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Tameside & Glossop Care Together

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**STRATEGIC COMMISSIONING BOARD**

**Day:** Wednesday  
**Date:** 29 August 2018  
**Time:** 1.00 pm  
**Place:** Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> To receive any apologies for the meeting from Members of the Board.	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Board.	
3.	<b>MINUTES OF THE PREVIOUS MEETING</b> To receive the Minutes of the previous meeting held on 25 July 2018.	1 - 4
4.	<b>TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST</b> To receive a presentation from Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust.	
5.	<b>FINANCIAL CONTEXT</b>	
a)	<b>FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND</b> To consider the attached report of the Director of Finance.	5 - 48
6.	<b>QUALITY AND PERFORMANCE CONTEXT</b>	
a)	<b>QUALITY ASSURANCE</b> To consider the attached report of the Director of Quality and Safeguarding.	49 - 62
b)	<b>PERFORMANCE UPDATE</b> To consider the attached report of the Assistant Director (Policy, Performance and Communications).	63 - 116
7.	<b>RISK REGISTER</b> To consider the attached report of the Director of Finance.	117 - 120

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

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**8. EXCLUSION OF THE PRESS AND PUBLIC**

The Proper Officer is of the opinion that during the consideration of the item set out below, the meeting is not likely to be open to the press and public and therefore the reports are excluded in accordance with the provisions pursuant to paragraph 3 of Schedule 12A to the Local Government Act 1972.

Information relating to the financial or business affairs of the parties (including the Council) has been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved. Disclosure would be likely to prejudice the Council's position in negotiations and this outweighs the public interest in disclosure.

**9. COMMISSIONING FOR REFORM**

**a) PRIMARY CARE ACCESS SERVICE PROCUREMENT: EVALUATION OUTCOME 121 - 128**

To consider the attached report of the Interim Director of Commissioning.

**10. URGENT ITEMS**

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

**11. DATE OF NEXT MEETING**

To note that the next meeting of the Strategic Commissioning Board will be held on Wednesday 19 September 2018.

## TAMESIDE AND GLOSSOP STRATEGIC COMMISSIONING BOARD

25 July 2018

**Commenced: 1.00 pm**

**Terminated: 1.45 pm**

**Present:** Dr Alison Lea (in the Chair) – NHS Tameside and Glossop CCG  
Councillor Brenda Warrington – Tameside MBC  
Councillor Bill Fairfoull – Tameside MBC  
Councillor Warren Bray – Tameside MBC  
Councillor Gerald Cooney – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Allison Gwynne – Tameside MBC  
Councillor Oliver Ryan – Tameside MBC  
Dr Jamie Douglas – NHS Tameside and Glossop CCG  
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG  
Carol Prowse – NHS Tameside and Glossop CCG

**In Attendance:** Sandra Stewart – Director of Governance and Pensions  
Kathy Roe – Director of Finance  
Gill Gibson – Director of Safeguarding and Quality  
Jessica Williams – Interim Director of Commissioning  
Debbie Watson – Interim Assistant Director of Population Health  
Sandra Whitehead – Assistant Director (Adult Services)  
Simon Brunet – Policy Manager

**Apologies:** Dr Alan Dow – NHS Tameside and Glossop CCG  
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG  
Councillor Jean Wharmby – Derbyshire CC

### 30. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by members of the Board.

### 31. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 20 June 2018 were approved subject to the following addition to Item 15 – Declarations of Interest:

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Kate Hebden	Item 6(a) – Community Cardiology Diagnostics	Personal	Member of Denton Medical Practice

### 32. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a report of the Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2018/19 with a forecast projection to 31 March 2019 including the details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the Integrated Commissioning Fund for 2018/19 was currently £581 million. The report also included details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust to ensure members of the Board were aware of the overall Tameside and Glossop economy position.

The Strategic Commission risk share arrangements remained in place for 2018/19 as outlined in the report.

The Director of Finance made reference to the summary of the financial position analysed by directorate provided in Table 2 of the report and highlighted key savings proposals of £5.1 million currently at risk of non-delivery in 2018/19.

Year to date savings together with green rated schemes which related to savings in future months, meant there was certainty that at least £11.794 million savings would be achieved, representing 60% of the total target. If optimism bias was applied to the amber and red rated schemes, the total expected achievement in 2018/19 was £16.059 million, leaving a gap of £3.741 million of savings to identify. There were a number of emerging schemes which were currently unquantified and meetings with all budget holders would be used to identify further schemes to reduce the gap over the intervening period.

In addition, the Board discussed the emerging cost pressures of £3.6 million arising in 2018/19 outlined in the report relating to the following:

- Children's Social Care Placements;
- Special Educational Needs Transport;
- Carillion Liquidation;
- Continuing Health Care.

The economy had an efficiency sum of £35.7 million to deliver in 2018/19 of which £22.9 million was a requirement of the Strategic Commissioner. A summary of the associated risks related to the delivery of these savings for the Strategic Commissioner was provided including an overview for the Integrated Care Foundation Trust. It was worth noting that there was a risk of under achievement of this efficiency sum across the economy at this reporting period. It was therefore essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

In terms of Integrated Care Foundation Trust investment, the Director of Finance explained that a payment was proposed of up to £4.65 million to the Integrated Care Foundation Trust. Up to £4.4 million related to delayed transfers of care and would be financed via the Council's improved Better Care Fund grant allocation in accordance with the associated grant allocation guidance. It was evident that since the initial delayed transfers of care payment made to the Integrated Care Foundation Trust in 2017/18 that there had been a significant improvement alongside a reduced impact on Adult Social Care services.

A payment of up to £0.25 million related to the Integrated Care Foundation Trust's agreed share of the anticipated additional car parking income from the expansion of car parking around the hospital. The car parking income arrangements were agreed as part of the budget process on a non-recurrent basis, however, the slow progress on the laying of the car park would mean that this funding was unlikely to be achieved. This amount had been agreed as part of the contract.

## **RESOLVED**

- (i) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with related risks be acknowledged.**
- (ii) That the payment of up to £4.65 million to the Integrated Care Foundation Trust be agreed consisting of:**
  - a) An approval of a maximum allocation of £4.4 million relating to Delayed Transfers of Care to be financed via the Council's improved Better Care Fund grant allocation; and**
  - b) A RECOMMENDATION to Cabinet to approve the sum of up to £0.25 million to be paid as an agreed share of the anticipated additional car parking income from the expansion of care parking around the hospital (detailed in section 4.1 of the report).**

### **33. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING – MENTAL HEALTH LOCAL TRANSFORMATION PLAN UPDATE**

The Interim Director of Commissioning presented a report which stated that the Tameside and Glossop Local Transformation Plan was finalised in October 2015 and assured at the end of 2015/16 through NHS England. There was a requirement for the Local Transformation Plan to be refreshed on an annual basis to reflect local progress and further ambitions.

The Local Transformation Plans refresh report set the ongoing achievements realised from the onset of the original plan and a number of actions identified for 2018/19 to continue the transformation and improved outcomes for children and young people with mental health problems in line with Future in Mind and the Five Year Forward View for Mental Health published in February 2016.

The report also detailed the proposed financial plan to support the national delivery of extra capacity and capability whilst also giving access to high-quality mental health care for children and young people.

The Interim Director of Commissioning outlined the current position relating to access, referrals, data quality, growth in CAMHS and community services, parent infant mental health and workforce training. Particular reference was made to 'The Talk Shop', a collaborative drop in service for children, young people and their families offering support, advice and advocacy, including access to face to face counselling, brief intervention counselling and a range of activities including drama and art workshops.

In term of priorities for 2018 and beyond, the following were highlighted:

- Community Eating Disorder Service – priority developments going forward to build links with schools and colleges, work closely with Healthy Young Minds for your people under 18 with complex needs and embedding family based treatment and training through a designated post.
- Perinatal Infant Mental Health – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop in 2018 the integrated PIMH pathway would be reviewed.
- Access to Care in a Crisis – new crisis services were being developed at a GM level and as a result the support required at the local hospital, Tameside and Glossop Integrated Care Foundation Trust would change over the next three years.
- Transforming Care – for children and young people with a learning disability and / or autism and mental health needs.

The Interim Director of Commissioning also made reference to Greater Manchester strategic plans to improve children and young people's mental health services and aligning the Local Transformation Plans with GM approaches detailed in the report.

The Strategic Commissioning Board welcomed the report and indicated their support for the Local Transformation Plan refresh and finance plans for deliverables for 2018/19 based upon the need to improve and sustain access to children and young people's mental health provision through a whole-system approach.

#### **RESOLVED**

- (i) That the progress outlined in the Local Transformation Plan be noted.**
- (ii) That the financial investment to support the Local Transformation Plan as detailed for allocated and unallocated spend against the total of funding of £931,000 for 2018/19 be agreed.**

#### **34. SEXUAL AND REPRODUCTIVE HEALTH SERVICE – TWO YEAR CONTRACT EXTENSION**

Consideration was given to a report of the Interim Assistant Director of Population Health describing the rationale for the proposed extension of the above contract for a period of two years. The contract was issued by Stockport MBC on behalf of Stockport MBC, Tameside MBC and Trafford MBC and a partnership agreement was in place between all three parties.

Following a competitive tender process in 2016, Manchester University NHS Foundation Trust (MFT) was awarded the contract to deliver a sexual and reproductive health service for the three Boroughs with the Tameside service based at Ashton Primary Care Centre.

Whilst Manchester Foundation Trust was delivering Tameside's service under a joint contract and as part of the wider 'northern' service they had continued to respond to local needs and had local clinical leadership. The service had reviewed and implemented new processes for management and safeguarding patients and was implementing an action plan to improve awareness and contribution to the Tameside Safeguarding Children's Board Neglect Strategy, having completed a recent audit.

The service was subject to a performance framework and reported against a range of performance and quality indicators on a quarterly basis. The Interim Assistant Director of Population Health responded to a number of questions relating to the extract from the service quality report detailed in Appendix 1 where overall there was good performance in many areas.

Members of the Board commented favourably on the report and the open access to high quality sexual health services, together with improved choices for people's reproductive health. The Board was pleased to learn from the Interim Director of Population Health of a number of future developments including plans to reach new audiences online and a strong focus on improving the proportion of individuals who were able to make healthy, safe and sustainable sexual and reproductive choices.

#### **RESOLVED**

**That approval be given to extend the contract with Manchester Foundation Trust for the provision of a Sexual and Reproductive Health Service for a period of two years from 1 April 2019.**

#### **35. URGENT ITEMS**

The Chair reported that there were no urgent items had been received for consideration at this meeting.

#### **36. DATE OF NEXT MEETING**

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 29 August 2018.

**CHAIR**

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 29 August 2018

**Officer of Strategic Commissioning Board:** Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC

**Subject:** STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 30 JUNE 2018 AND FORECAST TO 31 MARCH 2019

**Report Summary:** This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT).

The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year. Supporting details for the whole economy are provided in **Appendix 1**. Detailed analysis for service areas is provided in **Appendix 2**.

The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £5.848 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas.

**Recommendations:** Strategic Commissioning Board Members are recommended :

1. To note the report content.
2. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.
3. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

This report provides the 2018/19 consolidated financial position statement at 30 June 2018 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years.

The report emphasises that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

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

Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.

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

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy

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

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan

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

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Strategic Commissioning Strategy

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

A summary of this report is presented to the Health and Care Advisory Group for reference.

**Public and Patient Implications:**

Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.

**Quality Implications:**

As above.

**How do the proposals help to reduce health inequalities?**

The reconfiguration and reform of services within Health and Social Care of the Tameside and Glossop economy will be delivered within the available resource allocations. Improved outcomes for the public and patients should reduce health inequalities across the economy.

**What are the Equality and Diversity implications?**

Equality and Diversity considerations are included in the re-design and transformation of all services

**What are the safeguarding implications?**

Safeguarding considerations are included in the re-design and transformation of all services

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

There are no information governance implications within this report and therefore a privacy impact assessment has not been carried out.

**Risk Management:**

Associated details are specified within the presentation

**Access to Information :**

Background papers relating to this report can be inspected by contacting :

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## 1. INTRODUCTION

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 30 June 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1**. Detailed analysis for service areas is provided in **Appendix 2**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £581.963 million.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
  - NHS Tameside and Glossop CCG (CCG)
  - Tameside Metropolitan Borough Council (TMBC)

## 2. FINANCIAL SUMMARY

- 2.1 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £5.848m by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. Supporting details of the projected variances are explained in **Appendix 1**. Further detailed analysis for service areas is provided in **Appendix 2**.

**Table 1: Summary of the ICF and ICFT – 2018/19**

Organisation	Net Budget £000s	Forecast £000s	Variance £000s
Strategic Commission (ICF)	581,963	587,811	(5,848)
ICFT	(19,149)	(19,149)	0
<b>Total</b>	<b>562,814</b>	<b>568,662</b>	<b>(5,848)</b>

- 2.2 The Strategic Commission risk share arrangements remain in place for 2018/19. Under this arrangement the Council has agreed to increase its contribution to the ICF by up to £5.0m in 2018/19 in support of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) savings target. There is a reciprocal arrangement where the CCG will increase its contribution to the ICF in 2020/21.
- 2.3 Any variation beyond is shared in the ratio 68 : 32 for CCG : Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating

to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.

- 2.4 A summary of the financial position of the ICF analysed by service is provided in Table 2. The projected variances arise due to both savings that are projected not to be realised and emerging cost pressures in 2018/19. Further narrative on key variances is summarised in sections 3 and 4 below with further detail in **Appendix 1** and **Appendix 2**.

**Table 2: 2018/19 ICF Financial Position**

Service	Net Budget £000s	Forecast £000s	Variance £000s
Acute	205,388	205,436	(48)
Mental Health	32,827	32,827	(1)
Primary Care	84,534	84,361	173
Continuing Care	14,569	17,552	(2,982)
Community	30,040	30,041	0
Other	22,915	20,057	2,859
CCG TEP Shortfall (QIPP)	0	2,537	(2,537)
CCG Running Costs	5,175	5,175	0
Adults	40,492	40,548	(56)
Children's Services	47,013	50,255	(3,242)
Population Health	16,232	16,197	35
Operations and Neighbourhoods	50,379	50,861	(482)
Growth	7,858	9,961	(2,103)
Governance	9,164	9,164	0
Finance & IT	4,488	4,589	(101)
Quality and Safeguarding	67	73	(6)
Capital and Financing	9,638	9,225	413
Contingency	(2,660)	(3,388)	728
Corporate Costs	3,841	2,339	1,502
<b>Integrated Commissioning Fund</b>	<b>581,963</b>	<b>587,811</b>	<b>(5,848)</b>
CCG Expenditure	395,449	397,986	(2,537)
TMBC Expenditure	186,514	189,825	(3,311)
<b>Integrated Commissioning Fund</b>	<b>581,963</b>	<b>587,811</b>	<b>(5,848)</b>
A: Section 75 Services	266,722	270,075	(3,354)
B: Aligned Services	241,547	243,255	(1,708)
C: In Collaboration Services	73,694	74,480	(786)
<b>Integrated Commissioning Fund</b>	<b>581,963</b>	<b>587,811</b>	<b>(5,848)</b>

### 3. BUDGET VARIATIONS

- 3.1 The forecast variances set out in Table 2 includes a number of variances driven by cost pressures arising in the year and risks or non-delivery of savings. The key variances by service area are summarised below.

#### **Continuing Care (£2.982m)**

- 3.2 Growth in the cost and volume of individualised packages of care is the amongst the biggest financial risks facing the Strategic Commission. Expenditure growth in this area

was 14% in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that the CCG is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

3.3 A financial recovery plan is now in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. Significant work is underway to look at potential savings and schemes which are being actively pursued include:

- Moving away from spot purchasing to block contracts for individualised commissioning packages across both the CCG and Council;
- Management of fast track (end of life patients expected to live less than 90 days) placements;
- Efficiencies through use of 'Broadcare' – a new IT system to manage CHC patients;
- Changes to the governance of MDT meetings;
- Dowry Income;
- Renegotiation of contract rates.

3.4 Further work is required to develop and realise the savings associated with these schemes. However there is clear evidence that progress is being made on fast track placements where marked reductions in both the number of active packages and the duration of each package can be seen

#### **CCG Other £2.859m**

3.5 Services within this directorate such as BCF, estates, safeguarding and patient transport are spending broadly in line with budget and do not present a risk to the CCG position. We have received £1.6m of the approved £6.3m transformation funding so far this year. Allocations for the remainder will be transacted later in the year and we have plans in place to spend.

3.6 The significant favourable variance has been calculated in order to balance the CCG position and can only be delivered if the CCG is able to fully achieve the £19.8m Targeted Efficiency Plan (TEP) target. As reported in **Appendix 1**, there is a £2.5m risk attached to fully closing the Quality, Innovation, Productivity and Prevention (QIPP) gap.

#### **CCG TEP Shortfall (£2,537k)**

3.7 The CCG has a TEP, also known as the QIPP, of £19.8m for 2018/19. Against this target, £7.599m (38%) of the required savings have been achieved in the first three months of the year. A further £5.595m is rated green and will be realised in future months. After the application of optimism bias, anticipated further savings of £4.069m from schemes currently rated as amber or red, reducing the net gap to £2.537m. Further detail is provided in **Appendix 2**.

#### **Children's Services (£3.242m)**

3.8 The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 640 at 30 June 2018.

3.9 Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget by £2.990m; mainly due to additional placement costs £3.012m and other minor variations across the service.

3.10 It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at 30 June 2018 is 640; a resulting increase of 55 (9.4%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,628 and foster care £765.

3.11 There are also pressures arising from increased demand for Special Education Needs Transport (£0.3m) and an increase in statutory work regarding Education Healthcare Plans (EHCP) Assessments (£0.3m), which is being partially offset by some savings in other areas.

#### **Operations and Neighbourhoods (£0.482m)**

3.12 The new Car parking provision around the hospital on Darnton Road was expected to generate additional income of £0.500m per annum. A delay in the construction of the spaces means that the forecast for additional income has been reduced to £0.225m. Construction costs have been greater than originally anticipated and there have also been additional pressures in respect of the waste disposal levy, which is increasing the overall budget pressures in this area.

#### **Growth (£2.103m)**

3.13 Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and will continue to be incurred until everything is finalised. PwC are charging a weekly management fee which has increased significantly since period 2, and this is reflected in the deterioration of the forecast to a cost pressure of £0.9m. The Council is currently disputing this increase.

3.14 Significant pressures are also being experienced in relation to loss of income resulting in a forecast overspend of £0.7m. Budgeted rental income is not being recovered due to the sale of assets and utilisation of assets for Council purposes, income from advertising is currently forecast to be less than budget, and income from Building Control and Development Control is currently forecast to be less than budget due to a reduction in numbers of applications.

3.15 Non delivery of savings is also creating further pressures of £0.5m. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.

#### **Capital Financing £0.413m, Contingency £0.728m and Corporate Costs £1.502m**

3.16 Capital Financing additional investment income (£0.413m) - The 2018/19 budget did not include any budget for additional investment income relating to the Manchester Airport Investment approved by Executive Cabinet in February 2017 due to uncertainty around the timing of the investment. The forecast reflects the estimated additional interest now expected as a result of investment drawdowns in July and December 2018.

3.17 Contingency (£0.728m) Additional Adult Social Care grant income notified after the 2018/19 budget was set. The grant has been allocated to contingency pending decisions regarding utilisation.

3.18 Corporate Cost savings and additional income (£1.502m). Savings are anticipated on Pension Increase Act contributions (£0.3m) and the contribution to the Association of Greater Manchester Authorities (£0.4m). The projected level of income regarding the Manchester Airport dividend has been calculated in line with the dividend payments

received during 2017/18, increasing forecast income by £0.8m. The dividend is not guaranteed and the forecast will be reviewed on receipt of the 18/19 interim dividend, due in December 2018.

#### 4. TARGETED EFFICIENT PLAN (TEP)

4.1 The economy wide savings target for 2018/19 is £35.721m. This consists of:

- CCG £19.801m
- TMBC £3.119m
- ICFT £12.801m

**Table 3 : 2018/19 Targeted Efficiency Plan (TEP)**

Savings	Opening Target £'000	RED £'000	AMBER £'000	GREEN £'000	Savings Posted £'000	Forecast £'000	Variance £'000
CCG	19,801	2,330	7,672	5,595	7,599	17,263	(2,538)
TMBC	3,119	1,071	602	790	656	1,854	(1,265)
<b>Strategic Commission</b>	<b>22,920</b>	<b>3,401</b>	<b>8,274</b>	<b>6,385</b>	<b>8,255</b>	<b>19,117</b>	<b>(3,803)</b>
ICFT	12,801	2,111	1,903	6,622	2,650	11,174	(1,627)
<b>Total</b>	<b>35,721</b>	<b>5,512</b>	<b>10,176</b>	<b>13,007</b>	<b>10,906</b>	<b>30,292</b>	<b>(5,429)</b>

4.2 Against this target, £10.906m of savings have been realised in the first quarter, 30% of the required savings. Expected savings by the end of the year are £30.292m, a shortfall of £5.429m against target. Slides 8 and 9 of **Appendix 1** provide a summary of the associated risks relating to the delivery of these savings for the Strategic Commission. It is worth noting that there is a risk of under achievement of this efficiency sum across the economy at this reporting period.

4.3 More work is required to identify new schemes and turn red and amber schemes green. As things stand we would need to fully deliver all of the amber rated schemes and half of the red rated schemes to fully close the gap. It is therefore essential that additional proposals are considered and implemented urgently to address this gap on a recurrent basis thereafter.

4.4 There are estimated savings proposals of £ 5.512m which are currently at risk of non-delivery in 2018/19. **Appendix 2** provides further detail on progress against savings in each organisation and slide 8 in **Appendix 1** summarises risks by service area, which for the Strategic Commission includes:

- £2.150m CCG Emerging Pipeline Schemes have not yet been sufficiently developed. More work is required to develop these schemes and assess viability.
- Growth Savings of £0.533m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.
- Operations and Neighbourhoods £0.275m - Most of this savings target relates to the new Car parking provision at Darnton Road which was expected to generate additional income of £0.500m per annum. A delay in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced to £0.225m.

#### 5 RECOMMENDATIONS

5.1 As detailed on the front of the report.

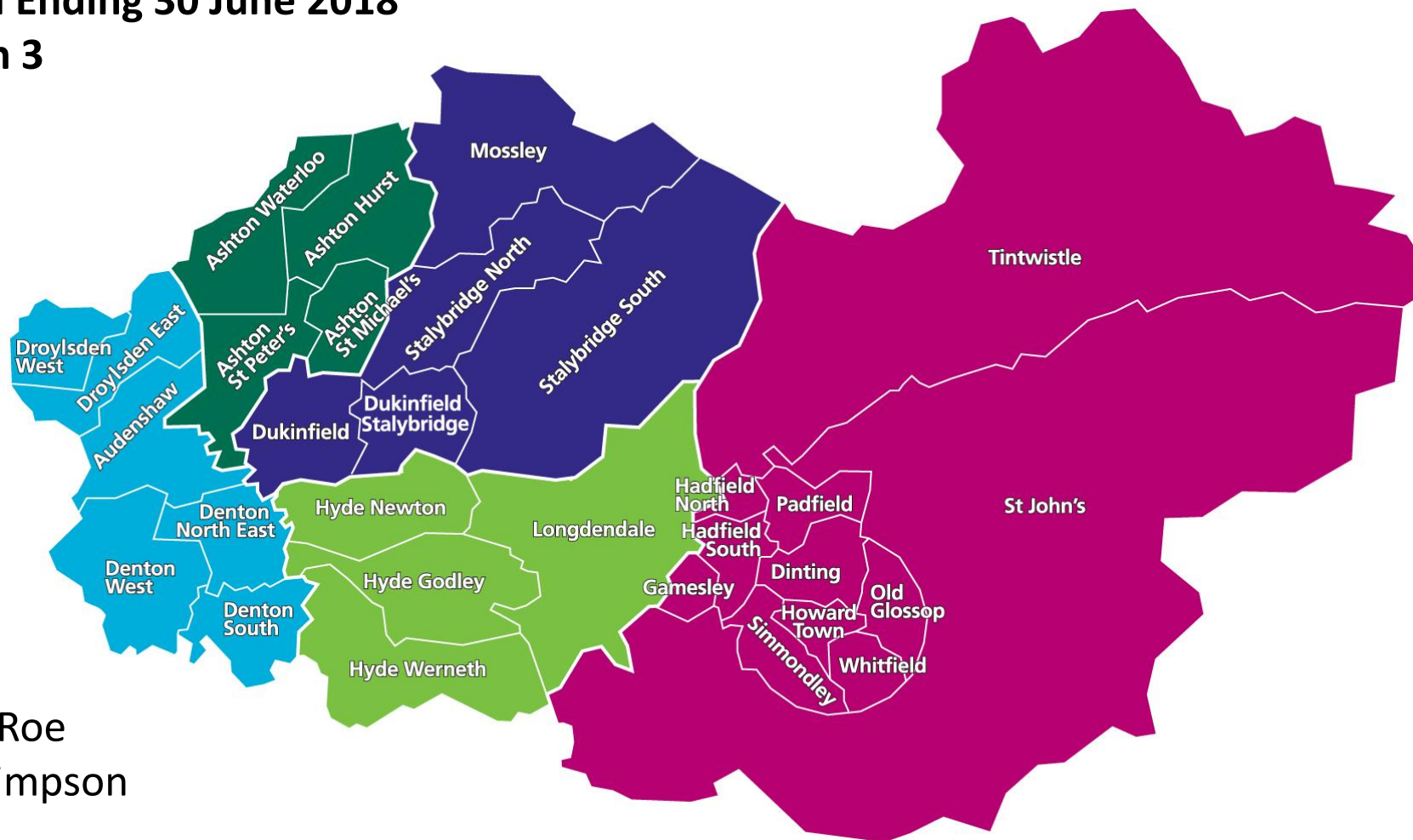
# Tameside and Glossop Integrated Financial Position

## *financial monitoring statements*

Period Ending 30 June 2018

Month 3

Page 13

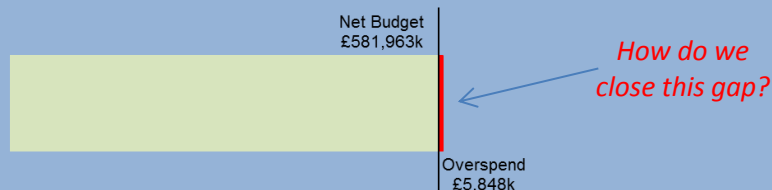


Kathy Roe  
Sam Simpson



# Tameside & Glossop Integrated Economy Wide Financial Position

In 2018/19 the Tameside & Glossop economy still has a £5,848k financial gap to close



**£10.9m**

## TEP Achieved

Savings realised in first quarter. 30% of the overall savings target for 2018/19.

**£6.3m**

## Transformation Fund

Money available to spend in 18/19. Return sent to GMHSCP on 13<sup>th</sup> July showing all financial targets being met.

**£4.4m**

## DTOC Funding

Non recurrent funding approved by SCB on 25<sup>th</sup> July.

**£19.1m**

## ICFT Control Total

Agreement of Control Total by ICFT. Allowing access to sustainability funding and improved interest rates.

## Message from the DOFs

In the first quarter of this year we have made meaningful progress toward the implementation of our Care Together vision. Across the economy as a whole we have realised £11m of savings and are on track to save £30m by the end of the year. Key achievements to date include:

- Ahead of trajectory for savings against Investment Fund
- Imminent agreement of ICFT financial control total
- RTT targets at met at ICFT
- Awarded HFMA finance team of the year
- In region of 320 individual savings schemes being pursued

However there is still significant financial risk in the economy, both this year and in the medium to long term. We recently submitted the latest 'roll up' to GMHSCP, this showed a 'do nothing' gap across health and social care of £101m by 20/21.

Even in a 'do something' scenario our plan showed a residual economy wide financial gap of £45m. Our economy must now come together and address this financial gap and rise to the challenge of implementing large scale transformational change that results in a clinically and financially stable system.

Over the next few months our priorities include:

- Continued negotiation with NHS Improvement in respect of our refreshed 5 year plan.
- Pursuit of capital funding to allow full implementation of our Care Together transformation programme.
- Relaunch of Targeted Efficiency Programme across the strategic commissioner to increase pace and scale of savings initiatives and continued focus on financial recovery plans for CHC and children's services.



# Tameside & Glossop Integrated Commissioning Fund

- At the start of the year the opening ICF was £911m
- Budget movements since this (including transformation funding and PFI budget adjustments) have seen the gross value of the ICF increase to £950m
- After council income is taken into account the net value of the ICF is £583m.
- Detailed monitoring is done against this net position
- At present a £5.8m overspend is currently forecast against this net budget.
- The forecast outturn has improved since month 2 due to an improved TEP position, and additional income and savings in financing and corporate costs.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	205,388	0	205,388	205,436	-48	23	-71
Mental Health	32,827	0	32,827	32,827	-1	0	-1
Primary Care	84,534	0	84,534	84,361	173	18	155
Continuing Care	14,569	0	14,569	17,552	-2,982	-2,990	8
Community	30,040	0	30,040	30,041	-0	-0	0
Other	22,915	0	22,915	20,057	2,859	2,949	-91
CCG TEP Shortfall (QIPP)	0	0	0	2,537	-2,537	-3,741	1,204
CCG Running Costs	5,175	0	5,175	5,175	0	0	0
Adults	82,590	-42,098	40,492	40,548	-56	-213	157
Children's Services	76,125	-29,112	47,013	50,255	-3,242	-3,215	-27
Individual Schools Budgets	127,944	-127,944	0	0	0	0	0
Population Health	16,353	-121	16,232	16,197	35	88	-53
Operations and Neighbourhoods	76,377	-25,998	50,379	50,861	-482	-765	283
Growth	45,153	-37,295	7,858	9,961	-2,103	-1,564	-539
Governance	97,679	-88,515	9,164	9,164	0	0	0
Finance & IT	5,839	-1,351	4,488	4,589	-101	0	-101
Quality and Safeguarding	355	-288	67	73	-6	0	-6
Capital and Financing	10,998	-1,360	9,638	9,225	413	0	413
Contingency	4,163	-6,823	-2,660	-3,388	728	729	-1
Corporate Costs	10,698	-6,857	3,841	2,339	1,502	0	1,502
<b>Integrated Commissioning Fund</b>	<b>949,723</b>	<b>-367,761</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>
CCG Expenditure	395,449	0	395,449	397,986	-2,537	-3,741	1,204
TMBC Expenditure	554,275	-367,761	186,514	189,825	-3,311	-4,940	1,629
<b>Integrated Commissioning Fund</b>	<b>949,723</b>	<b>-367,761</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>
A: Section 75 Services	308,841	-42,120	266,722	270,075	-3,354	-3,051	-303
B: Aligned Services	340,665	-99,118	241,547	243,255	-1,708	-5,191	3,483
C: In Collaboration Services	300,218	-226,523	73,694	74,480	-786	-439	-347
<b>Integrated Commissioning Fund</b>	<b>949,723</b>	<b>-367,761</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>

*Note that while this report talks about the integrated economy wide position, it does not capture any Local Authority spend for residents of Glossop. All spend at Tameside & Glossop Clinical Commissioning Group, Tameside Metropolitan Borough Council and Tameside & Glossop Integrated Care Foundation Trust is captured. But no spend from Derbyshire County Council is included.*

# Tameside & Glossop Integrated Economy Financial Position

- Using the net ICF, the strategic commissioner is £13,898k overspent against profiled budgets 4at M3.
- By year end it is expected this will reduce to £5,848k.
- However in order to meet financial control totals this needs to reduced to zero. More work is required to identify and progress schemes to deliver these savings.
- The SFT have an agreed a control total with NHSI . This means than an authorised deficit is in place.
- Current forecasts show this will be achieved.
- The economy wide deficit at year end is currently forecast to be £24,997k against a budget of £19,149k
- Savings of £5,848k are required to meet the economy wide target.

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	50,489	51,189	-701	205,388	205,436	-48	23	-71
Mental Health	7,971	7,972	-1	32,827	32,827	-1	0	-1
Primary Care	20,050	19,906	143	84,534	84,361	173	18	155
Continuing Care	3,276	3,878	-603	14,569	17,552	-2,982	-2,990	8
Community	7,509	7,443	66	30,040	30,041	-0	-0	0
Other	7,513	6,427	1,085	22,915	20,057	2,859	2,949	-91
CCG TEP Shortfall (QIPP)	0	0	0	0	2,537	-2,537	-3,741	1,204
CCG Running Costs	993	984	9	5,175	5,175	0	0	0
Adults	10,123	11,573	-1,450	40,492	40,548	-56	-213	157
Children's Services	11,753	14,050	-2,297	47,013	50,255	-3,242	-3,215	-27
Population Health	4,058	8,119	-4,061	16,232	16,197	35	88	-53
Operations and Neighbourhoods	12,595	14,480	-1,885	50,379	50,861	-482	-765	283
Growth	1,965	4,912	-2,947	7,858	9,961	-2,103	-1,564	-539
Governance	2,291	2,752	-461	9,164	9,164	0	0	0
Finance & IT	1,122	1,511	-389	4,488	4,589	-101	0	-101
Quality and Safeguarding	17	81	-65	67	73	-6	0	-6
Capital and Financing	2,410	0	2,410	9,638	9,225	413	0	413
Contingency	-665	1,027	-1,692	-2,660	-3,388	728	729	-1
Corporate Costs	960	2,022	-1,061	3,841	2,339	1,502	0	1,502
<b>Integrated Commissioning Fund</b>	<b>144,428</b>	<b>158,326</b>	<b>-13,898</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>
CCG Expenditure	97,800	97,800	0	395,449	397,986	-2,537	-3,741	1,204
TMBC Expenditure	46,628	60,526	-13,898	186,514	189,825	-3,311	-4,940	1,629
<b>Integrated Commissioning Fund</b>	<b>144,428</b>	<b>158,326</b>	<b>-13,898</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>
A: Section 75 Services	66,442	70,714	-4,273	266,722	270,075	-3,354	-3,051	-303
B: Aligned Services	59,934	66,666	-6,732	241,547	243,255	-1,708	-5,191	3,483
C: In Collaboration Services	18,053	20,946	-2,893	73,694	74,480	-786	-439	-347
<b>Integrated Commissioning Fund</b>	<b>144,428</b>	<b>158,326</b>	<b>-13,898</b>	<b>581,963</b>	<b>587,811</b>	<b>-5,848</b>	<b>-8,681</b>	<b>2,833</b>
ICFT - post PSF Agreed Deficit	-7,069	-7,047	22	-19,149	-19,149	0		
<b>Economy Wide In Year Deficit</b>	<b>-7,069</b>	<b>-20,945</b>	<b>-13,876</b>	<b>-19,149</b>	<b>-24,997</b>	<b>-5,848</b>		

# Tameside Integrated Care Foundation Trust Financial Position

## Summary





- For the financial period to the **30th June 2018**, the Trust has reported a net deficit of c.£2.0m (Post PSF), which is c.£10k worse than plan.
- Cumulatively the Trust has reported a net deficit of c.£7.1m (post PSF), which is c.£22k better than plan.
- The Trust delivered c.£917k of savings in month, this is an overachievement against target by c.£0.3m in month and c.£0.7m cumulatively.
- To date the Trust has spent c.£2.1m on Agency spend, against a plan of £1.9m; based on this run rate, we spend within the agency cap of £9.5m.

	Month 3			YTD			Outturn
Financial performance metric	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)
Pre PSF Normalised Surplus/(Deficit)	-£2,606	-£2,616	-£10	-£7,702	-£7,680	£22	-£23,370
Provider Sustainability Fund	£633	£633	£0	£633	£633	£0	£4,221
Post PSF Normalised Surplus/ (Deficit)	-£1,973	-£1,983	-£10	-£7,069	-£7,047	£22	-£19,149
Capital Expenditure	£202	£224	-£22	£724	£434	£290	£5,600
Cash and Equivalents	£1,220	£1,308	£88				
Trust Efficiency Savings	£647	£917	£270	£1,912	£2,650	£738	£13,000
Use of Resources Metric	3			3			4

## Key risks

- **Control Total** – The Trust now has an agreed control for 2018/19 of c£19.2m, this assumes the Trust will be in receipt of the full Provider Sustainability fund and deliver the performance and financial requirements set by NHSI.
- **Provider Sustainability Fund** - The Trust must achieve its financial plan at the end of each quarter to achieve 70% of the PSF, the remainder is predicated on achievement of the A&E target for each quarter.
- **TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£1.7m** and recurrently of **c£2.4m**. **Failure to achieve TEP will result in the Trust not achieving its plan.** Work is on-going with Theme groups to develop high risk schemes and generate hopper ideas to improve this forecast position.
- **Loan Liability** - The Trust currently has a loan of **£75.4m** at the end of 2017/18. The Trust may be required to repay part of this liability in 2018. To do this the Trust would require a new loan, now the Trust has agreed a control total this now would be at the standard borrowing rate of 1.5%.

# Strategic Commissioner Financial Position

 <p><b>£3,242k</b></p> <p><b>Children's Services</b></p> <p>Forecast overspend of £3.242 million due mainly to additional placement costs for Looked After Children, and pressures in Education.</p>	 <p><b>£2,982k</b></p> <p><b>Continuing Care</b></p> <p>Growth in individualised packages of care remains the CCGs biggest financial risk with an overspend of £2,982k against core budgets.</p>	 <p><b>£900k</b></p> <p><b>Carillion</b></p> <p>Facing significant cost pressures following the demise of Carillion due to fees being charged by the liquidator.</p>	 <p><b>£800k</b></p> <p><b>Airport Dividend</b></p> <p>Forecast built into position based on actuals in 17/18. Dividend is not guaranteed, but forecast will be reviewed on receipt of interim dividend in December 2018</p>
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## Individualised Commissioning



- Growth in the cost and volume of individualised packages of care is the amongst the biggest financial risks facing the Strategic Commissioner.
- Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years.
- Spend in T&G is significantly higher on a per capita basis when benchmarked against other CCGs in GM.
- A continuation of historic growth rates is not financially sustainable and should not be inevitable that T&G is an outlier against our peers.
- Currently forecasting £2,982k overspend in 2018/19 against core CHC budgets.
- A financial recovery plan is now in place, with the next detailed update due to be presented at Finance & QIPP Assurance Group in August.

## Operations and Neighbourhoods



- Currently forecasting that budget will overspend by £482k.
- The new Car parking provision around the hospital on Darnton Road was expected to generate additional income of £500k per annum. Delays in the construction of the spaces has resulted in the non delivery of the saving in 2018/19 of £275k. There have been additional pressures of £207k due to waste disposal levy and construction costs

## Children's Services



- The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 640 at 30 June 2018.
- Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget by £2.990m; mainly due to additional placement costs £3.012m and other minor variations across the service below £0.050m (£22k).
- It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585) ; the current level at 30 June 2018 is 640; a resulting increase of 55 (9.4%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,628 and foster care £765.
- There are also pressures arising from increased demand for Special Education Needs Transport (£0.3m) and an increase in statutory work regarding Education Healthcare Plans (EHCP) Assessments (£0.3m), which is being partially offset by some savings in other areas.

# Strategic Commissioner Financial Position

## Growth Directorate

R

- Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and will continue to be incurred until everything is finalised. PwC are charging a weekly management fee which has increased significantly since period 2, and this is reflected in the deterioration of the forecast to a cost pressure of £0.9m. The Council is currently disputing this increase.
- Significant pressures are also being experienced in relation to loss of income resulting in a forecast overspend of £0.7m. Budgeted rental income is not being recovered due to the sale of assets and utilisation of assets for Council purposes, income from advertising is currently forecast to be less than budget, and income from Building Control and Development Control is currently forecast to be less than budget due to a reduction in numbers of applications.
- No delivery of savings is also creating further pressures of £0.5m. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.

## Acute

A

- Only 2 months of 18/19 activity data are currently available, making it difficult to establish trends in activity. We have seen small pressures at some of the associate providers, but these do not pose a significant concern at this stage in the year.
- However overspend at Manchester FT is of more concern. There is a £300k overspend in the first two months of the year:
  - £169k of this relates to excess bed days and critical care, both areas where spend can be very volatile, driven by the discharge of high cost long length of stay patients.

- Other areas contributing to the pressures on the Manchester FT contract include macular (£86k pressure) and outpatients with an overspend of £115k. Time will tell if this is a non recurrent anomaly or part of a sustained trend, but in response to the YTD pressure the QIPP forecast for associate providers has been reduced by £300k to £1,000k.
- Underspend on independent sector contracts (mainly cataracts and musculoskeletal) offsets much of the associate provider pressure.

## Capital Financing, Contingency and Corporate Costs

G

- £0.4m Capital Financing additional investment income - The 2018/19 budget did not include any budget for additional investment income relating to the Manchester Airport Investment approved by Executive Cabinet in February 2017 due to uncertainty around the timing of the investment. The forecast reflects the estimated additional interest now expected as a result of investment drawdowns in July and December 2018.
- £0.7m Contingency – Additional Adult Social Care grant income notified after the 2018/19 budget was set. The grant has been allocated to contingency pending decisions regarding utilisation.
- £1.5m Corporate Cost savings and additional income. Savings are anticipated on Pension Increase Act contributions (£0.3m) and the contribution to the Association of Greater Manchester Authorities (£0.4m). The projected level of income regarding the Manchester Airport dividend has been calculated in line with the dividend payments received during 2017/18, increasing forecast income by £0.8m. The dividend is not guaranteed and the forecast will be reviewed on receipt of the 18/19 interim dividend, due in December 2018.

## Primary Care

G

- £590k released to TEP this month for prescribing, which relates to cross year benefit from higher than expected achievement against schemes in February and March.
- At time of writing we only have April data from 18/19, but early indications are encouraging and on the assumption the trend continues we will be in a strong position to bank further QIPP savings next month.

# TEP – Targeted/Trust Efficiency Plan



**£1,240k**

## Cross Year Benefit

Impact from 17/18 calculated and transacted. Combination of both pressures and benefits. Net effect is positive for the CCG position.



**£300k**

## Associate Providers

Targets set on the basis of stopping all growth. YTD overspend (particularly on outpatients and critical care) has reduced expected TEP.



**£313k**

## Facilities Management

Following collapse of Carillion the Local Education Partnership has been extended. Forecast savings from re-tendering this service will therefore be delayed.



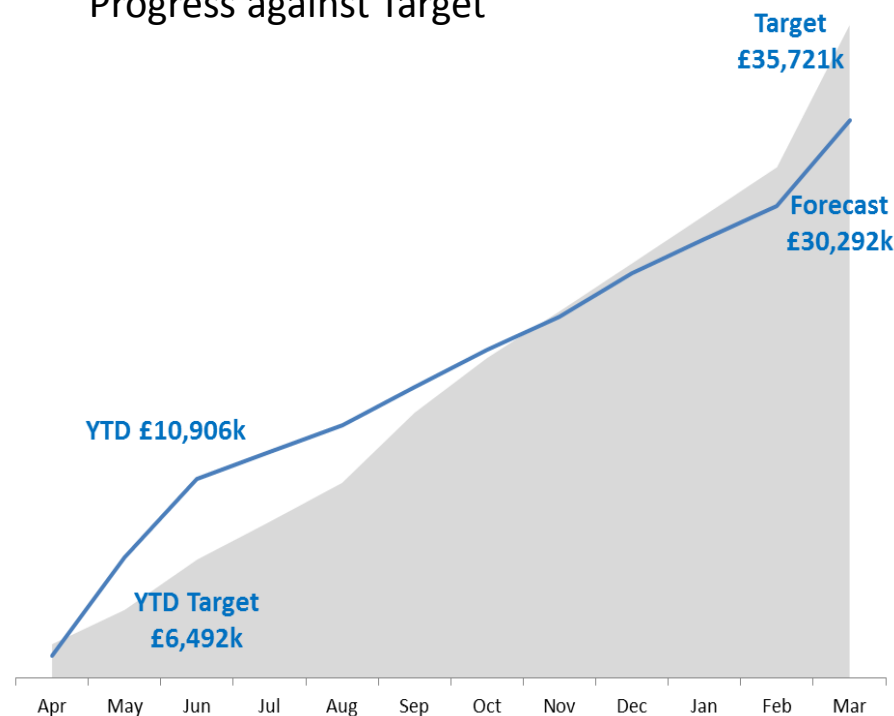
**£130k**

## Nursing

Increase of £130k in expected savings for nursing within the ICFT, primarily driven by non recurrent savings on vacant posts.

- The economy wide savings target for 2018/19 is £35,721k:
  - Commissioner £22,919k (£19,800k CCG & £3,119k TMBC)
  - Provider £12,801k
- Against this target, £10,906k of savings have been realised in the first quarter, 30% of the required savings
- Expected savings by the end of the year are £30,292k, a shortfall of £5,429k against target.
- More work is required to identify new schemes and turn red and amber schemes green. As things stand we would need to fully deliver all of the amber rated schemes and half of the red rated schemes to fully close the gap.
- £17,828 (59%) of these savings are expected to be delivered recurrently
- A sample of the most significant changes over the last month are highlighted in the boxes above. Because of early realisation of non recurrent schemes, we are significantly ahead of the planned savings trajectory at M3, but unless new schemes are identified we still struggle to maintain this performance in the months to come.

## Progress against Target





# TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	2,330	7,672	5,595	7,599	23,196	19,801	17,263	(2,538)
TMBC	1,071	602	790	656	3,119	3,119	1,854	(1,265)
Strategic Commissioner	3,401	8,274	6,385	8,255	26,315	22,920	19,117	(3,803)
ICFT	2,111	1,903	6,622	2,650	13,285	12,801	11,174	(1,627)
Economy Total	5,512	10,176	13,007	10,906	39,600	35,721	30,292	(5,429)

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	2,150	35	0	0	2,185	3,274	233	(3,041)
	GP Prescribing	180	1,640	180	590	2,590	2,000	1,608	(392)
	Individualised Commissioning Recovery Plan	0	750	249	83	1,082	1,327	707	(620)
	Other Established Schemes	0	2,247	443	1,458	4,148	4,248	3,025	(1,223)
	Tameside ICFT	0	0	1,860	620	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	3,000	2,863	4,848	10,711	6,472	9,211	2,739
CCG Total		2,330	7,672	5,595	7,599	23,196	19,801	17,263	(2,538)
TMBC	Adults	213	272	12	200	697	697	369	(328)
	Growth	533	25	340	0	898	898	406	(492)
	Finance & IT	50	0	0	122	172	172	127	(45)
	Governance	0	0	129	25	154	154	154	0
	Childrens (Learning)	0	0	90	0	90	90	90	0
	Operations & Neighbourhoods	275	305	0	0	580	580	180	(400)
	Pop. Health	0	0	219	309	528	528	528	0
TMBC Total		1,071	602	790	656	3,119	3,119	1,854	(1,265)
Strategic Commissioner Total		3,401	8,274	6,385	8,255	26,315	22,920	19,117	(3,803)
ICFT	Corporate	0	169	437	360	966	1,100	966	(134)
	Demand Management	662	117	670	213	1,663	1,631	1,000	(630)
	Estates	89	50	232	65	436	450	347	(103)
	Finance Improvement Team	290	300	648	316	1,554	1,067	1,264	198
	Medical Staffing	375	348	0	24	747	1,103	372	(731)
	Nursing	321	66	644	324	1,355	1,250	1,034	(216)
	Paperlite	117	71	35	16	238	250	121	(129)
	Pharmacy	0	221	187	23	431	450	431	(19)
	Procurement	257	411	89	19	776	752	519	(233)
	Transformation Schemes	0	0	2,500	750	3,250	3,400	3,250	(150)
	Technical Target	0	150	131	44	325	0	325	325
	Vacancy Factor	0	0	1,048	496	1,544	1,350	1,544	194
ICFT Total		2,111	1,903	6,622	2,650	13,285	12,801	11,174	(1,627)
Economy Total		5,512	10,176	13,007	10,906	39,600	35,721	30,292	(5,429)

# Mental Health – Deep Dive

Mental Health Investment Plan				
Source of Funding	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Baseline budgets	41,389	42,290	43,739	44,626
GM MH Transformation Funding	219	438	438	0
Care Together Transformation Funding	187	280	280	93
Local Authority Transformation Funding	389	432	0	0
<b>Total Source of Funds:</b>	<b>42,184</b>	<b>43,440</b>	<b>44,457</b>	<b>44,719</b>

PH Investment Fund - Health and Wellbeing College	60	80	20	0
PH Investment Fund - Employment Support Workers	44	175	175	131
PH Investment Fund MH Key Workers	25	100	100	75
Self-management Education budget (CCG baseline)	27	27	27	27
<b>Total Source of Funds including Public Health</b>	<b>42,340</b>	<b>43,822</b>	<b>44,779</b>	<b>44,952</b>

Application of MH Funding	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
<b>Committed MH Expenditure in Baseline Budgets</b>				
Pennine Care FT core contract	23,341	23,574	23,810	24,048
Individualised commissioning	6,640	6,796	7,020	7,184
Prescribing	3,456	3,551	3,649	3,749
Other	4,954	5,472	5,421	3,822
<b>Total Committed:</b>	<b>38,391</b>	<b>39,393</b>	<b>39,900</b>	<b>38,803</b>

Proposed New Mental Health Investment	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Increasing access to MH support for children & young people	308	554	804	1,552
IAPT Plus/Psychological therapies	550	640	740	830
Early Intervention in Psychosis	180	350	450	450
Neighbourhood Developments	208	550	550	571
AMPH, Recovery	211	251	251	251
Mental Health Crisis	478	833	833	1,268
LD Transforming Care	200	200	200	200
Neurodevelopmental Adult	70	170	170	170
Dementia in neighbourhoods	134	275	275	275
Specialist Perinatal Infant MH	0	224	224	224
Health and Well-being College	60	107	107	107
PH Investment Fund MH Key Workers	25	100	100	75
MH Employment Support Workers	25	175	175	175
<b>Total Proposed New MH Investment:</b>	<b>2,449</b>	<b>4,429</b>	<b>4,879</b>	<b>6,148</b>

<b>Grand Total of Proposed MH Expenditure/Investment:</b>	<b>40,840</b>	<b>43,822</b>	<b>44,779</b>	<b>44,951</b>
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<b>Slippage/(Shortfall) in MH Funding:</b>	<b>1,500</b>	<b>0</b>	<b>0</b>	<b>0</b>
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Footnote:

<b>Additional MH Funding Approved January SCB over and above POE</b>	<b>1,777</b>	<b>1,950</b>	<b>1,844</b>	<b>3,329</b>
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## Update and Overview

GMHSCP have endorsed the GM MH finance sub group that is chaired by T&G CCG. The focus of this group is to oversee the delivery of the specific contracts, business intelligence and funding release across localities (including meeting the MHIS) across Greater Manchester CCGs, Local Authorities and Provider Trusts. This group is a formal subgroup of the GM CCG CFOs who will hold each other to account for the delivery in MH services.

Since the last update in October 2017, a number of agreements have been concluded. These are;

- Costing principals across the 5 core CCGs with Pennine Care have been agreed.
- CCGs agreed to support and fund the IG beds for quarter 4 of 17/18, of which £33k was T&G share.
- 12 IG beds at PCFT to be commissioned for a further 12 months until March 2019.
- PCFT agreed to credit all 121 Obs invoices relating to 2017/18, c£70k.
- The current investment plan (tabled to the left) does not include anything towards PCFT sustainability request. However the CCG has invested an additional £400k into the core contract for 121 Obs/Safer Staffing in 2018/19.
- Work is progressing between the CCG and LA for scoping all out of area placements and the categorisation of needs and local provisions
- Not all elements of the 5YFV have been approved and will be subject to further business case and SCB approval.
- LD Transforming Care – NHSE have confirmed that a new process is being developed, which will add some clarity around the criteria for eligibility, since the CCG had 2 cases for funding rejected.
- PCFT CQUIN 17/18 – The CCG is in the process of finalising the CQUIN performance with PCFT. As such monies due back are not included in the current financial position. There is likely to be a return to T&G of anything between £59k to £169k dependent on final reconciliations.



# Mental Health – Deep Dive

## QIPP Refresh

In January 2018 the MH investment plan went to SCB for approval to close the funding gap in order to meet the 5YFV and MHIS. The gap in 18/19 started at £1.7m which took the total additional recurrent investment into Mental Health to be £2.5m. Since then there has been significant delays in recruitment and delivery of service plans. As a result, the refreshed plans identify an in-year non-recurrent slippage of £0.6m. This has been moved to QIPP in Month 2 and is now banked. A further £0.4m towards QIPP is expected over the next couple of months on a non-recurrent basis and will be green rag rated with a further £1m QIPP in MH as amber.

## Challenges and Risk

In order to deliver both the MHIS and 5YFV, there still remains a number of challenges and risks associated with the delivery of these plans. This includes, but is not exhausted to;

- Funding assumed over the next 4 years with long term recurrent commitments
- Recruitment
- Increasing access in line with national targets.
- Delivering community eating disorders access/waiting time standards.
- SLR (Service Line Reporting) Refresh is due and the unknown impact of this.
- Procurement and the ability to stimulate local markets
- National repatriation agenda and OOA placement. This should deliver longer term savings but could have short term financial pressures due to new estates/capital costs.
- Increasing evidence based outcomes in mental health.
- GM Crisis Care model and delivery

## Key Priorities for 2018/19

GM MH Group - 5 Principal Objectives		RAG
1	Support commissioner & provider colleagues to deliver 5YFVMH objectives GMMH Investment Strategy for GM, including GMTF	G
2	Re-basing historic MH block contracts and unpicking historic cross-funding across 10 GM localities, including SLR and alignment of costs to service specs	R
3	Development of MH finance and activity schedules for GM MH contracts, ensuring compliance with NHS guidance	A
4	Vfm review of GM MH OAPs: (i) NHS organisations within GM, (ii) NHS org outside GM, and (iii) non-NHS/private sector orgs.	A
5	Support development of new payment & contract models for MH services across GM in line with guidance [discourages use of unaccountable block contracts and encourages models that rewards and incentivises providers, linking payment to quality and outcomes]	R

## Recap and Overview

Mental Health Investment Standard – to ensure that as a minimum spend on MH grows at the same rate as allocation growth.

Five Year Forward View – which sets a series of targets and ‘must dos’ around provision of mental health services.

- The FYFV makes 58 separate recommendations to improve MH services across a number of priority areas.
- In order to meet these requirements, GMHSCP have set aside £52.2m of transformation funding to be spent across GM over the next 4 years:

£10.8m to fund:	£34.6m to fund:	£6.8m to fund
<ul style="list-style-type: none"> <li>- Crisis Care</li> <li>- Integrated IAPT</li> </ul>	<ul style="list-style-type: none"> <li>- Liaison MH Core 24</li> <li>- Perinatal &amp; parent-infant MH model</li> <li>- Building capacity and resilience of communities</li> <li>- iThrive &amp; MH workforce development</li> <li>- CYP crisis care</li> </ul>	<ul style="list-style-type: none"> <li>- Suicide prevention</li> <li>- Work &amp; health across the life course</li> <li>- Dementia United</li> <li>- Health &amp; Justice</li> </ul>
£1.1m will be received by T&G to manage locally	To be managed at a GM level	To be managed at a GM level

- The locality has worked closely with GMHSCP to build an investment model which incorporates both baseline MH spend and additional investment required to meet the requirements of the FYFV. (See table on page 1)
- Further clarity is required around recurrent funding streams from 20/21 onwards, after the non recurrent transformation has been exhausted. There are rumours that funding will continue, in which case will bring down the investment gap that the CCG has funded.

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# APPENDIX 2 – Strategic Commissioner Detailed Analysis

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# Local Authority Savings Progress

## SAVINGS PROGRESS - HEADLINES

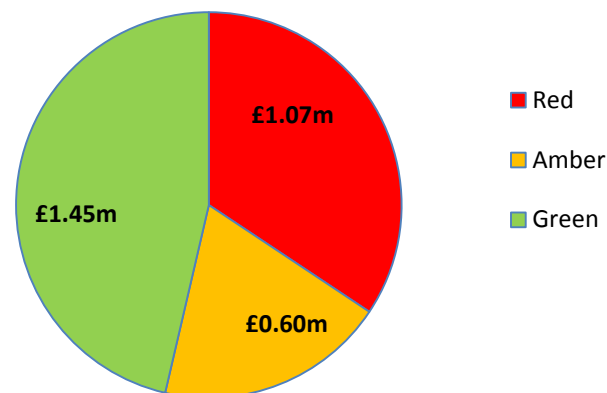
The 2018/19 budget included £3,119m of savings to be delivered by management during the financial year. As at the end of period 3 a significant number of risks to the delivery of savings have been identified, resulting in a number of budget pressures.

- **£1.45m** (46%) of the savings target is rated '**green**' and has been delivered or is on track for delivery in the year.
- **£0.60m** (19%) of the savings target is rated '**amber**' with some risks or delays to delivery identified.
- **£1.07m** (34%) of the savings target is rated '**red**' due to significant risks or delays which means some or all of the savings amount is not expected to be delivered in year. This is resulting in budget pressures in a number of service areas.

Page 26

- Adults savings are at risk of delay or non-delivery in a number of areas, although other savings are being identified elsewhere in the service to offset these pressures.
- Within Operations and Neighbourhoods the new Car parking provision at Darnton Road was expected to generate additional income of £0.500m per annum. Delays in the construction of the spaces has resulted in the non delivery of the saving in 2018/19 of £0.275m.
- Growth savings of £0.533m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.

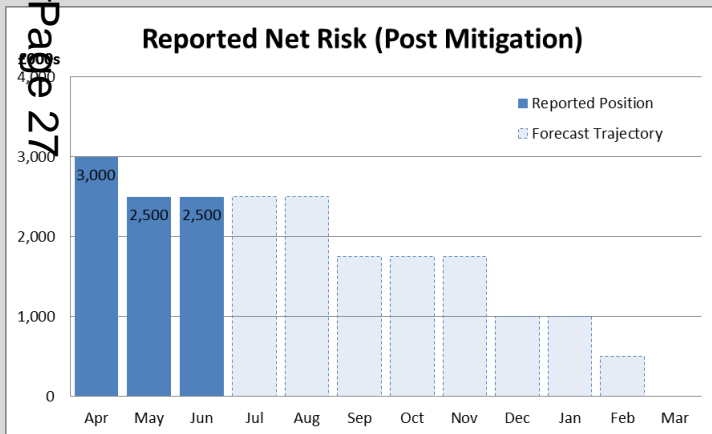
## Savings 18/19



SAVINGS	RED	AMBER	GREEN	TOTAL
Adults	213	272	212	697
Childrens (Learning)	0	0	90	90
Population Health	0	0	528	528
Operations and Neighbourhoods	275	305	0	580
Growth	533	25	340	898
Governance	0	0	154	154
Finance & IT	50	0	0	50
Corporate	0	0	122	122
<b>Total</b>	<b>1,071</b>	<b>602</b>	<b>1,446</b>	<b>3,119</b>

# CCG Recovery Plan & TEP Update: June 2018 (M3)

- The CCG has a Targeted Efficiency Plan (TEP, also known as QIPP) target for 2018/19 of £19.8m.
- In our submitted plans, the CCG has reported that financial control totals will be met. However we have also reported a net risk against achieving this.
- Because of the size of the QIPP target and the reported risk against our overall financial position, an improvement plan has been requested by GMHSCP. These slides update on our progress.
- In the M3 position, a net risk of £2.5m has been reported, which is consistent with the position reported last month:



- The CCG has entered into a risk share agreement with the Local Authority as part of a wider ICF (Integrated Commissioning Fund). While there is scope to use the ICF to balance the CCG position on a non recurrent basis, any increase in council contribution in 18/19 would result in an increase in the CCG contribution in future years.

- As such, it is not appropriate to use the ICF risk share as justification to reduce reported net risk in 18/19 - an approach would ignore the true underlying position. That said the chart to the left includes an aspirational high level trajectory showing how we hope our reported risk will reduce in the months to come.
- Key to reducing the CCGs financial risk is achievement of the £19.8m QIPP target (internally branded as TEP). The table below summarises expected achievement at the end of June, together with a comparison to the position reported last month:

## Planned Savings (before application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	2,330,000	0	2,330,000	2,365,000	-35,000
Medium Risk	3,674,552	3,996,968	7,671,520	8,136,953	-465,433
Low Risk	2,547,051	3,048,000	5,595,051	7,311,967	-1,716,916
Saving Posted	2,234,949	5,364,487	7,599,436	4,442,087	3,157,349
Total	10,786,552	12,409,455	23,196,008	22,256,007	940,001

## Expected Savings (after application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	233,000	0	233,000	236,500	-3,500
Medium Risk	1,837,276	1,998,484	3,835,760	4,068,477	-232,717
Low Risk	2,547,051	3,048,000	5,595,051	7,311,967	-1,716,916
Saving Posted	2,234,949	5,364,487	7,599,436	4,442,087	3,157,349
Total	6,852,276	10,410,971	17,263,248	16,059,031	1,204,217

## QIPP Target

19,800,000	19,800,000	0
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## Savings Still to Find

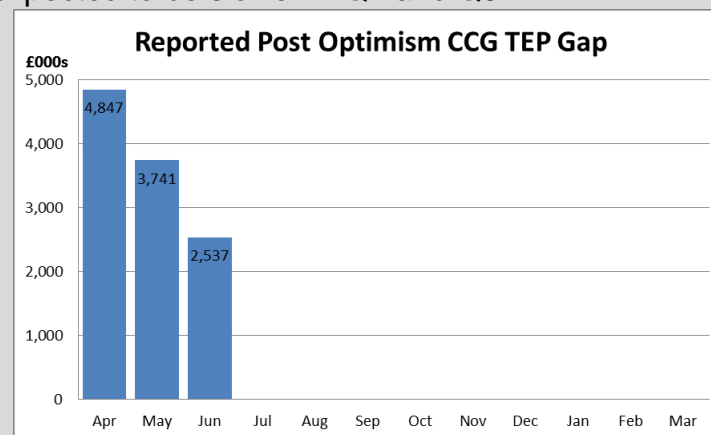
2,536,753	3,740,969	1,204,217
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Value of savings about which we are certain (i.e. blue & green schemes)

13,194,487

- Against an annual CCG target of £19,800k, £7,599k (38%) of the required savings have been banked in the first three months of the year.
- In addition to this there is a further £5,595k, which we are completely confident of realising in future months. This leaves savings of £6,606k still to find.
- After application of optimism bias, we anticipate making further savings of £4,069k from schemes currently rated as amber or red. Reducing the TEP gap to £2,537k.
- £6,852k (35%) of the expected savings will be delivered on a recurrent basis, contributing toward closing the recurrent economy wide gap.
- Overall the value of planned savings has increased by £940k since last month. The main drivers of this are:
  - **+£1,240k Cross Year Benefit.** Cross year impacts from 2017/18 have now been fully calculated and transacted. There have been a combination of both pressures and benefits, but the net effect is positive for the CCG position and this benefit has been released to QIPP on a non recurrent basis. Areas where we have taken a benefit include prescribing, continuing care, mental health and acute providers (both NHS and independent sector). These were offset by estates and some other NHS/independent sector acute contracts.
  - **-£300k Associate Providers.** Targets were set on the basis of stopping all growth. Only two months of activity data is currently available, so it is difficult to establish a trend. But there is some overspend in these early months (particularly on critical care and outpatients). We have reduced the QIPP forecast in response to this and will continue to monitor and re-assess risk as more data becomes available.

- The post optimism savings gap has reduced by £1,240k since last month. This improvement was driven through the changes already discussed (note the associate provider scheme is amber rated so only a £150k impact post optimism bias). Plus a re-assessment of risk for 'running costs' and 'budget management'.
- The post optimism TEP gap has reduced from £4,847k at the start of the year to £2,537k today (a reduction of £2,310k over 3 months).
- This reduction is a result of non recurrent quick wins in Q1 (cross year benefit, mental health slippage and release of reserves). The pace of improvement is expected to be slower in Q2 and Q3:



- We will continue to closely monitor our TEP schemes, with an aspiration of closing some of this gap as amber and red schemes are converted to green.
- Our detailed TEP database includes a number of 'Emerging Pipeline Schemes', some of which are unquantified. But these, together with any new schemes identified through our financial savings programme will be used to further reduce the gap in forthcoming months

ADULTS	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Adults Senior Management	544	0	544	143	536	9
Joint Commissioning & Performance	1,474	(132)	1,342	204	1,300	43
Improved Better Care Fund	3,299	(3,299)	0	(1,201)	0	(0)
Long Term Support	70,200	(37,510)	32,690	11,221	32,892	(203)
Mental Health	3,160	(288)	2,872	707	2,860	12
Urgent Integrated Care	3,913	(869)	3,044	499	2,960	84
<b>TOTAL</b>	<b>82,590</b>	<b>(42,098)</b>	<b>40,492</b>	<b>11,573</b>	<b>40,548</b>	<b>(56)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- £0.115m - Vacant posts in Learning Disabilities Day Services expected to be filled part year
- £0.071m – Vacant posts in the Integrated Urgent Care Team expected to be filled part year.
- £0.100m - Independent Living Fund (ILF) expenditure forecast to be under budget due to hours being delivered by in-house service (Homemakers)

### Pressures:

- (£0.141m) - Increase in Direct Payments in line with Government expectations.

## SAVINGS

The 2018/19 budget included £0.697m of savings to be delivered by management during the financial year.

- £0.212m** is rated '**green**' and has been delivered or is on track for delivery in the year.
- The remaining £0.485m of the savings target is rated '**red**' or '**amber**' with some risks or delays to delivery identified.
- Other savings are being identified across the service which it is expected will compensate for non-delivery of the planned savings.

	RED	AMBER	GREEN	TOTAL
Savings	213	272	212	697

CHILDREN'S SERVICES	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
<b>CHILDREN'S SOCIAL CARE</b>						
Assistant Executive Director - Children's Specialist Services	1,066	0	1,066	241	1,099	(33)
Children's Safeguarding	27,620	(755)	26,865	5,392	30,159	(3,295)
Early Intervention & Youth Justice	1,589	0	1,589	285	1,469	120
Looked After Children	4,272	(1,993)	2,280	256	1,932	347
Performance and Development	4,385	(300)	4,085	897	4,153	(68)
Child Protection & Children In Need	0	0	0	(0)	0	(0)
	7,534	0	7,534	1,758	7,420	114
	<b>46,466</b>	<b>(3,048)</b>	<b>43,418</b>	<b>8,829</b>	<b>46,233</b>	<b>(2,816)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- Vacant posts within the structure that are not currently filled are resulting in projected underspends in some areas.

### Pressures:

- The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 640 at 30 June 2018.
- Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget mainly due to additional placement costs £3.012m and other minor variations across the service below £0.050m .
- It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585) ; the current level at 30 June 2018 is 640; a resulting increase of 55 (9.4%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,628 and foster care £765.



CHILDREN'S SERVICES	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
<b>EDUCATION</b>						
Access & Inclusion	11,877	(9,638)	2,238	4,777	2,464	(225)
Assistant Executive Director - Education	239	0	239	12	108	131
Schools Centrally Managed	205	(217)	(12)	(248)	(12)	1
Schools Centrally Managed - DSG Funded	9,457	(9,457)	0	2	0	0
School Performance and Standards	417	(178)	240	(36)	223	17
Pupil Support Services	7,463	(6,573)	890	715	1,239	(349)
	<b>29,659</b>	<b>(26,064)</b>	<b>3,596</b>	<b>5,221</b>	<b>4,021</b>	<b>(426)</b>

## BUDGET VARIATIONS

The variance is a net position and reflects a number of underspends and pressures including:

### Underspends:

- £0.345m - Vacant posts across the whole service.
- £0.110m - budgetary saving to be utilized to offset overspending in other areas of Education

### Pressures:

- (£0.346m) - Special Educational Needs Transport due to increase in children eligible for statutory support, and other minor variations .
- (0.338m) - Increase in statutory work regarding Education Healthcare Plans (EHCP) Assessments, and other minor variations less than 50k.

## SAVINGS

The 2018/19 budget included £90k of savings to be delivered by management during the financial year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	90	90

- £0.090m is rated 'green' and has been delivered or is on track for delivery in the year.

# Population Health

G

POPULATION HEALTH	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Population Health	16,353	(121)	16,232	8,119	16,197	35
<b>TOTAL</b>	<b>16,353</b>	<b>(121)</b>	<b>16,232</b>	<b>8,119</b>	<b>16,197</b>	<b>35</b>

## SAVINGS

The 2018/19 budget included £0.528m of savings to be delivered by management during the financial year.

- **£0.528m** is rated '**green**' and has been delivered or is on track for delivery in the year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	528	528

# Quality and Safeguarding

G

QUALITY AND SAFEGUARDING	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Quality and Safeguarding	355	(288)	67	81	73	(6)
<b>TOTAL</b>	<b>355</b>	<b>(288)</b>	<b>67</b>	<b>81</b>	<b>73</b>	<b>(6)</b>

OPERATIONS & NEIGHBOURHOODS	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Community Safety & Homelessness	5,011	(1,025)	3,986	292	3,961	25
Cultural and Customer Services	3,425	(264)	3,162	581	2,893	268
Design and Delivery	11,450	(9,438)	2,012	1,703	1,723	289
Environmental Services Management	30,339	(247)	30,093	10,685	30,771	(678)
Highways & Transport	7,997	(8,209)	(211)	631	108	(319)
Environmental Services (Management & Neighbourhood Services)	1,217	(2,442)	(1,225)	(452)	(1,203)	(22)
Operations and Greenspace	0	0	0	0	0	0
Poverty and Prevention	7,011	(2,006)	5,006	377	5,175	(169)
Environmental Services (Public Protection)	381	(381)	0	(42)	0	0
Waste Management	3,893	(830)	3,063	639	2,712	351
<b>TOTAL</b>	<b>5,649</b>	<b>(1,156)</b>	<b>4,494</b>	<b>66</b>	<b>4,721</b>	<b>(227)</b>
	<b>76,377</b>	<b>(25,998)</b>	<b>50,379</b>	<b>14,480</b>	<b>50,861</b>	<b>(482)</b>

## BUDGET VARIATIONS

The net variation reflects a number of underspends and pressures across the service, including:

### Underspends:

- Part year vacancies due in part to retirements and difficulties in recruitment in Cultural and Customer Services, Design and Delivery, Environmental Services (Public Protection) are resulting in the forecast underspends in these areas.
- Vacancies in Operations & Greenspace, and in Highways & Transport are reducing the net pressures being reported in these areas.

### Pressures:

- Pressures in Environmental Services Management relate to the Waste Levy and Passenger Transport Levy due in part to a late notification of a final adjustment relating to 2017/18.

## BUDGET VARIATIONS

### Pressures (continued):

- Highways & Transport - Pressure of £0.275m relates to the Darnton Road Car park income, as it is unlikely the Council will be able to fully achieve the additional income forecast as a saving. Additional construction costs relating to Darnton Road have created a further pressure of £0.122m, and the car parking service is currently projecting a shortfall in income from car parks income of £0.156m.
- Operations & Greenspace are forecasting a continued shortfall in income from Ashton Market due to the ongoing development works in Ashton Town Centre. There are also additional waste disposal costs within the street cleansing service.
- Waste Management have incurred expenditure on caddy liners to encourage recycling of food waste, however there is no budget provision for this.

### SAVINGS

The 2018/19 budget included £580k of savings to be delivered by management during the financial year.

- The £0.580m savings target is rated '**red**' or '**amber**' with some risks or delays to delivery identified.
- Most of this savings target relates to the new Car parking provision at Darnton Road which was expected to generate additional income of £0.500m per annum. Delays in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced to £0.225m.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	275	305	0	580

GROWTH	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
School Catering	3,975	(3,970)	5	1,944	28	(23)
Corporate Landlord	8,011	(1,960)	6,052	1,616	7,408	(1,356)
Development Growth Investment	430	(161)	269	(307)	356	(87)
Ecology Unit	367	(367)	0	(132)	(156)	156
Employment & Skills	1,800	(882)	918	(52)	911	7
Environmental Development	510	(90)	419	107	422	(3)
Estates	1,431	(2,593)	(1,163)	(43)	(594)	(569)
Investment & Development	1,548	(863)	685	81	697	(12)
Planning	1,310	(1,084)	226	(11)	442	(217)
Strategic Infrastructure	608	(160)	448	58	447	0
BSF, PFI & Programme Delivery	25,165	(25,165)	0	1,651	0	0
<b>TOTAL</b>	<b>45,153</b>	<b>(37,295)</b>	<b>7,858</b>	<b>4,912</b>	<b>9,961</b>	<b>(2,103)</b>

## BUDGET VARIATIONS

The net variation reflects a number of underspends and pressures across the service, including:

### Underspends:

- The Ecology Unit is a GM wide hosted service funded by contributions from AGMA. The unit also receives income from Grants and Trading. Any surplus in 2018/19 will be taken to reserves to fund ongoing Ecology projects and ensure the service is self-funding.

### Pressures:

- Corporate Landlord pressures relate mainly to additional fees being charged by PwC and non delivery of savings. Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and will continue to be incurred until everything is finalised. Forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) will not be realised in 2018/19.

## BUDGET VARIATIONS

### Pressures (continued):

- Estates budget pressures relate to a shortfall in income due to a number of factors. Income is no longer being received on properties that have been sold and other income is not being realised because facilities are being used for Council purposes. Forecast savings following the purchase of the Plantation Industrial Estate will not be realised until the purchase is complete. The purchase is complex and expected to take several months to complete. Additional security costs are also being incurred following a fire.
- Within the Planning Service, Building Control income is forecast to be less than budget due to a reduction in the number of applications. Development and Control income is also forecast to be under budget.

## SAVINGS

The 2018/19 budget included £0.898m of savings to be delivered by management during the financial year.

- £0.340m** is rated '**green**' and has been delivered or is on track for delivery in the year.
- The remaining £0.558m of the savings target is rated '**red**' or '**amber**' with some risks or delays to delivery identified.

Growth savings of £0.533m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	533	25	340	898

GOVERNANCE	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
<b>GOVERNANCE</b>						
Executive and Business Support	1,399	(2)	1,397	292	1,397	0
Democratic Services	750	(24)	726	467	726	0
Governance Management	909	(88)	822	42	822	0
Legal	1,086	(113)	972	206	972	0
	<b>4,145</b>	<b>(227)</b>	<b>3,917</b>	<b>1,008</b>	<b>3,917</b>	<b>0</b>
<b>EXCHEQUER</b>						
Assess & Pay	85,635	(85,299)	336	307	336	0
Exchequer Management	226	0	226	57	226	0
Income & Collection	2,727	(1,856)	872	520	872	0
	<b>88,588</b>	<b>(87,155)</b>	<b>1,434</b>	<b>884</b>	<b>1,434</b>	<b>0</b>
<b>PEOPLE &amp; WORKFORCE DEVELOPMENT</b>						
People & organisational development	3,368	(993)	2,375	614	2,375	0
	<b>3,368</b>	<b>(993)</b>	<b>2,375</b>	<b>614</b>	<b>2,375</b>	<b>0</b>
<b>MARKETING &amp; COMMUNICATIONS</b>						
Policy, performance & communications	1,578	(140)	1,438	247	1,438	0
	<b>1,578</b>	<b>(140)</b>	<b>1,438</b>	<b>247</b>	<b>1,438</b>	<b>0</b>
<b>TOTAL</b>	<b>97,679</b>	<b>(88,515)</b>	<b>9,164</b>	<b>2,752</b>	<b>9,164</b>	<b>0</b>

## SAVINGS

The 2018/19 budget included £0.154m of savings to be delivered by management during the financial year, which is all rated as 'green' and has been delivered or is on track for delivery in the year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	154	154

FINANCE AND IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
<b>FINANCE</b>						
Financial Management	2,510	(399)	2,111	411	2,111	0
Risk Management & Audit Services	587	(221)	366	96	366	0
	<b>3,097</b>	<b>(620)</b>	<b>2,477</b>	<b>507</b>	<b>2,477</b>	<b>0</b>
<b>IT</b>						
Digital Tameside	2,742	(731)	2,011	1,004	2,112	(101)
	<b>2,742</b>	<b>(731)</b>	<b>2,011</b>	<b>1,004</b>	<b>2,112</b>	<b>(101)</b>
<b>TOTAL</b>	<b>5,839</b>	<b>(1,351)</b>	<b>4,488</b>	<b>1,511</b>	<b>4,589</b>	<b>(101)</b>

## BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

### Underspends:

- £0.044m - Staffing Vacancies and staff having not taken up the pension option.
- £0.089m – Additional MFD Income to the service. This is subject to a review that will be carried out.

### Pressures:

- (£0.036m) - School Income target - underachieved due to academy conversions.
- (£0.198m) - Additional year on year Corporate Costs increasing including additional Microsoft Licenses, Increase of back up costs, Wireless access point maintenance and increased security products.

## SAVINGS

### Savings

The 2018/19 budget included £0.050m of savings to be delivered by management during the financial year.

- £0.050m** is rated '**red**' with some risks or delays to delivery identified. The saving relates to forecast procurement savings which are not expected to be delivered until future years.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	50	0	0	50



CAPITAL FINANCING, CONTINGENCY & CORPORATE COSTS	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Capital and Financing	10,998	(1,360)	9,638	0	9,225	413
Contingency	4,163	(6,823)	(2,660)	1,027	(3,388)	728
Corporate Costs	10,698	(6,857)	3,841	2,022	2,339	1,502
<b>TOTAL</b>	<b>25,859</b>	<b>(15,040)</b>	<b>10,820</b>	<b>3,049</b>	<b>8,176</b>	<b>2,643</b>

## BUDGET VARIATIONS

### Underspend:

- The 2018/19 budget for capital and financing costs did not include any amounts for investment income on the Manchester Airport Shareholder Loan. The first installment of the Manchester Airport Investment took place in July 2018 with a second installment due in December. Net additional investment income of £0.413m is now expected in 2018/19 in respect of this investment.
- Additional Adult Social Care grant of £0.413m was notified after the 2018/19 budget was set. The grant has been allocated to contingency pending decisions regarding utilisation.
- Savings and additional income in corporate costs includes an additional £0.813m of dividends from Manchester airport following receipt of the final dividend for 2017/18. The dividend income is not guaranteed and will be reviewed again on receipt of the interim dividend in December 2018. Also included within corporate costs are forecast savings of £0.366m in respect of contributions to AGMA and £0.276m of savings relating to Pension Increase Act Contributions.

## SAVINGS

The 2018/19 budget included £0.122m of savings to be delivered by management during the financial year.

- The **£0.122m** is rated '**green**' and has been delivered or is on track for delivery in the year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	122	122

# Capital Expenditure

	2018/19 Budget £000s	Actual to Date £000s	Projected Outturn £000s	Projected Outturn Variation £000s
<b>Growth</b>				
Estates	716	0	716	0
Vision Tameside	20,922	2,245	17,343	3,579
Development & Investment	5,768	353	4,415	1,353
<b>Operations and Neighbourhoods</b>				0
Engineering Services	15,269	1,468	15,269	0
Transport	362	0	260	102
Environmental Health	535	17	535	0
Corporate Landlords	86	31	97	-11
Stronger Communities	35	0	35	0
<b>Children's Services</b>				0
Education	14,505	0	14,148	357
Children	0	0	0	0
<b>Finance &amp; IT</b>				0
Finance	11,300	0	11,300	0
Digital Tameside	4,607	236	4,535	72
<b>Population Health</b>				0
Active Tameside	17,667	373	8,588	9,079
Adults	605	0	605	0
<b>Governance</b>				0
Exchequer	10	0	0	10
<b>Total</b>	<b>92,387</b>	<b>4,723</b>	<b>77,846</b>	<b>14,541</b>

	2018/19 Budget	Outturn	Outturn Variation
	£000s	£000s	£000s
Vision Tameside	20,922	17,343	3,579
Development & Investment	5,768	4,415	1,353
Education	14,505	14,148	357
Active Tameside	17,667	8,588	9,079
Transport	362	260	102

## SIGNIFICANT SCHEMES AND BUDGET VARIATIONS

Progress reports on major projects and significant areas of capital expenditure are provided to the Strategic Planning and Capital Monitoring Panel (SPCMP). A detailed capital expenditure monitoring report will be produced at month 4 and presented to the SPCMP in September 2018.

### VISION TAMESIDE

- **Public Realm** - As a result of a delay in the completion of the Tameside One building, the Public Realms works will not be complete until 2019/20. Plans are being developed to give detailed proposals. The projected Outturn is £0.2m in 18/19 and £3.579m has been rephased into 19/20.

### EDUCATION

- No individually significant variations over £0.100m.

### TRANSPORT

- **Procurement of 58 fleet** - The vehicles now being procured have had a change to the original specification as no one could supply what was requested previously. The tender is still out so the exact cost cannot be confirmed however delivery should be before the end of the financial year.

### DEVELOPMENT & INVESTMENT

- **Ashton Town Centre and Civic Square** - Works on this project cannot be completed until we have a confirmed programme for the Vision Tameside project. The projected outturn of £0.200m is based on the assumption we will be in a position to order materials within this financial year. The budget variation will need to be slipped into 2019/20.

### ACTIVE TAMESIDE

- **Denton Wellness Centre** - Denton Wellness Centre : This scheme has been delayed to October 2018 and £9.079m will need to be re-phased in 19/20. Subject to Planning permission, the land purchase of £1.5m will take place in October 2018 before the build starts. The estimated development spend is £5.500m in 18/19.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
<b>Acute Commissioning</b>	<b>47,253</b>	<b>47,933</b>	<b>-679</b>	<b>191,785</b>	<b>191,698</b>	<b>87</b>
Tameside & Glossop ICFT	31,910	32,351	-441	129,501	129,501	0
Manchester FT	7,683	7,984	-300	31,288	31,588	-300
Stockport FT	2,596	2,618	-22	10,385	10,385	0
Salford Royal FT	1,327	1,327	-1	5,340	5,340	0
Pennine Acute	920	920	-0	3,561	3,561	0
The Christie	459	503	-44	1,837	1,837	0
BMI Healthcare	372	399	-27	1,703	1,703	0
Wrightington, Wigan & Leigh	306	332	-26	1,154	1,154	-0
Spamedica	285	237	48	1,138	1,080	58
Other Providers	1,395	1,262	133	5,877	5,549	328
<b>Ambulance Services</b>	<b>2,061</b>	<b>2,094</b>	<b>-34</b>	<b>8,243</b>	<b>8,378</b>	<b>-135</b>
<b>NCAS/OATS</b>	<b>411</b>	<b>411</b>	<b>-0</b>	<b>2,060</b>	<b>2,060</b>	<b>0</b>
<b>Winter Resilience</b>	<b>399</b>	<b>399</b>	<b>-0</b>	<b>1,598</b>	<b>1,598</b>	<b>0</b>
<b>Clinical Assessment &amp; Treatment Centres</b>	<b>309</b>	<b>296</b>	<b>12</b>	<b>1,481</b>	<b>1,481</b>	<b>0</b>
<b>High Cost Drugs</b>	<b>52</b>	<b>52</b>	<b>-0</b>	<b>206</b>	<b>206</b>	<b>0</b>
<b>Collaborative Commissioning</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>15</b>	<b>15</b>	<b>0</b>
<b>Total - Acute</b>	<b>50,489</b>	<b>51,189</b>	<b>-701</b>	<b>205,388</b>	<b>205,436</b>	<b>-48</b>

## Notes:

- Acute healthcare contract performance is based on only 2 months of 18/19 activity data, making it difficult to establish trends in activity. We are seeing small pressures emerge at some of the associate providers, but these do not pose a significant concern at this stage in the year.
- However overspend at Manchester FT is of more concern. £169k of the £300k YTD pressure relates to excess bed days and critical care, both areas where spend can be very volatile, driven by the discharge of high cost long length of stay patients. Other areas contributing to the pressures on the Manchester FT contract include macular (£86k pressure) and outpatients with an overspend of £115k. Time will tell if this is a non recurrent anomaly or part of a sustained trend, but in response to the YTD pressure the QIPP forecast for associate providers has been reduced by £300k to £1,000k. There is a risk that the adverse variance will increase if the level of activity at M2 persists.
- Budgets for ambulances were set based on advice received from lead commissioner for this service. Budgets did not include any allowance for settlement of an ongoing dispute around price. This dispute was settled in mediation and resulted in a £135k pressure for the CCG.
- Underspend on independent sector contracts (mainly cataracts and musculoskeletal) offsets much of the associate provider/ambulance pressure.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Mental Health Contracts	6,046	6,046	-0	23,966	23,966	0
Mental Health Services - Adults	1,242	1,242	-0	4,967	4,967	0
Mental Health Services - Other	680	681	-1	2,526	2,526	0
Learning Disabilities	150	150	-0	647	647	-0
MH - Specialist Services	147	147	0	587	587	0
Improving Access To Psychological Therapies	46	46	0	183	183	0
Mental Capacity Act	-1	-1	-0	120	120	-1
MH - Non Contracted Activity	18	18	0	71	71	0
MH - Collaborative Commissioning	-0	-0	-0	0	0	0
Child & Adolescent Mental Health	-356	-357	1	-241	-241	0
<b>Total - Mental Health</b>	<b>7,971</b>	<b>7,972</b>	<b>-1</b>	<b>32,827</b>	<b>32,827</b>	<b>-1</b>

- In January 2018 the MH investment plan went to SCB for approval to close the funding gap in order to meet the 5YFV and MHIS. The gap in 18/19 started at £1.7m which took the total additional recurrent investment into Mental Health to be £2.5m. Since then there has been significant delays in recruitment and delivery of service plans.
- As a result, the refreshed plans identify an in-year non-recurrent slippage of £0.6m. This was moved to QIPP in Month 2 and is showing as banked savings. A further £0.4m towards QIPP is expected over the next couple of months on a non-recurrent basis and will be green rag rated with a further £1m QIPP in MH as amber.
- All assumptions around QIPP are built into the reported position above

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Prescribing	9,875	9,875	0	42,583	42,583	0
Delegated Co-commissioning	8,072	8,057	15	33,041	32,919	121
Out of Hours	650	638	12	2,599	2,551	48
Local Enhanced Services	379	371	7	1,515	1,515	0
Primary Care IT	298	207	91	1,454	1,457	-3
Central Drugs	290	290	0	1,201	1,201	0
Primary Care Investments	219	217	2	875	875	0
Oxygen	95	82	13	514	514	0
Medicines Management - Clinical	91	90	2	432	426	6
Commissioning Schemes	80	78	2	319	319	0
<b>Total - Primary Care</b>	<b>20,050</b>	<b>19,906</b>	<b>143</b>	<b>84,534</b>	<b>84,361</b>	<b>173</b>

## Notes:

- At time of writing we only have April prescribing data available. Because of this we want to be cautious about establishing trends or reading too much into a reported underspend via PMD. Consequently we have set forecast to equal budget.
- However early indications are encouraging and on the assumption the trend continues we will be in a strong position to bank further QIPP savings at month 4. £590k of TEP has been posted this month for prescribing, which relates to cross year benefit from higher than expected achievement against schemes in February and March.
- In delegated Co-Commissioning the latest data relating to QOF (Quality Outcomes Framework) suggests that practices will not earn the originally anticipated quality payment in 2018/19.
- The forecast for Out of Hours has reduced, as charges for central infrastructure to support the IM&T hub are no longer being funded via CCG budgets.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
CHC Adult Fully Funded	2,267	2,580	-313	10,535	13,463	-2,928
Funded Nursing Care	424	450	-26	1,697	1,765	-68
CHC Assessment & Support	241	224	18	965	952	14
CHC Adult Personal Health Budgets	210	309	-99	840	840	0
CHC Adult Joint Funded	97	293	-197	387	387	0
Children's Continuing Care	29	16	13	117	117	0
Children's CHC Personal Health Budgets	7	6	1	29	29	0
<b>Total - Continuing Care</b>	<b>3,276</b>	<b>3,878</b>	<b>-603</b>	<b>14,569</b>	<b>17,552</b>	<b>-2,982</b>

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Notes

- Growth in the cost and volume of individualised packages of care is the amongst the biggest financial risks facing the Strategic Commissioner.
- Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years.
- Spend in T&G is significantly higher on a per capita basis when benchmarked against other CCGs in GM.
- A continuation of historic growth rates is not financially sustainable and should not be inevitable that T&G is an outlier against our peers.
- Currently forecasting £2,982k overspend in 2018/19 against core CHC budgets, most of which related to fully funded CHC for adults.
- A financial recovery plan is now in place, with the next detailed update due to be presented at Finance & QIPP Assurance Group in August.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Community Services	7,202	7,132	70	28,809	28,809	0
Hospices	148	148	-0	592	592	0
Wheelchair Service	129	129	-0	515	515	0
Palliative Care	30	34	-4	124	124	-0
<b>Total - Community</b>	<b>7,509</b>	<b>7,443</b>	<b>66</b>	<b>30,040</b>	<b>30,041</b>	<b>-0</b>

## Notes:

- The £28.8m community services budget relates to services provided by the ICFT within the scope of the block contract. Payments are fixed and will not change throughout the year.
- Commissioning responsibility for £23.9m of these community services has switched from the CCG side of the strategic commissioner to the Council side. Formal approval to transact this change did not exist at the start of the year and consequently invoices were paid at historic rates and via historic routes. This has created YTD variances against the ICFT block both in the community and acute directorates. Formal approval for changes to the community budgets is now in place and payments in M4 will be adjusted to align actuals to budgets.
- Other services within the community directorate are on track to spend in accordance with budget.



	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Better Care Fund	3,202	3,202	-0	12,800	12,797	3
Property Services	911	911	0	3,645	3,645	0
Transformation Funding	1,510	1,500	10	1,585	1,585	-0
Patient Transport	330	331	-0	1,321	1,321	0
Safeguarding	191	174	17	763	730	33
NHS 111	163	170	-6	653	654	-1
Clinical Leads	90	82	8	359	331	28
Programme Projects	21	7	14	273	217	55
Commissioning - Non Acute	38	38	-0	150	150	0
Interpreting Services	14	14	0	54	54	0
Nursing and Quality Programme	-0	-0	-0	-0	0	-0
Commissioning Reserve	1,044	0	1,044	1,313	-1,427	2,740
<b>Total - Other</b>	<b>7,513</b>	<b>6,427</b>	<b>1,085</b>	<b>22,915</b>	<b>20,057</b>	<b>2,859</b>
CCG TEP Shortfall (QIPP)					2,537	-2,537

**Notes:**

- Services within this directorate such as BCF, estates, safeguarding and patient transport are spending broadly in line with budget and do not present a risk to the CCG position.
- We have received £1.6m of the approved £6.3m transformation funding so far this year. Allocations for the remainder will be transacted later in the year and we have plans in place to spend.
- On the face of things we appear to be reporting a significant favorable variance against the commissioning reserve line. However, it is important to understand that this forecast has been calculated in order to balance the CCG position. This forecast can only be delivered if the CCG is able to fully achieve the £19.8m TEP target.
- As reported in the recovery plan slides earlier in this report, there is a £2.5m risk attached to fully closing the QIPP gap.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
QIPP	0	0	0	976	976	0
Finance	223	223	0	925	925	-0
Commissioning	182	182	0	799	740	59
CEO/Board Office	113	113	0	495	476	19
Corporate Costs & Services	93	93	0	348	348	-1
IM&T	73	76	-2	282	274	8
ADMINISTRATION & BUSINESS SUPPORT	46	46	0	283	251	32
Corporate Governance	48	47	1	206	201	5
General Reserve - Admin	0	0	0	4	173	-169
Communications & HR	50	50	0	201	166	35
Chair & Non Execs	39	37	2	157	150	7
Nursing	34	33	1	135	131	4
Contract Management	30	29	1	120	120	-0
IM&T Projects	28	22	6	114	114	0
Estates & Facilities	26	26	-0	104	104	0
Equality & Diversity	6	6	0	26	26	0
Human Resources	0	0	-0	1	1	0
<b>Total - CCG Running Costs</b>	<b>993</b>	<b>984</b>	<b>9</b>	<b>5,175</b>	<b>5,175</b>	<b>0</b>

## Notes:

- The CCG receives an earmarked allocation of £5.2m to fund running costs. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures in our programme budgets.
- In the first quarter of the year we have made QIPP savings of almost £1m. Much of this is the result of recurrent schemes carried forward from 2017/18 (e.g. New Century House, Chief Operating Officer and Shared Services).
- We are forecasting that full year savings in the region of £1.2m are possible in this area.

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 29 August 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		
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison</b>				
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. In

respect of para 4.3 it should be noted a Local Government Ombudsman Report has been issued and addressed by the Council, it is important that we continue to monitor improvements and the recommendations set out in that report.

<http://tameside.moderngov.co.uk/documents/s36674/ITEM%208%20-%20LGSCO%20Recommendations%20FINAL.pdf> refers.

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
<b>How do proposals align with Locality Plan?</b>	Quality assurance is part of the locality plan.
<b>How do proposals align with the Commissioning Strategy?</b>	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	This section is not applicable as the report is not received by the Health and Care Advisory Group.
<b>Public and Patient Implications:</b>	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.
<b>Quality Implications:</b>	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.
<b>How do the proposals help to reduce health inequalities?</b>	As above.
<b>What are the Equality and Diversity implications?</b>	None currently.
<b>What are the safeguarding implications?</b>	Safeguarding is part of the report.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.
<b>Risk Management:</b>	No current risks identified.
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by:  Telephone: 07800 928090   e-mail: <a href="mailto:lynn.jackson7@nhs.net">lynn.jackson7@nhs.net</a>

## **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 Integrated Care Foundation Trust (ICFT) community services. The ICFT is currently undertaking a review of community services and will present the findings of the review at the ICFT Quality and Performance Contract Meeting in September. The Strategic Commission will require assurance that the ICFT has capacity to deliver good quality and safe community services.

#### *High Prescribing Costs and Frequent Attenders*

- 2.2 Commissioners are working on issues relating to high prescribing costs and high admissions for people with diabetes, COPD and Asthma. Frequent attenders for diabetes and respiratory have been identified and work is ongoing with the appropriate practices; this work will also be progress through the Diabetes Improvement Group and Respiratory Programme Board.
- 2.3 Further analysis is being undertaken on the asthma and stroke data; there is a deep dive for Stroke scheduled for the September Quality and Performance Contract meeting.
- 2.4 Updates will be provided at the Quality and Performance meeting.

#### *MRSA Bacteraemia*

- 2.5 In 2018/19 there have been 4 cases of MRSA bacteraemia for Tameside and Glossop Clinical Commissioning Group; 1 x acute case and 3 x non acute cases. All MRSA bacteraemia cases are examined using the national Post Infection Review tool. Actions from the Post Infection Review are monitored by the Infection Prevention Matron to ensure all actions are completed.
- 2.6 Opportunity for system improvements, identified as a result of thematic learning from all Healthcare Associated Infection cases in 2017/18, are captured in the Infection Prevention Integrated forward plan. This plan informs priority areas for action and improvement for 18/19 and is monitored via the Health Protection Group. The Infection Prevention Matron will present quarterly assurance updates at the Strategic Commission Quality and Performance Contract meeting with the ICFT.

### **Horizon scanning**

- 2.7 The Strategic Commission continues to work with the ICFT to formalise the new set of measures for the ICFT contract; this is in addition to the existing national quality requirements reported as part of the NHS Standard Contract. This work includes developing how the ICFT will contribute to the economy wide commissioning intention priority outcomes to reduce homelessness and domestic abuse and new quality standards for the Intermediate Care and home based beds.
- 2.8 The Quality and Performance Contract meeting agenda has been reviewed to include a focus on seeking assurance on the quality of the new models of care provided by the ICFT

as part of the Care Together Transformation scheme in addition to identified areas for deep dives e.g. Stroke repatriation. Updates will be provided in future reports.

- 2.9 The ICFT has published its [Quality Account 2017/18](#). A statement from the Tameside and Glossop Strategic Commission has been published in response to the Quality Account. The response acknowledges that Tameside and Glossop Strategic Commission will continue to work with the Trust to support them in maintaining their overall Care Quality Commission (CQC) rating as good and their ambition to become a CQC outstanding organisation; areas for focus for 2018/19:

- *The Strategic Commission would like to see the Trust continue to deliver good quality, safe care to patients with a focus of delivery in neighbourhoods.*
- *The Strategic Commission would like to see continued improvements in Urgent care performance, length of stay and delayed transfer of care. We acknowledge that they remain a challenge and the Trust have implemented initiatives such as discharge to assess, flexible community bed base and ticket home to assist with flow through the organisation.*
- *The Strategic Commission will continue to support these and further initiatives as a system.*
- *The Strategic Commission would like to see further progress on the integration and transformation of community and social care services. Building upon the progress made this year.*
- *The Strategic Commission would like to see greater focus on a patient journey view of quality and safety reflected in quality reporting going forward. The strategic commission will support the trust in monitoring quality and safety of their commissioned services.*
- *In conclusion the Single Commission are confident the Trust has demonstrated their commitment to quality, experience and safety in their continual improvement journey. We thank The Trust for the honest and open culture fostered within the organisation and their continued focus on putting patients first. We look forward to seeing the further transformation of The Trust on its integration journey and the continued commitment to system quality improvement.*

### 3. MENTAL HEALTH (PENNINE CARE NHS FOUNDATION TRUST (PCFT) Mental Health Services (Acute and Community)

#### Key Issues and Concerns

##### *Mixed Sex Accommodation (MSA)<sup>1</sup>*

- 3.1 There were two Mixed Sex Accommodation (MSA) breaches in April 2018 and one breach reported in May 18. No breaches were reported in June 2018.
- 3.2 A Communications and Engagement Plan for Single Sex Accommodation reconfiguration is in place. Engagement work continues across the Trust and the first stage of engagement with staff and families across older people's wards has now been completed. Work is ongoing and regular updates are being provided regarding the Trust's movement to a single sex accommodation model.

##### *Improving Access to Psychological Therapies (IAPT) (Healthy Minds)*

- 3.3 The recovery rate and waiting times have achieved the targets within both May and June 18. Prevalence figures were under target for June 18. Work is ongoing to redesign the service towards an IAPT specific model. The aim is to move to a Step one model with the aim to increase prevalence figures whilst maintaining focus on delivery and treatment. Regular updates are being provided regarding progress.

##### *Healthy Young Minds*

- 3.4 The team fell slightly under the target for first contact within 12 weeks, and commencement of treatment within 18 weeks for June. There are currently discussions with Clinical Commissioning Group leads with regards the pressures within pathways and internal

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<sup>1</sup> MSA- sleeping breaches i.e. defined as instances where patients are admitted into a ward where patients of the opposite sex are also admitted.

discussion on how capacity can be enhanced and partnership working can be more effective.

#### **RAID**

- 3.5 A noticeable increase in ward referrals was reported for June, information regarding the individual breaches has been provided, the majority of the four hour breaches were in relation to bed availability. A presentation from the RAID Team was provided at the July Locality Team meeting.

#### **Good practice**

##### *Community Eating Disorder (CED) Service*

- 3.6 The Community Eating Disorder (CED) team were nominated for the Trust CARES awards in May and won the Mental Health Specialist Services Category in June 2018. The winner of the overall Trust award will be announced at the Annual General Meeting.
- 3.7 Members of the CEDs clinical team and young people took part in filming for the 70<sup>th</sup> Birthday of the NHS celebrations which had its inaugural showing at the NHS Confederation in June 2018. The film showed staff and young people sharing experiences of the service and the impact it had on access to service and treatment.

#### **Horizon scanning**

- 3.8 The Quality Account has now been published on NHS Choices [Overview - Pennine Care NHS Foundation Trust - NHS Choices](#). The Trust has introduced two additional quality priorities for 2018/19.
- 3.9 A statement from Heywood, Middleton and Rochdale Clinical Commissioning Group on behalf of the six clinical commissioning groups has been published in response to the Quality Account. The response acknowledges the improvements in quality and safety that have been seen at the Trust throughout 2017/18 but also notes the ongoing need for improvement and challenges faced by the Trust throughout 2018/19. Expectations for 2018/19 are outlined as follows:

#### ***Excerpt from CCG Joint Response – 11 May 2018 (Provided by NHS HMR CCG)***

- We will continue to look for the outcomes of improved systems to capture patient experience effectively, through quality monitoring processes. We would also like to see how this information triangulates with complaints and serious incidents to inform service improvements.*
- We anticipate the rollout of the developing outcomes CQUIN within mental health services. The project has sought the input of patients in identifying what outcomes are important to them. The CCGs now expect that this work be rolled out further across the Trust and the outcomes measured reported to the Trust.*
- We would like to see evidence of the principles of the Mental Capacity Act embedded within everyday practice and that capacity assessments are clearly documented.*
- We look forward to the role the Trust's new Quality Committee will play in supporting the Trust's achievement of its primary goal to provide high quality, compassionate and continually improving services.*
- We would like to see the work undertaken by the Trust to meet the Equality Standards.*

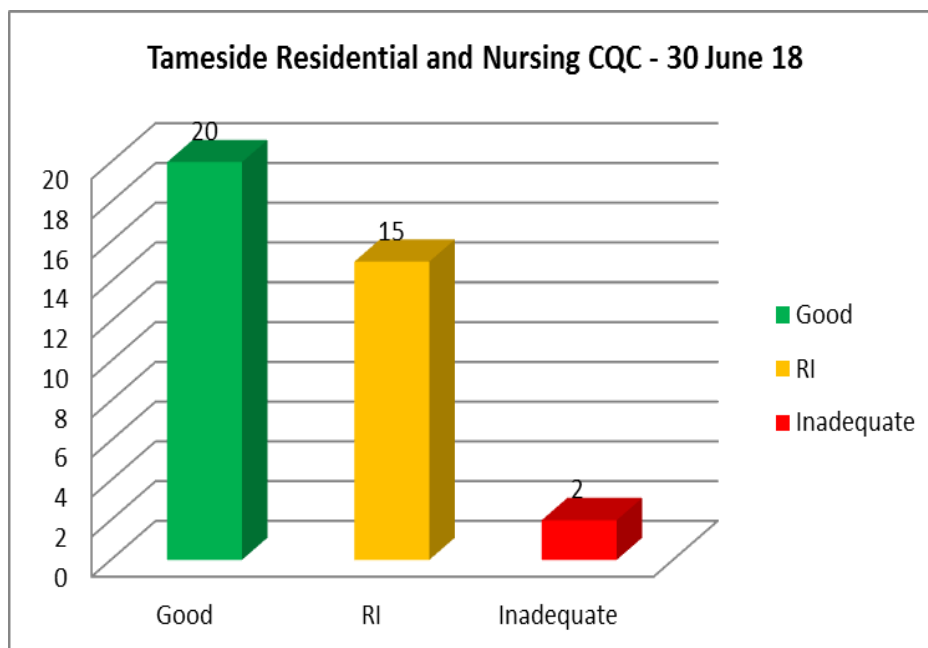
## **4. CARE & NURSING HOMES AND SUPPORT PROVIDED AT HOME**

### **Key Issues - Care & Nursing Homes**

#### *Care Quality Commission (CQC) Performance*

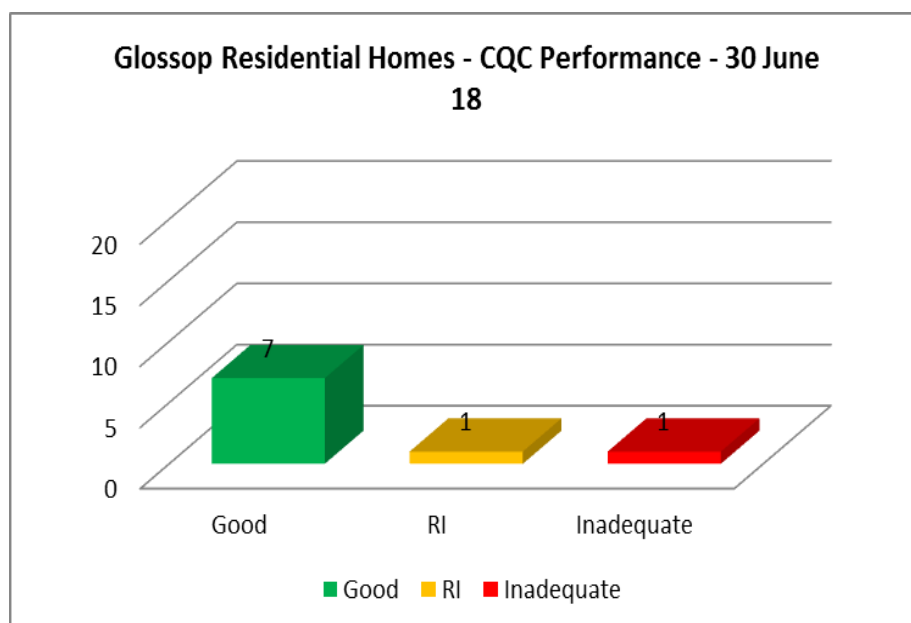
- 4.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing<sup>2</sup> is provided in the graph below.

## Tameside Position – 30 June 18



**NB:** Kingsfield Residential Home is not included in this data ( currently closed for refurbishment)

## Glossop Position – 30 June 2018



**NB:** St Christophers and Jabulani are included in the data and are included in the scope of the Care Home Quality Review Group discussions.

### Inadequate CQC Ratings

- 4.2 There are currently three residential homes rated inadequate within the Tameside and Glossop locality, a short summary of key issues and support provided is given.

#### *Oakwood Care Centre (Tameside MBC)*

- 4.3 The Home was rated Inadequate by the CQC on 22 March 2018 (previously rated inadequate on 22 April 2017). Issues related to environmental risk assessments, incident reporting, systems/processes, medicines management, staffing and training. This Home



has been a primary focus of the new Quality Improvement Team (QIT) with intense support being provided. Advice on safety and estates, leadership, systems processes, policy and guidelines, medicines, documentation and care planning, Mental Capacity Act and Deprivation of Liberty Safeguards. Support with implementation plan and supportive audit. The next CQC Inspection is expected in September 2018.

*Carson House (Tameside MBC)*

- 4.4 This Home was rated Inadequate by the CQC on 12 May 2018. Key issues highlighted in the CQC report related to fit and proper persons checks, lack of social support and meaningful activities, staff training and supervision, concerns regarding the financial position of the registered provider, environmental risk assessments, and robust quality and governance systems. Significant support has been provided to this Home in relation to care and support of the residents and improvements have been seen. This Home is currently under suspension with effect from 28 March 18. Ongoing close monitoring continues with this Home.

*Regency Hall (Glossop – Derbyshire County Council)*

- 4.5 The Home was suspended on a voluntary basis following a CQC inspection on 11 January 2018, the report was published on 7 April 2018 with an Inadequate rating. Concerns were raised over the high turnover of Home Managers, lack of leadership, poor documentation, cleanliness and staffing levels. A new Manager has been appointed and a Management Consultancy firm is working with the Provider in response to the actions outlined by the CQC. The suspension was lifted on 12 March 2018 following significant improvements observed at a Contractual Visit on 8 March 2018.

**Published CQC Ratings (May and June 18)**

*Millbrook Care Centre (Good)*

- 4.6 The Home has an improved CQC rating of Good following publication of the report on 13 June 18 (Visit 30 April 18). The Provider achieved a Good rating across all 5 of the CQC domains.

*Riverside Care Centre (Requires Improvement)*

- 4.7 The Home has retained its CQC rating of Requires Improvement following publication of the report on 15 June 2018 (visit 16 May 2018). Issues noted included delays in response to recommendations on fire safety, improvements required in relations to medication management, short-falls in record-keeping. Two breaches were found in relation to record keeping and the safety of the premises.

*Oakford Manor (Glossop) (Good)*

- 4.8 The Home has retained its CQC rating of Good following publication of the report on 17 May 2018 (visit 12 March 2018). The Home received a good rating across 4 out of 5 domains. Areas for improvement were noted around Falls risk assessment and medication storage.

**Suspensions**

- 4.9 Currently there are two homes with local suspensions in place; commissioners continue to work closely with the home owners and managers to resolve concerns. Close monitoring remains in place and additional support is provided via the Quality Improvement Team where appropriate.
- 4.10 Three care homes have had their local suspensions lifted as they have been able to satisfy commissioners that concerns have been adequately resolved. All three homes will have a managed approach to new admissions and one home will not be allowed to accept complex cases.

### **Care Home Quality Review Group**

- 4.11 The overall purpose of the group is to ensure that intelligence is being gathered and reviewed to allow early identification of issues and identify what focussed support should be provided. The Terms of Reference for this group have now been agreed and the Group will continue to meet monthly. Neighbourhood Care Home Multi-Disciplinary Team meetings are being implemented with attendance from the Strategic Commissioning Function. Intelligence from these meetings is being fed in to the Care Home Quality Review Group with representation from the Neighbourhood Managers. Attendance from the Neighbourhood Teams at the Care Home Managers Forum has now also been agreed.
- 4.12 A full Action Log where key issues and actions in relation to the Care and Nursing Homes is maintained by the Group and updated monthly. Key actions from the log are reported to the Quality Performance and Assurance Group on a bi-monthly basis.

### **Contractual Performance Update**

- 4.13 The six month review of the revised monthly contractual return has now been completed in partnership with the Care Home Managers. Some minor revisions are currently being implemented with support from Business Intelligence. The Contract Performance Annual Visit outcomes are now being collated and will be reviewed at the end of Quarter 3 to determine themes across the locality.
- 4.14 The Joint Commissioning and Performance Management Team has had funding increased to allow for the recruitment of 2 additional Contracts Performance Officers for adults social care. It is anticipated that these posts will be filled in September 2018.
- 4.15 The Quality Improvement Team continue to provide support to Homes across the locality.

### **Quality Improvement Team**

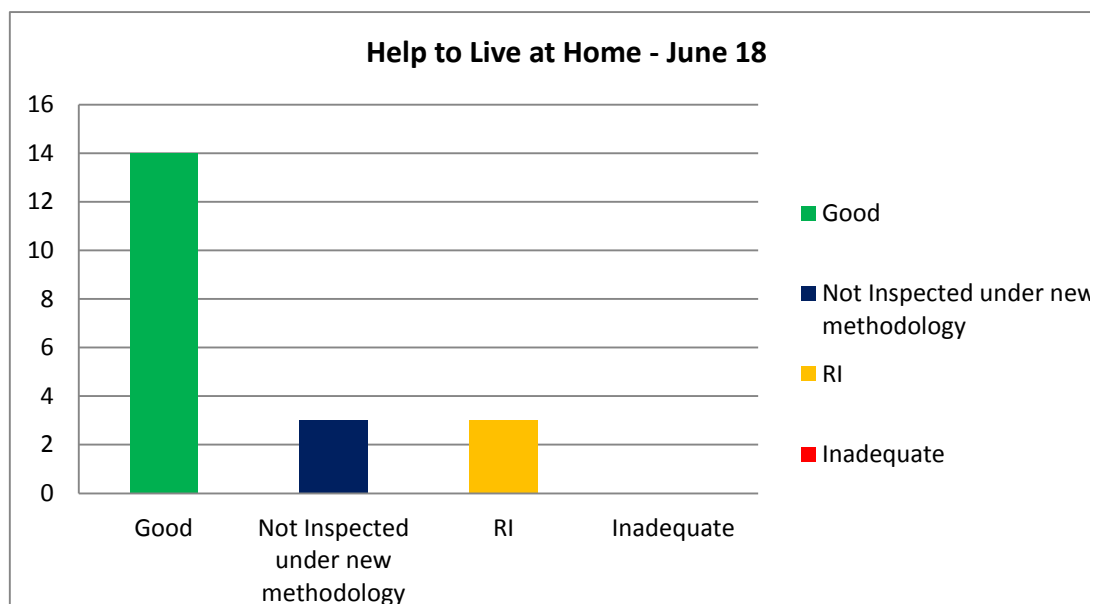
- 4.16 The Quality Improvement Team (QIT) is now operational, the aim is to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable people. The primary focus of the work is initially on the Care and Nursing Home sector, with a particular focus on those homes rated "Inadequate" or "Requires Improvement" by the CQC, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. The Team are working with colleagues from LA/CCG/ICFT and other Community services to provide additional training /resources or Best practice guidance that can take place within the Homes to ensure that the outcomes for residents are improved and enhanced. The QIT are also working with CQC, other LA, AQUA and Contracts Performance Team to ensure that Homes are supported fully in order to meet Contractual and CQC requirements .
- 4.17 The Following quality initiatives have been offered to Care Homes in Quarter 1:

Quality Initiative	Provider
Oral health	Be Well Tameside
Dementia Friends	Public Health
Dementia Training	Pennine Care Foundation Trust – Older People's Mental Health Team
Safeguarding bespoke alerter referer SAM role training Package for Care Homes	Safeguarding team and QIT
Pressure Ulcer bespoke Training for Care Homes	QIT Nurse package approved by Tissue Viability Matron
AQUA Leading for Safety and Quality in Care Homes	AQUA – supported by Jane Bennett and Anna Livingstone

## Support in the community

### CQC Performance

- 4.18 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):



- 4.19 During this reporting period no new CQC reports have been published for providers of support in the community (based in Tameside), although it is known that the CQC have been into Careline (based in Ashton-under-Lyne).
- 4.20 One provider (Medacs - based in Trafford) was re-inspected by the CQC in June 2018 and increased their rating from Requires Improvement to Good. Medacs has another registered office in Tameside, but this has yet to be inspected.
- 4.21 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.

### Good Practice

- 4.22 *Tameside and Glossop Care and Nursing Home Managers Forum*  
Tameside & Glossop Strategic Commission celebrated the 70th Birthday of the NHS at the Care Home Managers Forum. The Team said thank you to Care Home Managers for the service they provide to us and the residents of Tameside & Glossop. The forum included updates on the Red Bag Scheme, Pressure Care, The Neighbourhood Teams, Urinary Tract Infection Quality Improvement Project, and the six month review of the revised Contract Performance and Quality Assurance documentation.



### **World Elder Abuse Day**

- 4.23 Oakwood Care Centre arranged an event on 15 June 2018 to raise awareness. It was a fantastic event attended by residents, families and staff.



## **5 SAFEGUARDING**

### **General Update**

- 5.1 Work is currently ongoing to ensure that the provider and commissioner statutory duties for safeguarding is met as structures are revised as part of the integrated care agenda.
- 5.2 Work is ongoing to assist GP services in being "CQC ready" for safeguarding element of inspection.
- 5.3 The CCG Safeguarding Team have recently merged some functions with the Safeguarding Boards Teams. Designated Nurse Safeguarding is now the line manager of these services.

### **Adults**

#### *Safeguarding Reviews*

- 5.4 Tameside and Glossop Safeguarding Adult Board have considered two cases for Safeguarding Adult Review (SAR) in the Quarter 1 period. Neither case met the criteria for a SAR. One case will undergo a local multi-agency system review which is ongoing.

#### *Multi-agency Guidelines*

- 5.5 The Specialist Nurse for Adult Safeguarding has been involved in the development of local multi-agency guidelines for practitioners to support them in their safeguarding decision making. The guidelines have been endorsed by the Safeguarding Adult Board and will be launched at a development day planned in September 2018.

#### **Children's**

##### *Serious Case Review*

- 5.6 A serious case review is about to be commissioned by Tameside Safeguarding Children's Board.
- 5.7 Work continues to review any changes in arrangements required for safeguarding governance across Tameside and Glossop.

##### *Looked After Children (LAC)*

- 5.8 The Designated nurse continues to facilitate and influence partnership working between LA and provider colleagues. The Improvement Board, whose function is to review the multi-agency action plan for the authority since it was allocated an inadequate judgement, is overseeing the progress being made to ensure that children and young people who are looked after receive appropriate help and support. It has been announced that LAC services will be the focus of the next Ofsted monitoring visit in Aug. Timeliness of initial health assessments continues to improve steadily, and although progress made so far has been considered satisfactory, partners are not complacent and are continually seeking to improve systems, services and outcomes for LAC.

##### *Working Together (Wood Review)*

- 5.9 The CCG is awaiting the publication of the revised 2018 Working together to safeguard children arrangements. The Designated Children Network have been asked to lead on review of CDOP arrangements across Greater Manchester.

##### *The Learning Disabilities Mortality Review (LeDer)*

- 5.10 The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.
- 5.11 Local Area Contacts/Reviewer meetings have now commenced and will continue on a quarterly basis. The purpose of the meetings is to share information and best practice, discuss local challenges and barriers, shared learning, support and supervision.
- 5.12 The Learning Disabilities Mortality Review (LeDeR) Annual Report 2017 is available [here](#).

## **6. PRIMARY CARE**

#### **Issues or Concerns**

##### *Inadequate CQC Ratings*

- 6.1 Medlock Vale is the only Practice rated as inadequate in the locality currently. The Practice received an interim visit from CQC to review progress against the warning notices that were issued. CQC issued a focused report that confirmed it was satisfied with progress to date. The full re-inspection will take place on 9 August 2018.
- 6.2 The Practice submitted a contractual compliance plan to Greater Manchester Health and Social Care Partnership, which is now satisfied that the practice is delivering services according to its contract.
- 6.3 There were issues with the partnership; these have now been resolved and a new partnerships structure is in place that provides the practice with stability moving forward.

#### *Practice Resilience Tool*

- 6.4 The primary care team reviews practice data collated from a number of sources; this is used to inform the Primary Care Dashboard. The dashboard is informing discussions at Primary Care Delivery an Improvement Group about our practices, with the discussions capturing “soft intelligence” to support the qualitative data within the dashboard. This has then directed the primary care team to practices requiring support.
- 6.5 While this has been a useful tool, it does not always provide the detailed insight into practices that is required. The aim is to be proactive and understand which practices require support before it becomes an issue rather than being reactive.
- 6.6 A practice resilience tool has been developed to support the aim of achieving a more informed insight into practices. It is a tool to be completed with practices while visiting them by discussing its key domains with clinicians and the practice manager. It provides a greater insight into our practices, better understanding of their business continuity plans, where practice resilience issues may arise and the reasons for those resilience issues.
- 6.7 Once these resilience issues are understood support can be put in provided to help practices become more resilient or mobilise contingency plans. The aim is to be more proactive in understanding practices and to put support in place before a practice enters a period of crisis.
- 6.8 The tool is designed to be completed with practices during face to face visits. It allows for the discussion of issues such as GP and nurse sessions, current clinical vacancies, practice clinical and administrative succession planning and business continuity plans.
- 6.9 The tool was first used with Howard Medical Practice on 12 July 2018 and it will be rolled out to all practices across Tameside and Glossop. The tool is expected to develop while in use, as the experience of using it informs the structure.

#### **Good practice**

- 6.10 A social prescribing event was held in Ashton neighbourhood in June 2018. This was organised by one of the patient representatives from the Ashton Cluster Group. Held at Curzon Ashton football ground, third sector organisations set up market stalls where GPs could meet with them and discuss the services they offered to patients of Tameside and Glossop.
- 6.11 The aim was to provide links between third sector providers and general practice so that GPs would be aware of the different third sector organisations they can refer patients to and promote social prescribing. GPs see patients who do not always have a medical issue, but who are unaware of alternative services that may be able to help them. By making GPs aware of alternative services for when a medical solution is not always appropriate, it allows them to provide additional support for patients.

#### **Horizon scanning**

- 6.12 On 13 June 2018 the primary care team hosted a Risk and Mitigation Stakeholder event. It was felt that the CCG’s risk register does not adequately reflect the risks that primary care may face. The aim was to identify the risks faced by primary care with the aim of informing the CCG’s risk register and to consider any mitigating factors.
- 6.13 A cross section of people with experience of primary care were invited, including members of the primary care team, GPs, practice managers, patient representatives and colleagues from Greater Manchester Health and Social Care Partnership representing optometry, dental and pharmacy.

- 6.14 The event highlighted 20 possible risks that primary care within the following themes: Workforce and Practice Resilience; Communications, Shared Learning and Patient Safety; Structural and Procedural; Financial and Estates.
- 6.15 A paper was presented to Primary Care Committee which highlighted five next steps. These steps are as follows:
- 1) The Integrated Care Foundation Trust (ICFT) has been developing a workforce strategy. To support increased recruitment and retention, alongside integration at a neighbourhood level, a primary care specific workforce element of that strategy should be developed and led by the CCG primary care team, working closely with the ICFT. *(Workforce and Resilience Risks)*
  - 2) Develop a resilience profile tool of practices based upon the work that has already commenced on refreshing the primary care dashboard. This work is being undertaken alongside the Greater Manchester work on Tableau, developing primary care BI. This will be supported by utilising existing data sources with local development to profile practices resilience, providing the CCG with a more formal understanding of the strengths and weaknesses of practices. This information will be used to support the Primary Care Development and Improvement Group and Primary Care Committee and the work that will flow from these committees. *(Workforce and Resilience Risks)*
  - 3) Work within and across neighbourhoods to develop standardised policies and procedures that all practices can refer to. This will also help support neighbourhood development. *(Structural and Procedural Risks)*
  - 4) An external and internal communications strategy for primary care should be developed with the external elements improving communication with patients and the internal elements with and between the neighbourhoods, across all the relevant stakeholders. *(Communications, Shared Learning and Patient Safety Risks)*
  - 5) Building upon the work for the Access Outcomes Framework to develop a Quality Outcomes Framework with funding for quality initiatives in general practice that support the national contract with local quality elements, providing real time data to inform quality improvement, assurance and commissioning requirements. This can be congruent to the work being undertaken on how we commission from practices / neighbourhoods in 19/20. *(Structural and Procedural Risks and Communications, Shared Learning and Patient Safety Risks)* Primary Care Delivery and Improvement Group will oversee this work.

## **7. PUBLIC HEALTH**

### **Issues or Concerns**

#### *Substance Misuse*

- 7.1 Following the incident relating to the substance misuse provider CGL where archive case records were found on their former premises in Cavendish House in Ashton, Tameside MBC Internal Audit have carried out a review which is expected to report this month. Tameside MBC Risk Management are liaising with the Information Commissioner's Office, and CGL are making progress with a Root Cause Analysis. A further update will be given in the next update report.

### **Ongoing Quality Assurance**

- 7.2 Quality assurance will continue to be sought via monthly contract monitoring meetings.

## **8. SMALL VALUE CONTRACTS**

- 8.1 Work has been initiated to review the current quality assurance arrangements for the smaller value contracts. An initial review of all the current contracts will be undertaken in

Quarter 2, this will include the use of a risk matrix to establish the levels of focus required from the Quality Team.

## **9. ASSOCIATE CONTRACTS**

- 9.1 The quality of associate contracts are managed by the Lead CCG for that contract and assured via the lead CCG's contracting processes.



**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 29 August 2018

**Officer of Strategic Commissioning Board** Sarah Dobson, Assistant Director Policy, Performance and Communications.

**Subject:** **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

**Report Summary:** This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at August 2018 using the new approach agreed in November 2017. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

This is based on the latest published data (at the time of preparing the report). This is as at the end of June 2018.

The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

The following have been highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Referral To Treatment- 18 weeks
- Cancer-62 day wait from referral to treatment
- Proportion of people using social care who receive self-directed support, and those receiving direct payments
- Total number of Learning Disability service users in paid employment

Attached is **Appendix 3** on Adult Social Care.

**Recommendations:**

The Strategic Commissioning Board are asked to:

- Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner
- Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy

**Financial Implications:**

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

The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.

**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 part to account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators of quality.

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

Should provide check & balance and assurances as to whether meeting strategy.

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

Should provide check & balance and assurances as to whether meeting plan.

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

Should provide check & balance and assurances as to whether meeting strategy.

**Recommendations / views of  
the Professional Reference  
Group:**

This section is not applicable as this report is not received by the professional reference group.

**Public and Patient Implications:**

Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.

**Quality Implications:**

As above.

**How do the proposals help to  
reduce health inequalities?**

This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.

**What are the Equality and Diversity implications?**

None.

**What are the safeguarding implications?**

None reported related to the performance as described in report.

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

There are no Information Governance implications. No privacy impact assessment has been conducted.

**Risk Management:**

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2017/18

**Access to Information :**

- **Appendix 1** – Health & Care Dashboard;
- **Appendix 2** – Exception reports;
- **Appendix 3** – Adult Social Care in-focus report.

The background papers relating to this report can be inspected by contacting Ali Rehman by:



Telephone: 01613425637



e-mail: [alirehman@nhs.net](mailto:alirehman@nhs.net)

## 1.0 BACKGROUND

- 1.1 This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at August 2018 using the new approach agreed in November 2017. The report covers:
- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;
  - Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware;
  - In-focus – a more detailed review of performance across a number of measures in a thematic area.
- 1.2 The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

## 2.0 HEALTH & CARE DASHBOARD

- 2.1 The Health and Care Dashboard is attached at **Appendix 1**, and the table below highlights which measures are for exception reporting and which are on watch.

EXCEPTIONS (areas of concern)	1	A&E 4 hour wait
	3	Referral To Treatment-18 Weeks
	11	Cancer 62 day wait from referral to treatment
	42	Direct Payments
	43	LD service users in paid employment
ON WATCH (monitored)	7	Cancer 31 day wait
	47	65+ at home 91days

- 2.2 Further detail on the measures for exception reporting is given below and at **Appendix 2**.

### **A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Care Foundation Trust (ICFT)**

- 2.3 The A&E performance for June was 93.25% for Type 1 and 3 which is below the target of 95% nationally, and above the GM 90% target. The key issue is medical bed capacity which not only cause breaches due to waiting for beds but the congestion in A&E then delays first assessment. There is still medical cover and specialty delays when teams are in Theatres. The trust reports acuity is high which can lead to people needing more than 4 hours for a decision to be reached on their care need. Tameside and Glossop ICFT are ranked second in GM for the month of June 2018.

### **18 Weeks Referral To Treatment**

- 2.4 Performance for June is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 91.5%. This is a deterioration in performance compared to the previous month, May which also failed to achieve the standard at 91.8%. The national directive to cancel elective activity was expected to reduce performance from January. The impact for

Tameside and Glossop was expected to be greatest at Manchester Foundation Trust (MFT) and the recovery plan submitted to GM reflected that fact that failure at MFT could mean Tameside and Glossop performance would be below the required standard. MFT is failing to achieve the RTT national standard. MFT (formerly UHSM) revised its improvement trajectory and is currently on track. MFT (formerly CMFT) is slightly below target although there have been improvements in children's services. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

#### **Cancer 62 day wait from Referral To Treatment**

- 2.5 Performance for June is below the Standard for the cancer 62 day wait from referral to treatment (85%) achieving 82.1%. This is a deterioration in performance compared to the previous month, May which also failed to achieve the standard at 83.9%. The Reallocated position for NHS Tameside and Glossop CCG for quarter 1 is 85.9% (achieving the standard in April at 88.1% and May 87.7% but failed in June at 81.6%). This is an issue across Greater Manchester, with Greater Manchester failing Quarter 1 (81.75%) at provider level (as system) for the first time in six years. The Full Monty National media campaign in March 2018, resulted in a big growth in activity, with a big impact on 2 week wait referrals for breast and prostate suspected cancers. NHS Tameside and Glossop ICFT Cancer Board, of which NHS Tameside and Glossop CCG are members continue to provide assurances around cancer waiting times and have escalated this to the Quality Directorate and Finance to escalate through contract discussions. NHS Tameside and Glossop ICFT are anticipating a 2% drop in 62 day performance as a direct result of the new national policy for breach reallocation in quarter 3.

#### **Proportion of people using social care who receive self directed support, and those receiving Direct Payments**

- 2.6 Performance for Quarter 1 is below the threshold for total proportion of people using social care who receive self-directed support, and those receiving direct payments (28.1%) achieving 12.84%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.19%. Tameside performance in 2016/2017 was 12.47%, this is a decrease on 2015/2016 and is below the regional average of 23.8% for 2016/2017. Nationally the performance is 28.3% which is above the Tameside 2016/17 outturn. Additional capacity was to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the Adult Social Care transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. The 2 Direct Payment workers has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months. Programme now in place to start to promote Direct Payments for people entering services.

#### **Total number of Learning Disability service users in paid employment**

- 2.7 Performance for Quarter 1 is below the threshold for total number of learning disability users in paid employment (5.7 %) achieving 4.05%. This is deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 4.17%. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. The remaining Employment Support staff have been moved into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base. Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds. They are projecting 9 new job starts (Learning Disability/Autism and Mental Health) in 2018/19 from the Routes to Work Service.

They have strengthened the skills mix (recruitment) in the team and reviewed our approach to insight and intelligence to improve our ability to deliver job outcomes. On current caseload 9 clients currently in education, volunteering or unemployment who have an employability score of '11 or more' at 12 months of service are being targeted for intensive support to start paid employment (of these 6 have Learning Disabilities or Autism). If they perform to projections this will give a year end score of 5.15% based on current denominator for the ASCOF measure.

The Routes to Work Service is also collating more data from external providers including Active Tameside and People First to ensure the borough submits returns that capture comprehensive information. Small grant has been awarded to People First to run an 'employment ready' programme with individuals to improve readiness for employment and create capacity in the Routes to Work team.

### 3.0 OTHER INTELLIGENCE / HORIZON SCANNING

3.1 Below are updates on issues raised by Strategic Commissioning Board members from previous presented reports, any measures that are outside the Health and Care Dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

#### NHS 111

3.2 The North West NHS 111 service performance has deteriorated in all of the key KPIs for June with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 71.15%
- Calls abandoned (<5%) = 7.96%
- Warm transfer (75%) = 23.65%
- Call back in 10 minutes (75%) = 41.60%

Average call pick up for the month was 2 minutes 2 seconds. Performance was particularly difficult to achieve over the weekend periods. There is a remedial action plan in place with Commissioners. The performance improvement plan (approved by the GM Strategic Partnership Board) continues to be implemented with actions including recruiting further staff and reducing sickness in place. The plan is currently being reviewed alongside commissioners.

#### 52 Week waiters.

3.3 The CCG has had a number of 52 week waiters over the last few months. The table below shows the numbers waiting by month, which provider it relates to and the specialty.

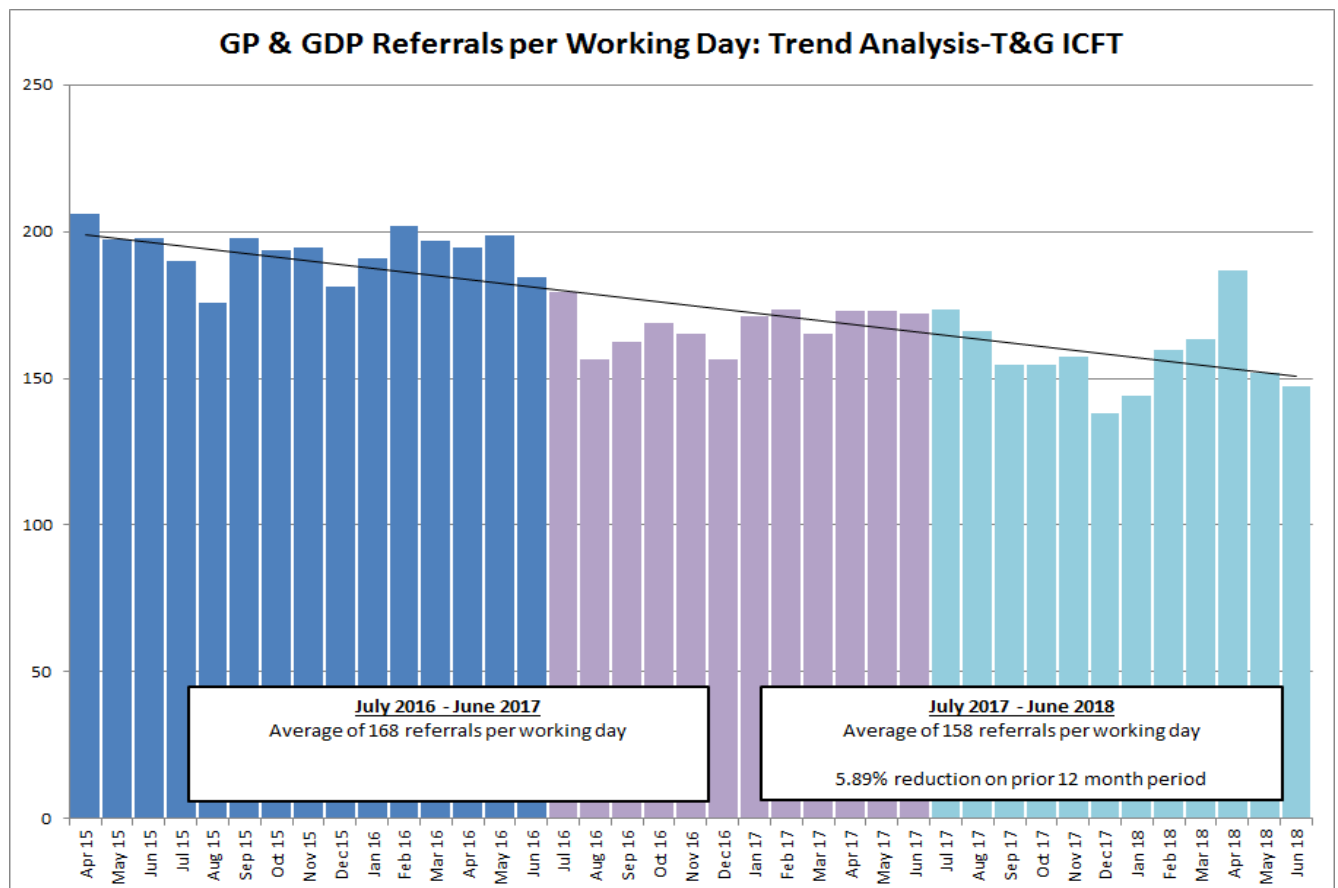
		Better is...	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27
Provider	Manchester Foundation Trust	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	27
Specialty	Plastic Surgery	L	Zero Tolerance	0	1	2	3	2	1	4	4	4	6
Specialty	ENT	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	17
Specialty	General Surgery	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	2
Specialty	Ophthalmology	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1
Specialty	Other	L	Zero Tolerance	0	0	0	0	0	0	0	0	0	1

All of the breaches have occurred at Manchester Foundation Trust and in the specialty of Plastic Surgery which has had capacity pressures. More recently there has been a further review of long waiters and investigation of the PAS system, identified further long waiters. Following a review of the longest waiting patients, and some subsequent investigation of our PAS system, they have identified that approximately 250 patients are waiting over 52 weeks for treatment, primarily in the specialties of General Surgery and ENT. These are in addition to the 30 DIEP plastic surgery patients. They recognise that these are clearly unacceptable delays for any patient, which is why we have been working intensely to investigate what happened and make the necessary changes and improvements. They have taken a number of immediate actions across all hospitals.

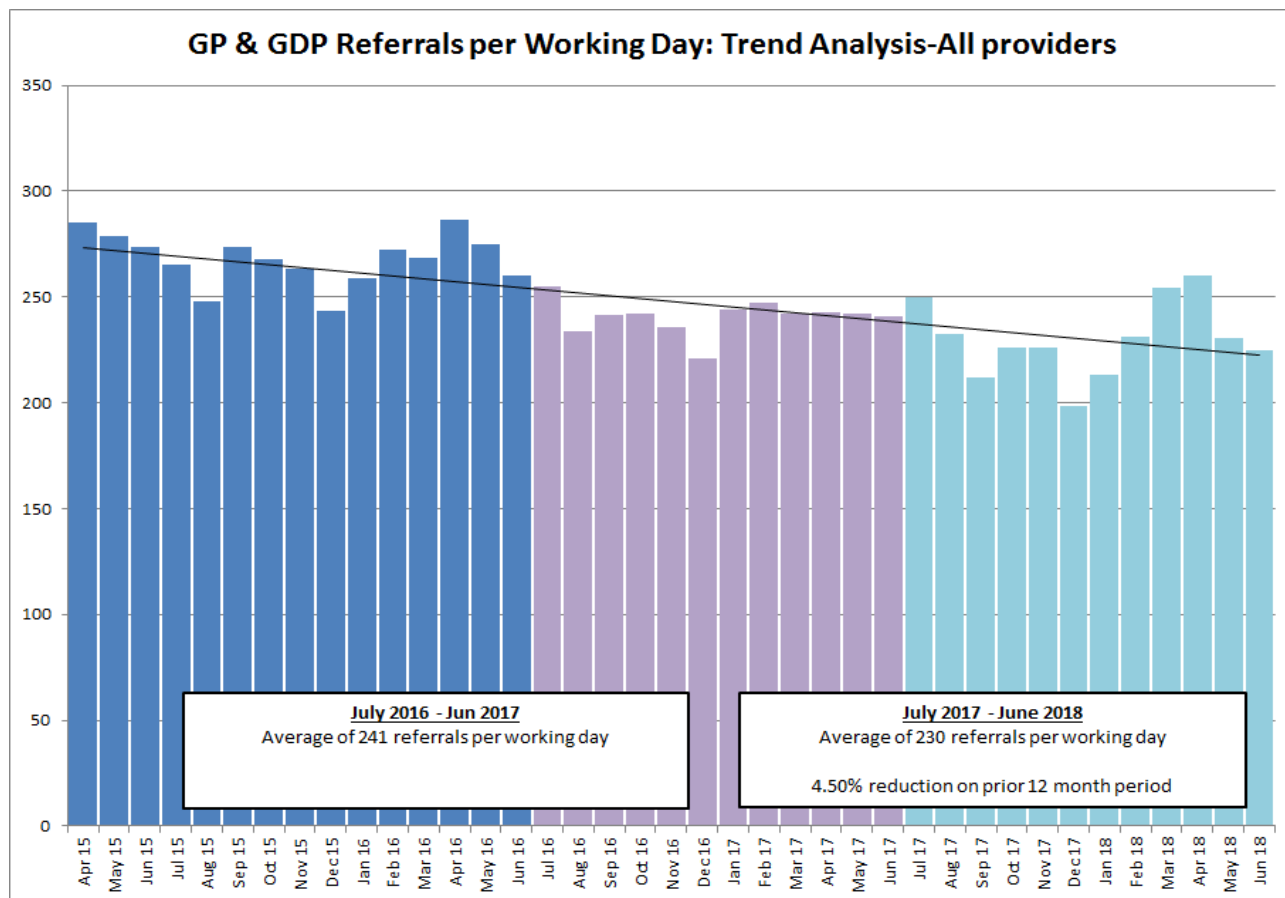
- 1) They have written to each patient identified as having waited more than 52 weeks for their treatment and apologised immediately.
- 2) Undertaken a clinical review of the patients – so far they have not identified any significant patient harm as a result of the delay.
- 3) Made plans to treat all the patients by the end of September.
- 4) A Task Force has been set up to oversee immediate treatment of patients but also to review the IT and operational processes – a detailed action plan is in place.
- 5) They are making plans to introduce a more modern version of the waiting list system although this will take up to two years to complete.
- 6) They have informed regulators, GM and the Board of the plan.

### Referrals

- 3.4 The chart below shows the GP referrals trend for Tameside and Glossop CCG at the ICFT. This shows that there has been a 5.89% reduction on the prior 12 month period (July to June). The average number of referrals per working day was 158 over the last 12 months compared to 168 for the same period last year.



The chart below shows the GP referrals trend for the CCG at all providers. This shows that there has been a 4.50% reduction on the prior 12 month period (July to June). The average number of referrals per working day was 230 over the last 12 months compared to 241 for the same period last year.



### NHS England IAF 2017/18 Assessment for Cancer and Maternity

- 3.5 NHS England has recently published assessments for cancer and maternity for each CCG in the country. It is important to note that the ratings from these assessments are not from onsite inspection activity. Rather the ratings are the result of a desktop exercise using 2017/18 year end data across four performance measures for each of the two categories. The outputs provide a snapshot of how Tameside and Glossop CCG performance compares with other CCGs.

<u>Clinical Priority area</u>	<u>Headline rating 2017/18</u>
Cancer	Good
Maternity	Requires Improvement

Tameside and Glossop CCG has been assessed as 'Good' for cancer and 'Requires Improvement' for maternity.

### Cancer

- 3.6 Tameside and Glossop CCG is one six areas in Greater Manchester to get a rating of 'Good' or better for cancer. The remaining four areas have been given a rating of 'Requires Improvement' or 'Inadequate'. Although the CCG has received a 'Good' rating more recent data – since the end of 2017/18 – indicates a slight dip in performance. While not significant



nor a major cause for concern, it is important to keep a close eye on ongoing changes in performance. As such those cancer related measures are subject to exception reporting elsewhere in this report (paragraph 2.5 and **Appendix 2**)

### **Maternity**

- 3.7 Tameside and Glossop CCG is one of eight areas in Greater Manchester to get a rating of 'Requires Improvement' for maternity. The only two areas to get a higher rating are Heywood, Middleton and Rochdale and Trafford.
- 3.8 A key measure of the effectiveness and quality of maternity services is performance regarding neonatal mortality and stillbirths. Tameside and Glossop CCG has the second lowest rate (best) in Greater Manchester (behind Trafford) and the third lowest (best) amongst peer areas.
- 3.9 Improving the quality and effectiveness of maternity services in Tameside and Glossop remains a priority for the CCG, ICFT and other partners. Below is a summary of some of the key actions.

### **Stillbirth and neonatal mortality rate**

- 3.10 Tameside and Glossop ICFT actively participate in Saving Babies Lives (SBL) with a self-assessment evidencing compliance in ten areas of action, including all four elements of the SBL care bundle. A robust process re risk assessment and surveillance for fetal growth restriction is in place evidenced by ongoing audit. Regarding raising awareness of reduced fetal movements – personal maternity records embed an information leaflet, with prompts at each contact to discuss reduced foetal movements. All telephone consultations concerning reduced foetal movements are logged, prompting the use of the SBL care bundle checklist. Large banner stands are on display in antenatal clinic waiting areas. CTG Masterclasses and 'train the trainer' courses have been undertaken regarding effective fetal monitoring during labour. All staff providing intrapartum care have completed e-Learning for Health on-line competency assessment. For future recruits this will be completed as part of the induction programme. Since 2018 all perinatal deaths in the Trust are reviewed using the National Perinatal Mortality review Tool. The Trust has a stillbirth and neonatal mortality rate of 4 per 1000 births compared to 4.8 nationally (NHS England) – the second lowest (best) rate in Greater Manchester.

### **Women's experience of maternity services**

- 3.11 The maternity service actively seek feedback from service users, including the national maternity survey, Patient Opinion, Friends and Family Test (FFT) and through our Maternity Service Liaison Committee which is making the transition into a Maternity Voices Partnership. NHS England cites an indicator value of 82.3 out of 100 for the Trust against a national mean of 83 out of 100. An action plan is in place to improve in areas which scored lower in the national survey. For the ninth month running, maternity exceeded the response rate target for maternity FFT, the latest monthly response rate being 45.8%. The positive response rate has also continued to exceed the 95% target.

### **Choices in maternity services**

- 3.12 Better Births and NICE Clinical Guidance advocates women should have a choice regarding where they give birth – the choice of home, obstetric unit and midwifery led unit should be available. It is recognised choice has been limited at Tameside and Glossop ICFT to the obstetric unit or home. Whilst there is a very well-established midwifery led care model in place, the birth rooms for that model have been located on the Delivery Suite in the obstetric unit. The ICFT recently had a business case approved to open a co-located midwifery led unit. Plans have been developed and shared with service users. The building is anticipated to commence towards the end of 2018, with a view to the unit opening in Spring 2019.

### **Rate of maternal smoking at time of delivery (SATOD)**

- 3.13 Tameside's maternity unit screens all women for Carbon Monoxide and has an opt-out referral system to Stop Smoking support. Women are referred to Be Well Tameside where 1-2-1 support is provided. Women who do not take up this offer of support (the majority) are referred to the Specialist Stop Smoking midwife. The stop smoking midwife offers support to women to make their home smoke-free and on-going support to achieve a 4 week quit. In 2017-18 the midwife-led service supported 102 women and 5 men to set a quit date - 53 women and 3 men achieved a 4 week quit (52%). 67 children benefited from the adoption of a smoke-free home environment. The female teenage smoking rate has a direct relationship to the levels of smoking in pregnancy. An evidenced based approach is being taken to de-normalise smoking for children and young people. In 2018-19 there are plans to invest significant financial resources to expand the midwife-led service and deliver the Greater Manchester tobacco strategy programmes of BabyClear and the incentive scheme to engage a higher proportion of women who smoke and support a higher proportion of 4 week quits. Latest Quarter 1 2018/19 figures have seen an encouraging reduction of SATOD to 14.4%

## **4.0 IN-FOCUS – Adult Social Care**

- 4.1 The thematic in-focus area for this report is Adult Social Care. The full report is attached at **Appendix 3**.

## **5.0 RECOMMENDATIONS**

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

# Health and Care Improvement Dashboard

## August 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Jun-18	89.2%	95.0%	93.3%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Mar-18	3.2%	3.2%	2.9%	▼	
3	* Referral To Treatment - 18 Weeks	92%	Jun-18	91.7%	91.8%	91.5%	▼	
4	* Diagnostics Tests Waiting Times	1%	Jun-18	1.0%	0.4%	0.6%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Jun-18	96.2%	97.2%	96.3%	▼	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Jun-18	92.5%	96.5%	96.8%	▲	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Jun-18	98.1%	98.3%	98.0%	▼	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Jun-18	92.3%	100.0%	100.0%	◀▲	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Jun-18	100.0%	100.0%	95.0%	▼	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Jun-18	100.0%	100.0%	100.0%	◀▲	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Jun-18	85.5%	83.9%	82.1%	▼	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Jun-18	80.0%	85.7%	87.5%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Jun-18	69.4%	81.8%	88.0%	▲	
14	MRSA	0	Jun-18	0	1	2	▼	
15	C.Difficile (Ytd Var To Plan)	0%	May-18	-8.2%	-37.5%	-50.0%	▼	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	May-18	81.0%	80.5%	80.4%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Apr-18	4.0%	3.7%	3.5%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Apr-18	48.2%	49.2%	48.7%	▼	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Apr-18	87.8%	89.1%	88.3%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Apr-18	98.3%	98.4%	99.2%	▲	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	May-18	63.6%	66.7%	72.7%	▲	
22	Mixed Sex Accommodation	0	May-18	0.12	0.28	0.13	▲	
23	Cancelled Operations		17/18 Q4	1.0%	1.1%	1.3%	▲	
24	Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	62.0%	57.1%	63.3%	▲	
25	Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	64.9%	60.6%	62.9%	▲	
26	Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	91.6%	88.2%	89.7%	▲	
27	Cancer Patient Experience		2016	9.10	8.70	8.77	▲	
28	Cancer Diagnosed At An Early Stage		16/17 Q3	43.7%	54.2%	54.6%	▲	
29	General Practice Extended Access		Mar-18		82.1%	92.3%	▲	
30	Patient Satisfaction With GP Practice Opening Times		Mar-17		74.4%	76.0%	▲	

\* data for this indicator is provisional and subject to change

31	111 Dispositions- - % Recommended to speak to primary and community care (Ranking out of 40, 38 from March onwards)		Jun-18	11% (31st)	12% (31st)	11% (22nd)	▲	
32	111 Dispositions- - % Recommended to dental (Ranking out of 40, 38 from March onwards)		Jun-18	2% (38th)	2% (37th)	2% (37th)	◀▲	

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
33	111 Dispositions- - % Recommended home care (Ranking out of 40, 38 from March onwards)		Jun-18	3% (34th)	3% (35th)	3% (35th)	◀▶	
34	Maternal Smoking at delivery		18/19 Q1	16.7%	17.1%	14.4%	▼	
35	%10-11 classified overweight or obese		2014/15 to 2016/17	33.6%	33.6%	33.8%	▲	
36	Personal health budgets		17/18 Q4	6.50	10.10	11.40	▲	
37	Percentage of deaths with three or more emergency admissions in last three months of life		2017	7.80	6.40	6.80	▲	
38	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
39	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
40	Emergency admissions for urgent care sensitive conditions (UCS)		17/18 Q3	3037	2597	2951	▲	
41	Patient experience of GP services		2017	82.5%	83.2%	83.5%	▲	
	Adult Social Care Indicators							
42	Part 2a - % of service users who are in receipt of direct payments	28.1%	18/19 Q1	13.48%	13.19%	12.84%	▼	
43	Total number of Learning Disability service users in paid employment	5.7%	18/19 Q1	4.39%	4.17%	4.05%	▼	
44	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q1	11.86 (16 Admissions)	16.33 (22 Admissions)	2.22 (3 Admissions)	▼	
45	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q1	54.42 (177 Admissions)	656.41 (256 Admissions)	152.25 (60 Admissions)	▼	
46	Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q1	193	278	63	▼	
47	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q1	81.8%	77.4%	77.4%	▼	
48	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	55%	55%	59%	▲	
49	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	80%	80%	80%	◀▶	
50	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-18	53%	60%	67%	▲	

▼	Performance deteriorating and failing standard
▲	Performance improving and failing standard
▲	Performance improving and achieving standard
▼	Performance deteriorating and achieving standard
▼	Performance deteriorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving standard
◀▶	No change in Performance and failing standard
◀▶	No change in Performance and no standard

## Exception Report

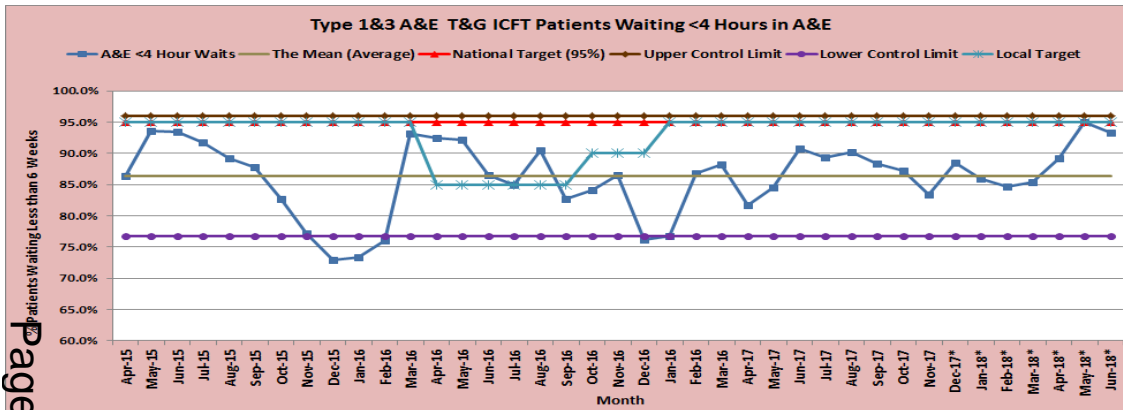
## Health and Care Improvement- August

A&amp;E: Patients waiting &lt; 4 hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&amp;E Delivery board



June Performance: 93.25%

17/18 ytd:  
85.63%18/19 ytd:  
92.54%

## Key Risks and Issues:

- The A&E Type1 and type 3 performance for June was 93.25% which is below the National Standard of 95% but above the GM agreed target of 90%.
- Late assessment due to lack of capacity in the department is the main reason for breaches.
  - Lack of physical capacity in the ED to see patients safely during periods of surge.
  - Increase attendance of high acuity patients requiring admission, longer lengths of hospital stay which reduces flow
  - Patient flow from the Acute medical units to other wards across the site.

## Actions:

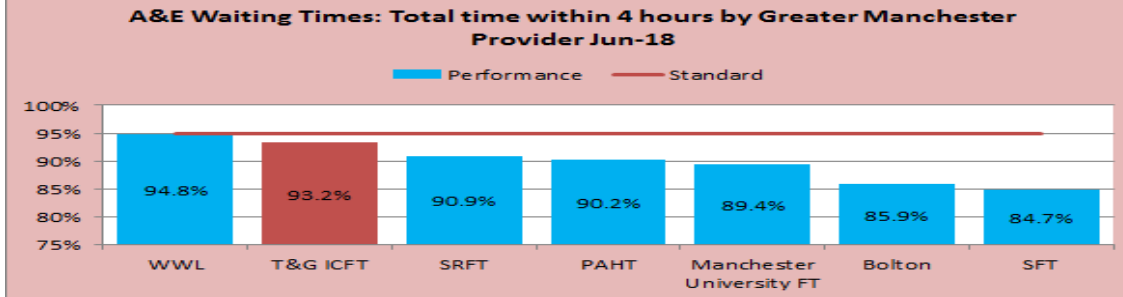
- ED streaming to PCC in practice 10am to 8pm in ED. Refining data gathering processes. This is being further enhanced by the introduction of the E-card.
- ED lead consultant on a shift to focus on performance and supervision of medical staff. Second consultant to focus on complex cases;
- Continuation of ED Live Dashboard
- Recruitment of 11 specialty doctors for ED
- Push Pull model operational between ED and AEC which has seen an increased in AEC attendances
- Roll out of E-card across all departments within ED
- GP call handling by Digital Health to support GP direct referrals
- Trajectory of improvement on NWAS handovers to be reviewed and assessed by the monthly directorate meeting.

## Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

Unvalidated-Next month FORECAST



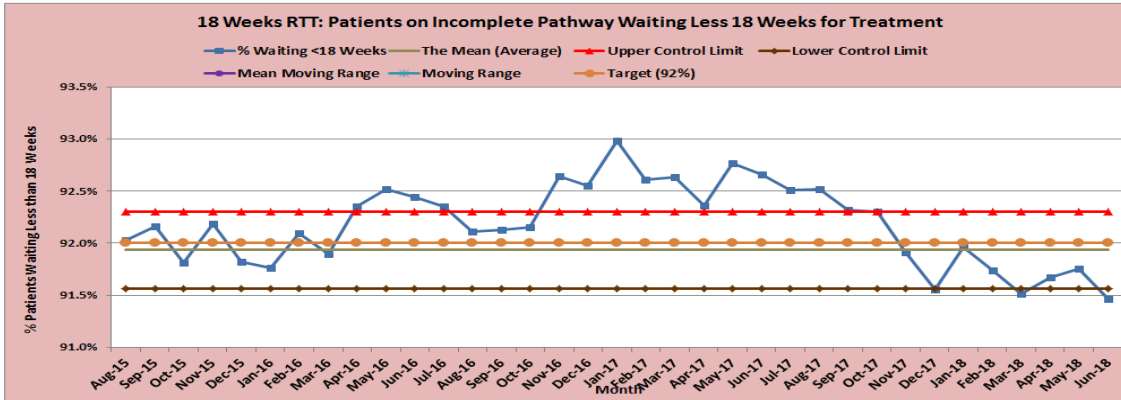
\* Please note that Tameside Trust local trajectory for 18/19 is Q1, Q2 and Q3 90%, and Q4 95%.  
 \* Type 1 & 3 attendances included from July 2017.

**18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment**

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts

**Key Risks and Issues:**

The RTT 18 weeks performance for June was 91.5% which is below the National Standard of 92%.

Failing specialties are, Trauma & Orthopaedics (84.58%), Plastic Surgery (74.29%), Cardio thoracic (86.79%), Rheumatology (84.86%), Gynaecology (91.14%).

The performance at MFT at 88.50% is the key reason for the failure in June with 370 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 229 breaches.

T&O continues to be a challenge across most providers.

In MFT our concerns are around plastics, cardio thoracic, gynaecology and cardiology in addition a recent review of long waiters and their PAS highlighted 52 week waiters in general surgery, urology, T&O and ENT.

As lead Commissioner.

T&G ICF as a provider are achieving the standard.

**Actions:**

MFT have advised the following.

- written to each patient identified and apologised immediately
- Undertaken a clinical review of the patients – so far not identified any significant patient harm as a result of the delay
- Made plans to treat all the patients by the end of September.
- A Task Force has been set up to oversee immediate treatment of patients and to review IT and operational processes – a detailed action plan is in place. Will be a single point of contact to CCGs and the GM Partnership in relation to this issue.
- will introduce a more modern version of waiting list system although this will take up to two years to complete
- informed regulators, GM and the Board of plan.
- weekly briefing note will be provided to commissioners

**Operational and Financial implications:**

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

Unvalidated-Next month FORECAST

**Monthly Referral to Treatment (RTT) waiting times for incomplete pathways.**

CCG	Jun-18			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20436	19223	94.06%	92%
NHS Salford CCG	23266	21466	92.26%	92%
NHS Tameside and Glossop CCG	18031	16492	91.46%	92%
NHS Bolton CCG	23272	21161	90.93%	92%
NHS Trafford CCG	15910	14426	90.67%	92%
NHSE North of England	209418	189180	90.34%	92%
NHS Bury CCG	14197	12728	89.65%	92%
NHS Oldham CCG	14611	13029	89.17%	92%
NHS Manchester CCG	35795	31854	88.99%	92%
NHS Stockport CCG	26938	23857	88.56%	92%
NHS Heywood, Middleton & Rochdale CCG	16962	14944	88.10%	92%

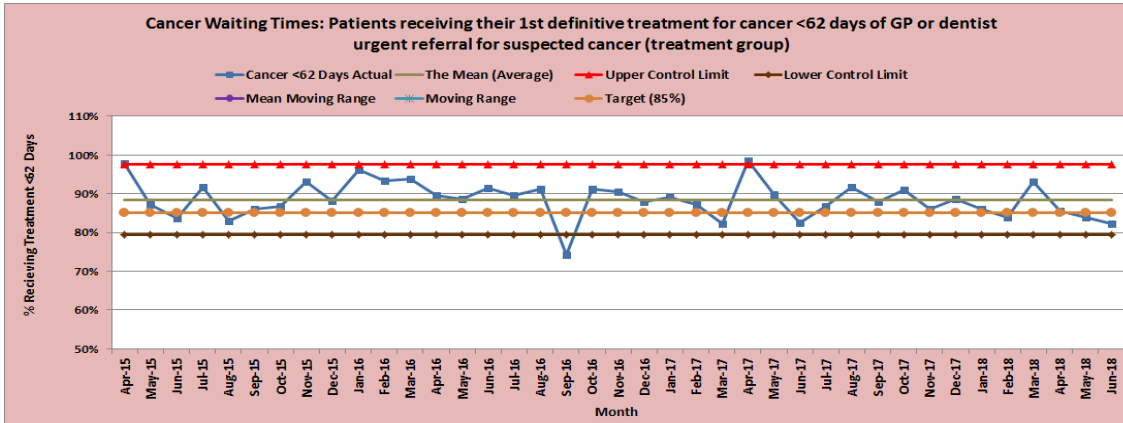
\* Benchmarking data relates to June 2018

## Cancer-62 Day wait From Referral To Treatment

Lead Officer: Alison Lewin

Lead Director: Jess Williams

Governance: Cancer Board



## Key Risks and Issues:

In June the performance for 62 cancer was 82.1% which is below the standard of 85%. This is a deterioration in performance from the previous month where performance was 83.9% which also failed the standard. The Reallocated position for NHS T&G CCG for quarter 1 is 85.9% (achieving the standard in April at 88.1% and May 87.7% but failed in June at 81.6%).

This is an issue across Greater Manchester, with Greater Manchester failing Quarter 1 (81.75%) at provider level (as system) for the first time in six years. The Full Monty National media campaign in March 2018, resulted in a big growth in activity, with a big impact on 2ww referrals for breast and prostate suspected cancers.

Of the 9 breaches in June delays were either due to complex patients with complex co morbidities or delays in diagnostics (6 of these pts were Urology pts and one breast).

NHS T&G ICFT are anticipating a 2% drop in 62 day performance as a direct result of the new national policy for breach reallocation in quarter 3.

## Actions:

NHS T&G ICFT Cancer Board, of which NHS T&G CCG are members continue to provide assurances around cancer waiting times and have escalated this to the Quality Directorate and Finance to escalate through contract discussions.

GM Pathway board particularly for colorectal are encouraging more focus on shared learning and best practice from breach analysis of RCAs, to establish a standard approach across Greater Manchester to identify any issues and shared learning across the pathway.

## Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP). Greater Manchester (GM) cancer commissioners have highlighted potential concerns regarding aligning future devolution monies to other alliances, as currently Northern Care Alliance, GM partnership are not dependant on performance of the 62 day standard. All other cancer alliances award devolution payments based on 62 day achievement.

## Cancer Waiting Times: Patients Receiving 1st Definitive Treatment &lt;62 Days of Urgent Referral from Consultant for Suspected Cancer by GP

CCG	Jun-18			
	<62 Days	Total	Performance	Standard
NHS Bolton CCG	60	65	92.3%	85%
NHS Salford CCG	39	44	88.6%	85%
NHS Stockport CCG	68	79	86.1%	85%
NHS Wigan Borough CCG	49	58	84.5%	85%
NHS Tameside and Glossop CCG	46	56	82.1%	85%
NHS Heywood, Middleton & Rochdale CCG	43	54	79.6%	85%
England	11143	14062	79.2%	85%
NHS Trafford CCG	51	65	78.5%	85%
NHS Manchester CCG	71	91	78.0%	85%
NHS Bury CCG	37	49	75.5%	85%
NHS Oldham CCG	40	58	69.0%	85%

Data source: <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-comm-cwt/201617-monthly-com>

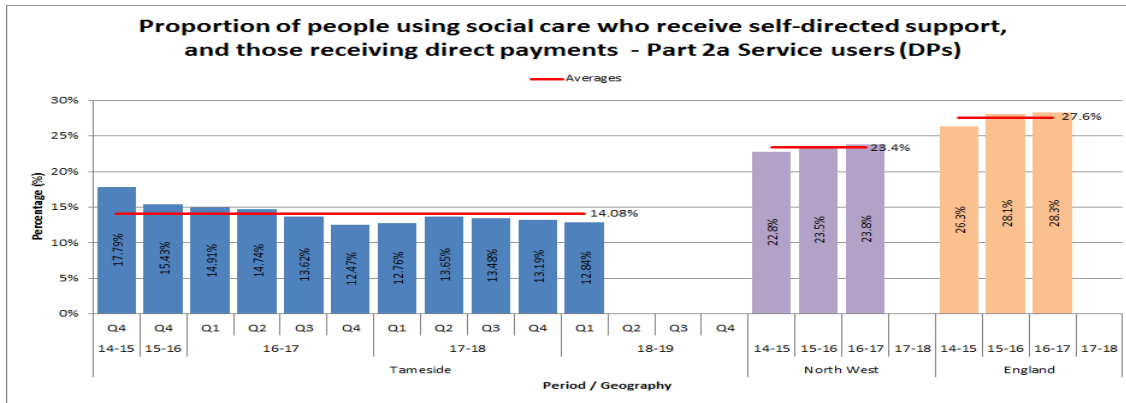
Unvalidated next month FORECAST

## Exception Report

### Health and Care Improvement- August

ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead Lead Director: Steph Butterworth Governance: Adults Management team



#### Key Risks and Issues:

This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

#### Actions:

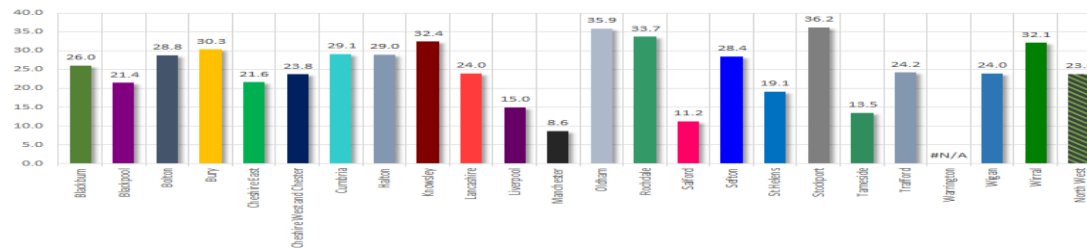
Additional Capacity to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the ASC transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. We use to have 2 Direct Payment workers this has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months. Programme now in place to start to promote Direct Payments for people entering services.

#### Operational and Financial implications:

None

Unvalidated Next Quarter FORECAST

Sum of ASCOF 1C(2a) - Proportion of people using social care who receive direct payments (%) - SNAPSHOT (LTS001b)



\* Benchmarking data is as at Q3 17/18.

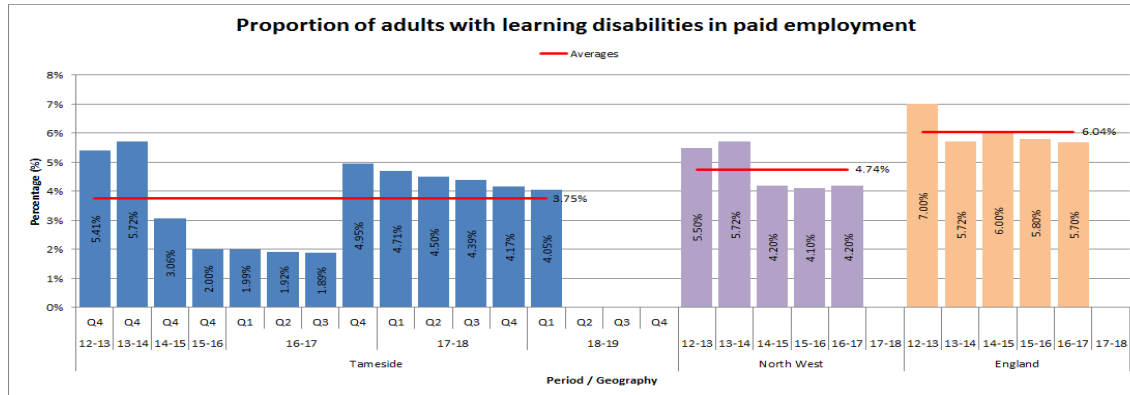


**ASCOF 1E- Total number of Learning Disability service users in paid employment**

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting


**Key Risks and Issues:**

The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. 4th Quarter 2017/18 figure is 4.2%

**Actions:**

We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base. Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.

The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds. We are projecting 9 new job starts (LD/Autism and Mental Health) in 2018/19 from the Routes to Work Service.

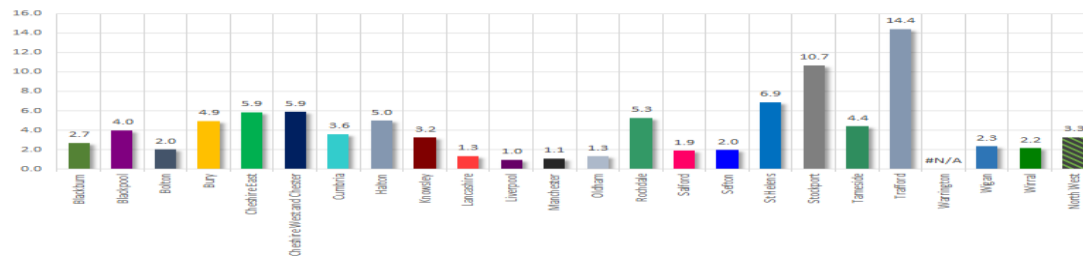
We have strengthened the skills mix (recruitment) in the team and reviewed our approach to insight and intelligence to improve our ability to deliver job outcomes. On current caseload 9 clients currently in education, volunteering or unemployment who have an employability score of '11 or more' at 12 months of service are being targeted for intensive support to start paid employment (of these 6 have Learning Disabilities or Autism). If we perform to projections this will give us a year end score of 5.15% based on current denominator for the ASCOF measure.

The Routes to Work Service is also collating more data from external providers including Active Tameside and People First to ensure the borough submits returns that capture comprehensive information.

Small grant awarded to People First to run an 'employment ready' programme with individuals to improve readiness for employment and create capacity in the Routes to Work team.

**Operational and Financial implications:**

None

**Unvalidated next Quarter FORECAST**
**Sum of ASCOF 1E - Proportion of adults with a learning disability in paid employment - YTD (LTS001a)**


\* Benchmarking data is as at Q3 17/18

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# Adult Social Care

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## Deep Dive

# Report will focus on...

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- Overall performance in adult social care services in Tameside including customer satisfaction and experience with services
- Initiatives and interventions to enable people to remain in their homes and reduce admissions to residential care:
  - Community Response Service
  - Re-ablement Service
- Quality of care homes in Tameside and Glossop

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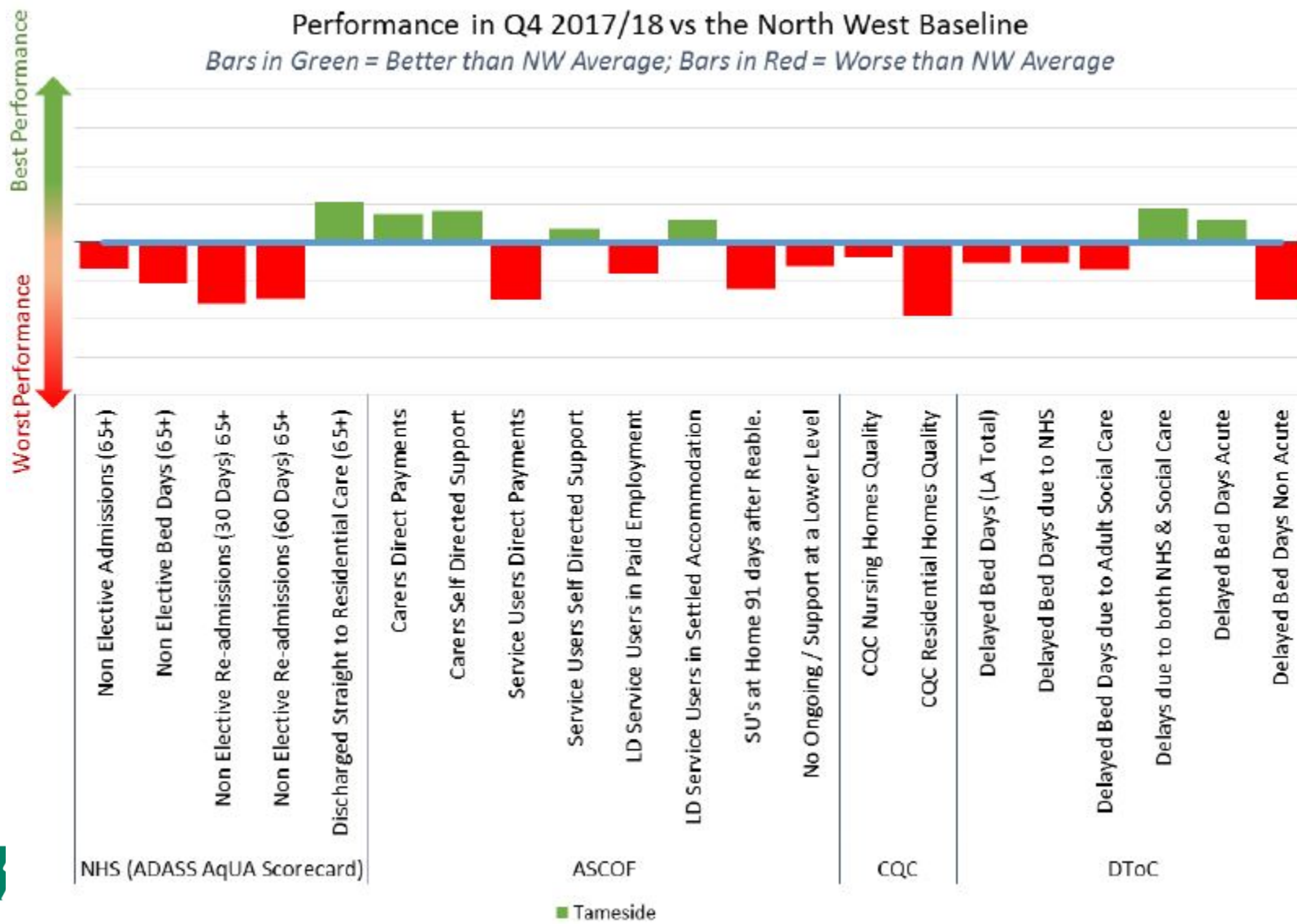
# Overall performance

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# Whole System Data

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# Overall Performance in Adult Social Care

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Indicator	Q4 2015/ 16	Q1 2016/ 17	Q2 2016/ 17	Q3 2016/ 17	Q4 2016/ 17	Q1 2017/ 18	Q2 2017/ 18	Q3 2017/ 18	Q4 2017/ 18	Trend Line
<b>ASCOF</b>										
Carers Direct Payments	74.6	77.9	73.4	75.9	95.6	86.1	94.5	96.6	97.3	
Carers Self Directed Support	91.1	99.6	99.8	100.0	100.0	100.0	100.0	100.0	100.0	
Service Users Direct Payments	15.4	14.6	14.7	16.1	12.5	12.8	13.7	13.5	13.2	
Service Users Self Directed Support	97.8	97.6	94.6	96.6	96.1	96.7	96.2	97.1	93.0	
Learning Disability Service Users in Paid Employment	2.0	2.0	1.9	1.9	5.0	4.7	4.5	4.4	4.2	
Learning Disability Service Users in Settled Accommodation	93.8	94.7	93.8	93.9	93.3	93.6	93.7	94.7	94.3	
% 65+ Service Users still at home 91 days after Reablement	86.4	0.0	0.0	0.0	81.8	0.0	81.8	81.8	77.4	
<b>CQC</b>										
% of Beds in Residential Homes rated 'Outstanding' or 'Good'	74.3	51.0	51.0	35.7	34.3	37.1	34.1	36.2	48.2	
% of Beds in Nursing Homes rated 'Outstanding' or 'Good'	36.7	37.2	37.2	42.7	66.1	63.7	49.5	37.8	53.0	

# Overall Performance in Adult Social Care

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- Increase in the number of new admissions to residential social care
  - 256 admissions in 2017/18 for 65+ compared to 241 in 2016/17
  - 22 admissions in 2017/18 for 18-64 year olds compared to 17 in 2016/17
- Improvement in all 7 indicators that measure client satisfaction with adult social care services
- Increase in the proportion of people completing Reablement who leave with either no package or a reduced package of care (86.14% in 2016/17 compared to 89.4% in 2017/18)
- Decrease in the % of 65+ clients who remain at home 91 days after discharge from hospital following a period of Reablement (81.8% - 2016/17 reduced to 77.4% in 2017/18) – based on 3 month period (October to December discharges)



# Customer Experience

Indicator	2016/17	2017/18	% point change
Social care-related quality of life (1A)	18.6	19.1	+0.5
Proportion of people who use services who have control over their daily life (1B)	71.43%	80%	+8.6
Proportion of people who use services who reported that they had as much social contact as they would like (111)	45.06%	48%	+2.9
Overall satisfaction of people who use service with their care and support (3A)	60.38%	64%	+3.6
Proportion of people who use services who find it easy to find information about services (3D1)	73.38%	75%	+1.6
Proportion of people who use services who feel safe (4A)	70.46%	75%	+4.5
Proportion of people who use services who say that those services have made them feel safe and secure (4B)	82.33%	83%	+0.7

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# Helped to Live at Home

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# Helped to Live at Home

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- One of the main priorities of Tameside's Adult Social Care Services is to enable people to remain independent and in their own homes. There are a wide range of services available to residents to enable them to achieve this goal, these include:

- **Community Response Service**
- Support at Home (Home Care provision)
- Day Care Services
- Extra Care Housing
- **Reablement**

# Community Response Service

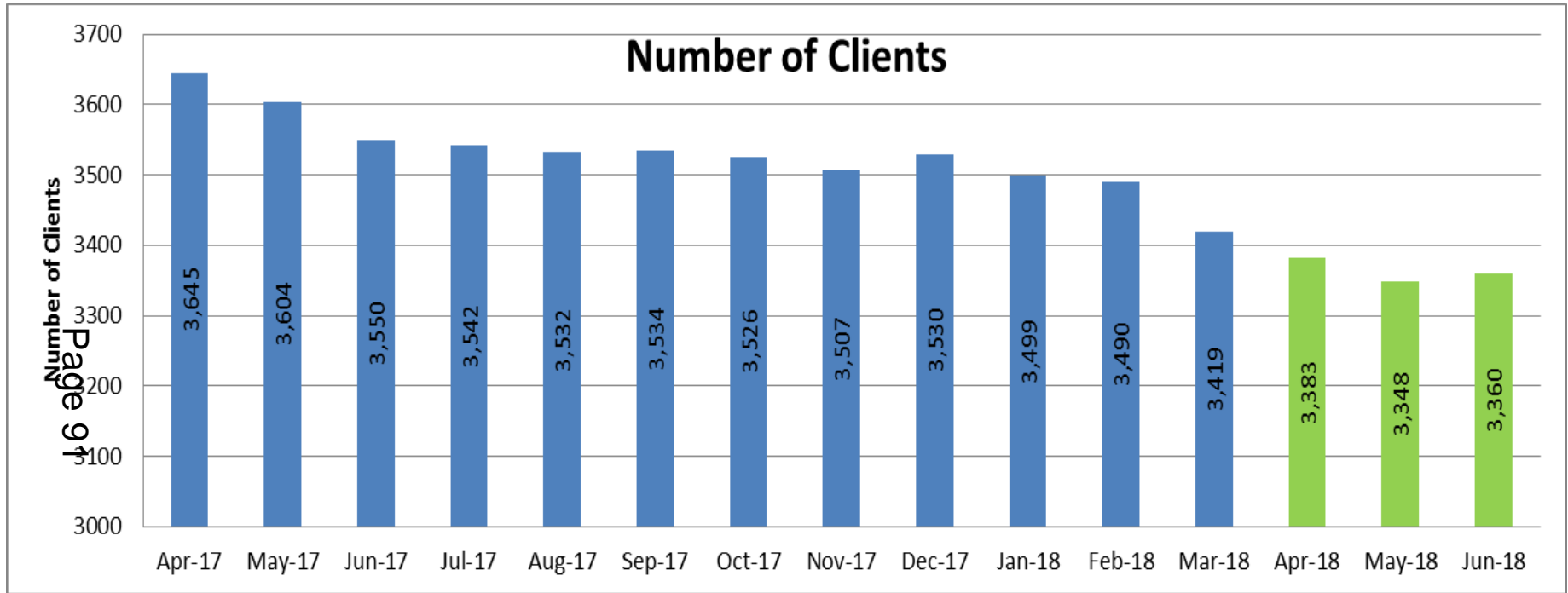
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The Community Response Service supports people to live safely and independently in their own home. The service provides different types of alarms depending on customer needs and health; some are activated by the customer, others are triggered by sensors installed in the home.

When the customer presses the alarm, or a telecare device is activated, a member of staff will respond to offer reassurance. Where appropriate, Community Response Staff will send out a warden to assist them e.g. if they have fallen, feel unwell or have wandered from their home.

We also have the ability to contact a team of medical professionals at the hospital for advice or reassurance, via a video link, if this is needed.

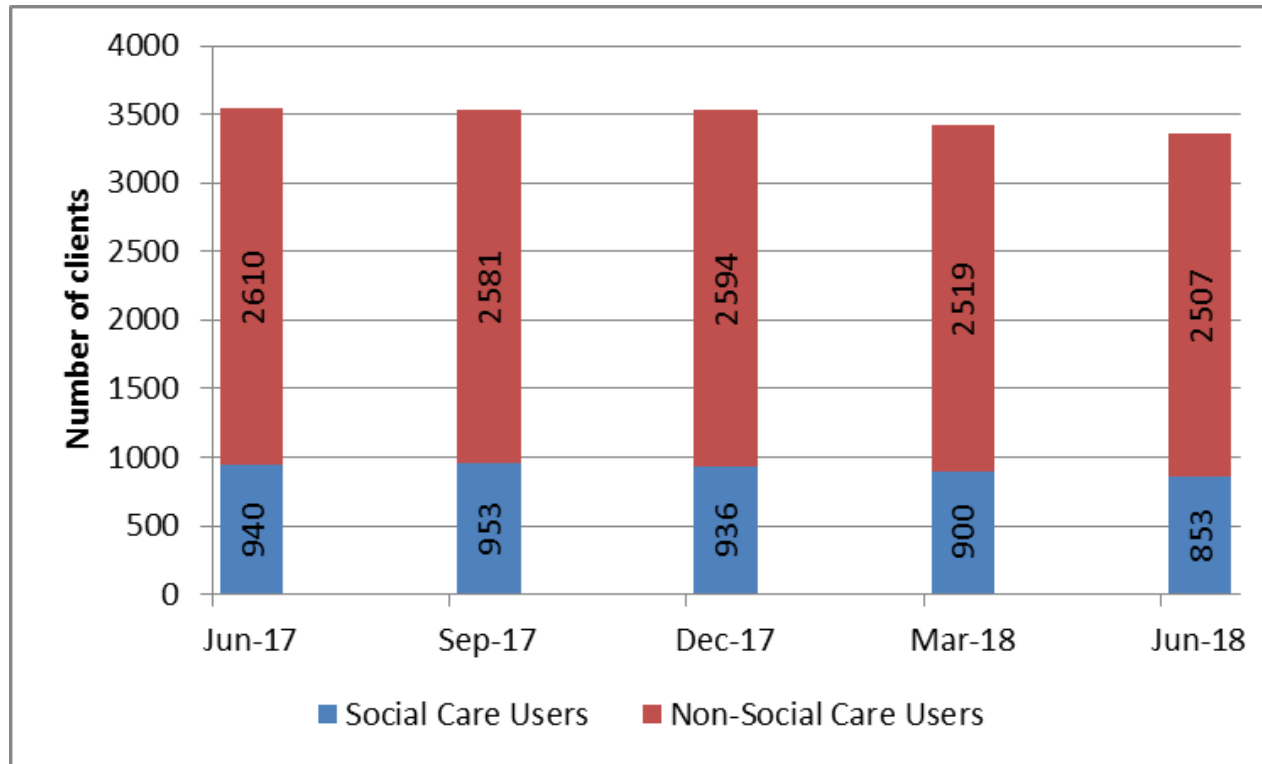
# Community Response Service



- Between April 17 and June 18 – reduction of 7.8% (285 clients)
- In June 2017 – 26.5% of CRS users also had involvement from Adult Social Services (940 people)
- In June 2018 – this reduced slightly to 25.3% (853 people)

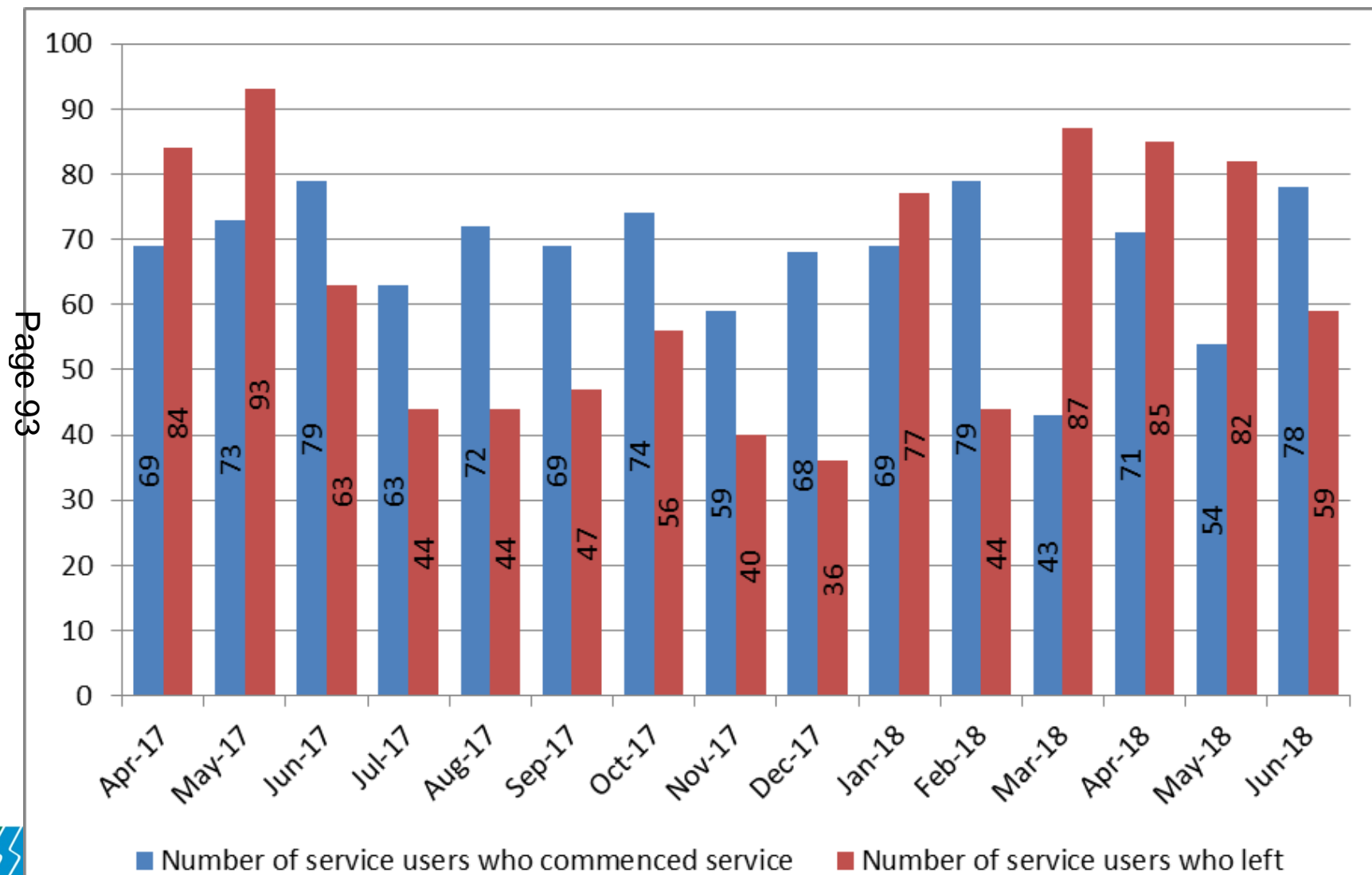
# Community Response Service

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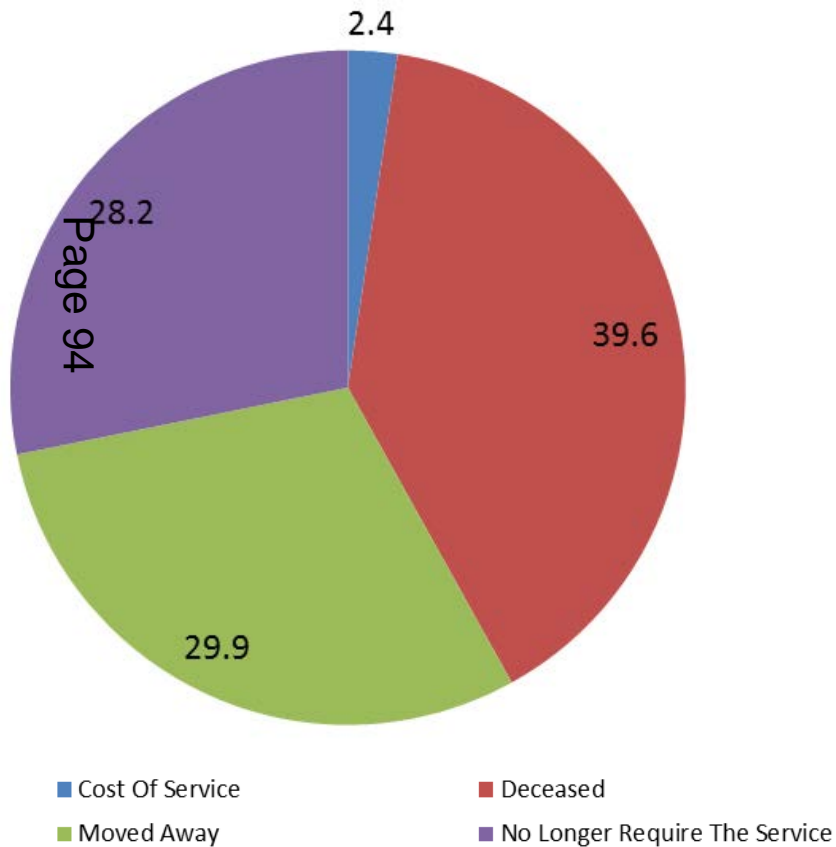
- Approximately a quarter of Community Response Clients are also registered as a social care user.

# Numbers starting and leaving CRS

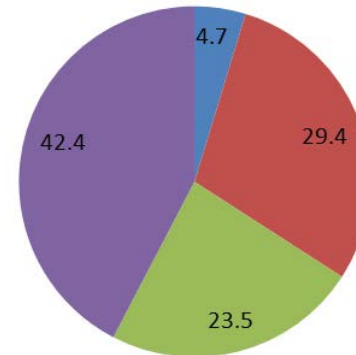


# Reason for leaving CRS

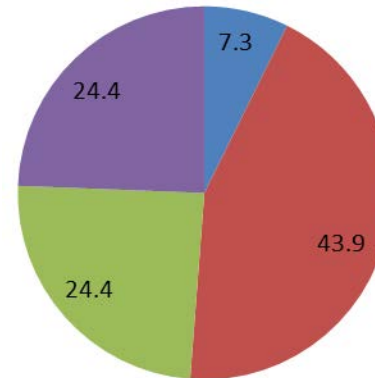
April 2017 to June 2018



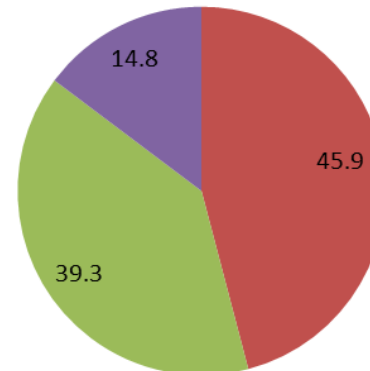
April 2018



May 2018

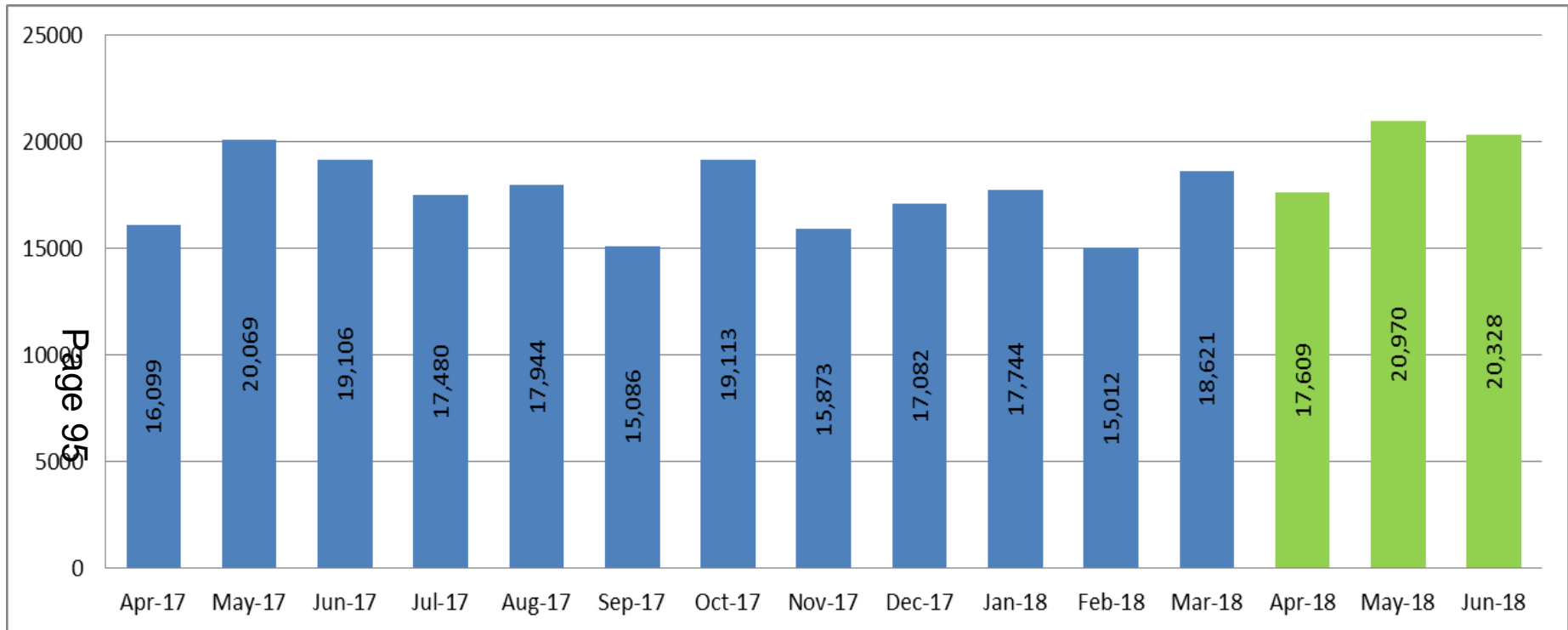


June 2018





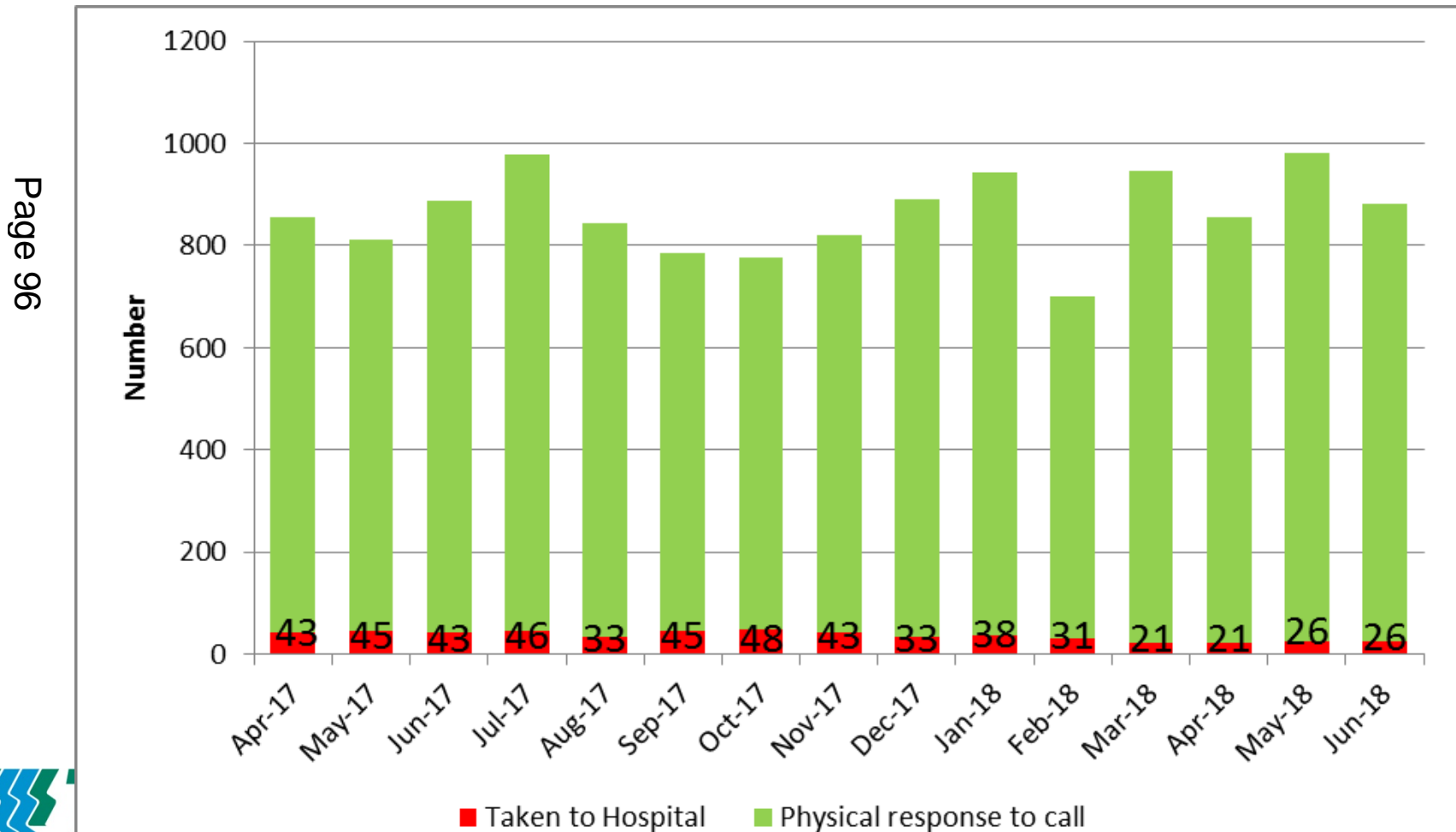
# Number of Calls to PNC



- April 17 to June 18 – 268,136 calls to PNC
- Between April 2018 and May 2018 – increase of 3,361 calls
- Reasons for large increase: De-installation of equipment and re-connection, 3 high end service users who are persistent callers

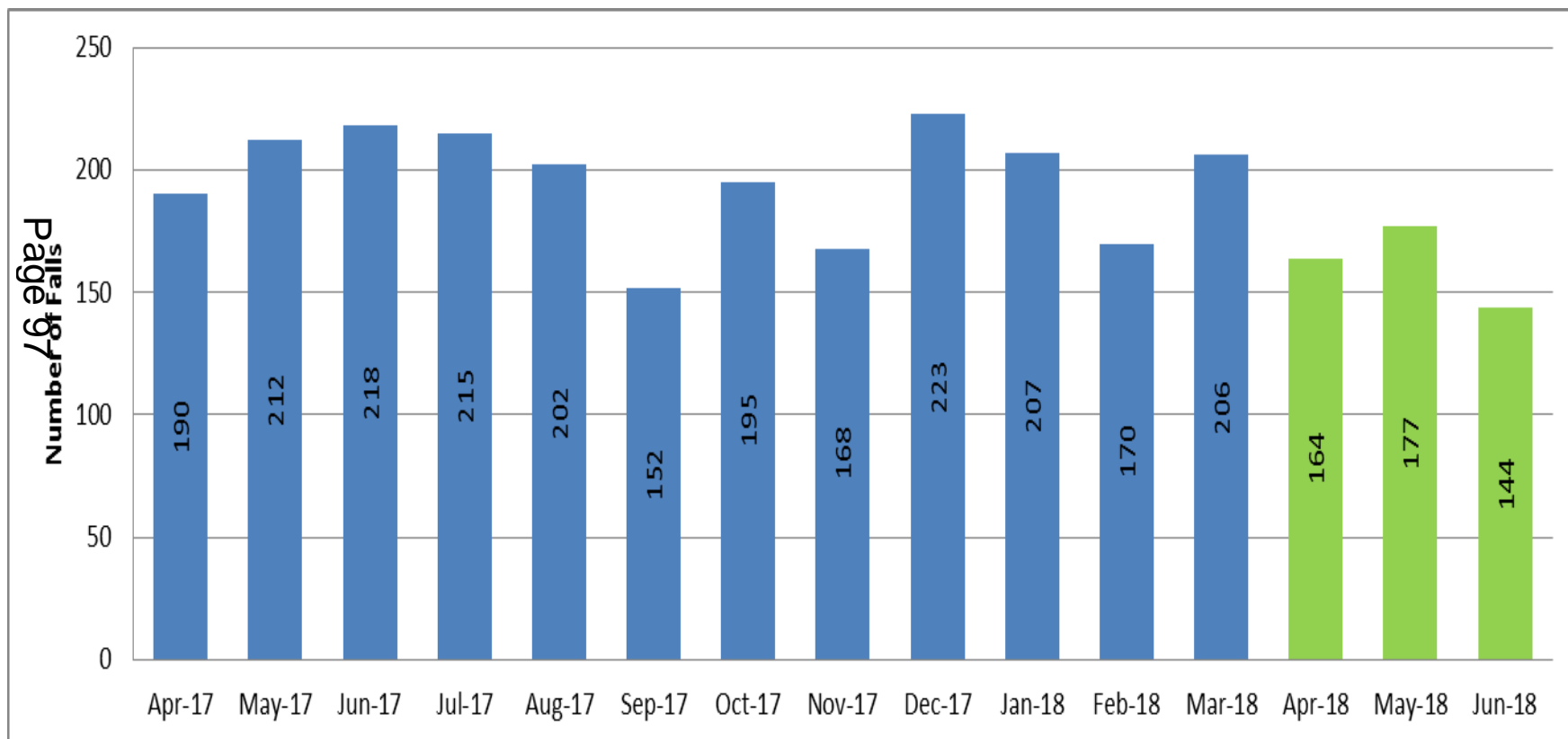
# Response to Calls

- % of calls that actually require a physical response ranged from 4.1% in October 2017 to 5.6% in July 2017. This equates to 775 visits and 979 visits respectively.



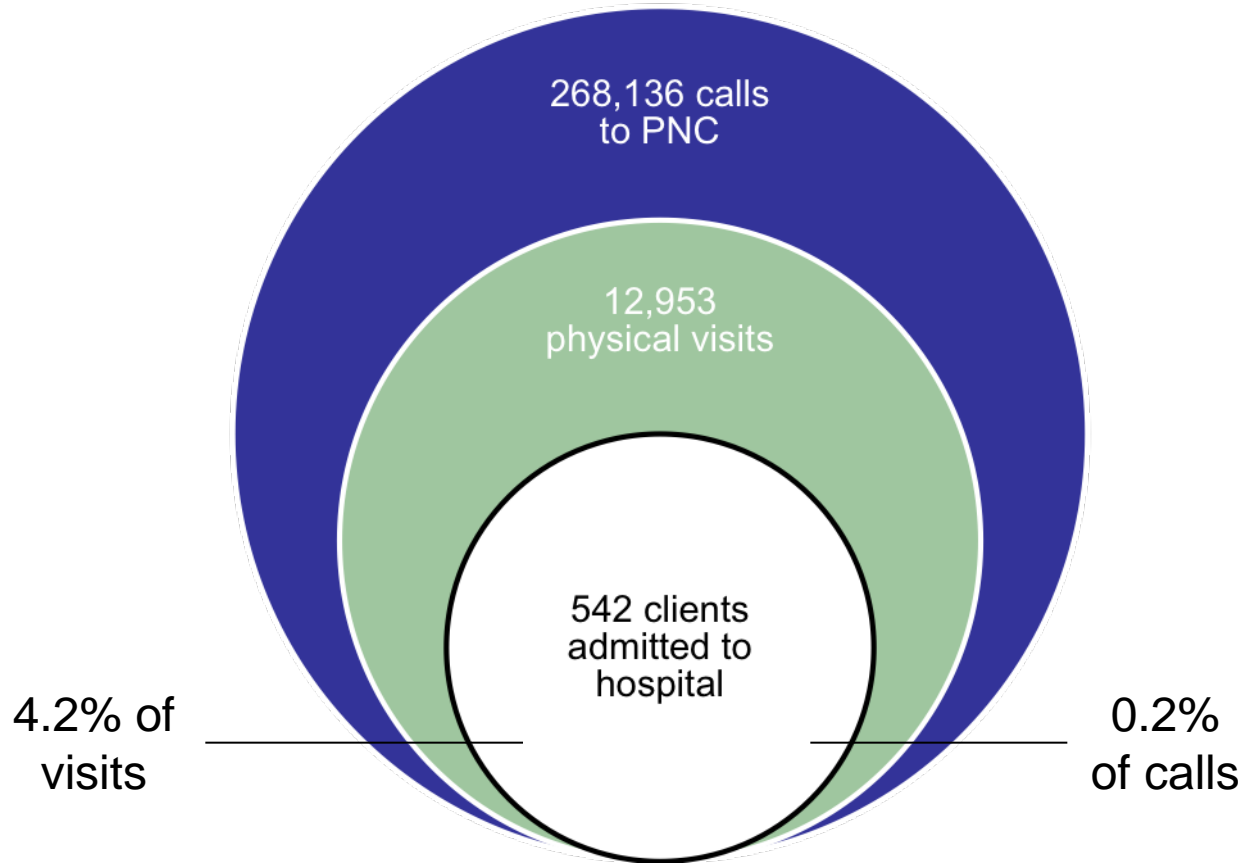
# Falls

- 22% of visits were made to clients who had fallen. Of the 2,483 visits for falls, less than 10% required an ambulance (277 clients).



# Summary of CRS

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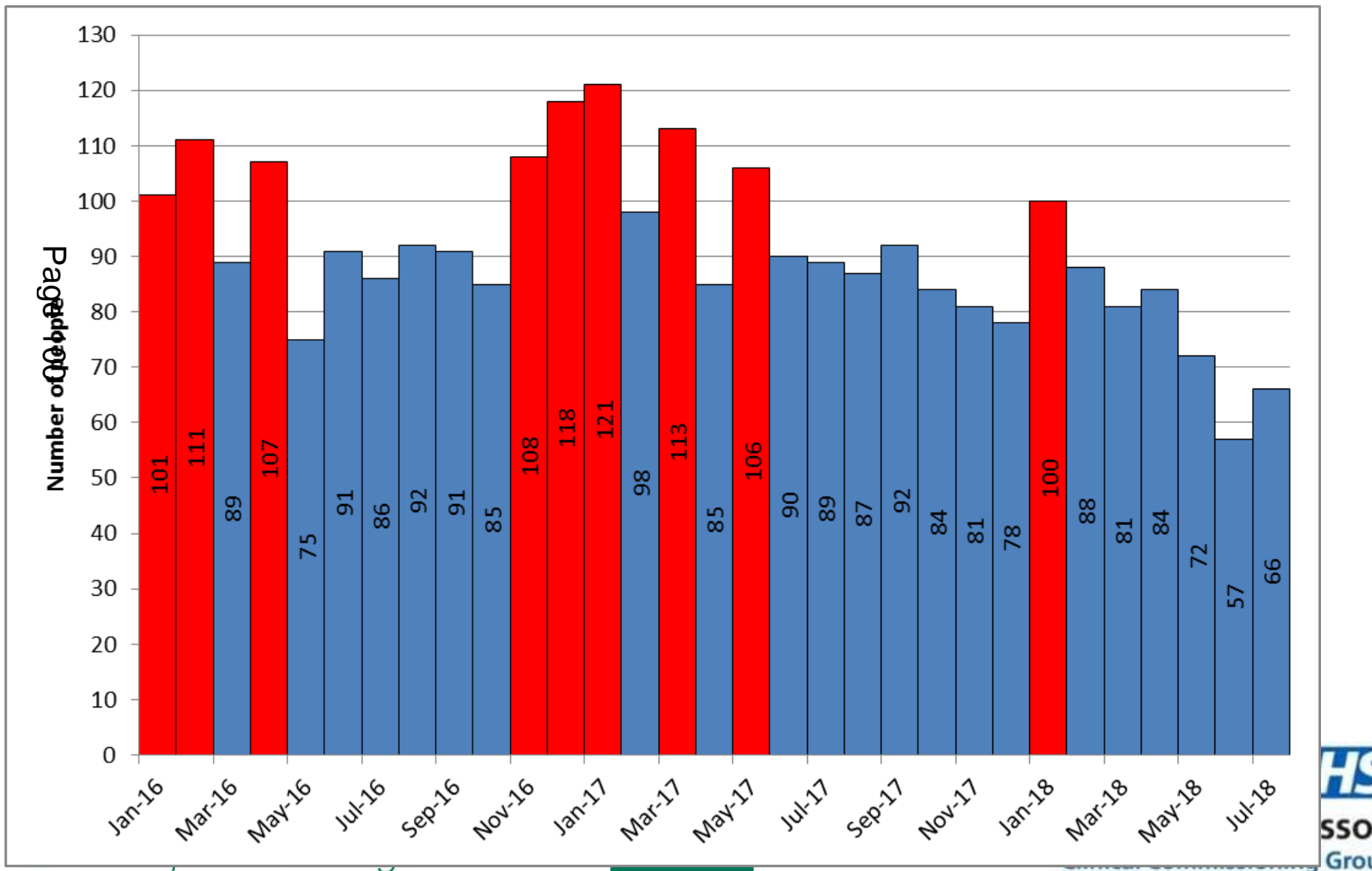


# Reablement

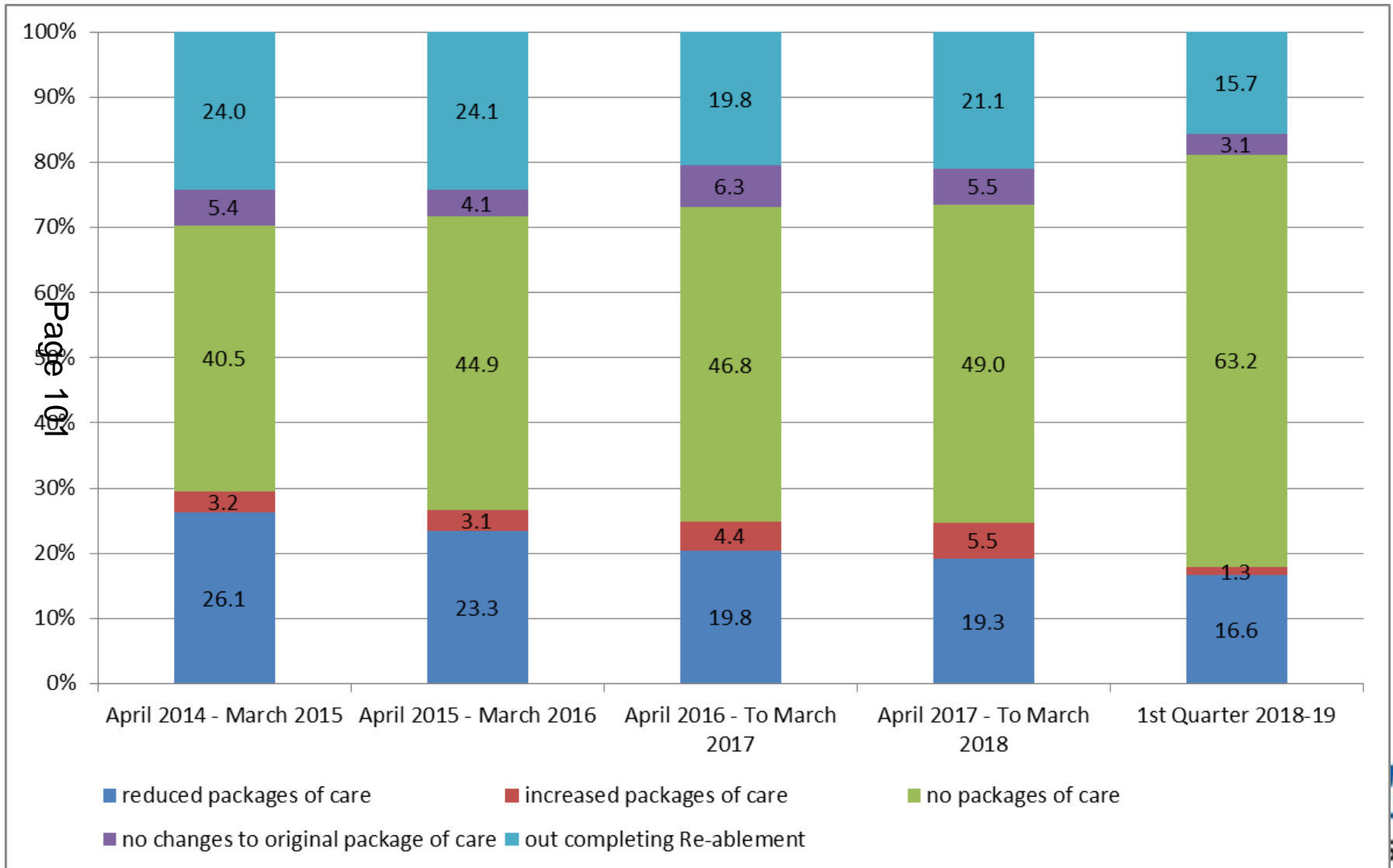
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- The overall purpose of the Reablement service is to support people to maximise their level of independence, improve their health and well-being and enhance their quality of life whilst continuing to live within their own homes. The service actively encourages individuals to fully participate in the planning delivery, monitoring and reviewing of their service.
- Individuals are empowered to make choices and to take reasonable risks in all aspects of their daily living routine. Service Users are actively encouraged to rebuild and improve existing skills as well as learning and developing new skills where needed.

# Number of people starting Reablement



# % of people leaving Reablement with.....



# % of people leaving Reablement with.....

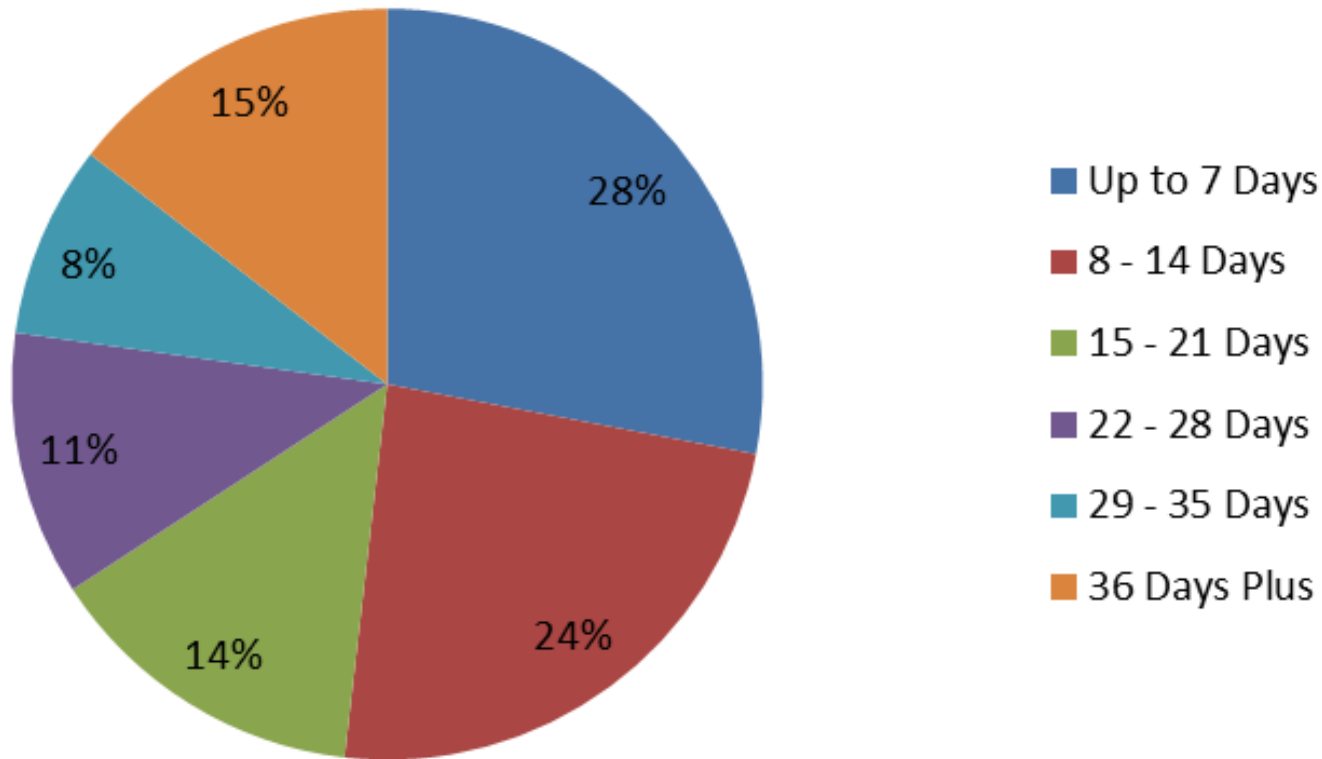
	2014-15	2015-16	2016-17	2017-18	QTR1 2018-19
Total number of service users leaving Reablement (excluding those who did not complete, cancelled before start)	1067	979	916	841	188
Total number of service users leaving Reablement with no package or a reduced package of care	945	855	789	726	178
% number of service users leaving Reablement with no package or reduced package of care	88.57%	90.4%	86.14%	86.32%	94.68%



# Reasons for not completing Reablement

Reason for non completion	2014-15	2015-16	2016-17	2017-18	QTR1 2018-19
Died	23	30	15	5	0
Hospital	248	230	177	193	27
Moved out of area	0	1	0	0	0
Residential Care	0	1	0	2	0
Respite	47	40	24	7	1
Other	21	17	17	17	4
Inappropriate initial assessment	1	0	2	0	0
Total did not complete	340	309	235	224	32

# Of those who left Reablement to go to hospital



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# Left with a package of care

	2014-15	2015-16	2016-17	2017-18	QTR1 2018-19
Number of people discharged from Reablement with a package of care during the month	482	385	335	317	47
Combined number of assessed hours	5037.00	4053.00	3361.50	3061.00	465.05
Combined number of ongoing maintenance hours	3278.16	2549.38	2319.19	2224.11	286.11
<b>% hours saved from Reablement per week</b>	<b>35%</b>	<b>37%</b>	<b>31%</b>	<b>27%</b>	<b>38%</b>
Number of service users still in receipt of services at 30 days	404	295	241	119	17
Number of service users still in receipt of services at 60 days	371	239	196	84	13
Number of service users still in receipt of services at 90 days	336	202	107	79	0

# Summary of Reablement

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- Peaks in clients starting Reablement services during the winter months.
- Improvements in the % of people leaving Reablement with a reduced or no package of care.
- Main reason for clients not completing Reablement is admission to hospital with over half of these clients being admitted within the first two weeks.

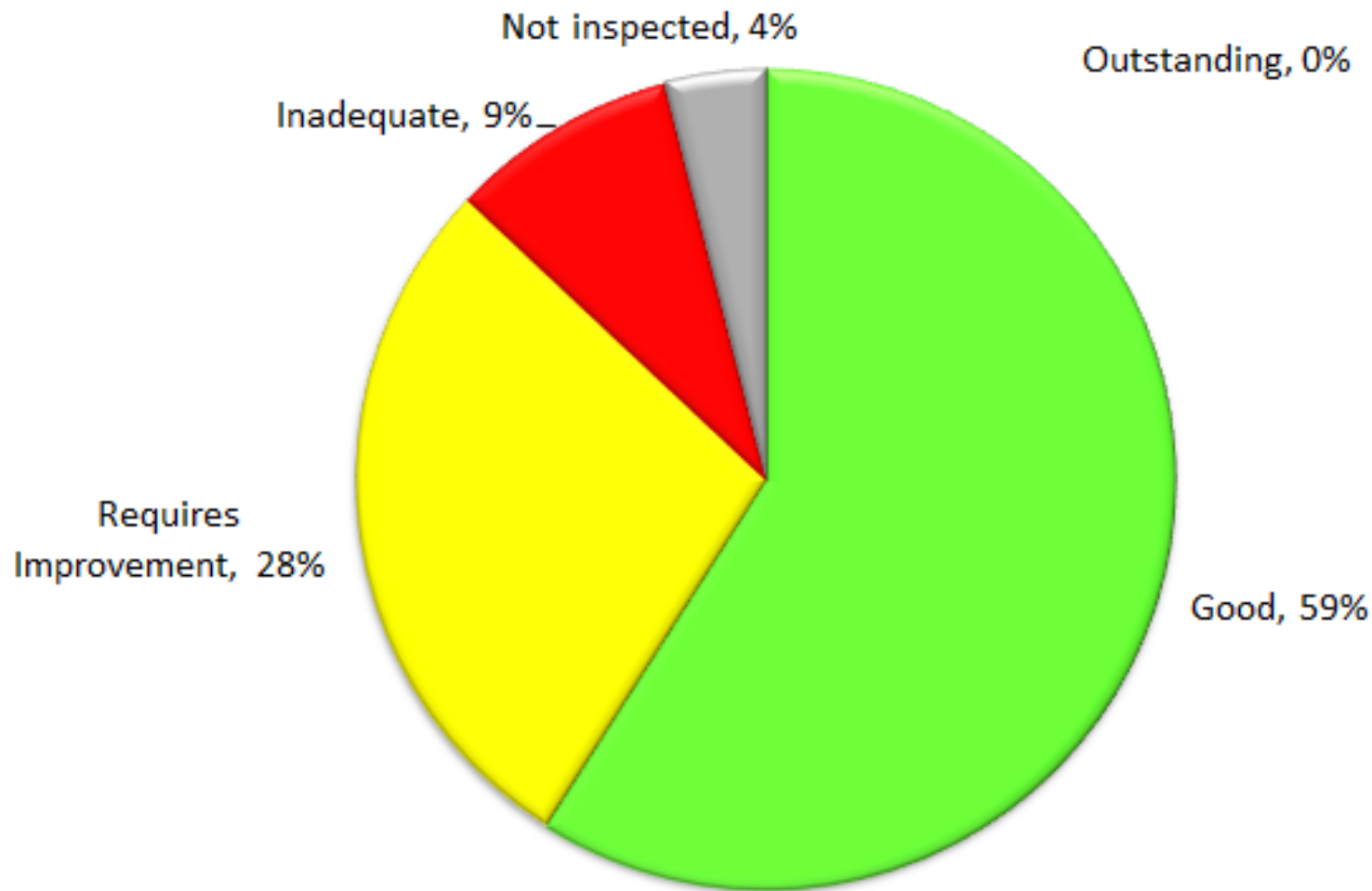
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# CARE HOMES

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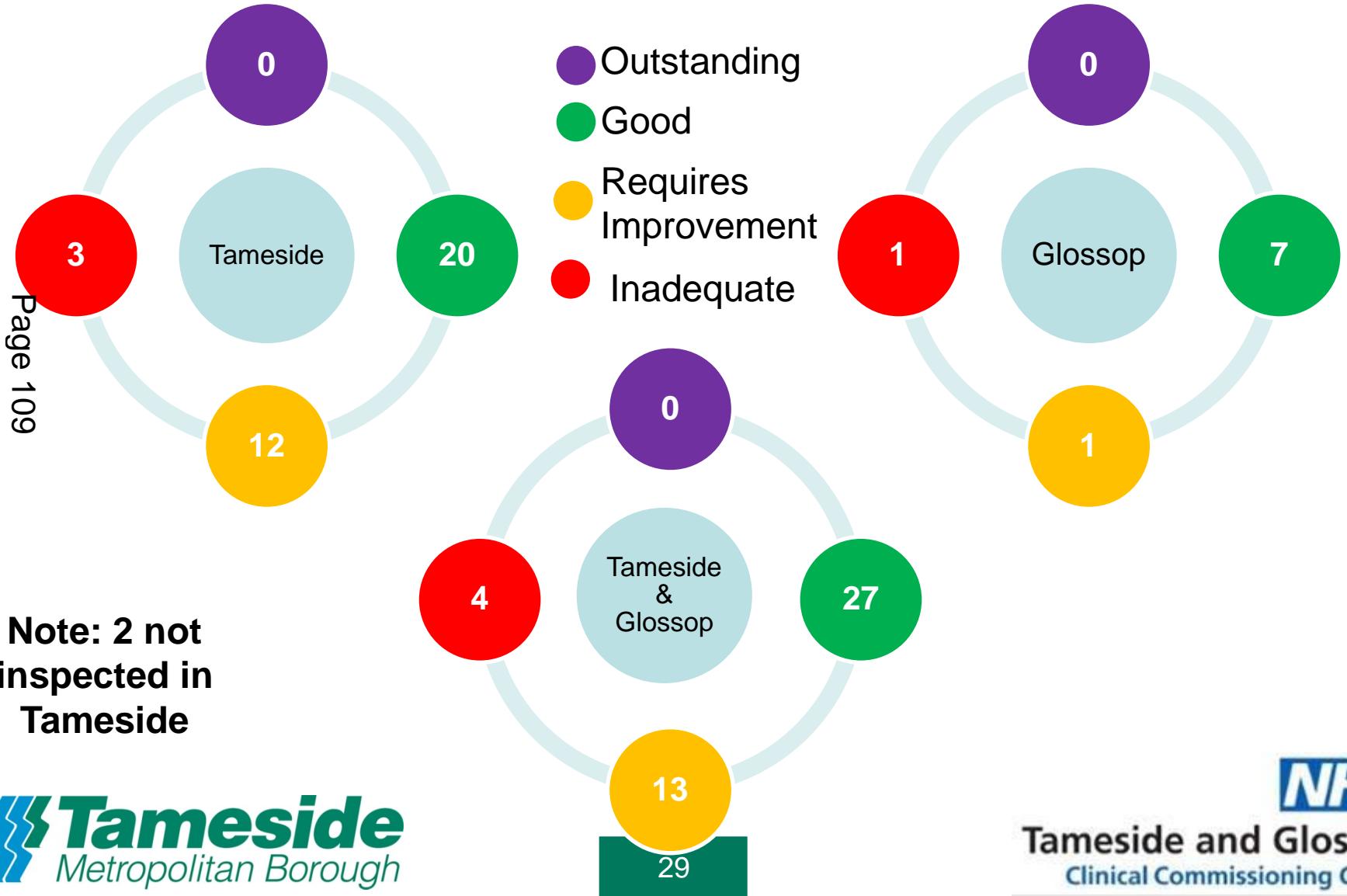
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# T&G care home ratings – August 2018



# CQC ratings by area

- Outstanding
- Good
- Requires Improvement
- Inadequate



# Care Homes – August CQC Ratings

Care Home Size	Outstanding	Good	Requires Improvement	Inadequate	Total	Not inspected
Small (1-10 beds)	-	1	-	-	1	-
Medium (11-49 beds)	-	21	7	3	31	2
Large (50+ beds)	-	5	6	1	12	-
Total	0	27	13	4	44	46



# CQC Ratings for Care Homes in Tameside and Glossop

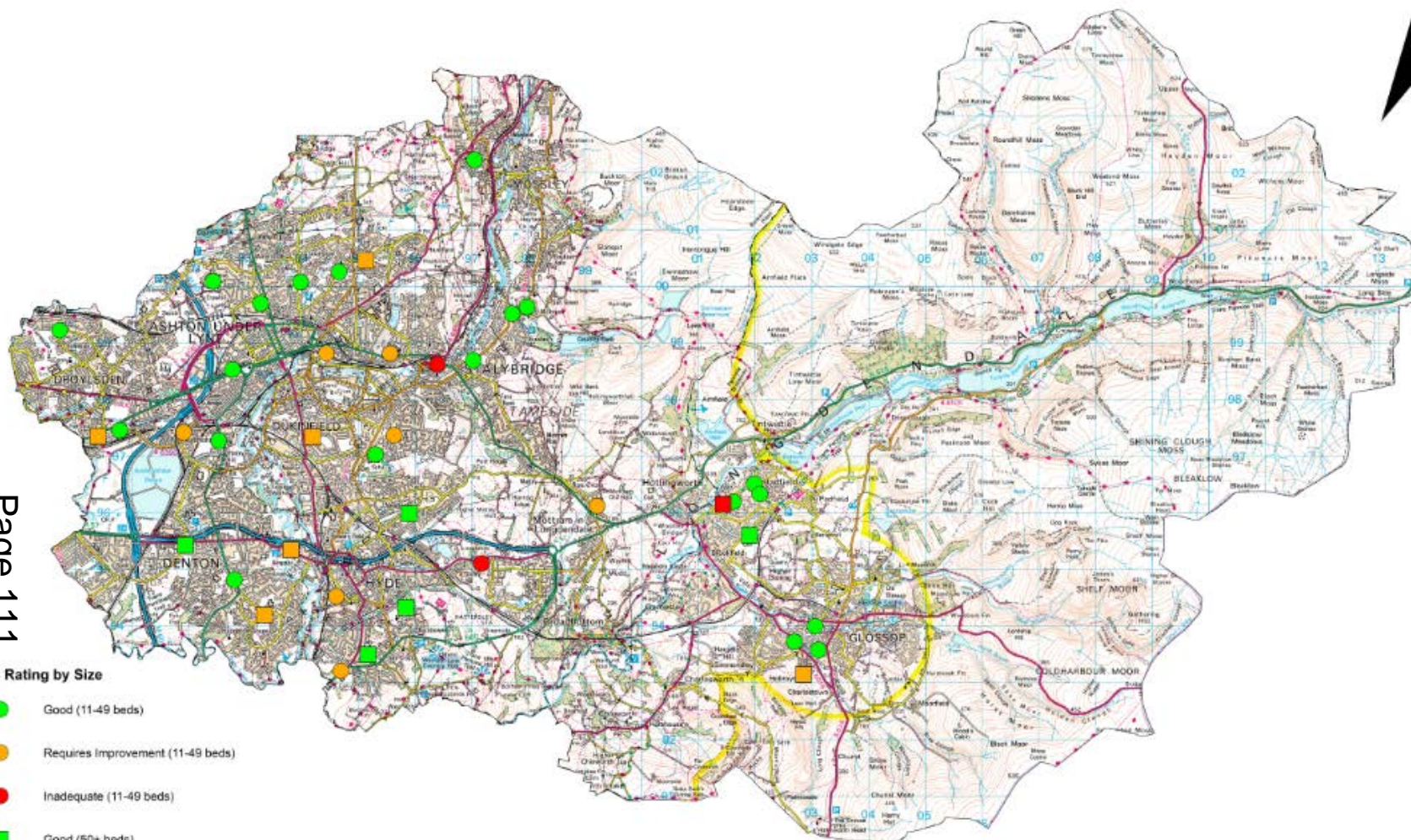


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## CQC Rating by Size

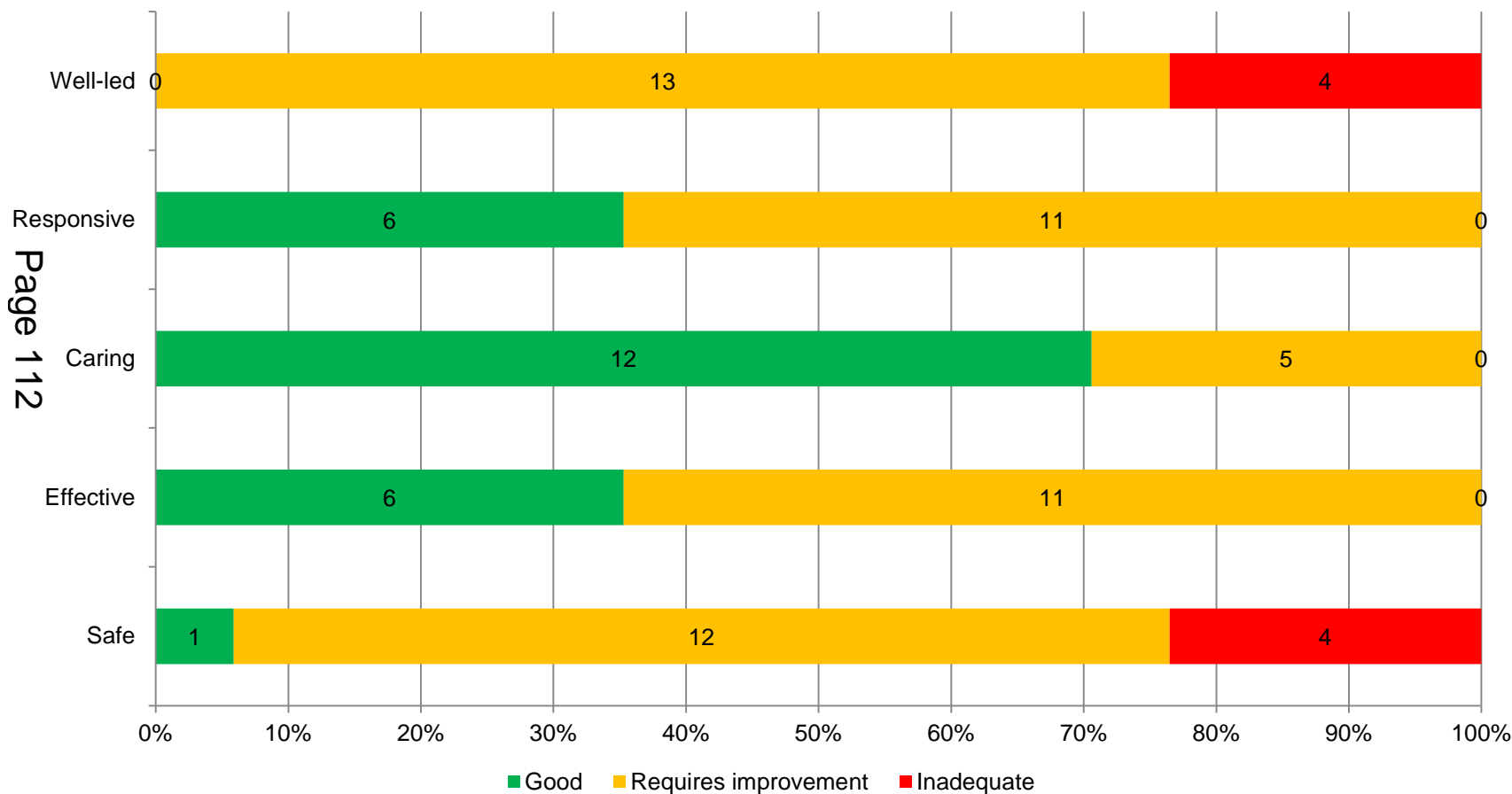
- Good (11-49 beds)
- Requires Improvement (11-49 beds)
- Inadequate (11-49 beds)
- Good (50+ beds)
- Requires Improvement (50+ beds)
- Inadequate (50+ beds)

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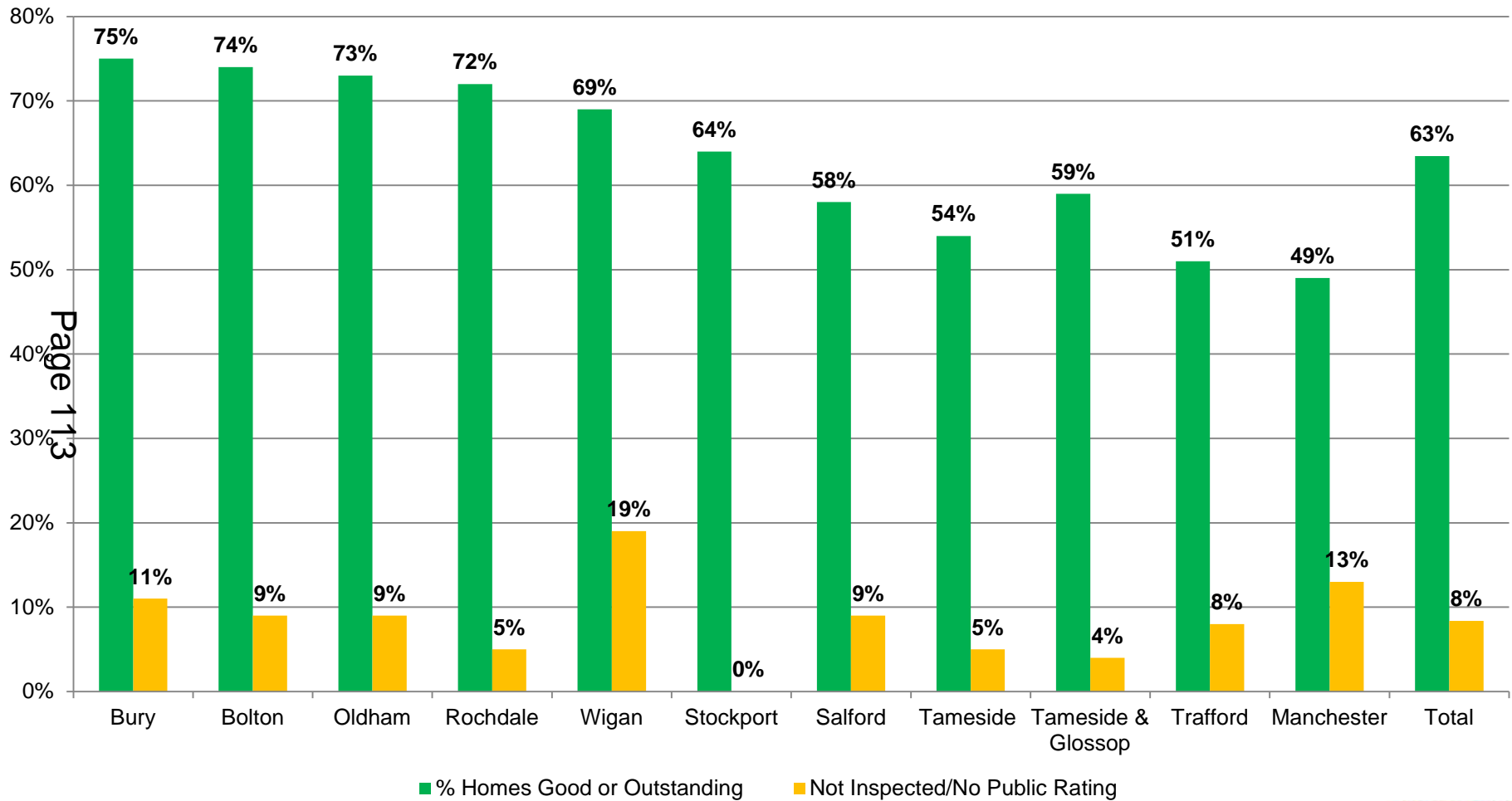


0 0.425 0.85 1.7 2.55 3.4 Miles

# Ratings by criteria for those RI or Inadequate – August 2018



# Comparators (homes)



# Comparators – based on those with a CQC rating at August 2018

Change between Nov 17 and Jul 18	No. of Care Homes	Notes
Remained the same	34	
Inadequate to Good	1	Yew Trees
Inadequate to Requires Improvement	2	Balmoral Care Home, Charnley House
Requires Improvement to Good	5	Hyde Nursing Home, Millbrook Care Centre, Polebank Hall Residential Care Home, Sandon House, St Lawrences Lodge
Requires Improvement to Inadequate	1	Bowlacre
Good to Requires Improvement	1	The Lakes Care Centre
Not inspected	2	Hatton Grange, Downshaw Lodge
Total	46	

# Summary

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- Recognised that many of our Care Homes need to improve
- Improved performance since November 2017
- Key Areas that Care Homes need to improve on are the Safety and Well-Led elements
- Medium Sized homes with individual homes that require the most help

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<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	29 August 2018
<b>Officer of Strategic Commissioning Board</b>	Kathy Roe, Director of Finance
<b>Subject:</b>	<b>TAMESIDE &amp; GLOSSOP CCG RISK REGISTER EXTRACT: RISK 32 – RISK OF NEGATIVE IMPACT OF THE STRATEGIC COMMISSION ON THE CCG</b>
<b>Report Summary:</b>	<p>Audit Committee is requesting Strategic Commissioning Board's support in reviewing the Tameside and Glossop Clinical Commissioning Group's Operational Risk Register. At its meetings in March and May 2018 the Committee requested that each of the Clinical Commissioning Group's committees considers:</p> <ul style="list-style-type: none"><li>• those risks on the Operational Risk Register which fall within the committee's scope (Risk 32);</li><li>• those areas of operational risk which might not be covered yet within the Risk Register, with a view of identifying new additions to the register if required.</li></ul> <p>Risk 32 specifically relates to the Strategic Commissioning Board to ensure it does not negatively impact the Clinical Commissioning Group. The report highlights the locality's Quarter 4 Assurance meeting with the Greater Manchester Health and Social Care Partnership and the Clinical Commissioning Group rating as Good.</p>
<b>Recommendations:</b>	<p>To review and provide comments on Risk 32 to be reported back to Clinical Commissioning Group's Audit Committee via the risk owner / relevant deputy's update.</p> <p>To identify new areas of operational risk not yet covered within the CCG's Risk Register</p>
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no financial implications to this report.
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	The Clinical Commissioning Group have a legal obligation to monitor and address relevant risks within the organisation. The committee's assistance in reviewing and identifying relevant risks within the Strategic Commission will ensure that the Clinical Commissioning Group's Operational Risk Register is a robust document fit for purpose.
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	To ensure we are meeting our constitutional requirements.
<b>How do proposals align with Locality Plan?</b>	The review of risk ensures the focus of the Clinical Commissioning Group and its working within the locality plan.
<b>How do proposals align with the Commissioning</b>	By meeting our constitutional requirements.



## Strategy?

<b>Recommendations / views of the Health and Care Advisory Group:</b>	There are no recommendation/views of the Health & Care Advisory Group.
<b>Public and Patient Implications:</b>	The reviewed risk ensures the operational running of the Clinical Commissioning Group.
<b>Quality Implications:</b>	To ensure that a full review of risk is completed and presented to relevant officers.
<b>How do the proposals help to reduce health inequalities?</b>	The proposal will not affect protected characteristic group(s) within the Equality Act.
<b>What are the Equality and Diversity implications?</b>	There are no equality and diversity implications within this report.
<b>What are the safeguarding implications?</b>	There are no safeguarding implications.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.
<b>Risk Management:</b>	There is a monthly review of all risks which are then reported to the Clinical Commissioning Group's Audit Committee.
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Jo Keast  Telephone: 0161 342 5646  e-mail: <a href="mailto:jkeast@nhs.net">jkeast@nhs.net</a>



Reference: 32	Risk that the arrangements for the Strategic Commission may negatively impact upon the CCG.					
Identified June 2016						
Initial impact: 4	Initial likelihood: 2	Initial rating: 8		Risk owner: Steven Pleasant		
Controls				Assurances		
1. Establishment of the Strategic Commission 2. Introduction of a Single Accountable Officer 3. Governance processes in place to support the Strategic Commissioning Board				1 This was established on 1 April 2016 2 The arrangements have been approved by NHS England 3 These are in place and subject to monitoring and review		
Controlled impact: 4	Controlled likelihood: 1	Controlled rating: 4		Within risk appetite?		Y
Further potential mitigating actions:			Future significant events:			
Nil identified			Nil identified			
Review of the last month:						
The new Lay Member for Patient and Public Involvement has started in post. Elections have been held for the three Governing Body GP roles that were up for renewal. The new role of Post-CCT Fellow GP has been filled.  A number of successful visits to the locality have been held. These have in part focused upon the governance arrangements of the Strategic Commission.						
Next month's expected position:						
The locality's Quarter 4 Assurance meeting with the Greater Manchester Health and Social Care Partnership is being held on 24 May 2018. This will include consideration of the CCG's 'Quality of Leadership'.						
Completed by: Paul Pallister			Completed on: 21.05.18			

J 2017	F	M	A	M	J	J	A	S	O	N	D	J 2018	F	M	A	M	J
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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