

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 May 2018

Officer of Single Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: **INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP**

Report Summary: Tameside & Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.

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 were the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform SCB of the consultation progress and process, initial themes and the next steps to ensure a final report to the SCB January meeting.

A report containing the full detail of the consultation analysis, and an Equality Impact Assessment which responded to issues arising during the consultation and explored mitigations, was presented to the SCB in January 2018. On the basis of this report, the SCB approved Option 2, resulting in the centralisation of the intermediate care beds into the Stamford Unit, adjacent to Tameside Hospital and part of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

An interim report was presented to the February meeting of the SCB, including a letter from the Clinical Chair and Chief Executive of the CCG, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit.

Commissioners have been working with ICFT and other partners in the locality to ensure the mitigations are being delivered and to develop the implementation plan set out in this report.

Recommendations: The Strategic Commissioning Board is requested to:

- Note progress against mitigations outlined in the conclusions to the report at Section 6
- To approve the move to implementation of the agreed model of Intermediate Care
- To request the Quality and Performance meeting to undertake a review of the delivery of Intermediate Care and report findings to the Strategic Commissioning Board in January 2019.

Financial Implications:

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Adult Services	-	-	-	-
TMBC Children's Social Care	-	-	-	-
TMBC Population Health	-	-	-	-
TMBC Other Directorate	-	-	-	-
CCG	8,032	0	0	8,032
Total	8,032	0	0	8,032
Section 75 - £'000 Strategic Commissioning Board		Proposed recurrent budget of £8,032k, plus up to an additional £250k to support the purchase of up to 8 beds at any one time on an individual basis for residents of Glossop. £1,983k of non-recurrent transformation funding from GMHSCP is available to fund transition to the new arrangements.		
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison A financial review of this business case is supportive of the implementation of option 2 (as the preferred option presented in the public consultation). £23.2m of transformation funding has been awarded by GM Health and Social Care Partnership to support transformation of health and social care in Tameside and Glossop and £1.983m of this non recurrent money has been earmarked for funding the transition to the new intermediate care arrangements. It is important to recognise that receipt of this funding is subject to the attainment of stretching quality and financial targets which are stringently monitored by the GM Health and Social Care Partnership. Implementation of this proposal is anticipated to deliver a net recurrent saving to the Tameside and Glossop Locality of at least £436k per annum which will contribute towards the overall economy gap whilst providing a quality and clinically safe service. However, it is critical that notice is served timely on Shire Hill and a prompt transfer to the new service arrangements aligned to coincide with the term of notice. Failure to do so will result in additional estates costs of circa £50k per month beyond the term of notice and additional staffing/cost pressures and quality risk from having to use agency staffing whilst existing staff finish their notice periods and are redeployed in other areas.				

**Legal Implications:
(Authorised by the Borough
Solicitor)**

It is noted that in order to achieve a seamless and cost efficient transition to the new service arrangements the timelines with current contracts/arrangements and notice of termination by the Integrated Care Foundation Trust of the lease in relation to Shire Hill owned by NHS Property Services Ltd should be synchronised.

Management of staffing will be key to the safety of patients and service users are not compromised in any way, as again this is an area with the potential for costly complaints and claims.

In order to demonstrate quality standards current and future NICE guidance should be followed, built into contracts and reflected in contractual documentation particularly since there is currently a consultation exercise requiring consideration.

Likewise the National Audit of Intermediate Care 2018 expects compliance with statutory and mandatory requirements for Clinical Audit and so contractual and monitoring arrangements, processes and procedures will need to reflect the same if the service is to demonstrate excellence, that it is fit for purpose and provides value for money in the four categories of crisis response, home based rehabilitation, bed based intermediate care and re-ablement.

**How do proposals align with
Health & Wellbeing
Strategy?**

The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.

**How do proposals align with
Locality Plan?**

The intermediate care proposals are in line with the locality plan and the Care Together model of care

**How do proposals align with
the Commissioning
Strategy?**

The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme

**Recommendations / views of
the Health and Care
Advisory Group:**

The HCAG (in previous form as PRG) discussed and provided comments on the proposed options for Intermediate Care which were incorporated in the consultation documents and process.

**Public and Patient
Implications:**

This report details the implementation of the new model of Intermediate Care following on from the public consultation and engagement with communities in Tameside & Glossop. Details of the consultation have been presented to SCB along with a full Equality Impact Assessment, and it was this detail which informed the decision taken in January 2018.

Quality Implications:

A Quality Impact Assessment was completed to accompany the report presented in January 2018.

Tameside & Glossop ICFT will be required to participate, along with commissioner colleagues, in the annual National Audit of Intermediate Care. The results of this Audit will be presented to the SCB to provide ongoing assurance.

The Director of Quality & Safeguarding chairs the Quality & Performance meetings held between the Strategic Commission and T&G ICFT which monitors process and enables commissioners to request specific quality reviews where there are areas of interest. Through these meetings the commissioners will ensure the continued delivery of home based intermediate

care to all 5 neighbourhoods in the locality, in line with the National Audit of Intermediate Care 2018 (NAIC) expectations and the NICE quality standards referred to in section 4. The Interim Director of Commissioning recommends that a specific quality review be enacted in 2018-19 to review delivery of the new model for Intermediate Care.

As described in the body of the report, safe staffing of intermediate tier services will also be monitored through quality and performance contract meetings to ensure a focus on quality and safety during and after transition.

How do the proposals help to reduce health inequalities?

The proposal will ensure the delivery of intermediate care services which to meet individuals' needs across the locality and addresses health inequalities.

What are the Equality and Diversity implications?

A full Equality Impact Assessment (EIA) was developed to support the report presented to the SCB in January 2018 and can be viewed here:

<http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board>

What are the safeguarding implications?

The commissioned model will include all required elements of safeguarding legislation, as the provider will be Tameside & Glossop Integrated Care NHS Foundation Trust. The GM Safeguarding Standards are included in the ICFT contract.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

As part of the implementation of this model of care, a data flow mapping exercise will be undertaken to understand what information will be transferred and to where; from that it will be possible to identify the requirements for robust data sharing agreements between the parties sending or receiving the data. The commissioner will seek assurance from all parties involved in the delivery of intermediate care that appropriate arrangements are in place. The locality's Information Governance Working Group will sense check data flows and IG requirements relating to this project.

Risk Management:

This transformation programme will be managed via the Care Together Programme Management Office. The risks will be reported and monitored via this process.

Access to Information :

APPENDIX	
1	Letter to Chief Executive of Tameside & Glossop ICFT
2	National Audit of Intermediate Care – Service Category Definitions
3	Intermediate Care referral process and patient information
4	Intermediate Care Model for Tameside & Glossop - ICFT
5	Additional services and integration of existing services within Glossop
6	National Audit of Intermediate Care 2018 – Audit Proposal

The background papers relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Commissioning:



Telephone: 07979 713019



e-mail: alison.lewin@nhs.net

1 INTRODUCTION

- 1.1 Tameside & Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.
- 1.2 In August 2017, the Strategic Commissioning Board (SCB) 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 were the subject of public consultation over a 12 week period from 23rd August to 15th November 2017.
- 1.3 Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform SCB of the consultation progress and process, initial themes and the next steps to ensure a final report to the SCB January meeting.

2 STRATEGIC COMMISSIONING BOARD DECISION

- 2.1 A report containing the full detail of the consultation analysis, and an Equality Impact Assessment which responded to issues arising during the consultation and explored mitigations, was presented to the SCB in January 2018. On the basis of this report, the SCB approved Option 2, which will result in the future commissioning of the intermediate care beds for Tameside and Glossop into the Stamford Unit, adjacent to Tameside Hospital and part of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).
- 2.2 The SCB approved Option 2 with the following mitigations:
 - The Glossop Integrated Neighbourhood team are asked to examine further opportunities to deliver enhanced rehabilitation and recuperation at home
 - In light of some Glossop patients possibly requiring intermediate bed based care as close to home as possible to maximise their recovery, the Strategic Commission will engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis for residents of Glossop, subject to these reaching the commissioner's required standards for quality
 - The Strategic Commission will commission the maximum appropriate health and social service provision from Glossop Primary Care Centre (GPCC)
 - To review annually the Intermediate Care home based offer and bed requirement across Tameside and Glossop to ensure future demand is continually assessed and planning for future local provision is adapted accordingly.
- 2.3 An interim report was presented to the February meeting of the SCB, including a letter from the Clinical Chair and Chief Executive of the CCG, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit. This letter is attached at **Appendix 1**, and includes the following:
 - The development of a clear, documented process which the ICFT will follow to identify patients requiring support from an intermediate care bed in the Glossop neighbourhood. This will need to include how patients are identified, what information they receive with regard to their choice of inpatient intermediate care offer, how it will be agreed that their period of 'discharge to assess' in the Stamford Unit will conclude and the move to Intermediate Care take place and how this will be organised in conjunction with the

patient, their carers, their GP, Glossop Integrated Neighbourhood team including Derbyshire County Council

- A view that the ICFT will wish to lead the commissioning of these Intermediate Care beds in Glossop and will be able to do so within the financial envelope already provided for Intermediate Care, as included in the January SCB report (see finance section below). The commissioners will support the quality assurance process of the beds identified as appropriate;
- Strategic Commissioners will require assurance through our Contract, Quality and Performance meetings regarding delivery of the 4 elements of intermediate care throughout Tameside and Glossop, as set out in the National Audit of Intermediate Care (**Appendix 2**) and the basis for our new model of Intermediate Care.
- In regards to Glossop specifically, commissioners believe it will be important to communicate effectively and assure the local population on the delivery of Glossop Integrated Neighbourhood services as set out in the paper considered by the Strategic Commissioning Board and seek to agree with the ICFT how this can be done optimally.
- Commissioners have long accepted that the Glossop Primary Care Centre is under-utilised in terms of capacity and range of services offered and would like to work with the ICFT to facilitate the development and/or transfer of additional health services to the Glossop Primary Care Centre with the ambition of an 80% occupancy rate (a good standard usage for public sector buildings) and increased service provision.

2.4 The Commissioners have been working with the ICFT and other partners in the locality to develop the implementation plan set out in this report, ensuring the conditions included in the attached letter (listed above) are addressed.

3 IMPLEMENTING THE NEW OFFER

3.1 The report to January SCB stated that details of proposed actions, timelines and milestones for the implementation would be presented to SCB to confirm support to proceed. This section of the report outlines how the conditions set out above and in the letter to the Chief Executive of the ICFT will be met.

Project Management

3.2 In order to ensure that all actions and mitigations outlined in the letter to the Chief Executive of February 2018 are met, the ICFT has established a dedicated Intermediate Care project group which is led by the Chief Nurse and Director of Human Resources and reports into the Trust Executive Management Group. The group's objectives are:

- To provide governance and oversight of the staff consultation exercise for the intermediate care staff based at Shire Hill
- To develop a project plan (with critical actions) for the relocation of bed based intermediate care services from Shire Hill to the Stamford Unit
- To monitor and manage the risks and issues identified during the development of the Shire Hill relocation plans and during the implementation period
- To further refine the detailed clinical delivery model for the flexible community bed base service in the Stamford Unit, including the provision of bed-based intermediate care
- To agree the staffing structure to deliver the clinical model
- To oversee the compilation of the standard operating policy for the flexible community bed base in Stamford Unit (including identification and referral processes) and revision of all supporting policies, procedures and patient documentation.

- To oversee the communication plans associated with the relocation of bed based intermediate care services from Shire Hill
- To ensure robust and safe plans are in place for the relocation of staff and patients from Shire Hill.
- To ensure plans are in place for the safe removal of all intermediate care Trust records and surplus equipment from Shire Hill following the relocation of intermediate care.

3.3 Senior leads have been identified and sub-groups established to progress these key actions prior to the relocation of services. These leads report progress into the Intermediate Care workstream at a weekly meeting.

3.4 The Commissioner expectation is that this group will ensure there are clear criteria and referral mechanisms for patients to opt to receive bed-based care from the Glossop neighbourhood based option for bed-based intermediate care, as described in the section below.

Process for identification and referral of patients in intermediate care in Glossop

3.5 A key principle of the intermediate care model is that wherever it is possible a person should have their care requirements met within their own place of residence and that the system will be responsive to meeting this need in a timely manner. The ICFT has implemented the “Home First” service model, which responds to meet an urgent/crisis health and/or social care need for patients.

3.6 The Home First offer ensures that individuals are supported through the most appropriate intermediate care pathway with “home” always being the default position. However, it is recognised that not all individuals intermediate care can be managed safely in their own home and there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.

3.7 The ICFT has a well-established and documented process for referring patients into intermediate care services from acute care to facilitate discharge and a referral document for step up from community to avoid an admission. This includes patient information on choice of inpatient intermediate care offer through the ticket home initiative for patients being discharged into intermediate care services from the acute setting or stepping up from the community. This documentation supports discussions with patients, carers and social care services on discharge planning and choice of services (2 documents are attached at **Appendix 3**).

3.8 The plan for the relocation of bed based intermediate care from Shire Hill is to transfer the existing clinical model and staffing to Stamford Unit onto one 32 bedded floor. This was in response to the preferences indicated by the staff during consultation to relocate as a complete unit and to allow them to become familiarised with the unit and other services being provided from the flexible community bed base and understand the patient requirements. Therefore the documents attached are based on the current inpatient bed based provision.

3.9 The ICFT has established a project group to develop a revised clinical model for the whole unit and agree policies and procedures for the new state. This will include the process for identifying and referring patients into the specific Glossop bed based intermediate care.

3.10 For patients stepping up into intermediate care services (home and bed-based) the referral can come from a range of individuals from GPs, neighbourhood team, community service to the patient or carer. This is facilitated by the Integrated Urgent Care Team (IUCT) who are the team responsible for delivering the home first service model for both crisis response and home based intermediate care services

Commissioning of Intermediate Care Beds in Glossop

- 3.11 The development of the process to commission and provide additional bed based intermediate care provision in Glossop for patients needing to be close to their families/carers to deliver their optimum outcome is ongoing and being led by the ICFT Glossop Neighbourhood team with involvement from primary care, commissioning, social care, Derbyshire County Council and patient representation.
- 3.12 The offer would be based on the principals of bed based intermediate care with additional nursing and therapy input delivered by community services within the IUCT and intermediate tier of the ICFT and be supported and supplemented by the staff and resources in the neighbourhood team including Derbyshire Social care services.
- 3.13 The use of telehealth solutions would be possible, to introduce individuals to the technology, its benefits and so that they are familiar with how to use it on discharge.
- 3.14 Families can more easily be enabled to be part of the “team” and therefore part of the solution rather than the recipient of a plan and an individual’s ability to initiate activities and manage independently can be tested, prior to returning home.
- 3.15 The ICFT will continue to develop the plan for these beds with the commissioners and neighbourhood team.

Delivery of all levels of Intermediate Care

- 3.16 The National Audit of Intermediate Care uses 4 categories for intermediate care: crisis response, home based rehabilitation, bed based intermediate care and re-ablement. This section of the report outlines the NAIC definitions (outlined in full in the document attached at **Appendix 2**) and the ICFT’s statements regarding delivery of intermediate care across all 4 categories.
- 3.17 Crisis Response:

Setting	Aim
Community based services provided to service users in their own home / care home	Assessment and short term interventions to avoid hospital admission

- 3.18 (NICE definition) - Community-based services provided to people in their own home or a care home. These services aim to avoid hospital admissions. Crisis response usually involves an assessment, and may provide short-term interventions (usually up to 48 hours). Crisis response is delivered by a multidisciplinary team but most commonly by healthcare professionals.
- 3.19 The urgent element of the Intermediate Care model for Tameside and Glossop provided through the Integrated Urgent Care Team (IUCT). IUCT is a joint service provided by the ICFT and TMBC, which is made up of health and social care services for Tameside patients and healthcare services for Glossop patients (with interface with Derbyshire County Council social care services). IUCT provide the urgent response to the crisis health and/or social care need for patients. The IUCT ensures patients are supported through the most appropriate pathway into and out of acute hospital or care services with “home” always being the goal.
- 3.20 Home Based Rehabilitation:

Setting	Aim
Community based services provided to service users in their own home / care home	Intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness,

	timely discharge from hospital and maximising independent living
--	--

- 3.21 (NICE definition) - Community-based services that provide assessment and interventions to people in their own home or a care home. These services aim to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).
- 3.22 A range of services come together to provide home based intermediate care services for Tameside and Glossop, these include IUCT, community and specialist intermediate care services (and new services being implemented as part of the Integrated Neighbourhoods). These are provided in the community setting to deliver the home based intermediate care offer to patients in their place of residence (whether that is at home or in a care home). Under the Home First model, the IUCT team aim to support patients to receive home based Intermediate care whenever possible and appropriate to the person's rehabilitation goals.
- 3.23 Following the crisis response IUCT provides on-going nursing and therapy care for up to six weeks until individuals are suitably rehabilitated for the community therapy and district nursing teams to take over ongoing care or the person no longer needs these services. For social care, IUCT provide crisis response wrap around support for up to 72 hours, at which time, if the individual has not regained independence they would be referred to Reablement intermediate care). Reablement can be in place for an individual anything between a couple of days and 6 weeks to meet their rehabilitation needs. Following this period of care a social worker will review the support package and if longer term support is required, the social worker will commission a package of care and the neighbourhood teams would then take over the ongoing care coordination.
- 3.24 Alongside this the intermediate tier services will provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care than is available within the Neighbourhood services. These services are detailed in **Appendix 4** and include District Nursing, therapy services such as Speech and Language therapy and Community Neuro-Rehabilitation and community IV therapy services.

3.25 Bed Based Intermediate Care:

Setting	Aim
Service is provided within an acute hospital, community hospital, residential care home, nursing home, standalone intermediate care facility, Independent sector facility, Local Authority facility or other bed based setting	Prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital

- 3.26 (NICE definition) Assessment and interventions provided in a bed-based setting, such as an acute hospital, community hospital, residential care home, nursing home, stand-alone intermediate care facility, independent sector facility, local authority facility or other bed-based setting. Bed-based intermediate care aims to prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and to support timely discharge from hospital. For most people, interventions last up to 6 weeks. Services are usually delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).
- 3.27 In line with the outcome of the consultation, bed based intermediate care for the population of Tameside & Glossop will be delivered from the Stamford Unit on the Tameside Hospital

site. In addition, there will be an offer developed for the Glossop neighbourhood, as outlined in detail in sections 3.11 – 3.15 of this report.

3.28 Re-ablement:

Setting	Aim
Community based services provided to service users in their own home / care home	Helping people recover skills and confidence to live at home, maximising their level of independence so that their need for ongoing homecare support can be appropriately minimised

3.29 (NICE definition) Assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks. Reablement is delivered by a multidisciplinary team but most commonly by social care practitioners.

3.30 Reablement services are provided in Tameside and Glossop by Tameside Metropolitan Borough Council (TMBC) Adult Social Care, and for Glossop, by Derbyshire County Council.

Glossop Integrated Neighbourhood Services

3.31 The report presented to the SCB in January 2018 included details of services available to the Glossop neighbourhood. The document which was shared as an appendix to the January report has been updated and is attached to this report at **Appendix 5**.

3.32 The offer to the population of the Glossop neighbourhood has been developed and enhanced over recent months, with some services in the neighbourhood commencing since the presentation of the report to the SCB in January, and plans in place to develop more during 2018-19. These include:

- Neighbourhood Pharmacists have been recruited by the ICFT and are providing care in all neighbourhoods, including Glossop
- A 7-day primary care access service, delivered by Orbit (GP Federation) with Go To Doc, is available in Glossop Primary Care Centre. The promotion of the service has increased to ensure it is used to its optimum
- Extensive Care service – a new weekly Extensive care clinic in Glossop PCC commenced in April. A second clinic will be explored subject to demand being established
- Community IV Therapy operates in people's homes in Glossop
- The Digital Health service is providing access to hospital clinicians for Glossop Care homes and the Glossop Community Paramedic. Glossop Care homes are signed up and have the required equipment
- In addition to the existing mental health services, Glossop residents with common mental health problems will be supported by the expansion in psychological therapies, where a new provider will be joining Pennine Care Healthy Minds service to create a new psychological therapy (IAPT Plus) service to enable more people to receive support from a wider choice of therapies. This new service will be operational in Autumn 2018
- The ICFT have confirmed that they have made provision for the Physiotherapy, OT, Therapy Outpatients and Pulmonary Rehab to be delivered from the Glossop Primary Care Centre for Glossop residents
- The Glossop Neighbourhood team operate a Glossop Multi-Disciplinary Team meeting from GPCC

3.33 Through the Intermediate Care programme work stream, a full public and staff communication plan is being developed to ensure that staff and our local population are fully engaged in relocation plans. This will be finalised and enacted once the relocation date is confirmed. This will include:

- Patient information and a communication plan for patients and carers who are resident in Shire Hill in the lead up to the relocation which will include individualised patient information and discussions with patients on discharge and rehabilitation planning.
- Public and stakeholder communication materials which will include, visual communication materials to be distributed to community estate, use of existing stakeholder communication channels (such as GP newsletters, target meetings, neighbourhood forums), communication information to be presented at existing neighbourhood led patient and public forums and use of social media platforms.
- Staff updates for all staff across the ICFT including Shire Hill, Stamford Unit, and Community and Neighbourhood team. As well as dedicated staff updates on the relocation, the ICFT will use existing methods to communicate with the wider ICFT staff group including the weekly catch up with Karen newsletter, the executive led open house forum and the dedicated staff social media channels.
- Finally, the ICFT will arrange a staff celebratory event to recognise the contribution of Shire Hill and the dedication of the teams.

Glossop Primary Care Centre Utilisation

- 3.34 The Strategic Commissioning Board requested assurance on progress towards an 80% occupancy rate and increased service provision from Glossop Primary Care Centre.
- 3.35 The Strategic Estates Group have reviewed the situation, and have indicated that with moves – planned and delivered – utilisation is already at around 80%.

Staffing Implications

- 3.36 The staff members directly affected by the proposals for bed-based intermediate care were briefed throughout the consultation process by the senior management team of the ICFT, and were involved in the public meetings held during the consultation period. Their views were incorporated in the consultation feedback included in the January SCB report.
- 3.37 The ICFT as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, have ensured the required staff engagement and consultation processes have been undertaken following confirmation of the Strategic Commissioning Board's decision.
- 3.38 The consultation process for the relocation of staff commenced in February 2018. All staff based at Shire Hill have been offered a 1:1 meeting and offered the opportunity to relocate to the Stamford Unit, or to be considered for redeployment opportunities within the Community setting, if travel to the acute site would be difficult. The one to one meetings have been successful, with most staff either confirming their transfer to the Stamford Unit and others being actively considered for redeployment opportunities. A number of staff have been successful in obtaining redeployment opportunities within the organisation in community services, although they will remain at Shire Hill until transfer, to ensure safe staffing levels.
- 3.39 A recruitment event has been held to recruit to vacant posts and the Trust believes that there is sufficient staffing transferring to the Stamford Unit or commencing in post to ensure that the intermediate care beds can be safely staffed. Currently there are enough staff to support the existing Intermediate care beds at Shire Hill. However, a number of staff from Shire Hill have accepted posts outside of the organisation and are currently working their agreed notice period, therefore there is a risk that staffing at Shire Hill could be reliant on agency staff if the relocation of the Intermediate care beds is not progressed at pace. In addition, other areas within Community may experience operational pressures if staff are not soon released to their redeployed roles.

- 3.40 Safe staffing of intermediate tier services will be monitored through quality and performance contract meetings between the Strategic Commission and T&G ICFT to ensure a focus on quality and safety during and after transition.

Financial Implications

- 3.41 The January SCB report included a proposal for a recurrent budget of £8,032k, plus up to an additional £250k to support the purchase of up to 8 beds at any one time on an appropriate individual basis for residents of Glossop. The report also stated that £1,983k of non-recurrent transformation funding from GMHSCP is available to fund transition to the new arrangements. With the additional (up to) £250k to support the beds in Glossop, this still represents a financial efficiency to the locality.

Estates Implications

- 3.42 The report to SCB in January 2018 stated that the decision of the Strategic Commissioning Board would be communicated to the ICFT who would then take any necessary action with regard to their estate and current contracts / arrangements.
- 3.43 Shire Hill is owned by NHS Property Services (NHSPS), a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill and dispose of the site, notice will need to be served to NHSPS. Current rental payments would stop at the end of the notice period.
- 3.44 At the end of this period the NHSPS would control the site and it will be for them to determine the future of the estate. Any capital receipts which result from a hypothetical sale of the site would accrue to NHSPS. As the asset is not owned within the local economy, there would be no financial benefit to either the ICFT or the strategic commissioner.

Service Improvements and Outcome Measures

- 3.45 In the January report to the SCB it was confirmed that the Strategic Commission would ensure that the outcome of the consultation would result in the development of clear outcome measures in the contract with the ICFT, to enable the monitoring of the quality of intermediate care services in Tameside and Glossop. These will be included in the contract held between ICFT and the Strategic Commission.
- 3.46 NICE issued new guidance in September 2017 on **NG74: Intermediate care including re-ablement** and are currently consulting on the development of Quality Standards. Commissioners will ensure this guidance is reflected in the contractual documentation supporting the delivery of Intermediate Care in Tameside & Glossop.¹
- 3.47 A Quality Impact Assessment of the bed based intermediate care proposals was produced to support the January SCB report.

4 NATIONAL AUDIT OF INTERMEDIATE CARE (NAIC) 2018

- 4.1 The NAIC measures intermediate care (IC) service provision and performance against standards derived from government guidance and from evidence based best practice. The audit provides national comparative data for bed and home based intermediate care and re-ablement services provided by a range of health and social care providers including acute trusts, community service providers and Local Authorities. The specification for this audit is attached at **Appendix 6**.

¹ <https://www.nice.org.uk/guidance/ng74> ; <https://www.nice.org.uk/guidance/GID-QS10059/documents/draft-quality-standard>

4.2 The objectives of the audit, set out in the specification, are:

- To assess performance at the national level against key performance indicators and quality standards and provide benchmarked comparisons at the local level to facilitate service improvement.
- To assess the service user experience of intermediate care through the Patient Reported Experience Measures (PREM) for bed, home and re-ablement services, highlighting areas of improvement that are important to service users.
- To collect standardised outcome measures for intermediate care and to use the outcomes data to understand the key features of high performing services.
- To provide evidence of the whole system impact of intermediate care to assist commissioners in making the case for intermediate care investment.
- To inform future policy development within the Department of Health (DH), NHS England, the Welsh Government and the Northern Ireland Public Health Agency.
- To continue to share good practice in intermediate care services by encouraging networking amongst participants and developing case studies.

4.3 It is the commissioner expectation that the commissioner (Tameside & Glossop CCG) and provider organisations (ICFT, Tameside Metropolitan Borough Council and Derbyshire County Council) will participate in the 2018 National Audit of Intermediate Care to support the ongoing review and analysis of the Intermediate Care system in Tameside & Glossop.

5 EQUALITY IMPACT ASSESSMENT

5.1 To ensure compliance with the public sector equality duty (section 149 of the Equality Act 2010) public bodies, in the exercise of their functions, must pay 'due regard' to the need to eliminate discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations.

5.2 The Equality Act 2010² makes certain types of discrimination unlawful on the grounds of:

- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sex
- Sexual orientation

These are called 'protected characteristics'.

5.3 The Strategic Commission have an additional 4 locally determined protected characteristic groups:

- Carers
- Mental health
- Military veterans
- Breastfeeding

² <https://www.gov.uk/guidance/equality-act-2010-guidance#overview>

- 5.4 A full Equality Impact Assessment (EIA) was produced to support the report presented to the SCB in January 2018, and was used to inform the decision taken. The EIA was produced to ensure a response to issues raised within the consultation, providing a full evaluation of the impact of the proposed model, and exploring the required mitigations. These mitigations form the basis of the implementation plan outlined in this latest report.

6 CONCLUSIONS

- 6.1 The interim report presented to the February meeting of the SCB included a letter from the Clinical Chair and Chief Executive of the CCG, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit. The ICFT's response to this letter is included in detail in this report. This conclusion outlines the Interim Director of Commissioning's review of the ICFT response.

- 6.2 **Process for identification and referral of patients in intermediate care in Glossop:** The response in Section 3.2 – 3.10 address in detail how patients are currently assessed for Intermediate care and how this can be enhanced in the future. The Project Management team clearly have objectives of how Glossop patients in particular, will be offered choice as appropriate.

The Interim Director of Commissioning is satisfied that processes are in place to identify patients, offer choice and fulfil the expectation of Commissioners. There are clear processes to monitor adherence to the principles agreed in the Intermediate care decision of January 2018.

- 6.3 **Commissioning of Intermediate Care Beds in Glossop:** The commissioning of intermediate care beds in Glossop will be purchased on an individual basis to meet an individual's needs. The commissioning of these beds will be subject to ensuring that the provision meets expected standards for providing intermediate tier services. That such provision meets CQC standards and can be assured is of sufficient quality, safety and has sufficient staffing available to provide high quality intermediate care. The clinical oversight and treatment of individuals using beds in Glossop will remain with Tameside & Glossop Integrated Care Foundation Trust and will be subject to ICFT governance processes.

The Interim Director of Commissioning is satisfied that there is a plan to develop a commissioning process to support the additional bed based intermediate care provision in Glossop should this be appropriate. However, this work can happen in parallel with the implementation but assurances will need to be gained that this is in place prior to the actual relocation of beds.

The Interim Director of Commissioning is working with the Strategic Commission's Director of Quality and the ICFT Director of Nursing to ensure the process is robust and agreed.

- 6.4 **Delivery of all levels of Intermediate Care:** The evidence provided by the ICFT is strong in relation to the delivery of bed based intermediate care and re-ablement. The IUCT model is cited as delivering the crisis response and home based intermediate care. The ICFT's commitment to participating in the National Audit of Intermediate Care 2018 will enable commissioners to review and evaluate the delivery of crisis response and home based intermediate care.

The Interim Director of Commissioning is satisfied that the ICFT is offering service provision at all levels of Intermediate Care. This however will need to be kept under review and assurance gained via the National Audit.

The Director of Quality & Safeguarding chairs the Quality & Performance meetings held between the Strategic Commission and ICFT which monitors process and enables commissioners to request specific quality reviews where there are areas of interest. Through these meetings, commissioners will ensure the continued delivery of home based intermediate care to all 5 neighbourhoods in the locality, in line with the National Audit of Intermediate Care 2018 (NAIC) expectations and the NICE quality standards referred to in section 4.

As described in the body of the report, safe staffing of intermediate tier services will also be monitored through quality and performance contract meetings to ensure a focus on quality and safety during and after transition. In addition, the Interim Director of Commissioning recommends that a specific quality review be enacted in 2018-19 to review delivery of the new model for Intermediate Care.

- 6.5 **Glossop Integrated Neighbourhood Services:** There is strong evidence to show a high level of integrated working in the Glossop neighbourhood and progress towards delivery of the commissioned model for Integrated Neighbourhoods. The evidence provided by the ICFT, included in this report and the reports presented to SCB in December and January, provide details to support this. Further work is being undertaken across the locality to determine how the effectiveness of the Integrated Neighbourhood model will be reviewed and evidenced.

The Interim Director of Commissioning is satisfied that the ICFT has met this SCB recommendation as described in the letter to the ICFT on February 2018 and attached at Appendix 1.

- 6.6 **Glossop Primary Care Centre Utilisation:** There is strong evidence that the use of the Glossop Primary Care Centre is improving, and that the work of the Strategic Estates Group will ensure this continues to be the case.

The Interim Director of Commissioning is satisfied that the ICFT has met this SCB recommendation as described in the letter to the ICFT on February 2018 and attached at Appendix 1.

7 RECOMMENDATIONS

- 7.1 As set out on the front of the report.