

## **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 23<sup>rd</sup> August to 15<sup>th</sup> 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

What is the anticipated impact on the following areas of quality?  NB please see appendix 1 for examples of impact on quality.							What is the <u>likelihood</u> of risk occurring?							What is the overall risk score (impact x likelihood)			Comments
	Neutral /Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	15-25	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-	25	
Patient Safety	0						0						0				The Single Commission will commission a service which ensures high levels of patient safety whether in patients' homes or bed based. The commissioner will ensure routine quality assurance mechanisms are in place to support the development and delivery of this strategy. Irrespective of the eventual option for the delivery of bed based intermediate care, the provider(s) of the model of care outlined in the paper will include Tameside & Glossop Integrated Care NHS Foundation Trust. Therefore we will monitor delivery of these services via our existing quality and contract monitoring processes. This intention has already been expressed in the Quality & Performance meetings held between the CCG and ICFT.
Clinical effectiveness	0						0						0				The proposed model described in the paper will ensure delivery of clinically effective services which will be outlined in contractual documentation. The case for change included in the paper presented to the Strategic Commissioning Board describes the reasons for the proposed changes. Any clinical audits relating to intermediate care will become part of the ICFT's existing audit

											schedule mechanism, and any other contracts arising from this consultation.
Patient experience		1				1			1		There will continue to be high levels of patient engagement and involvement in the further development and implementation of this model following the SCB decision in January 2018. A period of formal consultation has been undertaken (23/8 – 15/11), the detail of which is included in the full report. The commissioner and provider expectation is that the model commissioned and delivered will deliver improvements in patient experience, addressing any areas identified by the public / patients during the consultation. The commissioners will seek assurance on expected Improvements in patient experience via the existing quality and contract monitoring process.
Safeguarding children or adults	0				0				0		The commissioned model will include all required elements of safeguarding legislation, as the provider(s) will include Tameside & Glossop Integrated Care NHS Foundation Trust. The GM Safeguarding Standards are included in the ICFT contract and will be included in any contracts relating to the delivery of intermediate care arising from this consultation.
Human resources/ organisational development/ staffing/ competence			2				3			6	Members of ICFT staff have been included in the consultation process, including those staff currently working from the Shire Hill unit. The ICFT have led a process of staff engagement through the period of formal consultation and will ensure the required staff engagement processes are undertaken once a decision is made regarding the future option for the delivery of bed based intermediate care. The ICFT will be responsible for ensuring the full range of intermediate care services are delivered by appropriately qualified and competent staff. The CCG will ensure the ICFT are held to account through the contracting process for doing so. The same requirements will be placed on any other provider delivering intermediate care as a result of this consultation.

Statutory duty/ inspections	0		0		0		TMI The exp sub deli	the providers of the services will continue to include the ICFT, BC and DCC they are subject to statutory duties and inspections. Proposed location for the single site intermediate care service, ressed as the preferred option in the consultation, has been ject to CQC assessments via T&GICFT. Any other providers vering intermediate care as a result of this consultation will be ject to appropriate inspections.
Adverse publicity/ reputation		3		4		8	The popress the deta suprais recovered will Singapp Corapp	re has been a strong negative response from a proportion of the ulation in the locality to the CCG's preferred option. This conse and the full consultation process have been summarised in full report to which this QIA relates, and will be provided in more all to the January SCB meeting. A detailed EIA is in production to port the SCB decision making process, addressing the issues ed through the consultation process. Depending on the emmendation and subsequent decision It is possible that there be continued adverse reaction following the decision of the gle Commissioning Board. The process followed throughout this ect has been the evidence based decision making framework roved in January 2017 by the Tameside and Glossop Single missioning Board (SCB). This framework is the agreed roach to evidence based decision making which covers agement and consultation; equality and diversity; and quality and
Finance	0		0		0		dev fina	intermediate care bed based services proposal has been eloped as part of the Care Together programme and the locality ncial plan. Any proposal presented to SCB will include nments from the locality finance team.
Service/busines s interruption	0		0		0		will com whi	implementation of the model developed as a result of this work be done with minimal service / business interruption. The missioner and ICFT will ensure that the implementation of chever model is approved by SCB has minimum service / iness 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 <sup>rd</sup> 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 equ	Has an equality analysis assessment been completed?						S / <del>NO</del>	Please submit to SCB alongside this assessment
Is there evi	dence of	appropria	ate public enga	agement / cor	sultation?	YE	S / <del>NO</del>	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	21 <sup>st</sup> November 2017
Nursing and Quality Directorate Review	
Name	Lynn Jackson
Position	Quality and Patient Experience Lead
Signature	Lynn Jackson
Date	22/11/2017