

Quality Impact Assessment

Title of scheme: Intermediate Care in Tameside & Glossop

Project Lead for scheme: Jessica Williams, Interim Director of Commissioning (report prepared by Alison Lewin, Deputy Director of Commissioning)

Brief description of scheme: Tameside & Glossop Single Commission has led the development of a locality strategy for Intermediate Care. The Single Commission were asked to bring back a fully developed proposed model to the Strategic Commissioning Board (SCB) in December 2017. In August 2017 the Strategic Commissioning Board agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options have been the subject of public consultation over a 12 week period from 23rd August to 15th November 2017. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop. The outcomes expected from a model of intermediate care are:

- Maximising independence
- Preventing unnecessary hospital admissions
- Preventing unnecessary admissions to long term residential care
- Following hospital admissions, optimising discharges to usual place of residence

Statutory duty/ inspections	0					0					0				As the providers of the services will continue to include the ICFT, TMBC and DCC they are subject to statutory duties and inspections. The proposed location for the single site intermediate care service, expressed as the preferred option in the consultation, has been subject to CQC assessments via T&GICFT. Any other providers delivering intermediate care as a result of this consultation will be subject to appropriate inspections.
Adverse publicity/ reputation			3						4			8			There has been a strong negative response from a proportion of the population in the locality to the CCG's preferred option. This response and the full consultation process have been summarised in the full report to which this QIA relates, and will be provided in more detail to the January SCB meeting. A detailed EIA is in production to support the SCB decision making process, addressing the issues raised through the consultation process. Depending on the recommendation and subsequent decision It is possible that there will be continued adverse reaction following the decision of the Single Commissioning Board. The process followed throughout this project has been the evidence based decision making framework approved in January 2017 by the Tameside and Glossop Single Commissioning Board (SCB). This framework is the agreed approach to evidence based decision making which covers engagement and consultation; equality and diversity; and quality and risk.
Finance	0					0					0				The intermediate care bed based services proposal has been developed as part of the Care Together programme and the locality financial plan. Any proposal presented to SCB will include comments from the locality finance team.
Service/business interruption	0					0					0				The implementation of the model developed as a result of this work will be done with minimal service / business interruption. The commissioner and ICFT will ensure that the implementation of whichever model is approved by SCB has minimum service / business interruption and impact on patients / public.

Environmental impact		1					0						1			Travel times for car users and public transport routes have been considered as part of the EIA, which will enable the consideration of the impact on car use and travel time as a result of the final proposal to be presented to SCB. Issues relating to transport have arisen during the consultation. Mitigating actions have been considered and will be included in the EIA.
Compliance with NHS Constitution	0						0						0			The delivery of intermediate care services is part of the locality's wider 'urgent care' system, as it supports patient flow through local services, therefore supporting delivery of the NHS constitution relating to standards for urgent care / A&E. The proposed model will also support the expectation of quality improvements through the delivery of the National system wide CQUIN supporting proactive and safe discharge, enabling patients to get back to their usual place of residence in a timely and safe way.
Partnerships	0						0						0			This is a key programme of work for Care Together and therefore involves key providers in the system. 3 rd sector and patient groups have been included in this process, along with the public via the formal consultation process. The intermediate care proposals were the topic of a workshop session at the Partnership Engagement Network conference in October 2017. Derbyshire County Council representatives have been involved in the consultation process and have provided a formal response.
Public Access	0						0						0			Full mapping of access and travel times has been undertaken, presented throughout the consultation, and will be included in the EIA, which will determine the impact on travel times and accessibility by car and public transport of any proposed option. Default position with this model will be home based care as the preferred option, thus minimising issues and negative impact regarding public access.

Public Choice	0						0						0				There has been significant public and patient involvement and engagement via the formal consultation process (in addition to the pre-consultation engagement which has taken place). The consultation process has provided forums and opportunities for an open and honest debate which has considered the interests of the community, public and patients. The consultation process has ensured that, based on evidence, alternatives / options have been considered, the impact of the different options have been understood and explained, that consequences to the options have been considered and that key stakeholders have been engaged throughout the process. Responses to the consultation process have been conscientiously taken into account to inform decision making. Patient choice in terms of NHS constitutional requirements does not apply to intermediate care.
	Has an equality analysis assessment been completed?												YES / NO	Please submit to SCB alongside this assessment			
Is there evidence of appropriate public engagement / consultation?												YES / NO	Please submit to SCB alongside this assessment				

Sign off:

Quality Impact assessment completed by	Alison Lewin
Position	Deputy Director of Commissioning
Signature	Alison Lewin
Date	21st November 2017
Nursing and Quality Directorate Review	
Name	Lynn Jackson
Position	Quality and Patient Experience Lead
Signature	Lynn Jackson
Date	22/11/2017