providers rota and use their staff flexibly within a person centred, outcomes focussed model. Providers employing single handed care techniques report increased flexibility for staff, hours 'freed up', greater scope to provide an outcomes focussed service
- It can increase the lead time to secure services due to tying up already limited provider capacity, thus potentially delaying discharges while the necessary additional resources are sourced
- The lack of clarity within manual handling plans as to the exact role of the second can lead to potentially ambiguous and unsafe manual handling practices
- Impacts on the experience of the person needing support whose dignity would be enhanced by the reduction in the number of people providing intimate support and who would benefit from less intrusive responses to achieving outcomes associated with their activities of daily living
- Double ups potentially undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers

Based on the above, the intention is instigate whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support. This will be facilitated via the employment a community-based team of OTs and/or Manual Handling Assessors, with the sole function of embedding safe, single handed care, as normal practice across all sectors within the TMBC footprint:

- FTE Senior Practitioner OT
- 2 FTE OT/MH assessor

- 1 FTE OTA

These staff will provide clinical and project leadership as well as additional capacity and will work exclusively with the existing manual handling team with the following brief:

- Review existing best practice in safe manual handling specifically related to single handed care
- Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period
- Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer
- Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff
- Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists
- Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment
- Support service users, providers and carers in the use of techniques and equipment to reduce double handling

Consultation is required with current recipients of double-handed manual handling transfers and with potential future users as implementation will necessitate a change of policy and practice. The intention is to engage as many of the current recipients – in the region of 200 in number – in consultation via the use of a small questionnaire undertaken with their support at home providers and, by way of potentially reaching a wider audience, via The Big Conversation.

2b. Issues to Consider

The introduction of a single handed care approach to manual handling assessments and transfers will be mindful of some of the key demographics of the group:

- 77.3% of people in receipt of homecare have a disability (physical access & mobility & personal care and support)
- 80.5% of people in receipt of homecare are 70+ years old
- 19.3%of people in receipt of homecare are 90+ years old

Any negatively perceived issues or impacts raised at this point will be reviewed and, wherever possible, changes made to the policy and approach to reduce/mitigate against the (potential) impact. Throughout, people will have the option of opting out a change from double handed care to single handed care.

Evidence from Derbyshire and elsewhere where single handed care approaches have been introduced is that some people who have been used to having two staff support them to transfer – particularly those where these arrangements have been in place for lengthy periods of time – can be anxious or wary at the prospect of change. One option that could be offered to people where a reassessment is indicating a switch from double-ups to single handed care, with the right equipment and training, is to retain two staff for a period of time where the second staff member does not participate in the transfer, but is close at hand should they be required. This could

continue until such a point that safety has been demonstrated.

The approach will, wherever appropriate and safe also mean that family members can also be trained to undertake safe single handed transfers which would mean increased flexibility – that is to say, reduced reliance on paid, formal carers – and possibly too, more agreeable support for personal/intimate care.

The Single Handed Care Team will be working closely on an on-going basis with providers, manual handling assessors, OT's, physio's, social workers and other stakeholders to review practice generally and, where appropriate, individual's specifically.

2c. Impact

It is anticipated that:

- Having single handed care as the default for manual handling transfers so that practitioners have to justify *not* using a single handed approach, will decrease the lead time to secure services, thus potentially speeding up hospital discharges. Given the demands support at home providers face most of the time in terms of having enough staff to pick up work, double up's tend to tie up already limited staff capacity; delays in discharge, while the necessary additional resources are sourced, can result. Such delays can have negative effects on the individual concerned impacting potentially on health and well-being, on individual's waiting on hospital beds where bed availability is an issue and on health services facing financial pressures.

- Single handed care will improve safety and wellbeing where the lack of clarity within manual handling plans as to the exact role of the second staff member can lead to potentially ambiguous and unsafe manual handling practices.

- The experience of the person needing support whose dignity will be enhanced. A reduction in the number of people providing intimate support means people will benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.

- Single handed care approaches engender an asset based approach to support at home by better engaging and utilising the support of family, friends and other informal carers.

2d. Mitigations *(Where you have identified an impact, what can be done to reduce or mitigate the impact?)*

Impact1 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 2 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 3 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 4 (Describe)	*Consider options as to what we can do to reduce the impact*

2e. Evidence Sources
SALT - services are mapped and would specifically say Homecare Census 2011 'It Takes Two; Exploring the Manual Handling Myth' University of Salford and Prism Medical Uk:

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Satisfaction survey	Dave Wilson	By February 2019

Signature of Contract / Commissioning Manager	**Date**
Signature of Assistant Director / Director	**Date**

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