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Dr A Dow
Tameside and Glossop CCG

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Dear Dr Dow

Tameside and Glossop Intermediate Care consultation

Please find below Derbyshire County Council's response to the Intermediate Care consultation, currently being coordinated by Tameside and Glossop CCG on behalf of the Single Commissioning Board.

The consultation regarding the potential removal of beds from Shire Hill to the Stamford Unit adjacent to Tameside Hospital has caused considerable local public concern, with many residents of Glossop and the surrounding areas expressing their objections to the potential loss of Shire Hill Hospital as a well-regarded local community resource. It is clear from the activity led by the local community throughout the course of the consultation that many people value Shire Hill Hospital and the services it provides to the local population. The authority feels it is important that these views and reflections are considered within the consultation analysis and that Tameside and Glossop CCG, the Integrated Care Trust and partners work collectively to address the issues raised should the preferred option be taken forward.

Derbyshire County Council believes that it is important to people requiring care and support to maintain their independence for as long as possible and this overall vision is in line with work which is progressing across all of Derbyshire. The authority notes that the Intermediate Care offer across Tameside and Glossop will include a home-based service, which will give a more intensive amount of care in people's own home. Derbyshire County Council's Adult Care Team based in Glossop would continue to work to support this approach to ensure it is as effective as possible.

Whichever option is selected following the consultation, the authority will work through its Adult Care Team and other staff based within Glossopdale to

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ensure we deliver the best service we can for local people once a decision about the location of the beds has been made. The authority would like to highlight the following issues and request that they are considered within the consultation analysis:

a) Quality of care and appropriate provision for Derbyshire residents

Any changes to Intermediate Care provision would have implications for the population in Glossop and therefore the authority would welcome the opportunity to continue to work with NHS colleagues from Tameside in order to ensure that high quality care and support for Derbyshire residents are maintained as the new model of care is established. Furthermore, Adult Care is keen to ensure that the new model of care proposed by Tameside and Glossop CCG also fits with wider area-based provision which operates within the Glossopdale area and this supports positive outcomes for individuals. For example, additional support may be provided through the dementia reablement service and recent work relating to end of life care. The authority feels it is important that service provision is not considered in isolation by each organisation, but holistically so that it best meets the needs of individuals living within Glossop and the surrounding area.

b) Workforce recruitment and retention

Particular areas of concern relate to ensuring there are appropriate levels of staffing in place to allow for the Home First model of care and community-based Intermediate Care models to be effectively delivered. Ensuring that there are enhanced levels of community nursing, therapy, social care and assessment capacity established before the transfer of beds takes place.

c) Public confidence in new models of care

It is clear from the analysis included as an appendix to the Tameside and Glossop CCG report that Shire Hill is well utilised by people living within the SK13 postcode which covers Glossop and the surrounding area and constitutes 28.2% of all referrals. Concern has also been expressed locally that in some cases individuals are re-admitted to Tameside Hospital from Shire Hill as they may have been discharged early and potentially still required care in an acute hospital setting. Therefore, ensuring confidence in any new model of care will be particularly important for Glossop as these residents are most likely to be affected by the changes in provision should options two or three proposed within the consultation document be taken forward. Feedback during the consultation to the Adult Care Area Team and local elected members has been that understanding what health and care provision is on offer within the area is sometimes difficult due to the complex commissioning and delivery arrangements and this may need to be addressed moving

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forward. In addition there is a perception that joined up models of care are not as advanced in Glossop than in other parts of Tameside and Glossop CCG area, so it may be that further work needs to take place to ensure that local residents concerns are addressed.

d) Ensuring Home First is fully operational within the Glossop area

Should options two or three be selected the authority would like to seek reassurance that both the Home First offer and the home-based intermediate care offer commissioned by Tameside and Glossop CCG are fully established and operational before any changes are made to provision of beds at Shire Hill Hospital, including the appropriate transfer and provision of staff. In addition, a number of other services, such as a Falls Clinic and Pulmonary Rehabilitation Support are operated from a base at Shire Hill. Therefore, ensuring there is provision based within Glossop of these support services through an integrated model of care will be crucial moving forward. This approach is in line with the principles the authority outlined in relation to the Better Care Closer to Home Consultation which was run by North Derbyshire and Hardwick CCGs in 2016. This approach therefore ensures consistency and helps build public confidence and the quality of new care models are fully understood before changes are made.

e) Adult Care Service demand pressures

NHS partners in Tameside need to be aware that if option two is taken forward Adult Care staff will be required to spend more time outside of Glossop undertaking assessments, support planning and related work if the beds are solely located at the site near to Tameside Hospital. Managing any increased demand for services and mitigating the effects of these would of course be subject to the ongoing availability of funding, particularly in relation to the improved Better Care Fund, and if this is not secured the sustainability of current service response times may be an issue. More broadly, the Better Care Fund supports a range of demand management initiatives, which may need to be reviewed should the national funding picture change and any specific issues related to Tameside and Glossop CCG area would need to be considered within this. Furthermore, commissioners may need to consider the best point at which to change the bed provision, if option two or three are progressed. There is a national focus on delayed transfers of care at the moment, with ambitious targets having been set by NHS England. Failure to meet these targets will result in a significant loss of funding for social care. Anticipated high winter pressures of both health and social care services may result in capacity issues across the system and therefore careful planning in relation to any changes to bed provision needs to be undertaken with the engagement of all partners to ensure that the transition is as smooth as possible for organisations, patients and their families.

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f) Transport and journey times

Within the consultation report, transport modelling has formed an important element to the development of the proposals. If services were to transfer from Shire Hill to the Stamford Unit it is important to acknowledge the increased journey time residents from Glossop and surrounding communities, as quoted in the Quality Impact Assessment. However, local knowledge and insight from professionals and individuals who live in Glossop and the surrounding area suggest that this is a 'best case' scenario, especially for the journey times for using public transport, as at rush hour or in adverse weather the journey time would be considerably longer. In addition to length of journey, travelling to Tameside Hospital can involve a journey on several buses, which for some individuals such as the frail elderly can be a more challenging experience, especially at peak times. Unless individuals live in the centre of Glossop many individuals would have to travel into the town centre and then onwards to Tameside again making journeys more complex for some Derbyshire residents. Affordability of journeys by public transport for residents is also another key factor which has not been considered in the analysis. Affordability could be particularly significant for communities such as Gamesley, which is identified as being in the most deprived decile of Lower Super Output Areas (LSOA) according to the Index of Multiple Deprivation (2015) statistics or for particular segments of the population, such as a pensioner on a low income. Friends, relatives or carers of a patient who may be required to make multiple journeys to the Stamford Unit may also experience issues in relation to affordability and ability to travel. Commissioners within Tameside should consider in more detail how friends, relatives and carers can be supported to travel the greater distance to the Stamford Unit via appropriate transport arrangements. Whilst a range of mitigations are highlighted, including community transport or volunteer car scheme funding, it is important to note that some of these are reliant on grant funding, which will need to be secured on an ongoing basis.

g) Rurality of areas surrounding Glossop

Within the consultation report, analysis has focused on the Tameside and Glossop CCG area and a hard boundary has been utilised in terms of this analysis. There may be small numbers of people who access services within the Tameside and Glossop CCG area who live outside the CCG area, potentially in some of the more rural areas of Derbyshire. For individuals in the rural communities surrounding Glossop town centre journey time by car and public transport may also be lengthy and therefore rurality should potentially be considered as an issue within the final quality impact assessment undertaken by the CCG.

h) Market shaping and development

Finally, if the third option regarding the development of the market was followed, this may be more challenging in the more rural communities near to and surrounding Glossop. Derbyshire County Council, in line with Care Act 2014 requirements, has worked to develop and shape the market across the rural High Peak area and experience suggests that market development and the delivery of care via private, voluntary and independent sector providers can be very challenging. Therefore, if this option were selected careful planning would be required to ensure that the approach was sustainable. I understand that some views have been expressed in the consultation that the Shire Hill site could potentially be used as an extra care or older people's housing development and this too would need to be considered carefully. In addition, views have been expressed throughout the consultation that commissioning decisions for the Glossop could be more coordinated across the range of partners that work within the area. I would be happy to explore how this can be effectively developed, as this fits with the broader direction of travel outlined being undertaken elsewhere in the county as part of the Derbyshire STP for strategic commissioning and it would make sense to have a county wide approach to this issue.

I hope that the above information is useful and informs the consultation analysis and the development of the final proposals put forward for decision by the Tameside and Glossop Single Commissioning Board. Should you require any further information or clarification on any of the information provided above please do not hesitate to contact me.

Yours sincerely



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