Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	12 December 2018
Officer of Single Commissioning Board	Gill Gibson, Director of Safeguarding and Quality Lynn Jackson, Quality Lead Manager
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 will be key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. A framework needs to be developed 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 Services

2.1 The Strategic Commission (SC) has raised concerns in relation to staffing capacity within Intgrated Care Foundation Trust (ICFT) community services. The ICFT has undertaken a review of community services; and have been asked to present the findings of the review, alongside assurance that they have capacity to provide good quality community services, at the ICFT Quality and Performance Contract Meeting. This presentation is scheduled for 13 December 2018 and an update will be provided in the following report.

Health Visiting Service

2.2 Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus. There is current concern around a deterioration in performance within the service against National Key Performance Indicators.

Actions taken to improve

2.3 Following the September Quality and Performance meeting with the ICFT the Director of Nursing, as Chair of this group, and the Deputy Director of Public Health (as accountable commissioner) escalated the ongoing concerns about the Health Visiting service to the Chief Nurse and Director of Operations at the Trust. The Trust were asked to provide the Health Visiting improvement plan which has been submitted to the accountable commisisoner, alongside assurance that performance will be back on trajectory for quarter 3.

2.4 The Service Improvement Plan is being monitored through a monthly meeting with service leads. The Improvement Plan has been RAG rated and includes actions around recruitment, data quality and quality audit of assessments, increasing antenatal contacts and additional training for staff. The service aim to show performance improvement by Quarter 3 2018/19. Tameside MBC Internal Audit team are also auditing Health Visiting performance and contracting with a report due at the beginning of December.

Good Practice

2.5 The service, in partnership with Manchester Metropolitan University, has published a recent research Community capacity project report around role of grandparents in school readiness.

2.6 Vicky Grundy, a Health Visitor in Denton won the -Recognising Excellence and Achievement Award- Mentor of the Year from Manchester University. The 'Recognising Excellence and Achievement' Awards affords all nursing and midwifery students the opportunity to highlight practice staff who have shown enthusiasm and commitment to supporting them and their learning. Vicky was shortlisted from a large number of applicants (90+) across Greater Manchester. This is the second year in a row that one of our Tameside Health Visitors has won the award (Last year Barbara Waugh won the award), which really is a credit to the fantastic support that the Health Visiting Teams give to students.

2.7 This highlights the learning experience that our students receive in Tameside and how much they value the experience. Below is a comment from the student that Vicky has mentored:

''Vicky is deserving of the mentor award and I am truly grateful for her continuous support and thankful I have been lucky to learn from her, for I cannot imagine learning from a more inspiring mentor who is equally just as gifted in health visiting.''

Looked After Children (LAC)

2.8 Concerns remain about the overall timeliness of Looked After Children (LAC) statutory health assessments with performance remaining below expected target. Whilst service improvements have been made over last 12 months improvements have not been consistent or sustainable.

Actions taken to improve

2.9 A final improvement action plan has been agreed between the ICFT and CCG which is being monitored biweekly to ensure progress is on target for quarter 3. Work continues to review complex commissioning arrangements for health of looked after children including re-specifications of the LAC health service to include more cohesive arrangements to improve timeliness and quality of services for LAC.

Health Care Acquired Infections (MRSA bacteraemia)

2.10 To date (2018/19) there has been a total number of 7 MRSA bacteraemia across the Tameside and Glossop economy (5 x community onset and 2 x acute onset); this is an increase in cases compared to the same period 2017/18 (4).

2.11 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 Health Care Aquired 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.

2.12 The outcome of post infection reviews identified 2 x cases where no lapses in care were identified and 3 x cases where wider opportunities for learning were identified but did not contribute to the development of this MRSA case (i.e. not preventable but require action to reduce future risk). 2 x cases identified lapses in care that could have contributed to the development of this MRSA case (i.e. preventable); this is one more case)to date) than in 2017/18.

2.13 Thematic analysis of the MRSA bacteraemia cases reviewed by the infection prevention team this year has indicated that all patients had wounds of some kind and the majority of these patients had had previous admission to the Stamford Unit.

Action taken to improve

2.14 Whilst the data gathered from the post infection review, in most of cases, has not indicated lapses in care that led to infection, the Trust are taking proactive action in requesting that the Stamford Unit Nursing team and the Lead Nurse for Tissue Viability review the management of wound care to identify any specific learning, and the need, or otherwise to refresh wound management guidelines. The Trust already has a pressure ulcer prevention and management focus and a considerable number of actions are being overseen by the Pressure Ulcer Prevention Group.

2.15 The implementation of actions plans are overseen by the Infection Prevention Lead Matron who provides assurance to the ICFT Quality and Performance meeting on a quarterly basis, the HCAI Quality Improvement Group and Tameside MBCs Health Protection Group.

Mortality data

2.16 The Trust's Hospital Standardised Mortality Rate (HSMR), of 107.6, is greater than the national mean of 100 and is now considered 'high' or 'worse than expected'. The Trust's

HSMR has increased to >100 as a result of the 'observed' number of deaths exceeding the 'expected' number.

Actions taken to improve

2.17 The Mortality Review Process has not identified changes to standards of care as the cause of the deterioration in performance. Alongside the assessment of care, work is also being undertaken to establish whether changes to the recording of the data, that is used to construct the mortality models, could be responsible for increased mortality rates. The analysis of data will focus on a number of areas: (1) diagnosis codes/ groups which have a significant influence upon national mortality indices (e.g. septicaemia, pneumonia, stroke, heart disease etc.); (2) the capture of patients' co-morbidities; and (3) changes in case-mix/ activity levels. An action plan will be constructed once both elements of the investigative work have been completed and this will be presented at the Quality and Performance contract meeting.

Cancer Patient Experience Survey

2.18 The Cancer Patient Experience Survey has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey is conducted by Quality Health on behalf of NHS England. The latest survey results were published in September 2018 and reflect results for 2017.

2.19 **ICFT Results (full results available here)**
The ICFT result had an overall score of 8.6 (out of 10) for how patient's rated their overall care; this is slightly lower than 2016 when they scored 8.9. However, this is still within the expected range. The ICFT had 1 x question which scored outside expected range for 2017 – this question scored higher than the expected range, which is positive.

Practice staff definitely did everything they could to support patient

The ICFT did not have any questions that scored lower than the expected range; again which is positive, all questions in the survey scored within the expected range.

2.20 **CCG Results (full results available here)**
Tameside and Glossop CCG result had an overall score of 8.8 (out of 10) for how patient's rated their overall. Tameside and Glossop CCG had 3 questions which scored outside expected range for 2017 – all of these scored higher than the expected range, which is very positive.

Patient thought they were seen as soon as necessary
Patient had confidence and trust in all doctors treating them
Patient definitely given enough support from health or social services after treatment

Tameside and Glossop CCG did not have any questions that scored lower than the expected range – again which is positive; all remaining questions in the survey scored within the expected range.

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

Key Issues and Concerns
Improving Access to Psychological Therapies (Healthy Minds)
Prevalence

3.1 This service is currently in the process of redesign with the new step one service "Big Life" not yet fully operational (staff are now in post and expected commence service delivery in early December). As a result of this single episode workshops have reduced which has

impacted prevalence, focus is being placed on Improving Access to Psychological Therapies (IAPT) appropriate treatment for patients entering the Healthy Minds service which are focused on needs led assessment and intervention. Prevalence data is reported monthly and ongoing monitoring is in place via the Contract Performance and Quality Group (CPQG).

Secondary Waits

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 CCG with additional investment in capacity in the psychological therapies service. Over September and October agency staff were recruited to address the secondary waits. The new posts created with the additional CCG investment have now been fully recruited to with 2 staff commencing in post at the end of October and early November. The 3 remaining staff are in the process of completing the pre-employment checks and confirming start dates with the service. The aim is for the additional capacity to support the waiting list reduction. The service is also undertaking a waiting list validation exercise to ensure that the patients waiting for treatment still require the treatment, this is being undertaken during November and December.

Memory Assessment Service

3.4 The Memory Assessment service has not been reaching the referral standard of 12 weeks since July 2018. Issues around staffing during the summer were previously reported to have impacted timescales for appointments in particular consultant capacity over the summer. Measures including additional clinics and increased short-term capacity have been put in place to address this. However, it has been reported that other contributory factors are also affecting performance and a performance diagnostic is required.

Actions taken to improve

3.5 Additional clinics and short term increased capacity have been put in place. It has been reported that a performance diagnostic is being undertaken. Clear timescales for this have been requested.

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 (CMHT) on the Risk Register.

Actions taken to improve

3.7 Bank and agency staff are being utilised to increase capacity. The newly formed Quality Assurance Meeting involving all five CCGs has identified this as an area of focus at Trust-wide level and a request has been made to strengthen safe staffing reporting including acuity and risk tolerance. PCFT are developing a Board paper to address this as well as spot audits onwards. 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. As noted above additional investment has also been provided to the Trust for areas of specific concern such as psychological therapies. A focussed session on workforce is also being requested as a “Quality in Focus” item for 2019 which will cover both adults and children.

Horizon Scanning

3.8 Work has been inititated to provide a stronger quality focus at the Local CQPG Meetings in 2019/20. Work is being initiated to look at the reporting structure and content in readiness for the 2019/20 contractual discussions.

4. PUBLIC HEALTH

CGL - Substance Misuse Peer Review

4.1 Substance Misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities. The recent peer review is timely in helping us focus our efforts on key areas for improvement. It forms part of our collective response to the considerable challenges of substance abuse we face across the Borough. Sarah Hart from Haringey Council, Public Health Team led the review. She has over 15 years of experience commissioning substance misuse services for Haringey Council. The scope of the review was broad and included prevention, commissioning, sustainability, integration, and outcomes for local people.

4.2 **It had 3 keys aims**

- To provide an overview of current challenges;
- To highlight and appreciate areas of good practice;
- To identify key areas for improvement.

4.3 **The peer review process involved**

- self-assessment;
- document review;
- interviews, focus group and visits;
- feedback and identification of issues to be worked into our local action planning;
- Stakeholder feedback session.

The participants in the review and feedback session included

4.4 Tameside Strategic Alcohol and Drug Group, Commissioning; Children's Services; Neighbourhoods; Population Health; Mental Health; Adult Social Care; Primary care lead GPs , Greater Manchester Police and Service Providers

Recommendations of the Peer Review

4.5 **Strategic Direction and Priorities**

- Tameside needs to develop a strategic statement regarding substance misuse which includes - priorities, responsibilities and time frames (request is no more than a page);
- This needs to be agreed and jointly signed off by the Health and Wellbeing Board and Community Safety Partnership;
- Parental substance misuse to be considered as a priority. The Strategic Commissioning Board could use the opportunity of forthcoming SM Public Health England parenting guidelines to set up a task and finish group to produce polices and pathways. This work will be taken forward by the Early Help Group.

4.6 **Quick win**

- Tameside understanding issues and the new delivery model– produce something that explains ethos of the new service;
- Engagement with GPs and agreeing a plan for GP shared care with relevant partners.

4.7 **Leadership and capacity**

- Senior Leaders to consider agreeing a lead for substance misuse across the life course and personal, community and place;
- Introduce a new strategic and operational structure including task and finish groups as needed;
- Leadership in CGL (Change, Grow, Live) to agree to continue to prioritise Tameside.
- CGL, Public Health England and Community organisations to aid the development of a Tameside service user voice
- Strategic Commission to ensure that prevention of substance misuse is part of their commissioning intentions

4.8 **Achievements, outcomes and objectives**

- Population Health and Corporate Performance needs to ensure it has the capacity and expertise to scrutinise and analyse the National Drug Treatment Monitoring System (NDTMS) data;
- Consider agreeing with the provider a set of KPIs which are in line with national monitoring to achieve over a period of 12 months i.e. number in alcohol treatment, waiting times;
- Explore doing a needs assessment around current drugs use including Spice;
- Although a national challenge, possibly there are local or Greater Manchester levers around getting hospital alcohol related trauma data.

4.9 **Priorities and Next Steps**

- Engaging with missing partners;
- Connecting and supporting Neighbourhood work;
- Developing and aligning pieces of work together.

4.10 **Strategic Direction**

- Identify Lead Director / Member for Substance Misuse
- Review the current partnership approach to substance misuse and the Community Safety Partnership including the accountable/delivery mechanisms
- Take the summary of the review for views to key meetings such as Health and Care Advisory Group, Health and Wellbeing Board, Joint Management Team and Community Safety Partnership.
- Connecting and supporting Neighbourhood work including embedding Substance misuse in the work of the Integrated Neighbourhood Design Teams strategically and operationally.

4.11 **Community**

- Launch and implement phase 1 of the GM Big Alcohol Conversation;
- Developing and aligning pieces of work together for example Communities in charge of Alcohol and the GM Big conversation;
- Develop the Alcohol Exposed Pregnancy Programme Proposal;
- Establish a task and finish Group to plan and identify priorities programmes of work starting with Children, Hidden Harm and Alcohol.

4.12 **One to One Service**

- Identify potential support for scrutiny and analysis of NDTMS data
- Review CGL KPIs and agree trajectories linked to national data sets
- Working with Primary Care and General practice to review and co-design a new fit for purpose Shared Care Offer

4.13 **Place**

Development of a process to review and utilise hospital and treatment data to inform neighbourhood enforcement and licensing.

Horizon scanning

Buprenorphine prescribing costs:

4.14 Further to the increase in the cost reported in the last report, the cost increase has levelled off, and Public Health England have written to commissioners to highlight the potential impact on providers if prices do not return to previous levels early next year. Currently costs are being absorbed by the service, but in view of the accumulating increase a joint meeting with CGL and Manchester CC to consider the options and agree a GM approach aligned to CGLs national position is planned for 18 December 2018.

5. PRIMARY CARE

Key points / Issues of concerns

Quality and Outcomes Framework (QOF)

5.1 The Quality and Outcomes Framework is a voluntary reward and incentive scheme for all GP surgeries in England. Practices aim to deliver high quality care across a range of areas for which they score points and the higher a practice's score, the higher the financial reward for the practice. The maximum number of points a practice can receive is 559.

5.2 The aim of the scheme is to reduce variations between general practices in the quality of care. While there are criticisms that Quality Outcomes Framework (QOF) represents a limited, biomedical view of health and the quality of primary care, it does provide information on where variations between practices within Tameside and Glossop as well as providing a year on year comparison of individual practice positions.

5.3 2017/18 QOF Data has been published, which highlights practice achievement in 2017/18.

5.4 All Tameside and Glossop practices participate in QOF. While Tameside and Glossop now have 37 practices, there were 39 for the 17/18 QOF year. For the purposes of this report all practices that have achieved either a 1% year on year increase or a 1% year on year decrease have been treated as either positive or negative outliers.

5.5 Practice overall achievement ranges from 78.73% to 100%. Two practices achieved 100% with 12 practices achieving greater than 99% but less than 100%, ranging from 99.01% to 99.9%. 26 practices had an achievement of 95% or higher.

5.6 5 practices had a year on year increase of 1% or more ranging from a 1.08% increase to an 11.14% increase. 17 practices had a year on year decrease of -1% or more ranging from a -1.17% decrease to a -14.70% decrease.

Actions taken to improve

5.7 The primary care team will work with those practices with a year on year decrease, to understand what challenges they faced in achieving a higher QOF score, support them in improving their position and helping to reduce inequalities across Tameside and Glossop's general practice providers. It is expected that this work will be on-going and across the remainder of the financial year.

Good practice

5.8 Stalybridge practices are using 2018/19 Commissioning Improvement Schemes to reinstate coffee morning to help reduce social isolation and loneliness amongst patients identified as severely frail. The new scheme utilises the existing coffee morning / luncheon club held at Kendal House in Stalybridge and Beatrix House, Dukinfield. Previously, these sessions have only been available to New Charter residents, but the aim was to create an integrated services neighbourhood coffee morning with practices would identifying isolated patients to 'invite' to the coffee mornings/luncheon clubs etc. There are also low lever exercise sessions running at these venues (Live Active) following the coffee mornings and participants will be encouraged to join in or sign up to other community activities.

Horizon scanning:

5.9 Care Quality Commission (CQC) has been discussing how it assesses GP practices going forward. Its proposal was to use an online portal where all practices rated good or outstanding would complete a Provider Information Collection (PIC). The completed PICs would inform CQC's decision making as to which practices it would inspect. The proposal was that any inspection made under this regime would be focused on the effective and well-led key lines of enquiry.

5.10 The technology for CQC to work this way is not yet in place, so CQC will be resuming its second wave of inspections under its existing regime. This means they will revert to the 5 year plan and inspect 20% of Tameside and Glossop practice each year over a five year period.

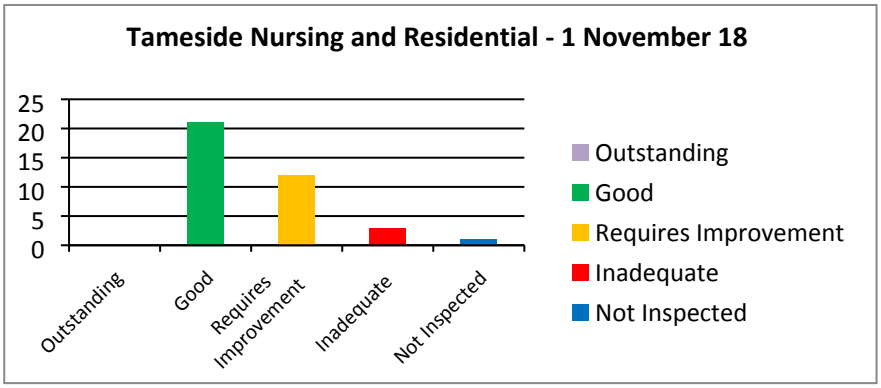
5.11 These inspections will be full inspections rather than focused inspections and are proposed to resume in November. The first Tameside and Glossop practice to be inspected is Millgate Healthcare Partnership on 20 November 2018.

6. CARE AND NURSING HOMES

CQC Performance

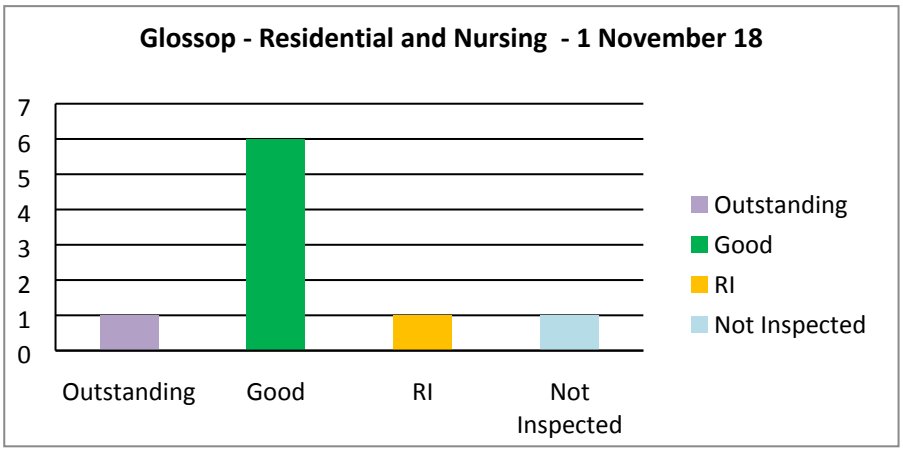
6.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing[1] is provided in the graph below.

Tameside Position – 1 November 18



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

Glossop Position – 1 November 18



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

CQC Ratings

Inadequate Ratings

[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.*

6.2 There are currently three residential homes rated inadequate within the Tameside and Glossop locality.

Oakwood Care Centre (Tameside MBC): rated **Inadequate** by the CQC on 22 March 2018 (previously rated inadequate on 22 April 2017). Significant support has been provided to the Home from the Quality Improvement Team (QIT) and improvements have been seen. The Home was re-inspected in September 2018 and publication is awaited.

Bowlacre Home (Tameside MBC); rated **Inadequate** by the CQC on 24 August 2018 following an inspection on 6 and 7 June 2018. The Home remains suspended from admissions. An action plan was in place and the Quality Improvement Team continued to support the Home, however, Bowlacre has subsequently given notice to all residents that it will close on the 19 November 2018 and the Council is working with residents/families to seek alternative placements. This home is no longer operational.

The Vicarage (Tameside MBC) 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 will continue.

Changes to Inadequate Ratings

6.3 There is an improved locality position from the previous report due to the following changes:

Carson House (Tameside MBC): Due to organisational issues a decision was made to work with residents and families to identify suitable alternative accommodation in September 18. As this Home is not currently operational it will not be quality monitored via the standard processes within the locality. It is worth noting the Home will be included in Greater Manchester and National reporting figures as it is currently still registered under CQC.

Regency Hall (Derbyshire CC): This Home was CQC inspected on 3 August 2018, the report has now been published (1 November) and the Home has achieved a Good rating across all CQC domains.

Published CQC Ratings (September and October 18)

6.4 The following CQC Ratings have been published:

Hurst Hall (Tameside MBC) rated as **Requires Improvement** on the 13 September 2018 following an inspection on 23 May 2018. The Home was inspected following prompts from Health and Social Care staff about concerns regarding alleged management of pressure care and incidents within the Home (which also prompted a suspension of new placements). The Home achieved a Good rating in the Caring domain, but Requires Improvement across the other four domains.

Firbank House (Tameside MBC): rated as **Requires Improvement** on the 25 September following a CQC inspection on 15 August 2018 (a reduction from their previous overall Good rating). The Home achieved a Good rating in the Caring and Responsive domains, but Requires Improvement across the Safe, Effective and Well-led domains.

Hatton Grange (Tameside MBC): rated as **Requires Improvement** on the 20 October 2018 following a CQC inspection on the 13 August 2018. The Home achieved a Good rating in the Caring, Effective and Responsive domains, but Requires Improvement across the Safe and Well-led domains. Issues were identified in relation to the implementation of a new medication system and around staffing levels. A medications audit has since been undertaken and a pass was achieved. A Letter offering support has also been sent to the Home from the Quality Improvement Team.

Regency Hall (Derbyshire CC) rated as **Good** on the 1 November 2018 following an inspection on the 3 August 2018. The Home achieved a good rating across all five domains.

The Manager has been asked to present at the Care Home Manager's Forum in the New Year to share any learning as this home was previously rated Inadequate.

Horizon Scanning

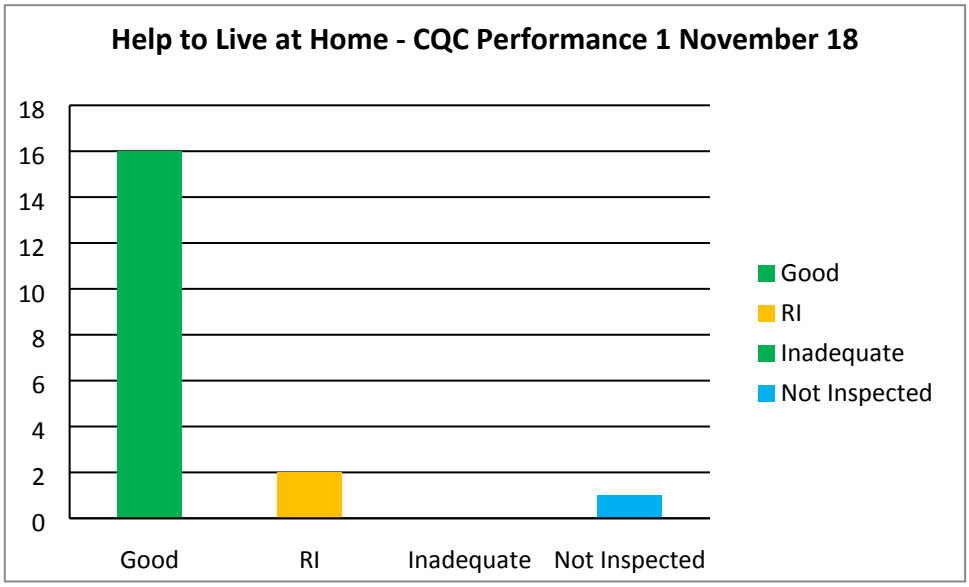
6.5 Work is being undertaken to apply a risk rating to homes based on current intelligence. The risk rating will be determined by a sub-group of the Care Home Quality Review Group based.

6.6 The Quality Improvement Team have now offered to support Homes with preparation for their CQC inspections, this offer was shared with the Home Managers at the Care Home Manager's Forum in October 2018. A further offer has also been given to all Nursing Homes offering bespoke quality improvement support on all aspects of nursing care, as well as clinical skills in several areas of practice. Baseline medication audits are also now being completed for all Homes and baseline reports are being shared through the Care Home Quality Review Group alongside other intelligence.

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 (please note this includes the providers used for the general support at home service (even if the office is not registered in Tameside) and supported living providers):



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

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

Comfort Call (Help to Live at Home)

7.2 Rated as **Good a**cross all five domains following an inspection on 12 September 2018.

Support at Home Model

7.3 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.

8. CHILDREN'S

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

9. ASSOCIATE CONTRACTS

9.1 The quality of associate contracts are manged 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.

10. SMALLER VALUE CONTRACTS

10.1 Work has been initiated to review the current quality assurance arrangements for the smaller value contracts; this includes the use of a risk matrix to establish the levels of focus required from the Quality Team. A meeting is booked with the Director of Quality and Safeguarding in December 2018 to agree next steps.

11. QUALITY PREMIUM SCHEME 2017/18: PROVISIONAL RESULTS

11.1 The Quality Premium (QP) scheme is about financially rewarding 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.

11.2 The maximum Quality Premium payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. For 2017/18 Tameside and Glossop CCG had the potential to achieve **£1,176k**

11.3 CCGs are advised of the level of their provisional Quality Premium Scheme award in quarter 3 of the following financial year. Provisional outcome for Tameside and Glossop CCG is outlined below: -

Potential Achievement 2017/18	
Achievement based on schemes assessed to date (and assuming financial gateway passed)	**£622**
Potential Achievement for cancer	**£161**

This is a significant improvement on performance compared to previous years:

2016/17:	£390k
2015/16:	£105k
2014/15:	£439k
2013/14:	£545k

2017/18 Assessment (to date):

Assessment of QPP Measures	Achieved	Failed	Not Yet Assessed
QP 1: Cancers diagnosed at early stage (Assessment in Feb 2019)	0.0%	0.0%	20.5%
QP 2: Overall experience of making a GP appointment	Not assessed		
QP 3: NHS Continuing Healthcare Part A Eligibility decision (referral)	10.2%	0.0%	0.0%
QP 3: NHS Continuing Healthcare Part B Assessment setting	10.2%	0.0%	0.0%
QP 4: Mental Health 4A: Out of area placements (OAPs)	not selected in T&G		
QP 4: Mental Health 4B: Equity of Access and outcomes in IAPT services	20.5%	0.0%	0.0%
QP 4: Mental Health 4C: Improve inequitable rates of access to Children & Young People's Mental Health Services	not selected in T&G		
QP 5: GNBSIs 5Ai: Reducing gram negative blood stream infections (BSI) across the whole health economy.	7.2%	0.0%	0.0%
QP 5: GNBSIs 5Aii: Blood stream infection data collection	*2.0%*	0.0%	0.0%
QP 5Bi: Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: GNBSIs - 10% reduction in the ratio Trimethoprim: Nitrofurantoin prescriptions	4.6%	0.0%	0.0%
QP 5Bii: Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care: GNBSIs - 10% reduction in Trimethoprim items prescribed to patients 70+	4.6%	0.0%	0.0%
QP 5: GNBSIs 5C: Sustained reduction of inappropriate prescribing in primary care	2.0%	0.0%	0.0%
QP 6 Rightcare measure	*18.1%*	0.0%	0.0%
Total	**79.4%**	**0.0%**	**20.5%**

Value of QPP achievement before quality Adjustment £000	**£934**	**£0**	**£241**

Constitution, Financial and Quality Reductions	Achieved	Failed	Not Yet Assessed
Incomplete RTT	33.3%	0.0%	-
Cancer 62 day referral waits	33.3%	0.0%	-
A&E 4 hours waits	0.0%	33.3%	-
	66.7%	**33.3%**	**0.0%**