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Tameside & Glossop Care Together

STRATEGIC COMMISSIONING BOARD

Day: **Wednesday**
Date: **24 April 2019**
Time: **1.00 pm**
Place: **Committee Room 2, Level 2, Tameside One**

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
2.	**URGENT ITEMS OF BUSINESS**	
	To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.	
3.	**ITEM FOR EXCLUSION OF PUBLIC AND PRESS**	
	To determine an items on the agenda, if any, where the public are to be excluded for the meeting.	
4.	**DECLARATIONS OF INTEREST**	
	To receive any declarations of interest from Members of the Strategic Commissioning Board.	
5.	**MINUTES**	1 - 8
	To receive the Minutes of the previous meeting held on 27 March 2019.	
6.	**FINANCIAL CONTEXT**	
a)	**TAMESIDE AND GLOSSOP STRATEGIC COMMISSION 2019/20 FINANCIAL PLAN**	9 - 26
	To consider the attached report of the Director of Finance.	
b)	**M11 CONSOLIDATED REVENUE MONITORING STATEMENT**	27 - 42
	To consider the attached report of the Director of Finance.	
7.	**QUALITY AND PERFORMANCE CONTEXT**	
a)	**QUALITY ASSURANCE REPORT**	43 - 60
	To consider the attached report of the Director of Quality and Safeguarding.	
b)	**PERFORMANCE UPDATE**	61 - 72
	To consider the attached report of the Assistant Director (Policy, Performance and Communications).	
8.	**COMMISSIONING FOR REFORM**	

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.

Item No.	AGENDA	Page No

a)	**SUICIDE PREVENTION STRATEGY 2019/23**	73 - 100
	To consider the attached report of the Executive Leader, Pat McKelvey, Head of Mental Health and Learning Disabilities and Jacqui Dorman, Public Health Intelligence Manager.	
b)	**PROVISION OF HOME SUPPORT AND EXTRA CARE HOUSING**	101 - 118
	To consider the attached report of the Executive Leader / Director of Adult Services.	
c)	**NEIGHBOURHOOD MENTAL HEALTH TEAM: LEAD PROVIDER TENDER OUTCOME AND RECOMMENDATION**	119 - 124
	To consider the attached report of the Interim Director of Commissioning.	
9.	**EXCLUSION OF THE PRESS AND PUBLIC**	
	The Proper Officer is of the opinion that during the consideration of the items 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 regulations and this outweighs the public interest in disclosure.	
a)	**NEIGHBOURHOOD MENTAL HEALTH TEAM: LEAD PROVIDER TENDER OUTCOME AND RECOMMENDATION**	125 - 138
	To consider the Appendix 1 and Appendix 2 to the report at Item 8(c) which are exempt from publication as they contain commercially sensitive information relating to a third party.	
b)	**GM RE-PROCUREMENT OF LEVEL 3 WEIGHT MANAGEMENT SERVICE**	139 - 152
	To consider the attached report of the Interim Director of Commissioning.	
10.	**SKYLAKES EXTENSION**	153 - 164
	To consider the attached report of the Director of Children's Services.	
11.	**DATE OF NEXT MEETING**	
	To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 26 June 2019.	

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.

STRATEGIC COMMISSIONING BOARD

27 March 2019

Commenced: 1.15 pm **Terminated: 2.35 pm**

Present:
Dr Alan Dow (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
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Kate Hebden – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance:
Sandra Stewart – Director of Governance & Pensions
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Richard Hancock – Director of Children's Services
Jessica Williams – Interim Director of Commissioning
Debbie Watson – Assistant Director of Population Health
Nigel Gilmore – Head of Strategic Infrastructure
Kristy Nuttall – Children, Young People and Families Commissioning Manager

Apologies for Absence:
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire CC

102 URGENT ITEMS OF BUSINESS

RESOLVED
That on the grounds of urgency consideration be given to an addendum recommendation relating to Item 6(a) on the agenda setting out a request to allocate funding from the Winter Pressures Budget to the Integrated Care Foundation Trust in 2018/19 to support the additional unplanned expenditure incurred. The reasoning for it not been available at the date that the original agenda and report was published was because final figures were still being clarified with the Integrated Care Foundation Trust, however, there was a need to resolve by financial year end and hence could not go to next meeting.

103 DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Strategic Commissioning Board.

104 MINUTES

The Minutes of the previous meeting held on 13 February 2019 were approved as a correct record.

105 INTEGRATED COMMISSION FUND CONSOLIDATED REVENUE POSITION M10

Consideration was given to a report of the Director of Finance, which stated that as at 31 January 2019, the Integrated Commissioning Fund was forecasting to spend £583.270m against an approved budget of £583.258m, an overspend of £0.012m. Further detail on the economy wide position was included at Appendix 1 to the report. This forecast was an improved position from the previous month but masked significant and increased pressures in a number of areas including Children's Services which was now forecasting expenditure to be £8m in excess of budget and further detail was included at Appendix 2.

The Director of Finance explained that the improved position was due mainly to the release of corporate contingency and improvements in the forecast position for Governance, Growth and Operations and Neighbourhoods. Reference was made to further detailed analysis of budget performance and progress against savings included in Appendix 2.

The Council's Collection Fund update for month 10 was detailed in Appendix 3. The forecast position at month 10 was a £0.6m deficit of Council Tax and £1.0m deficit on Non-Domestic Rates. This was better than the budgeted assumptions which assumed deficit positions of £1.8m and £5m respectively. The level of provisions required for non-collections and appeals were also forecast to be better than expected but would continue to be monitored. Appendix 4 detailed the Council's irrecoverable debts over £3,000 that had been written off in the period October to December 2018.

Members noted that the Tameside and Glossop Integrated Care Foundation Trust (ICFT) had incurred additional expenditure during the 2018/19 winter period compared to their financial plan that was in line with the related grant conditions. The ICFT had invested in the expansion of the Integrated Assessment Unit (IAU) and increased the opening hours in Ambulatory Emergency Care. This was to support admission avoidance and alleviate patient flow pressures together with the achievement of the 4-hour performance target. In light of the shared officer roles in particular accountable officer and s151 officer it was important that there was absolute transparency in respect of any vires of budget or allocation of additional funding to the hospital to provide assurance to both the CCG and Council external auditors.

RESOLVED

(i) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks contributing to the overall adverse forecast be acknowledged.

(ii) That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth.

(iii) That the allocation of £0.200m to the Integrated Care Foundation Trust in 2018/19 via the remaining balance of the Winter Pressures funding be approved to support the additional unplanned expenditure incurred.

106 YOUNG PEOPLES EMOTIONAL WELLBEING SERVICE

Consideration was given to a report of the Executive Member (Children's Services) and the Director of Population Health seeking authorisation to conduct an open and competitive process, testing the market to secure an appropriate supplier to deliver a Young People's Emotional Wellbeing and Counselling Service in Tameside.

The current Young People's Wellbeing and Counselling Service was an integral part to the delivery of the THRIVE model and commissioning component to the Local Transformation Plan in Tameside and Glossop. It currently supported young people between the ages of 10 to 25 in the 'Getting Advice', 'Getting Help' and 'Getting More Help' quadrants and working closely with a number of partners including Healthy Young Minds.

The outcomes of the Young People's Emotional Wellbeing and Counselling Service were well documented within quarterly reports containing case studies and output data which were briefly

highlighted in Appendix B to the report. Moreover, the outcomes aligned to the Voice of the Child Strategy and the 'I Statements' created by local children and young people as part of the Local Transformation Plan.

The original contract commenced on 1 October 2015 for a two year period with provision to extend for up to an additional two year period and authorisation to extend had been sought via a waiver decision ending on 30 September 2019. The current budget was £91,500 per annum and it was envisaged the service should run for a further five years. However, the options appraisal outlined in the report sought an additional £17,000 per annum to support and reduce demand locally as described in the report, improving goal based outcomes by enabling a robust service fit to meet the demand. The additional funding had been identified from the existing Population Health budget from 2019/20.

The Strategic Commissioning Board was supportive of the continued delivery of a Young People's Emotional Wellbeing and Counselling Service in Tameside and the additional investment to support increased demand. The Board noted the positive feedback and comments from young people who had accessed the service.

RESOLVED

(i) That approval be given to retender the Young People's Emotional Wellbeing and Counselling Service for 5 years at the end of the contract period due to expire on 30 September 2019.

(ii) That Option E(b) outlined in section 4 of the report, including an increase to the contract value to support the growing need and demand be approved.

107 CHILDREN'S EMOTIONAL HEALTH AND WELL-BEING LOCAL TRANSFORMATION PLAN

Consideration was given to a report of the Interim Director of Commissioning explaining that the Tameside and Glossop Local Transformation Plan 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 Strategic Commissioning Board considered the detailed refresh of the Local Transformation Plan, seen by NHS England as the evidence that progress was being made, that funding was being spent as intended and providing evidence on how services were being transformed.

The Interim Director of Commissioning reported that mental health disorders in childhood had high levels of persistence and continuity through adolescence, and sometimes into adult life. The consequences of untreated emotional wellbeing and mental health problems early in life could be long lasting and far-reaching, thus effective early intervention was essential. In addition, the risk of child mental health disorders was estimated up to six times higher in vulnerable groups of children and child young people.

The aim of the continued work of the Local Transformation Plan was based upon the need to improve and sustain access to children and young people's mental health provision through a whole-system approach that included the active participation of all partners and key stakeholders. Tameside and Glossop continued to undertake a variety of engagement activities with Children and Young People to inform the development of the Local Transformation plan and the original 'I Statements' developed by children, young people and their families in 2016 remained at the core of all commissioning and outcome monitoring.

She made reference to the 2017-2020 Finance Plan, the overall investment having gone through the Strategic Commissioning governance process and the previously agreed programme of works that would continue in 2019/20.

The Board commented favourably on the update report and the investment in children and young people's mental health would ensure far greater children with a diagnosable mental health condition would access support where and when they needed it and as close to home as possible.

RESOLVED

(i) That the Local Transformation Plan refresh and finance plans for deliverables for 2019-20 and 2020-21, be approved, recognising that within the year the plan would need to be reviewed in line with strategic objective to integrate Children's and Young People's services.

(ii) That the alignment of the Local Transformation Plan with Greater Manchester approaches where populations and needs required thus delivering efficiencies be supported.

(iii) That the national context and building national pressures and assurance measures to increase spending on Children's and Young People's Mental Health Services and ensure the publication of the Local Transformation Plan update be noted.

(iv) That the financial investment to support developments within the Local Transformation Plan unallocated funding for 2020-21 in order to full meet local and national agendas in delivering the Local Transformation Plan be supported as follows:
- **Improving access and implementing the THRIVE model;**
- **Ensuring the Neurodevelopmental team was adequately resourced to meet the needs of the local population, including pre-diagnostic and post-diagnostic support.**

108 CHILDREN'S ENURESIS SERVICES PROVISION IN GLOSSOPDALE

The Interim Director of Commissioning presented a report on a proposal to expand the Enuresis service from the Tameside Enuresis Nurse to support children and young people aged 0-19 in Glossop. The pathway would be the same as the current pathway in Tameside and patients would need to travel to Dewsnap Lane Clinic to access the service.

Recurrent funding had been agreed with Derbyshire County Council from the Glossop Better Care Fund allocation with effect from April 2019 to expand the current service to ensure it was equitable to that delivered in Tameside.

RESOLVED

(i) That the expansion of the current Enuresis Service for the residents of Glossopdale with immediate effect to ensure it was equitable to that delivered in Tameside be noted.

(ii) That Derbyshire County Council be recharged for the cost of this additional service.

109 STARTING POINT SERVICE - GLOSSOP CONTRIBUTION

Consideration was given to a report of the Interim Director of Commissioning explaining that Derbyshire Starting Point was a multi-agency safeguarding hub launched in June 2015. Starting Point acted as the first point of contact for Derbyshire Children's Social Care for early help assessments / requests for support, Police domestic abuse notifications, social care children in need referrals and safeguarding protection concerns about children / young people.

Tameside and Glossop Clinical Commissioning Group contributed to fund the Glossop proportion of the Starting Point service helping to meet the statutory duty to ensure that in discharging their functions, Clinical Commissioning Groups had regard to the need to safeguard and promote the welfare of children under Section 11 of the Children Act 2004.

RESOLVED

That recurrent funding equating to £7,500 per annum be approved to fund the Starting Point service for children and young people living in Glossop.

110 HOUSING FINANCIAL ASSISTANCE POLICY 2018-2023

Consideration was given to a report of the Executive Leader and Director of Growth which explained that Tameside's current Private Sector Housing Renewal Policy was approved in 2003. With increased Government Disabled Facilities Grant funding and continued repayments from previous housing improvement grants and loans, the report provided an updated Private Sector Housing Renewal Policy to enable a more holistic approach to housing adaptation improvements.

In updating the current Policy it was intended to:

- Incorporate the changes in Government policy in respect of the Disabled Facilities Grant and its increased flexibility;
- To reflect the continued increase in Government funding within the Regulatory Reform Order policy;
- Approve the use of ongoing loan repayments to fund alternative initiatives within the updated policy;
- Subject to available funding, increase the number of potential assistance initiatives; and
- Subject to available funding, include Energy Efficiency Measures / Boiler Replacement Scheme within the updated policy.

Following a report to Strategic Commissioning Board on 28 November 2018 approval was given for a public consultation exercise to be undertaken between 12 December 2018 and 25 January 2019 in order to seek wider support for the proposed Housing Financial Assistant Policy update. The response to the consultation exercise was outlined in the report and a number of recommendations had been included in the new Regulatory Reform Order Policy.

RESOLVED
That the Strategic Commissioning Board RECOMMEND to Cabinet the proposed amendments to the Policy set out in the report in connection with the Disabled Facilities Grant and other associated funding loans and grants, including a further three additional grants following the consultation process undertaken between 12 December 2018 and 25 January 2019.

111 DEVELOPING PLACE-BASED PRIMARY CARE NETWORKS IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Interim Director of Commissioning and Dr Kate Hebden and Dr Vinny Khunger, CCG Governing Body GPs, setting out the way in which the Strategic Commission would engage with general practice in the formation and implementation of Primary Care Networks. This would include setting out the aspiration and rationale for the alignment of Primary Care Networks to the established Neighbourhoods delivering Integrated Care in Tameside and Glossop.

It was explained that on 10 January 2019, the NHS Long Term Plan had been published. This was followed on the 31 January 2019 by 'Investment and Evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan' setting out a number of fundamental changes to the GP contract from 1 April 2019 including the introduction of the Network Contract Direct Enhanced Service creating Primary Care Networks. The Strategic Commission and Primary Care Committee were required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHS England by 31 May 2019.

The footprint of established Neighbourhoods was the Strategic Commission's ambition for Primary Care Networks in Tameside and Glossop. This was due to the significant and extensive work to build community health, social care, children's integrated teams, social prescribing, community safety partnerships amongst others, with General Practice at the heart. There had been many successes to date by these Neighbourhoods and established collaboration across those footprints.

There would be engagement with General Practice in Tameside and Glossop to ensure an understanding of views in terms of both the opportunities and potential challenges in developing Primary Care Networks in this way.

The report also included proposals for engaging with General Practice in developing place-based Primary Care Networks, through a series of Neighbourhood discussions. Reference was made to a number of key questions designed to frame these discussions to understand how the Networks could support the architecture of, and delivery by, each of the Neighbourhoods. The mapping of the existing neighbourhoods was show at Appendix 1 and some of the delivery successes for each were detailed in Appendix 2.

Members of the Strategic Commissioning Board welcomed the proposed Primary Care Networks aiming to smooth the interface between primary and community care and made reference to the achievements thus far on this journey and looked forward to using this new opportunity to improve this further and reduce variation across practices.

RESOLVED

(i) That the principle and ambition for alignment of Primary Care Networks to the five established Neighbourhoods across Tameside and Glossop be approved.

(ii) That the engagement plan with General Practice in relation to the formation and implementation of the Primary Care Networks be approved including illustration of the work and successes to date and the embedded relationships across Neighbourhood practices.

(iii) To note the oversight and approval of Primary Care Network registration documentation by Primary Care Committee and Governing Body in line with the national timetable.

112 ASSISTED CONCEPTION PROCUREMENT

The Interim Director of Commissioning presented a report explaining the collaboration of eight Clinical Commissioning Groups across Greater Manchester was looking to procure assisted conception services in order to offer an increased choice of providers to patients and comply with procurement regulations.

NHS Tameside and Glossop was currently an associate to two contracts for assisted conception having decided in 2013 to increase choice from one provider Manchester University Hospital Trust (MFT) and include Care Fertility. The contract held by NHS Trafford CCG with Care Fertility was due to end May 2019 and Trafford had identified the need to re-procure to avoid a legal challenge.

It was reported that Greater Manchester Directors of Commissioning considered a range of options in February 2019 and recommended that NHS Trafford CCG lead procurement with a view to agreeing three contracts alongside the MFT contract. However, MFT were required to agree to work to the standard service specification and to agree separate tariffs, potentially for standard and complex cases, outside of the tender process.

The purpose of the report was to identify whether Tameside and Glossop Strategic Commission wished to be part of the Greater Manchester wide procurement and set out the options were detailed as follows:

Option 1 – participate in the Trafford led procurement;

Option 2 – Revert to MFT as a single provider when Care Fertility contract ended;
Option 3 – run own separate procurement.

The risks and benefits associated with each option was outlined and considered by the Board.

RESOLVED
That approval be given for the participation of Tameside and Glossop Clinical Commissioning Group in the Trafford led procurement as described in Option 1.

113 CHAIR'S CLOSING REMARKS

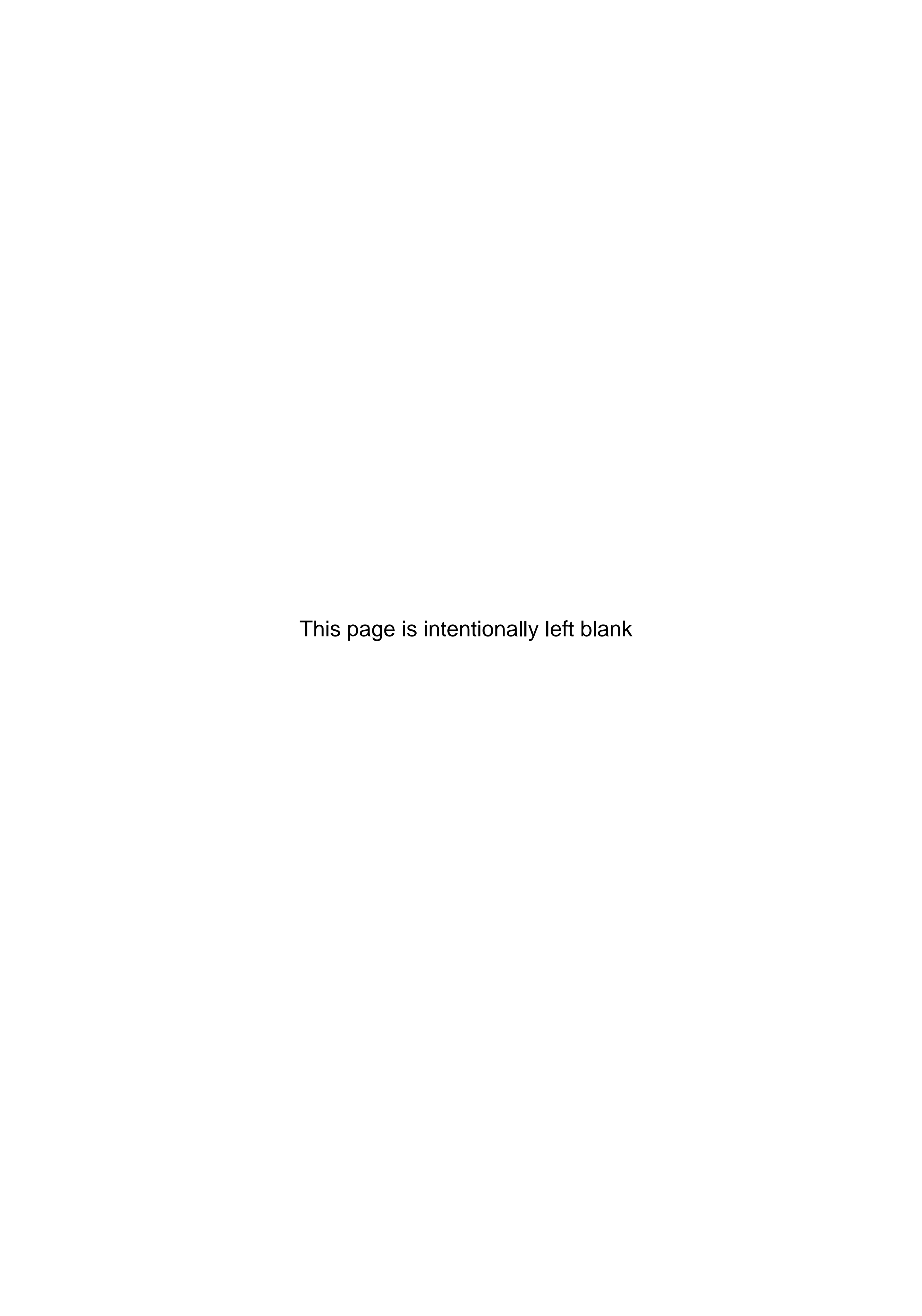
The Chair advised that this would be his last meeting of the Strategic Commissioning Board and that it had been a privilege to serve the communities in Tameside and Glossop as Clinical Chair. His interest in commissioning had started 24 years ago and during that time he had seen 9 NHS organisational forms and he outlined the challenges and achievements since he had taken over as Chair of the Clinical Commissioning Group. Although there remained a few challenges, the Strategic Commission was now well placed and had commenced its ambition of investing in public health, proactive and preventive care and primary care. He would continue to be interested and supportive of the organisation's work.

The Executive Leader and Chief Executive responded by outlining the significant contribution that Dr Dow had made to the Clinical Commissioning Group and the Strategic Commissioning Board during his tenure, working tirelessly to improve clinical excellence, and his part in ensuring the Strategic Commission was on a firm financial footing. In Greater Manchester Dr Dow had led and chaired the PC Clinical Standards and PC Strategy which had both been clinically well received.

Members of the Strategic Commissioning Board thanked Dr Dow for his service and wished him all the very best for the future.

114 DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 24 April 2019.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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Officer of Strategic Commissioning Board	Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC
Subject:	**TAMESIDE AND GLOSSOP STRATEGIC COMMISSION – INTEGRATED COMMISSIONING FUND 2019/20**
Report Summary:	This report provides a summary of the 2019/20 budget allocations of the Tameside and Glossop Integrated Commissioning Fund. The report provides a summary of the key assumptions that underpin the budget, and commentary on any significant areas of risk. Targeted Efficiency Programme (TEP) savings for the 2019/20 financial year are also summarised, together with proposals for the risk share. The 2019/20 budgets and delivery of the TEP will be closely monitored and reported in the monthly ICF consolidated revenue monitoring reports.
Recommendations:	Strategic Commissioning Board Members are recommended to: 1. To note the 2019/20 budget allocations for the Integrated Commissioning Fund. 2. To note the proposals for the rolling two year risk share. 3. To note the five year forecasts and projected funding gap for the Strategic Commission. 4. To note that Tameside Council will continue to be the host organisation for the Section 75 pooled fund agreement. 5. To note the proposed construct of the Commissioning Improvement Scheme for 2019/20 and 2020/21
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	This report provides details of the agreed budget allocations for the 2019/20 financial year. These budgets have been formally approved by the Tameside MBC Full Council on 26 February 2019 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 20 March 2019. The report emphasises that there is a clear urgency to implement associated strategies to ensure the required TEP savings for 2019/20 are delivered and the projected funding gap in future years is addressed and closed on a recurrent basis across the whole economy. The report also sets out the key assumptions and identified risk areas which may have an impact on the delivery of budgets and savings in 2019/20 and future years. 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)**	**There is a statutory duty to ensure the Council sets a balanced budget and that it is monitored to ensure statutory commitments are met.** There are a number of areas that require a clear strategy to ensure in the face of demand they achieve this. It is not possible in Local Authority budgets to be overspent in law. 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.

	It is necessary that any cost sharing arrangements and implications of the same are agreed in advance with external auditors. It should be noted that brackets around numbers and being 'in red' ink means overspend in this report in addition to minus signs.
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 : Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council Telephone:0161 342 5609 e-mail: tom.wilkinson@tameside.gov.uk

Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group

Telephone:0161 342 5626

e-mail: tracey.simpson@nhs.net

1 BACKGROUND

1.1 The Integrated Commissioning Fund, subject to the restrictions of current legislation, aims to include the total annual CCG resource allocation and Council budgets so far as legally possible. The creation of a single fund has resulted in a number of benefits including:

- Streamlined governance and decision making.
- Strengthening of cohesive Strategic Commission budget leadership.
- Single Strategic Commission budget resource reporting.
- Single accountable body for the ICF – the Council is currently the lead accountable organisation for the ICF.
- Rationalisation of any existing joint funding arrangements between the Council and CCG.
- Provision of support to strategic place based service provision priorities.
- Alignment to the Strategic Leadership structure.
- All health and Council service resource decisions are intrinsically linked to the corporate strategic priorities.

1.2 Since the beginning of 2018/19 the Integrated Commissioning Fund reporting arrangements have been supported by a single economy wide monthly monitoring report. This single consolidated report will continue in 2019/20.

1.3 The functions of NHS bodies and Local Authorities are covered by a wide range of legislation and work will continue to be undertaken to explore any potential issues including the impact on decision making and governance, grant funding and VAT issues, reporting requirements and risk share arrangements.

2 2018/19 FINANCIAL PERFORMANCE

2.1 In February and March 2018, budgets were agreed for Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Council in accordance with each statutory organisation's formal governance process. These budgets were set in the context of continued funding cuts in local government, and significant growing demographic and demand pressures across the economy.

2.2 Children's Social Care and Continuing Health Care were identified as particularly significant pressures and budgets included significant Targeted Efficiency Programme (TEP) savings targets which need to be delivered to achieve a balanced position by 31 March 2019.

2.3 As at the end of February 2019, the CCG are forecasting to deliver a balanced budget, with a small underspend of £24k on Council Budgets. This net position masks a number of significant variances, including a forecast overspend of £7.8million on Children's Services. Further detail is summarised in **Appendix 2**.

3 2019/20 INTEGRATED COMMISSIONING FUND BUDGET

3.1 Due to the statutory timelines and reporting requirements for the Council and CCG, detailed budget setting reports have been considered by Full Council on 26 February 2019 and the CCG Governing Body on 20 March 2019. The budgets approved at each of these meetings are consolidated below.

Table 1: 2019/20 Integrated Commissioning Fund Budget

Budget area	Expenditure Budget	Income Budget	Net Budget
Acute	214,429	0	214,429
Mental Health	35,966	0	35,966
Primary Care	85,193	0	85,193
Continuing Care	16,911	0	16,911
Community	32,846	0	32,846
Other CCG	29,810	0	29,810
CCG Running Costs	4,164	0	4,164
Adults	83,680	(46,112)	37,568
Children's Services - Social Care	53,830	(4,869)	48,961
Children's Services - Education	23,768	(17,720)	6,048
Individual Schools Budgets	115,024	(115,024)	0
Population Health	16,176	(81)	16,095
Operations and Neighbourhoods	77,081	(26,301)	50,780
Growth	43,808	(34,984)	8,824
Governance	89,024	(79,881)	9,143
Finance & IT	6,251	(1,432)	4,819
Quality and Safeguarding	418	(290)	128
Capital and Financing	10,763	(6,647)	4,116
Corporate Budgets	13,178	(2,857)	10,321
Integrated Commissioning Fund	**952,320**	**(336,198)**	**616,122**
CCG Expenditure	419,320	0	419,320
TMBC Expenditure	533,000	(336,198)	196,802
Integrated Commissioning Fund	**952,320**	**(336,198)**	**616,122**
A: Section 75 Services	363,158	(46,093)	317,065
B: Aligned Services	323,137	(93,533)	229,604
C: In Collaboration Services	266,025	(196,572)	69,453
Integrated Commissioning Fund	**952,320**	**(336,198)**	**616,122**

3.2 Further analysis of the 2019/20 Integrated Commissioning Fund Budget is set out in **Appendix 1**. This consolidated Integrated Commissioning Fund Budget will be the starting point for the consolidated revenue monitoring report during 2019/20.

4 TARGETED EFFICIENCY PROGRAMME (TEP) 2019/20

4.1 The 2019/20 budget process has resulted in a significant TEP target that must be delivered across the economy.

Table 2: 2019/20 Targeted Efficiency Programme

2019/20 Strategic Commission TEP Opening Position (£000's)	Opening Target	High Risk	Medium Risk	Low Risk	Total	Expected Saving
Star Chamber	**2,384**	2,384	0	0	**2,384**	**238**
GP Prescribing	**1,000**	0	500	500	**1,000**	**750**
Individualised Commissioning	**1,000**	0	1,000	0	**1,000**	**500**
Other Established Schemes	**5,811**	415	3,517	2,879	**6,811**	**4,679**
Technical Financial Adjustments	**806**	0	1,000	2,299	**3,299**	**2,799**
CCG Sub-total	**11,000**	**2,799**	**6,017**	**5,678**	**14,493**	**8,966**
Adults	**935**	0	810	125	**935**	**530**
Children's - Social Care	**0**	0	0	0	**0**	**0**
Children's - Education	**235**	0	105	130	**235**	**183**
Finance & IT	**62**	0	50	12	**62**	**37**
Governance	**175**	175	0	0	**175**	**18**
Operations and Neighbourhoods	**55**	0	0	55	**55**	**55**
Growth	**62**	30	30	2	**62**	**20**
Population Health	**123**	95	0	28	**123**	**38**
Corporate Costs	**636**	0	175	461	**636**	**549**
Vacancy Factor	**2,380**	633	618	1,129	**2,380**	**1,501**
Fees and Charges	**719**	147	319	253	**719**	**0**
Capital and Financing	**1,764**	0	517	1,247	**1,764**	**1,506**
TMBC Sub-Total	**7,146**	**1,080**	**2,624**	**3,442**	**7,146**	**4,435**
Total	**18,146**	**3,879**	**8,641**	**9,120**	**21,639**	**13,401**

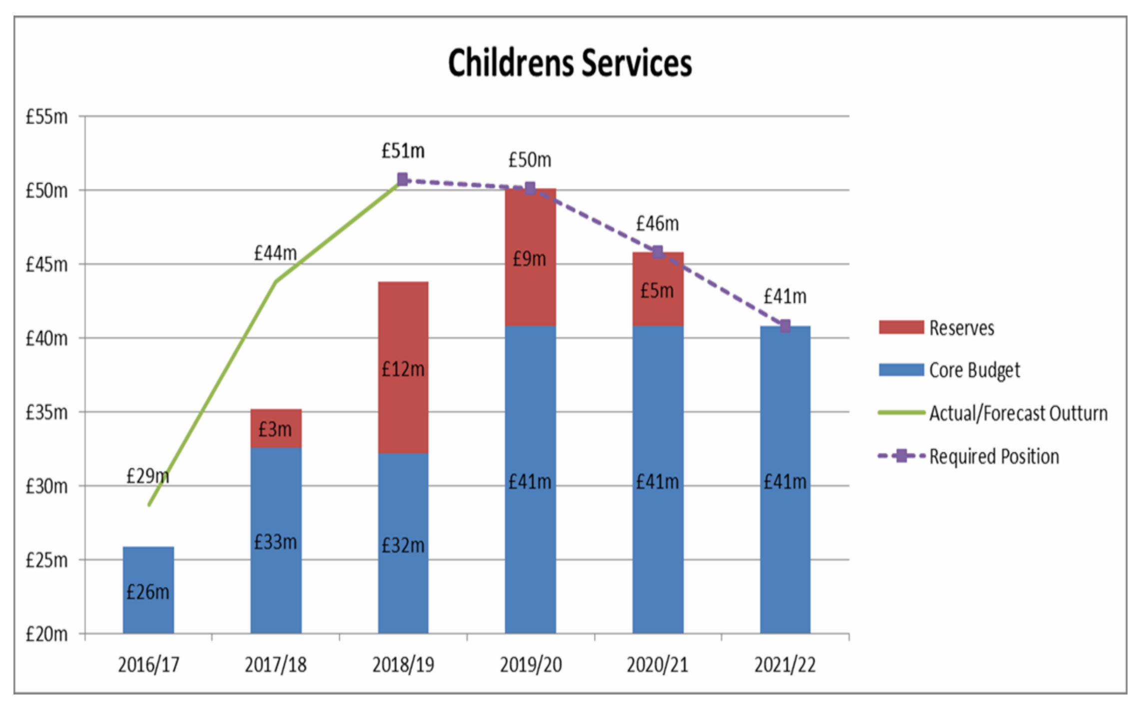
4.2 The TEP target for 2019/20 is comparable with 2018/19, although significant challenges were faced in the delivery of schemes. Further work is required to move identified schemes to 'green' or identify alternative savings that are deliverable in 2019/20.

4.3 Delivery of savings will be closely monitored throughout the year, with progress reported in the monthly consolidated revenue monitoring report for the ICF.

5 RISKS AND PRESSURES

5.1 The assumptions, risks and pressures for 2019/20 and beyond have been documented in detail in the respective budget reports to Council and Governing Body as referenced above. Delivery of the 2019/20 budget is dependent on the delivery of TEP savings as set out in section 4 above, with further potential pressures identified in the following areas.

5.2 **Children's Social Care**: The financial pressures in this area are the single greatest risk facing currently facing the Council, and are driven primarily by the cost of placements for Looked After Children. The implementation and development of the Looked After Children Reduction Strategy is a key priority for the service which should improve outcomes for Children whilst also reducing financial pressures. The medium term financial plan assumes that spending reductions can be achieved in Children's Services in the medium term. Delivery within budget is essential to ensure the financial sustainability of the ICF.



5.3 **Continuing Healthcare (CHC)**: this remains an area of high risk for the Strategic Commission. Continued progress to manage demand of CHC packages through joint working with the ICFT remains a key area of focus.

5.4 **Mental Health**: Delivery of Mental Health Strategy and compliance with Mental Health Investment Standard and Five Year Forward View.

5.5 **Managing Demand**: Management of demand in the Acute sector and the movement of care to community based settings in line with the principals of Care Together remains a challenge. However, the transformation schemes are contributing to mitigating this risk.

5.6 **Primary Care**: Pro-active engagement of primary care in driving forward the development of Networks, Neighbourhoods and the Care Together Vision is critical.

5.7 **Education:** We are experiencing some growing pressures in Local Authority funded areas including Home to School Transport and Pupil Support Services. National trends in SEN provision indicate that these pressures may well increase in future years, resulting in further financial pressures.

5.8 **Adults Services**: The ICF continues to face significant demographic and other cost pressures which present a significant challenge for future years. The five year forecast plan includes costs pressures in excess of £18m for Adults Services and any notable variation in demographic forecasts and contractual assumptions could have significant financial implications.

5.9 **Fair Funding and Business Rates Reset:** Government have committed to a 'fair funding' review for Local Government resourcing for 2020 and beyond, which includes review of business rates, however timescales for the outcome of that review remain unclear. The treasury figures indicate that Local Government can at best expect a funding freeze, with inflation and demand pressures having to be met from efficiencies or further cuts in services. The Ministry of Housing, Communities and Local Government have stated that indicative figures will be available by 'mid-2019' however the quantum of funding available is yet to be determined by the Treasury. In the context of such a significant level of uncertainty over future funding levels, prudent assumptions have been made about further reductions to

funding allocations in 2020/21 and future years. This lack of certainty makes planning beyond 2019/20 extremely difficult.

6 RISK SHARE 2019/20

6.1 In March 2017, the CCG Governing Body and Council Executive Cabinet, agreed a two year risk share arrangement for the period 2017/18 and 2018/19, with any amounts being repayable over the following two years 2019/20 and 2020/21. This effectively meant the risk share arrangement was locked into a four year period regardless of whether the risk share arrangement had been fully utilised.

6.2 Under the risk share arrangements, each organisation shares financial risk in proportion to the respective net budget contributions they make into the Integrated Commissioning Fund (ICF), excluding any CCG expenditure associated with the residents of Glossop as the Council has no legal powers to contribute to such expenditure.

6.3 The risk share arrangement is in two parts. Part A comprised an additional contribution of up to £5 million per annum in 2017-18 and 2018-19 from the Council to the ICF which would create an obligation on the CCG to increase its contribution to the ICF in 2019-20 and 2020-21 to the same values respectively.

6.4 Part B of the risk share was applied after Part A and was based on the proportion of each Party's contribution to the ICF up to a capped threshold:

- a cap of £2.0 million is placed on CCG related risks that the Council will contribute
- a cap of £0.5 million is placed on Council related risks that the CCG will contribute

6.5 In 2017-18 the proportion of contribution to the ICF was based on an 80:20 split. However, for 2018-19 the proportion of contribution was revisited to reflect the net budget values of the ICF which was 68% for Tameside and Glossop CCG and 32% for the Council. For clarity, the risk sharing arrangement applies to the Section 75 pooled fund, the aligned fund and the in collaboration budget of the ICF, i.e. the whole ICF.

6.6 In 2017-18, under Part A of the agreement the Council increased its contribution to the ICF by £4.2m and under Part B the CCG made a contribution to the ICF of £0.5m in line with the capped threshold. In 2018-19 there were no transactions required under Part A or Part B of the risk share and the liability from Part A in 2017-18 will be discharged in early 2019-20 by the CCG to the ICF.

6.7 The original risk share arrangement effectively spanning four years from 2017-18 (as explained in paragraph 6.1) has effectively been completed early in 2019-20 and it is proposed that arrangements are reviewed to offer greater operational flexibility and take advantage of emerging opportunities. It is therefore proposed that the risk share is amended to be on a two year rolling basis.

6.8 For 2019/20, the gross and net contributions to the ICF are as per table 3. It is proposed to continue with the risk share contributions on the basis of net budget allocations i.e. 68% for Tameside and Glossop CCG and 32% for the Council (as per paragraph 6.5 and table 3).

Table 3: 2019/20 Integrated Commissioning Fund Contributions

2019/20 Budget					
Budget area	**Expenditure Budget**	**%**	**Income Budget**	**Net Budget**	**%**
CCG	419,320	**44%**	0	419,320	**68%**
TMBC	533,000	**56%**	(336,198)	196,802	**32%**
Integrated Commissioning Fund	**952,320**		**(336,198)**	**616,122**	

6.9 In the context of the savings requirements facing each organisation, and the significant cost pressures and risk in areas such as Children's Social Care and Continuing Healthcare, it is proposed that the risk share arrangement and the cap continues on the same basis for net budget contributions in 2019-20 (with the continued exclusion of any CCG expenditure associated with the residents of Glossop as the Council has no legal powers to contribute to such expenditure).

6.10 For 2019/20 this means the cap continues to be:

- a cap of £2.0 million is placed on CCG related risks that the Council will contribute
- a cap of £0.5 million is placed on Council related risks that the CCG will contribute

6.11 The proposed two year rolling risk share will continue to apply to the whole ICF. It is proposed that the Council continues to agree to increase the value of Council resources within the ICF by a maximum sum of up to £ 5.0 million in 2019/20 and 2020/2021 on the condition that the Tameside and Glossop CCG agrees a reciprocal arrangement in 2021/22 and 2022/23 should this be necessary. The Council's cap of £2.0 million (Part B – as per paragraph 6.10) is over and above the non-recurrent contribution to the ICF of up to £ 5.0 million (Part A) in 2019/20 and 2020/21 on the condition that the Tameside and Glossop CCG agrees a reciprocal arrangement in 2021/22 and 2022/23 should this be necessary.

6.12 The proposed risk share arrangement will continue on a two year rolling period and will be reviewed and revisited as appropriate.

7 FIVE YEAR PROJECTIONS

7.1 Whilst the budget proposals for 2019/20 present a balanced position (after Council tax increases and delivery of the required TEP) the projected gap for 2020/21 and beyond is significant. This is due in part to the expected funding reductions and significant uncertainty around the allocation of Local Government Funding after 2019, but is also driven by forecast demographic and other cost pressures, particularly in Adults and Children's, Continuing Healthcare, the Acute Sector, Mental Health Services and Primary and Community services. The scale of this budget gap in future years requires immediate action to ensure transformational changes can be achieved.

7.2 The Council Budget report approved in February 2019 assumed that expenditure on Children's Social Care Services will reduce by £9m over the two year 2020/21 and 2021/22. Plans are not yet developed to deliver this reduction in expenditure. If this reduction is not achieved, then the forecast gap increases by £9m.

Combined Gap					
	2019/20	2020/21	2021/22	2022/23	2023/24
	£000s	£000s	£000s	£000s	£000s
Gap reported in February 2019 (Assuming £9m reduction in Children's Social Care)	**2,996**	**19,473**	**26,449**	**30,637**	**36,054**
Updated Gap (without a reduction in Children's Expenditure)	**2,996**	**23,773**	**35,749**	**39,937**	**45,354**

Opportunities for future savings

7.3 In addition to the TEP schemes already included in section 4 above, the following areas have been identified as opportunities for future savings to help address the gap in future years.

7.4 **System Wide Review of Aging Well** – The Star Chamber has identified this as one of the key projects for transformation going forward. Discussion about the establishment of an 'Aging Well Commissioning Board' and how we improve offer to keep people at home. The PbR cost for emergency admissions for people aged over 80 is more than £16m per year. A 10% reduction in admissions would theoretically save £1.6m (less any cost of alternative provision). However, majority of admissions are at the ICFT, so the ability to realise any savings in the strategic commissioner is dependent upon our ability to re-negotiate the block contract (which may result in stranded costs which are factored into indicative savings profile).

7.5 **Paediatric Admissions Review**: The cost of paediatric admissions is around £5m per annum. We assume zero cost of providing alternative services and a 10% reduction in admissions, savings of £500k would be made. However note that 80% of paediatric admissions are at the ICFT, therefore realisation of savings for the commissioner would be dependent upon our ability to re-negotiate the block contract. Given that high level quantification of savings are now in place, risk is judged to be red. But work is already underway to pull data on gastro and respiratory admissions. Star Chamber discussed the potential for neighbourhood after school clinics which will be investigated as part of this project.

7.6 **Effective Use of Resources**: Several overlapping schemes looking at enforcement and expansion of current EUR policies have been merged together into a single scheme. More work required to look at benchmarking data to establish how the situation has improved (or not) over the last 12 months.

7.7 **Palliative and end of life care pathways**: Increasing the proportion of people dying in usual place of residence up to the GM average. More work required on this and some of the QIPP 4 consultancy days will be used to further scope this project. Realisation of savings may be dependent upon ability to renegotiate ICFT block.

7.8 **Older People Mental Health**: Redesign MH services for older people with a specific focus on support with people with serious mental illness and dementia. Service redesign to incorporate both Pennine Care Day Hospital and Age UK step down service. Assume savings from 19/20 onwards once contracts have been renegotiated. A 3 month focus group has convened to further develop this project and will report back in due course

7.9 **Integrated Neighbourhood Hubs Strategy**: Newly established schemes at Star Chamber 10/10/18. Strategy around future of neighbourhoods will incorporate direct estates savings, but also wider efficiencies (e.g. only need single receptionist, savings on day to day maintenance on old buildings etc). The neighbourhood model of working will also enable

savings in acute sector through better care closer to home. More work required to agreed savings target, but expect to be measured in millions

7.10 **Cross charging of services**: Cannot implement unilaterally in Tameside and Glossop alone, rather the policy needs to be agreed at GM level before we can benefit. Three separate initiatives contained within this scheme.

7.11 **Community contracts**: CCG pays £252k p.a. to providers across Greater Manchester for cross boundary community services. Do not get £252k worth of value for this, therefore potential to make savings by only paying for what we use. However, other commissioners make comparable payment to the ICFT. If GM position on historic community blocks changes the ICFT would lose income, meaning zero net savings across economy.

7.12 **Walk in Centres (WIC):** Approx. 650 non Tameside and Glossop patients attend WIC every month. ICFT now have data to enable recharge, but invoices currently being disputed by Manchester CCG. Need to establish how benefit shared between provider and commissioner, but savings presented assume £30 benefit per patient for CCG (from total recharge of £66).

7.13 **Looked After Children**: Historic GM agreement in place that we will not recharge for Looked After Children (LAC) health assessments in GM (£250 per child). Tameside and Glossop net importer of LAC, therefore benefit of £25k p.a. if we start to recharge. Group established at GM level to address this issue. Action to follow up with GM Health and Social Care Partnership to try and expedite this. Proposal that we calculate net impact at start of the year and transact on that basis so as not to create an industry of individual invoices flowing through system.

7.14 **STAR procurement** - In September 2018, the Council formally joined the STAR procurement shared service, a partnership arrangement between Stockport, Trafford and Rochdale. This will provide the Council with much needed capacity and expertise in an area that previously had limited resources. Limited procurement savings have been assumed in 2019/20 and it is anticipated that significant savings can be achieved in future years as we accelerate the review of contracts and areas of high spend.

7.15 **Strategic Asset Management Plan and Estates Strategy** -. Development of an effective Strategic Asset Management Plan and associated estates strategy, which supports the delivery of £2.4bn investment, delivers One Public Estate, generates income, realises recyclable capital receipts and provides a strategic approach to our capital programme and major projects, realising opportunities for integrated health hubs, new housing and local jobs for local people. An economy wide strategy and plan for the utilisation of the estate is expected to identify efficiencies in how we use our assets, which should result in financial savings for the economy.

7.16 **Economic Strategy -** Implementation of a Vibrant Economy Strategy to support new and indigenous businesses, creation of new jobs, a skilled workforce and increase in apprenticeships.

7.17 **Housing Strategy -** Develop and implement a new Housing Strategy and Delivery Plan and framework of delivery partners, to support the development of new homes and to raise standards in the private rented sector.

7.18 **Service Planning and Service Improvement** - A further drive on service planning and service improvement is planned for 2019, to identify further efficiencies and different models for service delivery. The Council will continue to seek opportunities to work with our partners across the economy and deliver services in different, more efficient and effective ways.

7.19 **Workforce Development and Agile working** - As our models of service delivery change, the opportunities for new and different ways of working increase. The economy wide estates strategy and new service delivery models are expected to offer new ways of working which may also offer financial savings.

7.20 **Digital Strategy** - Technology is an integral part of modern day life, and IT developments will contribute to new ways of working and new service delivery models.

8 COMMISSIONING IMPROVEMENT SCHEME

8.1 A Commissioning Improvement Scheme (CIS) has been in place within the CCG, in various forms, since 2013/14. This has been with the aim of supporting member practices in the commissioning agenda of the CCG and securing best use of commissioning resources for our population. The current CIS model consists of two elements:

- Invest to Save;
- Financial Management - Neighbourhood CIS.

8.2 A number of options regarding the future of CIS were discussed by Finance and QIPP Assurance Group (FQAG) in February and March 2019. The recommendation of FQAG was to maintain the approach in place for 2018/19 and carry forward both elements of the scheme as a 2 year offer covering the period 1 April 2019 – 31 March 2021.

Invest to Save

8.3 The evaluation report brought to Finance and QIPP Assurance Group in January described the early learning from this £125k investment in neighbourhoods, highlighting also the relationship building and increased engagement within neighbourhoods, sharing of best practice and introduction of new and innovative ways of working this scheme has brought. This testing and learning cycle can inform future development of the Locally Commissioned Services Framework.

8.4 This is agreed at £125k per neighbourhood, therefore a total commitment of £625k. In terms of 2019-20 this is allocated as an equal split across Neighbourhoods, however in year 2 agreement on allocation of the total £625k will be devolved to Primary Care Networks.

8.5 The approach adopted in 2018/19 of proposal requests, developed by neighbourhoods but brought to Integrated Neighbourhood meeting for support before sign off by Finance & QIPP Assurance Group, will be continued. A clear marking of 'how success will be measured' will be required, recognising this will be patient experience and qualitative markers as well as any indications of activity changes.

Financial Management

8.6 There has been a financial management element of a CIS for many years, pre-dating the CCG. This approach comes with challenges, particularly around the setting of a 'fair share' practice or neighbourhood budget however has been successful to support best use of commissioning resources for our population.

8.7 When at practice level, this created one set of challenges around perceived equity of budget and 'achievability' by practices. More recently this has moved to be on a neighbourhood basis, which alleviates the impact of high cost patients and or issues with budget setting for a smaller population, however can create challenge in terms of whole neighbourhood engagement.

8.8 On consideration Finance and QIPP Assurance Group recommended the continuation of this strand of the CIS in 2019/20 in line with 2018/19, neighbourhood achievement capped at £100k. However this resource could be increased following the inclusion of a stretch target

bringing this to £150k cap per Neighbourhood. This is subject to the additional resource being available via underspends/efficiencies achieved across all Neighbourhoods.

8.9 Finance and QIPP Assurance Group (FQAG) recommended 2019/20 funding for CIS as follows:

Invest to Save Scheme	£625k
Financial Management	£500k
TOTAL 19/20 CIS	**£1,125k**

9. RECOMMENDATIONS

9.1 As set out on the report cover.

APPENDIX 1

INTEGRATED COMMISSIONING FUND TOTAL SPLIT 2019/20

Total ICF split	2019/2020 TOTAL		
	Gross Expenditure	Gross Income	Net Expenditure
	£'000	£'000	£'000
A: Section 75 Services	363,158	(46,093)	317,065
B: Aligned Services	323,137	(93,533)	229,604
C: In Collaboration Services	266,025	(196,572)	69,453
Total	**952,320**	**(336,198)**	**616,122**

Service	2019/2020 TOTAL		
	Gross Expenditure	Gross Income	Net Expenditure
	£'000	£'000	£'000
Acute	214,429	0	214,429
Mental Health	35,966	0	35,966
Primary Care	85,193	0	85,193
Continuing Care	16,911	0	16,911
Community	32,846	0	32,846
Other CCG	29,810	0	29,810
CCG Running Costs	4,164	0	4,164
Adults	83,680	(46,112)	37,568
Children's Services - Social Care	53,830	(4,869)	48,961
Children's Services - Education	23,768	(17,720)	6,048
Individual Schools Budgets	115,024	(115,024)	0
Population Health	16,176	(81)	16,095
Operations and Neighbourhoods	77,081	(26,301)	50,780
Growth	43,808	(34,984)	8,824
Governance	89,024	(79,881)	9,143
Finance & IT	6,251	(1,432)	4,819
Quality and Safeguarding	418	(290)	128
Capital and Financing	10,763	(6,647)	4,116
Corporate Budgets	13,178	(2,857)	10,321
Grand Total	**952,320**	**(336,198)**	**616,122**

Section 75 Budgets

These budgets relate to services that sit within the pooling arrangement under Section 75 of the NHS act 2006.

Service	2019/2020 Section 75		
	Gross Expenditure £'000	Gross Income £'000	Net Expenditure £'000
Acute	100,653	0	100,653
Mental Health	35,966	0	35,966
Primary Care	50,512	0	50,512
Continuing Care	16,911	0	16,911
Community	32,846	0	32,846
Other CCG	23,472	0	23,472
CCG Running Costs	4,164	0	4,164
Adults	82,458	(46,012)	36,446
Children's Services - Social Care	0	0	0
Children's Services - Education	0	0	0
Individual Schools Budgets	0	0	0
Population Health	16,176	(81)	16,095
Operations and Neighbourhoods	0	0	0
Growth	0	0	0
Governance	0	0	0
Finance & IT	0	0	0
Quality and Safeguarding	0	0	0
Capital and Financing	0	0	0
Corporate Budgets	0	0	0
Grand Total	**363,158**	**(46,093)**	**317,065**

Aligned Budgets

These budgets relate to services that the Regulations specify shall not be pooled under Section 75, but which will be managed alongside the Pooled Fund.

Service	2019/2020		
	Aligned		
	Gross Expenditure	Gross Income	Net Expenditure
	£'000	£'000	£'000
Acute	113,776	0	113,776
Mental Health	0	0	0
Primary Care	310	0	310
Continuing Care	0	0	0
Community	0	0	0
Other CCG	6,338	0	6,338
CCG Running Costs	0	0	0
Adults	1,222	(100)	1,122
Children's Services - Social Care	53,830	(4,869)	48,961
Children's Services - Education	23,768	(17,720)	6,048
Individual Schools Budgets	0	0	0
Population Health	0	0	0
Operations and Neighbourhoods	46,016	(26,301)	19,715
Growth	43,732	(34,984)	8,748
Governance	14,299	(4,980)	9,319
Finance & IT	6,251	(1,432)	4,819
Quality and Safeguarding	418	(290)	128
Capital and Financing	0	0	0
Corporate Budgets	13,177	(2,857)	10,320
Grand Total	**323,137**	**(93,533)**	**229,604**

In-Collaboration Budgets

These budgets relate to services that the Regulations specify shall not be pooled under Section 75, and where the CCG and Council have limited direct influence over the utilisation of these funds, or where expenditure is not directly related to service delivery. Budgets include delegated co-commissioning in Primary Care, Dedicated Schools Grant, levies payable to the GMCA, Housing Benefits Grant and related expenditure, and Capital Financing costs.

Service	2019/2020		
	In Collaboration		
	Gross Expenditure	Gross Income	Net Expenditure
	£'000	£'000	£'000
Acute	0	0	0
Mental Health	0	0	0
Primary Care	34,371	0	34,371
Continuing Care	0	0	0
Community	0	0	0
Other CCG	0	0	0
CCG Running Costs	0	0	0
Adults	0	0	0
Children's Services - Social Care	0	0	0
Children's Services - Education	0	0	0
Individual Schools Budgets	115,024	(115,024)	0
Population Health	0	0	0
Operations and Neighbourhoods	31,066	0	31,066
Growth	76	0	76
Governance	74,725	(74,900)	(175)
Finance & IT	0	0	0
Quality and Safeguarding	0	0	0
Capital and Financing	10,763	(6,647)	4,116
Corporate Budgets	0	0	0
Grand Total	**266,025**	**(196,571)**	**69,454**

APPENDIX 2

2018/19 Forecast at 28 February 2019

Forecast Position £000's	Forecast Position				
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
Acute	202,683	0	202,683	203,597	(914)
Mental Health	32,832	0	32,832	33,468	(636)
Primary Care	82,701	0	82,701	82,211	489
Continuing Care	14,106	0	14,106	16,010	(1,904)
Community	29,966	0	29,966	30,104	(138)
Other CCG	30,615	0	30,615	27,514	3,101
CCG TEP Shortfall (QIPP)	0	0	0	0	0
CCG Running Costs	5,209	0	5,209	5,209	0
Adults	82,653	(42,172)	40,480	40,256	224
Children's Services	46,819	(3,051)	43,768	51,580	(7,812)
Education	30,936	(25,374)	5,562	5,570	(8)
Individual Schools Budgets	115,200	(115,200)	0	0	0
Population Health	16,912	(680)	16,232	15,971	261
Operations and Neighbourhoods	76,782	(26,448)	50,333	50,746	(412)
Growth	42,765	(34,920)	7,846	9,867	(2,021)
Governance	88,704	(79,887)	8,818	7,138	1,680
Finance & IT	6,103	(1,550)	4,553	4,188	365
Quality and Safeguarding	367	(288)	79	71	8
Capital and Financing	10,998	(1,360)	9,638	7,852	1,786
Contingency	4,163	(6,823)	(2,660)	(6,246)	3,586
Corporate Costs	8,721	(6,857)	1,865	(503)	2,368
Integrated Commissioning Fund	**929,235**	**(344,609)**	**584,626**	**584,602**	**24**

Agenda Item 6b

Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Executive Member / Reporting Officer:	Cllr Fairfoull – Deputy Executive Leader Kathy Roe – Director of Finance Tom Wilkinson – Assistant Director of Finance
Subject:	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 28 FEBRUARY 2019 AND FORECAST TO 31 MARCH 2019**
Report Summary:	As at 28 February 2019 the Integrated Commissioning Fund is forecasting net spend £584.602m against an approved net budget of £584.626m, with a small underspend of £24k. This forecast is a slightly improved position from the previous month but masks significant pressures in a number of areas, including **Children's Services** which continues to forecast **expenditure to be almost £8m in excess of budget**. Further detail is set out in Appendix 1.
Recommendations:	Strategic Commissioning Board Members are recommended to : (a) 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. (b) Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Operations & Neighbourhoods, and Growth. (c) Recommend to Cabinet to approve the variation of an admission agreement with the Greater Manchester Pension Fund, for which the Council is the guarantor for Active Tameside, who are to close access to the GMPF LGPS scheme for new employees in order to reduce costs over the longer term as explained in section 4. (d) Approve the payment of the remaining balance of the 2019/20 annual management fee (75%) payable to Active Tameside by 30 April 2019 as explained in section 4 of the report. The value is £1,052,250 (excluding VAT). (e) Approve the payment of the total annual management fee value payable to Active Tameside in subsequent financial years as an advance payment on 1 April for 2020/21 and 2021/22. This arrangement will be reviewed alongside the new business case that will cover the period 2022/23 to 2023/24.
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	This report provides the 2018/19 consolidated financial position statement at 28 February 2019 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. Members should note that the budget for the annual management fee payable to Active Tameside as explained in section 4, and as recommendations 3 and 4 of the report is included within the Population Health budget of the Council and Section 75 of the Integrated Commissioning Fund. 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)	**There is a statutory duty to ensure the Council sets a balanced budget and that it is monitored to ensure statutory commitments are met.** There are a number of areas that require a clear strategy to ensure in the face of demand they achieve this. It is not possible in Local Authority budgets to be overspent in law. 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. It is necessary that any cost sharing arrangements and implications of the same are agreed in advance with external auditors.
How do proposals align with Health and 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 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 redesign. 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 redesign and transformation of all services.
What are the safeguarding implications?	Safeguarding considerations are included in the redesign 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.
Background Papers:	Background papers relating to this report can be inspected by contacting : Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council Telephone:0161 342 5609 e-mail: tom.wilkinson@tameside.gov.uk Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group Telephone:0161 342 5626 e-mail: tracey.simpson@nhs.net David Warhurst, Associate Director Of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust Telephone:0161 922 4624 e-mail: David.Warhurst@tgh.nhs.uk

1. BACKGROUND

1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 28 February 2019 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1.**

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 £584.626 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 As at 28 February 2019 the Integrated Commissioning Fund is forecasting net spend £584.602m against an approved net budget of £584.626m, with a small underspend of £24k. This forecast is a slightly improved position from the previous month but masks significant pressures in a number of areas, including Children's Services which continues to forecast expenditure to be almost £8m in excess of budget.

2.2 Whilst the overall position has further improved, there remain significant cost pressures across a number of areas which are likely to continue into the next financial year unless mitigating actions can be implemented. The significant overspends in 2018/19 are being partially offset by additional income in corporate and contingency which may not be available in future years

3. TARGETED EFFICIENCY PLAN (TEP)

3.1 The economy wide savings target for 2018/19 is £35.920m:

- Commissioner £22.919m (£19.8m CCG & £3.119m TMBC)
- Provider £13.001m

3.2 Against this target, £32.695m of savings have been realised, 91% of the required savings. Expected savings by the end of the year are £34.034m, a shortfall of £1.886m against target.

3.3 The Trust is currently forecasting an underachievement against its in year TEP delivery of £0.412m. Work is on-going with Theme groups to improve this forecast position. TMBC savings have been identified by underspends in other areas and a balanced position will be delivered.

3.4 The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.

4. ACTIVE TAMESIDE

4.1 In order to achieve financial balance in 2018/19 and to improve financial sustainability in 2019/20, Active Tameside have adopted a budget strategy including interventions put in place immediately, such as a moratorium on non-essential recruitment, service redesign, review of programming and new commercial campaigns. Active Tameside are also proposing changes to their current pension offer.

4.2 Currently, the company is a member of the Greater Manchester Pension Fund (GMPF). Prior to formation of the Trust when staff were employed directly by the Council, they were members of the GMPF. Upon formation of Active Tameside and the TUPE transfer of staff, Active Tameside was allowed to become a member of the GMPF in its own right and all staff were allowed to remain in the GMPF and new staff were allowed to join.

4.3 Active Tameside are proposing to set up a new defined contribution pension scheme for new employees in order to reduce future costs. Current Active Tameside staff would be unaffected and would remain in the GMPF on the same terms and conditions. However, new employees will be enrolled on the Peoples Pension.

4.4 Therefore a variation is recommended in order to close the Fund for new employees in order to reduce costs over the longer term and allow Active Tameside to remain financially sustainable.

4.5 Members are therefore recommended to approve the variation of an admission agreement with the Greater Manchester Pension Fund. It should be noted that the Council is also the guarantor for Active Tameside with GMPF.

4.6 Members are also reminded that on 23 January 2019 the Executive Cabinet considered a report relating to a review of sport and leisure provision within the borough. The report included a recommendation (recommendation 2) to supplement and re-profile management fee values payable to Active Tameside for the financial years 2018/19, 2019/20 (£1.403 million excluding VAT) and 2020/21 (£1.077 million excluding VAT). This budget is within the Population Health Directorate of the Council and Section 75 of the Integrated Commissioning Fund.

4.7 The report explained the current financial position of Active Tameside together with interventions that have been implemented to improve and support the ongoing sustainability and performance of the organisation.

4.8 The annual management fee payable to Active Tameside by the Council is currently payable in four equal instalments as an advance payment on the first day of each financial year quarter commencing 1 April.

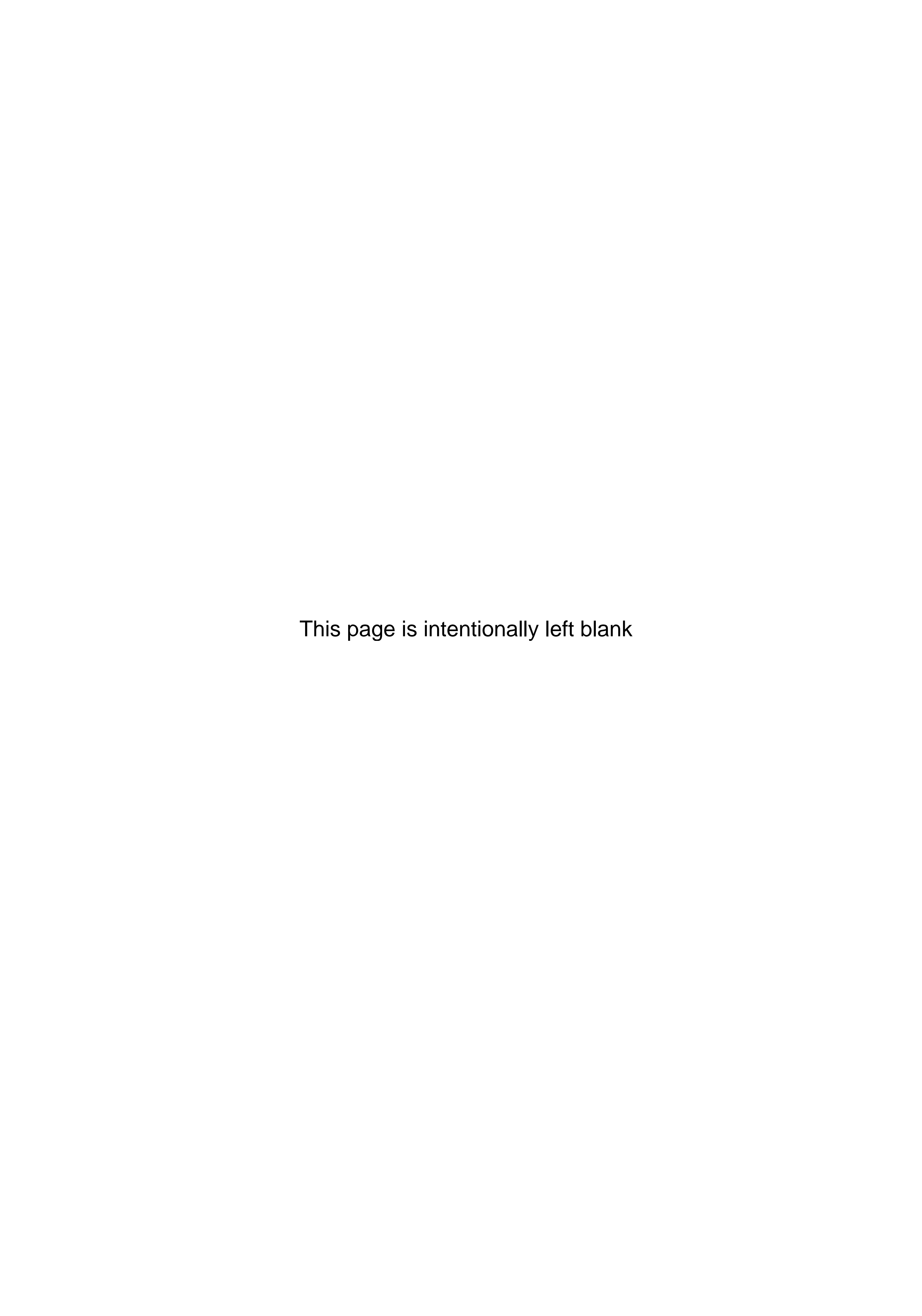
4.9 The first quarter (25%) of the 2019/20 management fee value was paid on 1 April 2019.

4.10 In order to provide continued support to the financial standing and associated cashflow of Active Tameside, Members are recommended to approve the payment of the remaining balance of the approved 2019/20 annual management fee (75%) by 30 April 2019 (£1,052,250 excluding VAT).

4.11 Members are also recommended to approve the payment of the total annual management fee value in subsequent financial years as an advance payment on 1 April for 2020/21 and 2021/22. This arrangement will be reviewed alongside the new business case that will cover the period 2022/23 to 2023/24.

5. RECOMMENDATIONS

5.1 As stated on the front cover of the report.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Tameside and Glossop Integrated Financial Position
financial monitoring statements

Period Ending 28 February 2019
Month 11

Kathy Roe
Sam Simpson

Period Ending 28 February 2019

Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4 - 6
Integrated Care Foundation Trust	7
Targeted/Trust Efficiency Plan	8

Tameside & Glossop Integrated Economy Wide Financial Position

£7.8m

Children's Services

Unprecedented levels of demand in Children's Social Care continue and place significant pressures on staff and resources. **Placement costs are the main driver of the forecast £7.8m in excess of approved budget.**

Message from the DOFs

As we move into the final few weeks of the financial year, the economy wide financial position has again improved slightly but the overall picture remains mixed with significant challenges in some areas.

There have been a few small movements since period 10, which has resulted in an improvement in the forecast outturn position, due to a small underspend on Council Budgets. However, this improved overall position masks continuing and recurrent pressures due to the non delivery of savings in some areas, and continuing pressure in Children's Services where the forecast overspend remains at just under £8m in excess of budget.

Alongside delivery of in year savings, the focus continues to be on the identification of savings to deliver a balanced position for 2019/20 and beyond. Proposed savings will continue to be subject to scrutiny through the 'Star Chamber' process and regular updates will be provided on a periodic basis.

£0.04m

Strategic Commission Forecast

Overall forecast outturn for the Strategic Commission has improved by £0.04m since period 10, resulting in a small forecast underspend across the economy.

This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Integrated Care Foundation Trust (ICFT) . It does not capture any Local Authority spend from Derbyshire County Council or High Peak Borough Council for the residents of Glossop.

	Forecast Position			Variance	
	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	398,112	398,113	(0)	0	(1)
TMBC Expenditure	186,514	186,489	24	(12)	37
Integrated Commissioning Fund	**584,626**	**584,602**	**24**	**(12)**	**36**
ICFT - post PSF Agreed Deficit	(19,149)	(19,149)	0	0	0
Economy Wide In Year Deficit	**565,477**	**565,453**	**24**	**(12)**	**36**

Tameside & Glossop Integrated Commissioning Fund

As at 28 February 2019 the Integrated Commissioning Fund is forecasting net spend £584.602m against an approved net budget of £584.626m, with a small underspend of £24k. This forecast is a slightly improved position from the previous month but masks significant pressures in a number of areas, including **Children's Services** which continues to forecast **expenditure to be almost £8m in excess of budget**.

	Forecast Position					Net Variance	
Forecast Position £000's	**Expenditure Budget**	**Income Budget**	**Net Budget**	**Net Forecast**	**Net Variance**	**Previous Month**	**Movement in Month**
Acute	202,683	0	202,683	203,597	(914)	(740)	(174)
Mental Health	32,832	0	32,832	33,468	(636)	(618)	(18)
Primary Care	82,701	0	82,701	82,211	489	588	(99)
Continuing Care	14,106	0	14,106	16,010	(1,904)	(2,168)	264
Community	29,966	0	29,966	30,104	(138)	(213)	75
Other CCG	30,615	0	30,615	27,514	3,101	3,151	(50)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0
CCG Running Costs	5,209	0	5,209	5,209	0	0	0
Adults	82,653	(42,172)	40,480	40,256	224	228	(4)
Children's Services	46,819	(3,051)	43,768	51,580	(7,812)	(7,998)	186
Education	30,936	(25,374)	5,562	5,570	(8)	(56)	48
Individual Schools Budgets	115,200	(115,200)	0	0	0	0	0
Population Health	16,912	(680)	16,232	15,971	261	379	(118)
Operations and Neighbourhoods	76,782	(26,448)	50,333	50,746	(412)	(412)	(0)
Growth	42,765	(34,920)	7,846	9,867	(2,021)	(1,958)	(63)
Governance	88,704	(79,887)	8,818	7,138	1,680	1,690	(10)
Finance & IT	6,103	(1,550)	4,553	4,188	365	406	(41)
Quality and Safeguarding	367	(288)	79	71	8	8	(0)
Capital and Financing	10,998	(1,360)	9,638	7,852	1,786	1,786	0
Contingency	4,163	(6,823)	(2,660)	(6,246)	3,586	3,586	0
Corporate Costs	8,721	(6,857)	1,865	(503)	2,368	2,328	40
Integrated Commissioning Fund	**929,235**	**(344,609)**	**584,626**	**584,602**	**24**	**(12)**	**36**

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
CCG Expenditure	398,112	0	398,112	398,112	(0)	0	(0)
TMBC Expenditure	531,123	(344,609)	186,514	186,489	24	(12)	36
Integrated Commissioning Fund	**929,235**	**(344,609)**	**584,626**	**584,602**	**24**	**(12)**	**36**
A: Section 75 Services	311,745	(41,823)	269,921	270,231	(310)	(535)	225
B: Aligned Services	411,824	(170,283)	241,541	242,996	(1,455)	(1,305)	(151)
C: In Collaboration Services	205,665	(132,502)	73,163	71,373	1,790	1,828	(38)
Integrated Commissioning Fund	**929,235**	**(344,609)**	**584,626**	**584,602**	**24**	**(12)**	**36**

Continuing Care

This remains a significant financial risk but a financial recovery plan is in place, with detailed updates presented at Finance & QIPP Assurance Group on a quarterly basis.

Whilst still forecasting an **overspend of £1.904m**, the historic growth rates have slowed. The favourable movement since month 10 is due to winter pressures not materialising to the same level as expected.

Acute

The movement in the forecast variance is due to 4 patients discharged from critical care at the Christies, of which the CCG had no prior notice. This has been raised with the Trust and GMSS who manage the contract to ensure the CCG receives future advanced notice through the long length of stay reports which have been absent all year.

Since finalising the month 11 position, the CCG has secured year-end settlement agreements with all the NHS associate secondary care providers. The impact of these agreements will be a favourable movement in month 12 for 18/19 of circa £60k.

Children's Services

Children's Social Care continues to present the single greatest financial risk for 2018/19, and is the most significant risk area for the medium term financial sustainability of the Council.

The forecast outturn position of **£7.8m in excess of budget** has improved slightly since the last period.

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	YTD Position Budget	YTD Position Actual	YTD Position Variance	Forecast Position Budget	Forecast Position Forecast	Forecast Position Variance	Variance Previous Month	Variance Movement in Month
Acute	184,950	185,966	(1,016)	202,683	203,597	(914)	(740)	(174)
Mental Health	30,290	30,773	(483)	32,832	33,468	(636)	(618)	(18)
Primary Care	75,504	75,625	(121)	82,701	82,211	489	588	(99)
Continuing Care	12,892	14,333	(1,441)	14,106	16,010	(1,904)	(2,168)	264
Community	27,471	27,565	(94)	29,966	30,104	(138)	(213)	75
Other CCG	28,735	25,612	3,123	30,615	27,514	3,101	3,151	(50)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,577	3,546	30	5,209	5,209	0	0	0
Adults	37,107	46,053	(8,946)	40,480	40,256	224	228	(4)
Children's Services	40,120	47,303	(7,182)	43,768	51,580	(7,812)	(7,998)	186
Education	5,099	19,148	(14,049)	5,562	5,570	(8)	(56)	48
Individual Schools Budget	105,600	105,600	0	115,200	115,200	0	0	0
Population Health	14,879	14,133	746	16,232	15,971	261	379	(118)
Operations and Neighbourhoods	46,139	48,384	(2,245)	50,333	50,746	(412)	(412)	(0)
Growth	7,192	15,031	(7,839)	7,846	9,867	(2,021)	(1,958)	(63)
Governance	8,083	15,192	(7,109)	8,818	7,138	1,680	1,690	(10)
Finance & IT	4,174	4,395	(221)	4,553	4,188	365	406	(41)
Quality and Safeguarding	72	(24)	96	79	71	8	8	(0)
Capital and Financing	8,835	1	8,834	9,638	7,852	1,786	1,786	0
Contingency	(2,438)	(623)	(1,815)	(2,660)	(6,246)	3,586	3,586	0
Corporate Costs	1,709	(1,328)	3,037	1,865	(503)	2,368	2,328	40
Integrated Commissioning Fund	**639,989**	**676,683**	**(36,696)**	**699,826**	**699,802**	**24**	**(12)**	**36**
CCG Expenditure	363,418	363,418	(0)	398,112	398,113	(0)	0	(1)
TMBC Expenditure	276,571	313,265	(36,695)	301,714	301,689	24	(12)	37
Integrated Commissioning Fund	**639,989**	**676,683**	**(36,696)**	**699,826**	**699,802**	**24**	**(12)**	**36**

Tameside Integrated Care Foundation Trust Financial Position

SUMMARY

- **Revenue -** For the financial period to the **28th February 2019** , the Trust has reported a net deficit of c.£21.545m, pre Provider Sustainability Funding (PSF), which is **c.£266k better than plan**. The in month position for February reported a £1.431m deficit, **£11k worse than plan.**
- **Trust Efficiency programme (TEP) -** The Trust delivered **c.£1.069m** of savings in month, this is an underachievement against target by **c.£395k** in month. For the first time this financial year the Trust is reporting a cumulative underachievement against plan, of **c£59k.**
- **Agency cap -** To date the Trust has spent **c.£6.14m** on Agency, against a plan of **£8.82m.** Based on this run rate, spend should be significantly below the agency cap of £9.53m.

KEY RISKS

- **Control Total –** The Trust agreed a control for 2018/19 of **c£19.149m**, this assumes the Trust will be in receipt of the full PSF. NHSI monitor financial delivery from a revenue perspective against post PSF target, for the Trust this plan is £23.38m.
- **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. If the Trust fails to deliver the financial and/or performance targets it will need to borrow additional cash at 1.5%. The Trust has achieved its Q3 finance and performance target. However, it is not forecasting to achieve its Q4 performance target and therefore will not receive £443k in cash.
- **TEP –** The Trust is currently forecasting an underachievement against its TEP target of **c£411k in year** and **c£2.0m** recurrently. The revised governance implemented by the Trust has offset the failure to deliver TEP and consequently the Trust is forecasting to meet its control total.

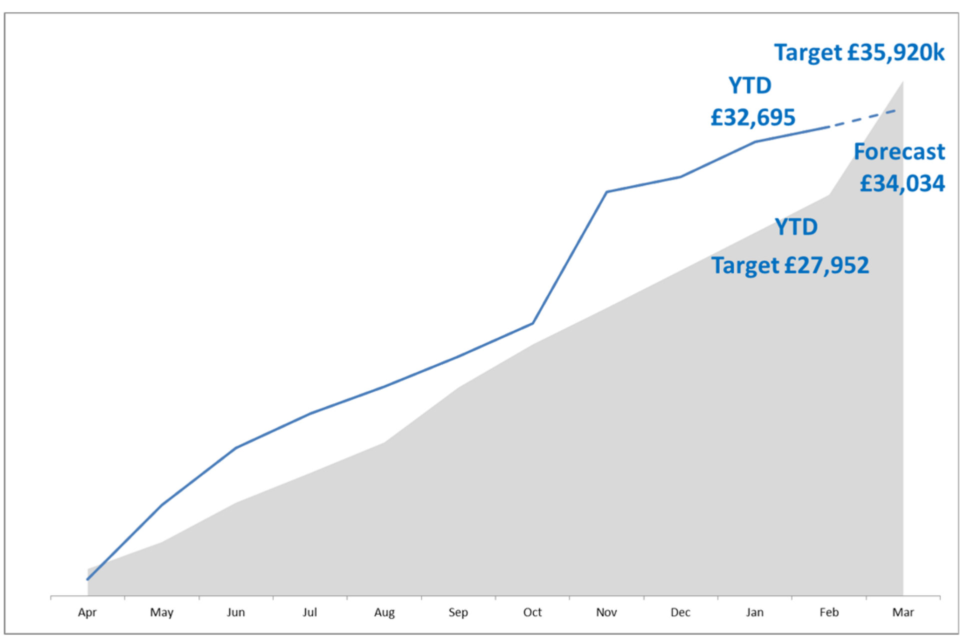
	Month 11			YTD			Outturn
Financial Performance Metric	**Plan £000**	**Actual £000**	**Variance £000**	**Plan £000**	**Actual £000**	**Variance £000**	**Plan £000s**
Normalised Surplus / (Deficit) Before PSF	(1,420)	(1,431)	(11)	(21,811)	(21,545)	266	(23,370)
Provider Sustainability Fund (PSF)	494	494	0	3,727	3,727	0	4,221
Surplus / (Deficit)	(926)	(937)	(11)	(18,084)	(17,818)	266	(19,149)
Trust Efficiency Savings	1,464	1,069	(395)	11,465	11,406	(59)	13,000
Use of Resources Metric	**3**	**3**		**3**	**3**		**3**

TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	0	0	0	19,800	19,800	19,800	19,800	0
TMBC	309	250	0	1,489	2,048	3,119	1,645	(1,474)
Strategic Commissioner	**309**	**250**	**0**	**21,289**	**21,848**	**22,919**	**21,445**	**(1,474)**
ICFT	162	7	1,176	11,406	12,752	13,001	12,589	(412)
Economy Total	**471**	**257**	**1,176**	**32,695**	**34,600**	**35,920**	**34,034**	**(1,886)**

- The economy wide savings target for 2018/19 is £35.920m:
  - Commissioner £22.919m (£19.8m CCG & £3.119m TMBC)
  - Provider £13.001m
- Against this target, £32.695m of savings have been realised, 91% of the required savings but the majority of this is by non-recurrent means therefore putting additional pressure in future years
- Expected savings by the end of the year are £34.034m, a shortfall of £1.886m against target
- The Trust is currently forecasting an underachievement against its in year TEP delivery of £0.412m. Work is on-going with Theme groups to improve this forecast position.
- TMBC savings have been identified by underspends in other areas and a balanced position will be delivered.
- The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.

Progress Against Target



Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Officer of Strategic Commissioning Board	Gill Gibson, Director of Quality and Safeguarding
Subject:	**BIMONTHLY QUALITY ASSURANCE REPORT**
Report Summary:	The purpose of the report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.
Recommendations:	The Strategic Commissioning Board is asked to note the content of the report.

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

ICF Budget	**S 75 £'000**	**Aligned £'000**	**In Collab £'000**	**Total £'000**
CCG				
Total				**£577m Net Resource**
Section 75 - £'000 Strategic Commissioning Board		£267million Net Resource		

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

There is no direct financial implications within the content of this report but the Strategic Commission have an integrated commissioning fund with a net value of £577m of which £267m is within the Section 75 pooled budget. Quality is an important factor in determining value for money services, mitigating risk and providing assurance that our residents are receiving the best outcomes from investment. The content of this report highlights the controls and monitoring systems currently in place to maintain high quality services and instigate remedial action as required. This is particularly crucial in high risk areas such as continuing healthcare and children's services. Furthermore, this level of rigour and control facilitates the potential for additional income from the CCG Quality Premium.

Legal Implications: **(Authorised by the Borough Solicitor)**	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. A framework needs to be developed to achieve this. It must include complaints and other indicators of quality.
How do proposals align with Health & Wellbeing Strategy?	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.

How do proposals align with Locality Plan?	Quality assurance is part of the locality plan.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The services are responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their care.
Quality Implications:	The purpose of the report is to provide the SCB with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working.
How do the proposals help to reduce health inequalities?	As above.
What are the Equality and Diversity implications?	None currently.
What are the safeguarding implications?	Safeguarding is part of the report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.
Risk Management:	No current risks identified.
Access to Information :	The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by: Telephone: 07800 928090 e-mail: lynn.jackson7@nhs.net

1. PURPOSE

1.1 The purpose of this report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services they commission; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.

2. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (Acute and Community Services)

Health Care Acquired Infections (MRSA bacteraemia):

2.1 As previously reported Tameside and Glossop locality remain an outlier in MRSA bacteraemia; there has been a total number of 10 MRSA bacteraemia across the Tameside and Glossop economy (8 x community onset and 2 x acute onset).

2.2 In terms of quality assurance, all MRSA bacteraemia cases are examined using the national Post Infection Review tool. This process aims to draw out learning from incidents to ensure that action is taken to reduce future risk to the case and other patients. All investigations are reviewed at the HCAI Quality Improvement group providing assurance that learning form incidents is acted upon and plans are in place to ensure best practice in infection prevention is shared across the trust foot print. There have been two cases this year where lapses in care have been identified and appropriate learning identified. It should be noted that the MRSA cases are not the same strain i.e. the infection has not been passed from person to person due to poor infection prevention practice.

2.3 **Action taken to improve:** The ICFT have worked in partnership with NHSI to undertake a peer review of infection prevention practice within the Stamford unit. The review identfied good infection prevention practice and that staff were able to appropriately challenge poor practice from colleagues and visiting staff. A number of recoemndations have been made to stregthen best practice, assurance and accountability. No concerns were raised in relation to quality of care or infection prevention practice.

Maternity

2.4 The percentage of maternal smoking at delivery remains a local challenge; the national threshold is set at 11%. Unfortunately, despite a recent improvement in performance, there has been a slight increase again from 16.5% in December to 18.3% in January. The Trust are working towards training for Risk Prevention Intervention in March and aim to have a Midwife and a part time Maternity Support Worker in post by April 2019. This, alongside the National CQUIN for reducing risky behaviour (alcohol and tobacco), should place the Trust in a good position to support a reduction in smoking in pregnancy in Tameside.

CQC 2018 Maternity Survey

2.5 The results from the Care Quality Commission's maternity survey were published on 29 January. The survey received responses from more than 17,600 women who gave birth during February 2018. This is a response rate of 37%. We asked women about their experiences of care during labour and birth, as well as the quality of antenatal and postnatal support they received. Most women reported positive experiences, particularly around interactions with staff during antenatal appointments and labour. The survey also found that women who saw the same midwife every time had better than average experience scores, suggesting that ongoing relationships can have a positive impact on women's experiences. As in previous surveys, results for questions on postnatal care, either in the hospital or once the mother and baby returned home, remain less positive than other aspects of the maternity pathway. Women's experiences of information provision and communication could also be improved, particularly advice around feeding.

2.6 **Tameside and Glossop Integrated Care NHS Foundation Trust -** Responses were received from 79 patients at Tameside and Glossop Integrated Care NHS Foundation Trust. This result shows that the Trust are performing about the same as most other trusts (no positive or negative outliers) that took part in the survey. The full survey results can be found at https://www.cqc.org.uk/provider/RMP/survey/5

User Experience - Friends and Family Test (FFT)

2.7 The trust reported that three indicators were just below threshold (Emergency Department Recommend, Outpatient Recommend and Maternity (Combined) Recommend). The trust has taken action to improve Friends and Family Test (FFT) performance including raising the profile of FFT by adding it onto the communication huddle for the units, discussing with ward managers and Matrons to remind them to encourage the distribution and completion of cards. In addition the corporate team will support the area twice a week to directly collect feedback via IPADs. The soft text from FFT is triangulate alongside other user experience to help drive the ICFT's Patient Experience strategy and service improvements.

2.8 **Good practice:** Children's Service: The Royal College of Paediatrics and Child Health (RCPCH) have undertaken a national audit to review and compare standards across the UK against those outlined in Facing the Future Standards: The ICFT's Paediatric team have been recognised as exemplars of good practice at a national level in particular their wider integration work within the Neighbourhoods.

2.9 Tameside and Glossop Integrated Care NHS FT have been shortlisted for 10 awards at this year's HSJ Value Awards. The following services have been shortlisted:

- Electronic Advice and Guidance (**Category: Acute Service Redesign Award**);
- Tameside and Glossop Digital Health Service (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Virtual Fracture Clinic (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Development of New Electronic Emergency Department Health Record System (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Using digital technology to deliver place-based care to older frail people (**Category: Improving Value in the Care of Older Patients Award**);
- Extensive Care Service (**Category: Improving Value in the Care of Older Patients Award**);
- Community IV Therapy Service (**Category: Community Health Service Redesign Award**);
- Finance Improvement Team (**Category: Financial or Procurement Initiative of the Year**);
- Denton Diabetes Diverters 100 day challenge (**Category: Diabetes Care Initiative of the Year**);
- Development of new electronic ED health record system (**Category: Technology Initiative of the Year**).

The award ceremony is on Thursday 23rd May at Manchester Central.

2.10 The ICFT have also been shortlisted for the GM Patient Safety Awards in the category for **Improving Care for Older People Award**

- Digital Health Service: Using digital technology to deliver care to older people
- Reducing frailty, falls and fragility across the neighbourhood

2.11 **Horizon scanning:** The CQC is currently carrying out a full service inspection for the ICFT (between 11 March 2019 and 29 March 2019). The ICFT is currently rated as Good; this

will be the first inspection since community services were transferred to the ICFT contract. The outcome of the inspection will be reported once published.

3. PUBLIC HEALTH

3.1 **Provider: T&G ICFT - Health Visiting:**

- There has been an improvement in the number of antenatal assessments from Q1 (61) to Q3 (134), however, this remains low compared to number of live births. Health visiting is the only universal service that can provide health promotion, early intervention and primary prevention in the antenatal period that continues into the early years.
- New birth visits (88.2%) continue under performance threshold at Q3 (target 95%).
- Q3 data has shown a deterioration in performance of 12 month reviews currently at 84.5% (target 95%) – a reduction of 10% from Q2.

3.2 **Actions taken to Improve:**

- The Health Visiting Service has an improvement plan which includes a number of actions to address the issues of concerns. To highlight a few:

- Antenatal visits to be proactively schedule. General Support Workers are attending Lorenzo training so that Health Visiting has access to Maternity systems to address gaps in Euroking.
- Recruitment remains an issue and current vacancy rates are increasing pressure on capacity. Recruitment of staff nurses has been unsuccessful therefore the Service is planning to focus on the recruitment of Health Visiting and Community Nursery Nurses in line with the academic year when the student Health Visitors are fully qualified.
- The Service is developing robust communication pathways with neighbouring hospitals to ensure notifications are received for babies born out of area to ensure new birth visits are met in a timely manner.
- The Service is investigating and reviewing the data quality of inputting ASQ3 (at the 2/ 2 ½ year check) onto EMIS. There has been a drop from 96.8% in Q2 to 91.1% in Q3.

3.3 **Good Practice:** The Service has seen an increase in the percentage of infants being breastfed at 6 to 8 weeks. This partly due to the success and good practice of partnership working with: Maternity, Health Visiting, Children Centres, the Infant Feeding Co-ordinator and the Peer Support Breastfeeding Service and increased focus on the importance of early attachment and skin to skin contact.

3.4 **Horizon Scanning:**

- The service improvement plan is updated monthly and the commissioning lead in the Strategic Commission meets with the service on a monthly basis to monitor this.
- The commissioning lead is working with the ICFT to look at the outputs and outcomes in relation to the school age service (School Nursing, Children's Nutrition Team and Health Mentors), which is part of the Healthy Child Programme with Health Visiting.

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

IAPT (Healthy Minds)
Prevalence

4.1 As reported previously, this service has undergone a redesign and prevalence for the Step One service had been impacted. An increase is being seen (January 19 data) but this will continue to be monitored as the target is not currently being met. A Joint Action Plan is in place to aid meeting the service target with a calendar of events planned to increase prevalence over the next 12 months.

Secondary Waits (Healthy Minds)

4.2 As previously reported, there are ongoing delays for patients waiting for treatment, particularly in relation to Step 3 and Enhanced Service Interventions.

4.3 Actions taken to improve: The secondary waits are being addressed jointly with the CCG with additional investment in capacity in the psychological therapies service. The aim is for the additional capacity to support the waiting list reduction. The service has now completed a waiting list validation exercise to ensure that the patients waiting for treatment still require treatment. Ongoing monitoring of the secondary waits will continue through Monthly reporting and the Contract Quality and Performance Group (CQPG).

Memory Assessment Service

4.4 Performance reached the referral standard for the 6 week assessment and 12 week referral to diagnosis indicators in November and December following a period of decreased performance between July and October. Issues in relation to the timeliness of scan results had been raised via the CQPG and now escalated to the Director of Quality and Safeguarding.

4.5 Actions taken to improve: Performance in relation to assessment and referral to diagnosis times will continue to be monitored via the monthly CQPG.

PCFT Staffing Issues

4.6 Capacity and recruitment continue to be challenging for PCFT across a number of services. These are formally acknowledged for CMHT on the Risk Register.

4.7 Actions taken to improve: Bank and agency staff are being utilised to increase capacity whilst posts are out to recruitment. The Trust-wide Quality Assurance Group has identified staffing and workforce as a priority and a request has been made to the Trust to strengthen safe staffing reporting including acuity and risk tolerance. PCFT have provided assurance that a number of actions are taking place under the remit of the Safer Staffing Steering Group including the development of a localised acuity and dependency scoring system for use across PCFT services.

4.8 Locally, capacity is monitored via the CQPG, regular updates are also provided via the locality report and an update on current vacancies and progress with recruitment has been requested.

Mixed Sex Accommodation (MSA) Breaches

4.9 There were 5 mixed sex accommodation breaches in January 19. As previously reported engagement work was undertaken in 2018 regarding the Trust-wide Mixed Sex Accommodation Breaches. An update was provided by the Executive Director of Nursing at the Trust-wide Quality Assurance Meeting and a Board Update is anticipated in April 19 regarding prioritisation and next steps.

CQC Inspection

4.10 The CQC well-led inspection was completed at the end of October with the final report published on the 28th January 19 with an overall outcome of “Requires Improvement”. Ratings across domains are summarised below:

Caring: Good
Responsive: Good
Safe: Requires Improvement
Effective: Requires Improvement
Well-led: Requires Improvement

4.11 A summary of ratings by service (Trust-wide Mental Health) including date of last service inspection is summarised in the table below:

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← Jan 2019	Requires improvement →← Jan 2019	Good →← Jan 2019	Requires improvement →← Jan 2019	Requires improvement →← Jan 2019	Requires improvement →← Jan 2019
Long-stay or rehabilitation mental health wards for working age adults	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Forensic inpatient or secure wards	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Child and adolescent mental health wards	Outstanding Dec 2016	Good Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016
Wards for older people with mental health problems	Requires improvement →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Community-based mental health services for adults of working age	Requires improvement Dec 2016	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Mental health crisis services and health-based places of safety	Requires improvement →← Jan 2019	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Requires improvement →← Jan 2019	Requires improvement →← Jan 2019
Specialist community mental health services for children and young people	Good Dec 2016	Good Dec 2016	Good Dec 2016	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016
Community-based mental health services for older people	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Community mental health services for people with a learning disability or autism	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Substance misuse services	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

4.12 For Tameside and Glossop the following services were reviewed at this inspection: Older People's Mental Health (Summers & Hague); Home Treatment Team (HTT) and RAID; Wards for Adults inc. PICU (Taylors and Saxon). There was a significant improvement in improvement rating from "Requires Improvement" to "Good" for Older People's Mental Health Services.

4.13 The Trust is in the process of finalising the action plan before submission to the CQC in March 19, this will be shared with Trust-wide Quality Leads once completed. For T&G Services, the CQC evidence appendix has been reviewed at Service level by the Quality Team and is being used to inform quality monitoring in 2019/20.

PCFT Quality Monitoring 2019/20

4.14 Local CQPG Meetings will include a bi-monthly "Quality in Focus" session in 2019/20. The sessions will focus around the following areas but also include other quality items as appropriate.

March	**In Focus – Risk Assessments**
May	**In Focus –Communication across teams**
July	**In Focus - Service User Experience**
September	**In Focus - Learning from Deaths**
November	**In Focus - Clinical Effectiveness**
January	**In Focus - Physical Health**
March	**In Focus - Restrictive Practice and Prescribing**

4.15 Similarly, work has been initiated to revise both the perfromance and quality reporting structure and content in readiness for the 19/20 contract. A Stronger focus is being placed on quality and outcomes with local T&G workshops being held in partnership with PCFT to ensure the report is providing the Commissioning team and Quality team the assurance required whilst not over-burdening the Trust with data requests.

Good Practice – Just Culture Event – 8 March 2019

4.16 PCFT launched its 'Just Culture' approach at a conference held on 8 March which was attended by over 150 staff members. The aim is this will allow for a more systemic approach to learning from incidents and allow practitioners to be more open and transparent when things go wrong which will subsequently improve the learning that is achieved from such incidents. An additional update was provided at the first T&G Quality in Focus Session held in March 19.

CQC 2018 Community Mental Health Survey

4.17 On 22 November the Care Quality Commission published the results of the Community Mental Health Survey 2018. 12,796 people took part in this year's survey. Unfortunately, the results found that people's experiences of the care they received have continued to get worse. Access to care, care planning and support for people with mental health conditions in relation to physical health needs, financial advice or benefits are specific areas of worry. Certain groups of people consistently reported poorer experiences of using mental health services, including younger people (18-35) and those diagnosed with non-psychotic chaotic and challenging disorders.

4.18 71% of respondents felt they were 'always' treated with respect and dignity by NHS mental health services, but less than a third (30%) rated their overall experience of community mental healthcare as nine out of 10 or above in this year's survey; 4% down from last year.

4.19 **Pennine Care NHS Foundation Trust –** Responses were received from 161 people at Pennine Care NHS Foundation Trust. This result shoes that the Trust are performing about the same as most other trusts that took part in the survey, except for Care review for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months, where they scored worse. The full survey results can be found at https://www.cqc.org.uk/provider/RT2/surveys

5. PRIMARY CARE

Key points / Issues of concerns:

5.1 Waterloo Medical Centre was inspected by CQC on 9 January 2019. The report was published on 22 February 2019 and placed the practice in special measures.

5.2 The practice was rated as inadequate for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.

- The practice did not have systems and process in place to assess the risk associated with health and safety or fire safety within the practice.

5.3 The practice was also rated as inadequate for providing well-led services because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

5.4 The practice was rated as need to improve in providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

5.5 CQC has used its civil powers to issue an enforcement notice and the practice is required to put the following in place:

- A full medication review of each patient at Waterloo Medical Centre on any high-risk medication is carried out within 4 weeks.
- Provide the Care Quality Commission with written documentation within 4 weeks that sets out how he will ensure that patients who receive high risk medication at Waterloo Medical Centre are managed safely.
- Undertake a full health and safety risk assessment at Waterloo Medical Centre within 8 weeks.
- Undertake a full fire risk assessment at Waterloo Medical Centre within 8 weeks.
- Ensure that weekly fire alarm and warning light checks are carried out at Waterloo Medical Centre within 4 weeks
- Ensure that the safeguarding lead and all GPs at Waterloo Medical Centre undertake level three safeguarding training within 4 weeks.
- Ensure the child safeguarding register at Waterloo Medical Centre is up to date within 2 weeks.
- Ensure that there are clear systems and processes in place at Waterloo Medical Centre to monitor children and families at risk within 4 weeks.

5.6 **Actions taken to improve:** The CCG has been working closely with the practice with safeguarding leads visiting to provide support on the safeguarding issues and medicines management leads visiting to provide support on the medication issues. Safeguarding training has been undertaken by the GPs and will be undertaken by the nursing staff. The child safeguarding register is now up to date and the practice is drafting new policies and guidance to monitor children and families at risk.

5.7 High risk medication patients have been identified, a plan is in place to undertake reviews, which have commenced. The practice has a part time in-house pharmacist, who will be undertaking additional sessions to support this work.

5.8 The practice has hired the services of an external health and safety provider to undertake a full health and safety fire risk assessment and has commenced weekly fire alarm and warning light checks.

5.9 The practice is now looking at the other areas of improvement contained with the CQC report and is working to improve on them. The CCG will continue to support on a multidisciplinary team approach coordinated by the primary care team and is in regular contact with the practice. The CCG has provided some additional funding to support the practice to pay for additional GP, pharmacist and practice manager support sessions so that it has additional resources available during the initial phase of putting improvements

into place. In addition, the practice will be getting support from the Royal College of General Practitioners via the GP Excellence Programme.

5.10 **Good practice:** The current version of the Primary Care Quality Scheme comes to a close in March 2019. Practices are required to provide a final report detailing what they aimed to achieve, what was achieved and what was put in place for that achievement while highlighting what interventions did and didn't work.

5.11 Working with the sustainable improvement team from NHS England the approach to reporting was changed to each practice providing a poster for the two schemes they had chosen themselves.

5.12 To help support this change the 15 January 2019 Practice Manager Learning Forum was a single issue event based around the Primary Care Quality Scheme. Practices were updated with the change of reporting to posters and advising that a celebration event would be held.

5.13 Practices need to submit their posters by the end of March 2019 and the celebration event will be held on 23 May 2019 at Denton Festival Hall.

5.14 A Tameside and Glossop referral to the GP Excellence Programme has been made for all practices to receive customer service training. The aim is to try and improve patient satisfaction with the process of making an appointment and to share best practice learning across practices. The event will be held on 16 May 2019 at Stamford Park Pavilion and will be for reception staff.

5.15 **Horizon scanning:** Under the GP contract reforms, 100% of the population is required to be covered by a primary care network, which will be implemented by the Network Contract Directed Enhanced Service (DES). The DES will be published on 29 March 2019.

5.16 The CCG wrote to all practices on 11 February 2019, which detailed the expectation that the footprint primary care networks would follow the footprint of the existing Tameside and Glossop neighbourhoods to benefit from the significant and extensive work to build community health, social care, children's integrated teams, social prescribing and community safety partnerships with general practice at their heart. Support will be offered to providers working across multiple contracts.

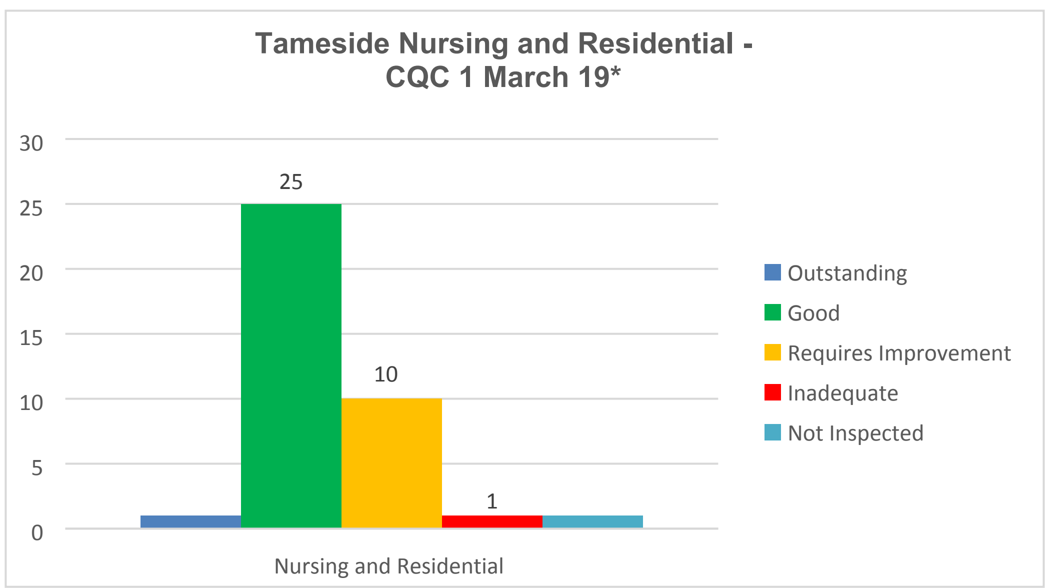
6. CARE AND NURSING HOMES

CQC Performance

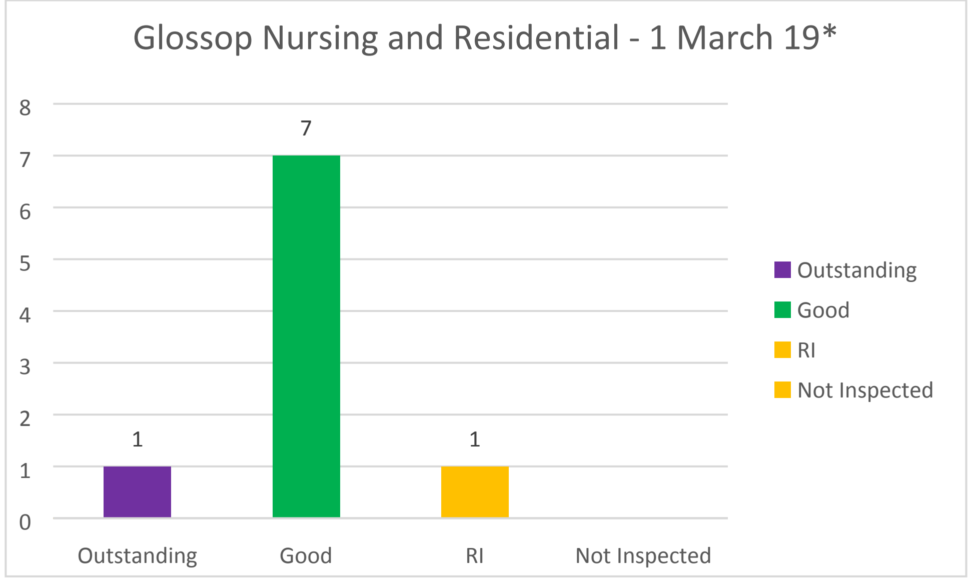
6.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing[1] is provided in the graph below.

[1] *Where ownership has changed this has been recorded as "not inspected" in line with CQC reporting. The Home will have been inspected under the revised CQC methodology under previous ownership.*

Tameside Position – 1 March 19



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



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

Inadequate CQC Ratings:
The Vicarage (TMBC)

6.2 The Home was rated Inadequate by the CQC on 21 August 2018 following inspection on 21 May 18. The Home has recently been re-inspected by the CQC; we await the outcome. At a Commissioners meeting held 3 March 19 it was agreed the investment from the Quality Improvement Team (QIT) would continue due to recent improvements being seen and improvement in leadership.

Published CQC Ratings (January and February 2019):
Beechwood House (Glossop)

6.3 This Home achieved a "Good" rating following inspection in October 2018. The Home was previously recorded as "not rated" due to a change of ownership. The Home achieved a "Good" rating across all domains.

Charnley House (Tameside)

6.4 The Home achieved a "Good" rating overall following inspection in January 19. This was an improvement from the previous rating of "Requires Improvement". A "good" rating was achieved in all domains with the exception of Well-Led which still retains a "Requires Improvement" rating due evidence of continued sustained improvement and embedding of the new quality systems and processes. The Home have requested some support from the Quality Improvement Team.

Downshaw Lodge (Tameside)

6.5 The Home received a rating of "Requires Improvement" following inspection in November 18. The Home was previously recorded as "not rated" due to a change of ownership. A "Requires Improvement" rating was found in both the Safe and Well-led domains with improvements required in medicines management and infection prevention and control, as well as issues around audit and control. The Caring, Responsive, and Effective domains were rated as "Good".

Laurel Bank (Tameside)

6.6 The Home has achieved a "Good" rating following inspection in December 18 (same as previous rating). The Home achieved a "Good" rating in all domains with the exception of "Well-led" where a "Requires Improvement" rating was received, this was due to systems of audit and service checks not being robust enough to identify issues the CQC found during the inspection.

HC-One Regulation 28 (Greatwood House)

6.7 HC-One have received a Regulation 28 (published on the Judiciary website January 19) following the death of a female resident who fell in a communal area whilst the area was unsupervised. The matters of concern relate to:

- There are currently no clear written requirements in force across HC-One's homes mandating the attendance of a colleague to monitor the communal area in question before leaving it unattended;
- The Risk of Falls Assessment Tool currently across HC-One's homes was demonstrated in court to be unclear and susceptible to different interpretations. When asked about it in the course of her evidence, HC-One's Area Director was not aware as to whether or not this Assessment Tool had recently been benchmarked as against others used within the industry;
- Notwithstanding the fact the resident had 3 falls over the course of as many days in February 2018, HC-one had not, as at the date of the Inquest, undertaken any investigation into the circumstances of these. The absence of any investigation by HC-One in this respect represents a missed opportunity to ascertain if any learning can be derived from these incidents for the benefit of other residents.

6.8 A response from HC-One is yet to be received, however steps taken currently are:

- HC-One are looking at a revised Falls Risk Assessment process and rolling out work completed at Sunnyside Residential Home (recent presentation at the Care Home Manager's Forum).
- Strengthened Contract Performance and Quality Assurance Process from Tameside Contract Performance team has been implemented. Additionally this has been further strengthened with a request for increased evidence of focus on learning from incidents and embedding change through the contract performance visits
- QIT have been providing falls advice across Care Homes. Additional support is available from Digital Health, IUCT, and Community Physio.

6.9 **Horizon Scanning:** A review of the 2018 Contracts Performance Visit Baseline was completed in January 2019. This involved analysis of compliance levels across the 51 questions included within the Pre-Visit Questionnaire alongside performance at CQC visits undertaken in 2018. In summary, compliance levels where found to be poorest in the following areas:

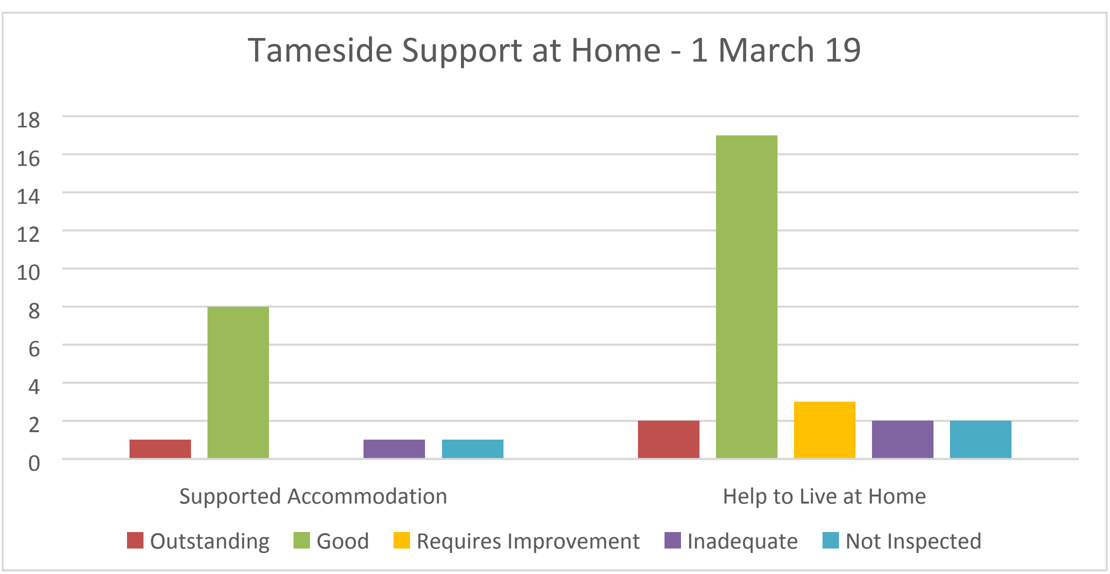
- Staff Training and Supervision;
- DOLs, Consent, MCA;
- Supporting residents with dementia;
- Activities and connecting to the local community;
- Medication Management (strong correlation with CQC);
- Equality & Diversity;
- Nursing;
- Medication Management;
- Record Keeping;
- Working within limits.

6.10 The above areas will be focussed on within the Contract Performance Visit in 2019, as well as the ongoing support being provided by the Quality Improvement Team. There are also updates being provided at the Care Home Manager's Forum as well as training sessions planned for 2019. The Quality Improvement Team will also be completing a distinct piece of work around Supervision and Assessing Competency with a bespoke workshop to be planned once the work is complete. The Medicines Management Team are in the process of refining their approach to Audit with a stronger focus on supporting improvement. Additional actions include development of an observational risk tool which will be used by Contract Performance Officers and is additional to the Contract Visit Questionnaire. The outcomes of the analysis were presented to the Care Home Managers at the Forum in January 2019.

7. SUPPORT IN THE COMMUNITY

CQC Performance

7.1 The CQC picture of the providers used to supply support in the community in Tameside is noted in the graph below:



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

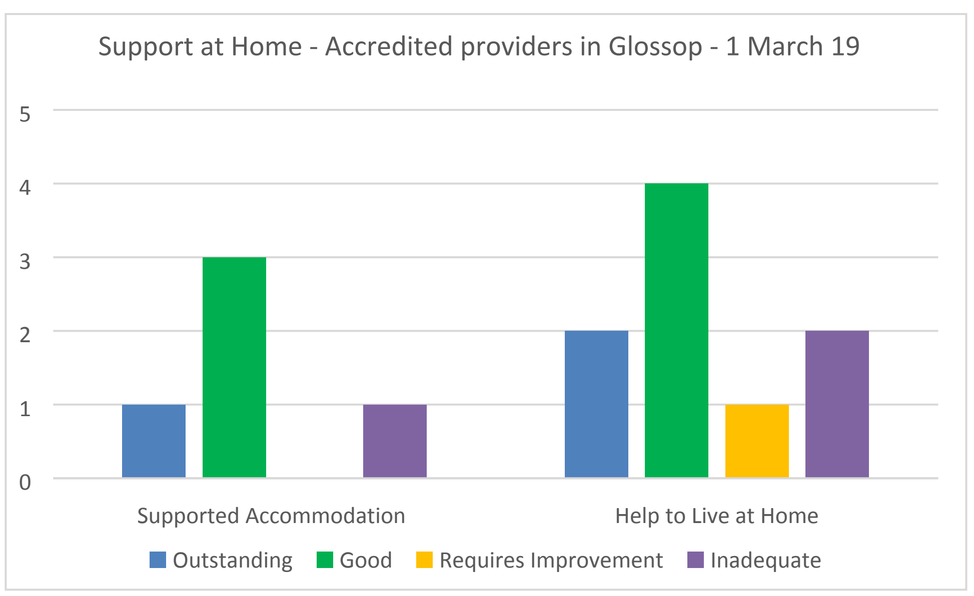
7.2 During the reporting period no CQC reports have been published for the following commissioned providers.

Support at Home Model

7.3 The new support at home model continues to be rolled out across all six zoned providers (phase 2 started in July 2018) so the providers will be working to two models of care initially whilst the new model embeds. It anticipated that by the end of March 2019 all support at home services will be delivered using the new model.

Glossop Update – Support at Home

7.4 CQC performance for current providers that are accredited by DCC to provide support at Home (and cover the Glossop area) are provided below.



7.5 Ongoing updates in relation to quality of provision and CQC performance will be provided as part of this report.

8. SAFEGUARDING

8.1 The CCG Safeguarding Team has supported the Primary Care team in undertaking assurance visits to a GP practice in response to an overall inadequate CQC rating. Concerns with regards to safeguarding were around systems and processes to keep patients safe, staff training and development and safer recruitment. The Practice has provided assurance that staffs have since received safeguarding training and an improvement plan is in place to review systems and processes. The practice will utilise the Primary Care Safeguarding Audit Tool and CCG safeguarding team to ensure actions are met and evidenced.

Children

8.2 Tameside was chosen as one of seventeen local authorities by Department of Education to be an “early adopter” for implementing new arrangements for scrutiny of multi-agency safeguarding children arrangements. The new arrangements were published in December 2018.

8.3 Work is currently on going to ensure that changes are implemented linking children’s safeguarding arrangements to the work of community safety partnership, adult safeguarding and health and wellbeing arrangements. A number of development sessions have been held to give partners the opportunity to discuss the new arrangements and how

they will support the delivery of strategic priorities and improve service delivery and outcomes for children.

8.4 There is likely to be further inspection of local authority safeguarding children arrangements in March 2019 by Ofsted. This is likely to be a full inspection.

Learning Disability Mortality Review (LeDer)

8.5 Tameside & Glossop CCG continue to support the LeDer Programme. There have been 4 completed reviews which have highlighted good practice with the use of the hospital passport and reasonable adjustments. Learning has been identified and shared with regards to improving communication with carers and relatives and improving the uptake of annual health checks and the quality of health action plans

9. CHILDREN'S SERVICES

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

10. ASSOCIATE CONTRACTS

10.1 The quality of associate contracts are managed by the Lead CCG for that contract and assurance sought via the lead CCG's contracting processes. A working group has been established to strengthen internal processes in relation to the performance and quality of associate contracts.

10.2 Quality concerns and assurance re mitigation for associate contracts are reported and monitored at GM H&C Partnership Quality Board; Chaired by Richard Preece; Executive Lead for Quality at the Partnership.

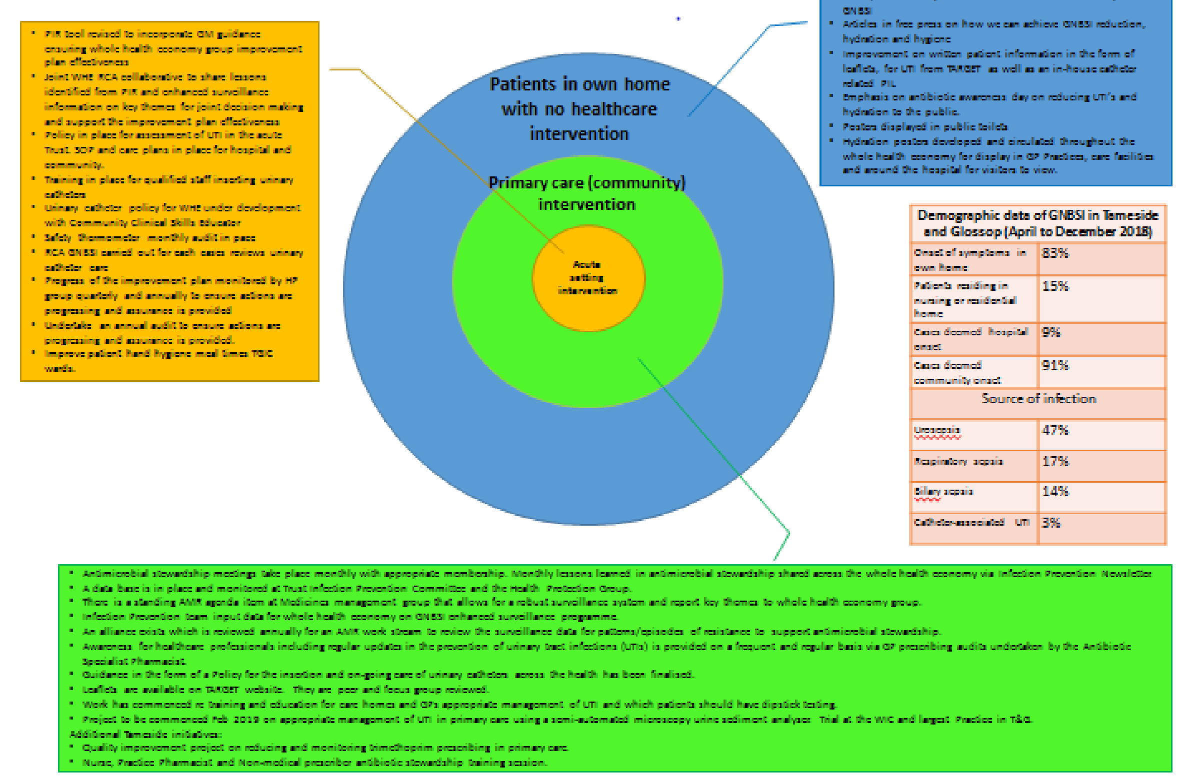
11. SMALLER VALUE CONTRACTS

11.1 Work has been initiated to review and strengthen the current quality assurance arrangements for all smaller value contracts; this includes the use of a risk matrix to establish the levels of focus required from the Quality Team. An audit has recently been completed and work is on-going to include quality expectations based on 3 domains into new and existing contracts.

12. ADDITIONAL INFORMATION - QUALITY IN FOCUS

Reducing gram negative infections; Hydration week (week commencing 11th March 2019)

12.1 Throughout 2018/19 a whole health and care stakeholder group has been working collaboratively to deliver the national ambition to achieve a 50% reduction in healthcare associated GNBSIs by March 2022. National and local analysis indicates that 45 % of urinary tract infections are associated with a germ called E.coli when it gets into the bladder. The group aim to reduce urinary tract infection in older people by improving a person's hydration and by encouraging and supporting people to wash their hands after going to the toilet. This ambition has been underpinned by a range of quality improvement initiatives including a hydration campaign aimed at older people, many of whom do not have health care involvement.



12.2 The group achieved the expected 10% reduction in healthcare associated GNBSIs by March 2018 however it is not on target to achieve the target for March 2019; this is a national picture, thought to have been influenced by the exceptionally hot summer in 2018, resulting in increased dehydration and increased UTI infections.

12.3 For Hydration week 2019 staff and carers across the locality will be reminded to encourage people to 'drink more and stop infection' by: -

- Each time you visit a an elderly person's home you can chat about drinking more to stop infections.
- You can ask older people to note down how many drinks they have per day so they can monitor their own actual input, see chart below.
- You can advise older people to drink earlier in the day to reduce the risk of getting up at night.
- You can advise people to drink little and often rather than full glasses at a time.
- You can ensure that the cups and glasses they have can be held properly and are not too heavy to pick up.
- You can use tools like a colour chart so that they can see that the dark urine means you need to drink more (see chart).

Reducing Health inequalities in people with Learning Disabilities:

12.4 People with a learning disability have a right to good health, yet they still face many health inequalities, often resulting in worse health than the general population.

12.5 Sadly, people with a learning disability can have poorer physical and mental health than other people and studies have shown that they can die on average 20 years younger than the rest of the population. People with a learning disability are three times more likely to die from causes of death that could have been avoided with good quality healthcare. Many of these deaths are avoidable and not inevitable.

12.6 Our vision is for a future where health inequalities faced by people with learning disabilities is eliminated. These individuals will have access to the same quality of physical and mental healthcare as everybody else.

12.7 Clinical evidence shows that Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and promote health

12.8 A whole health and care stakeholder group has been working collaboratively to deliver NHS England's ambition is for 75% of people on GP Learning Disability Registers, from age 14 years, to have an Annual Health Check.

12.9 As part of this work the group delivered a GM 100 day challenge commitment to create a resource packs for all practices containing practical resources that Primary Care services can use to support them to deliver good quality checks and health action plans. These packs were provided in December 2018 and included:

- Step by step guide to implementation annual health checks and action plans
- Royal College of GPs approved tool kit and resources
- Syndrome specific supporting resources
- Hospital passport
- Communication / easy read resources
- Information on reasonable adjustments
- Information on the adult Learning Disability Health Service.
- Transition information from children to adults.

12.10 In addition to this pack there is also a GP Liaison Nurse whose sole role is to support Practices with advice and training about general learning disability issues, the LD register and Practice learning disability Champions; contact details are provided within the pack.

12.11 Unfortunately T&G locality is not on trajectory to achieve the NHSE target; work will continue throughout 2019/20 to increase the number of people on the LD register and to increase the number of these over the age of 14 receiving a good quality health check and action plan with the aim to reduce health inequalities in this population.

CRISTAL Awards *"Celebrating Remarkable Inspirational Stars, Teams, And Leaders"*.

12.12 Tameside and Glossop CCG, and Tameside MBC have worked in partnership to develop the CRISTAL Awards. CRISTAL is defined as *"Celebrating Remarkable Inspirational Stars, Teams, And Leaders"* and is a celebration of excellence in care, within Care Homes across Tameside and Glossop. The award ceremony will take place on 17 Oct 2019 at Dukinfield Town Hall and will pay tribute to those who have demonstrated outstanding excellence in the sector. While care homes are able to enter other care awards, Tameside and Glossop CCG/Tameside MBC believes that developing and celebrating excellent care in care homes locally will encourage participation and provide positive publicity, raise moral and give the sector a boost.

2019/20 CQUIN Scheme

12.13 The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The CQUIN scheme for 2019/20 supports the delivery of the NHS Long Term Plan and draws on evidence based good practice that is already being rolled out across the country. The table below highlights the CQUINs included in the 2019/20 scheme; further information can be accessed at https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/

Prevention of Ill Health	Mental Health	Patient Safety	Best Practice Pathways
• Antimicrobial Resistance – Lower Urinary Tract Infections in Older People & Antibiotic Prophylaxis in Colorectal Surgery • Staff Flu Vaccinations • Alcohol and Tobacco – Screening & Brief Advice	• Improved Discharge Follow Up • Improved Data Quality and Reporting – Data Quality Maturity Index & Interventions • IAPT – Use of Anxiety Disorder Specific Measures	• Three High Impact Actions to Prevent Hospital Falls • Community Inserted PICC Lines Secured Using a SecurAcath Device	• Stroke 6 Month Reviews • Ambulance Patient Data at Scene – Assurance & Demonstration • Same Day Emergency Care – Pulmonary Embolus/ Tachycardia/ Community Acquired Pneumonia

12.14 CQUINs have been offered and accepted for both the ICFT and PCFT contract as below: -

ICFT:

1	Antimicrobial resistance Antibiotic Prophylaxis in Colorectal Surgery Lower Urinary Tract Infections in Older People
2	Staff flu vaccinations
3	Alcohol and Tobacco – screening and brief advice
4	Three high impact actions to prevent Hospital Falls
5	Same day emergency care - Pulmonary Embolus

PCFT:

1	Staff flu vaccinations
2	Alcohol and Tobacco – screening and brief advice
3	72 Hour Follow Up Post Discharge
4	MH Data quality
5	Use of Anxiety Disorder Specific Measures in IAPT

12.15 Smaller value contracts will be offered a CQUIN aimed to contribute to a reduction in homelessness and / or domestic abuse in support of the commissioning intentions 2019/20.

13. RECOMMENDATIONS

13.1 As set out on the front of the report.

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 24 April 2019

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 April 2019. 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 (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) 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 February 2019.

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 (SCB) 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 4 Hour Standard
- Referral To Treatment- 18 weeks

Recommendations: The Strategic Commissioning Board are asked:

- 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

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.
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 sot 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 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; The background papers relating to this report can be inspected by contacting Ali Rehman by: Telephone: 01613425637 e-mail: alirehman@nhs.net

1.0 BACKGROUND

1.1 This report provides the Strategic Commissioning Board with a health & care performance update at April 2019 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 & 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 Standard
	3	Referral To Treatment-18 Weeks
ON WATCH (monitored)	4	Diagnostic tests waiting times
	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	17-20	IAPT
	41	LD service users in paid employment
	40	Direct Payments
	45	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 February was 87.7% for Type 1 & 3 which is below the target of 95% nationally. Performance in February 2019 was better than that of February 2018 by 3.3%. Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy. It should be noted that this performance meant that the Trust was ranked first in Greater Manchester and in the upper quartile for the national peer

18 Weeks Referral To Treatment

2.4 Performance for February is below the Standard for the Referral to Treatment 18 weeks (92%) achieving 90.4%. This is the same performance compared to the previous month, January which also failed to achieve the standard at 90.4%. A number of providers are

failing the national standard including Manchester Foundation Trust (MFT). MFT has seen growth in GP referrals. This is primarily due to local GP referrals, but also increases from commissioners outside of Trafford and Manchester, including ENT, cardiology and paediatrics. Given the demand and capacity pressures, MFT are reporting that they may not now meet the Referral to Treatment standard and waiting list ceiling target by March 2019. Actions include MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS. Support is to be provided from NHS Improvement Intensive Support Team. Discussions are taking place with lead commissioners re the need for comprehensive recovery plans.

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 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 February with none of the KPIs achieved the performance standards:

- Calls Answered (95% in 60 seconds) = 72.96%;
- Calls abandoned (<5%) = 6.9%;
- Warm transfer (75%) = 38.37%;
- Call back in 10 minutes (75%) = 53.53%.

3.3 Average call pick up for the month was 1 minutes 46 seconds. The Service has had challenging month and performance against KPIs reflects this. Implementation of the performance improvement plan continues with additional staffing due out of training in February and March alongside improving the technology within the call centres and collaboration with other 111 providers to identify efficiencies and better ways of working in partnership.

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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
CCG	Patients waiting 52+ weeks on an incomplete pathway	L	Zero Tolerance	4	4	27	20	14	6	6	4	4	2	2
Provider	Manchester Foundation Trust	L	Zero Tolerance	4	4	27	20	14	5	4	3	2	1	1
Provider	Stockport Foundation Trust	L	Zero Tolerance	0	0	0	0	0	1	0	0	0	0	0
Provider	Leeds Teaching Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	0	0	0	0
Provider	The Robert Jones and Agnes Hunt Hospital	L	Zero Tolerance	0	0	0	0	0	0	1	1	1	1	1
Provider	Pennine Acute	L	Zero Tolerance	0	0	0	0	0	0	0	0	1	0	0
Specialty	Plastic Surgery	L	Zero Tolerance	4	4	6	6	6	5	4	3	2	1	1
Specialty	ENT	L	Zero Tolerance	0	0	17	9	7	1	0	0	0	0	0
Specialty	T&O	L	Zero Tolerance	0	0	0	0	0	0	1	1	1	1	1
Specialty	General Surgery	L	Zero Tolerance	0	0	2	2	1	0	0	0	1	0	0
Specialty	Ophthalmology	L	Zero Tolerance	0	0	1	1	0	0	0	0	0	0	0
Specialty	Other	L	Zero Tolerance	0	0	1	2	0	0	1	0	0	0	0

3.4 There are 2 patients, both of these have now been seen. 1 at MFT, Breaches have occurred at Manchester Foundation Trust in the specialty of Plastic Surgery (highly-specialised DIEP (deep inferior epigastric perforator) flap reconstructive surgery procedure) which has had capacity pressures. There is one patient waiting at Robert Jones and Agnes Hunt hospital. We have been informed that this patient was awaiting ACI (Autologous Chondrocyte Implantation). A harms review has been undertaken by the trust and no harm was identified for the patient.

Elective waiting lists.

3.5 The operating guidance Refreshing NHS Plans for 2018/19 section 3.7 states:
"A more significant annual increase in the number of elective procedures compared with recent years means commissioners and providers should plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and, where possible, they should aim for it to be reduced."

3.6 The table below shows the Referral to Treatment waiting list position for the CCG by month compared to the baseline of March 2018.

RTT

	Mar 18 Base	Apr-18	% Varation from Mar 18	May-18	% Varation from Mar 18	Jun-18	% Varation from Mar 18	Jul-18	% Varation from Mar 18	Aug-18	% Varation from Mar 18	Sep-18	% Varation from Mar 18	Oct-18	% Varation from Mar 18	Nov-18	% Varation from Mar 18	Dec-18	% Varation from Mar 18	Jan-19	% Varation from Mar 18	Feb-19	% Varation from Mar 18
Bolton	5	2	-60.0%	4	-20.0%	5	0.0%	4	-20.0%	6	20.0%	3	-40.0%	3	-40.0%	4	-20.0%	4	-20.0%	7	40.0%	5	0.0%
Christie	81	97	19.8%	92	13.6%	130	60.5%	113	39.5%	109	34.6%	95	17.3%	111	37.0%	98	21.0%	98	21.0%	97	19.8%	98	21.0%
Manchester University FT	3,017	3,053	1.2%	3,096	2.6%	3,218	6.7%	3446	14.2%	3567	18.2%	3509	16.3%	3472	15.1%	3513	16.4%	3515	16.5%	3546	17.5%	3611	19.7%
NWCATS Care UK/Inhealth	370	401	8.4%	461	24.6%	417	12.7%	374	1.1%	385	4.1%	424	14.6%	511	38.1%	500	35.1%	380	2.7%	338	-8.6%	389	5.1%
Other	184	237	28.8%	262	42.4%	300	63.0%	309	67.9%	289	57.1%	322	75.0%	327	77.7%	354	92.4%	349	89.7%	330	79.3%	298	62.0%
SPIRE MANCHESTER HOSPITAL	29	33	13.8%	30	3.4%	37	27.6%	45	55.2%	39	34.5%	47	62.1%	55	89.7%	59	103.4%	42	44.8%	41	41.4%	39	34.5%
BMI - THE ALEXANDRA HOSPITAL	123	152	23.6%	179	45.5%	177	43.9%	181	47.2%	202	64.2%	206	67.5%	223	81.3%	197	60.2%	189	53.7%	179	45.5%	178	44.7%
PAHT	412	370	-10.2%	371	-10.0%	366	-11.2%	403	-2.2%	407	-1.2%	409	-0.7%	421	2.2%	440	6.8%	420	1.9%	446	8.3%	529	28.4%
Salford	472	462	-2.1%	427	-9.5%	449	-4.9%	415	-12.1%	484	2.5%	476	0.8%	449	-4.9%	484	2.5%	496	5.1%	500	5.9%	510	8.1%
Stockport	949	1,011	6.5%	1,047	10.3%	1,020	7.5%	1035	9.1%	1028	8.3%	994	4.7%	969	2.1%	947	-0.2%	932	-1.8%	885	-6.7%	914	-3.7%
T&G ICFT	11,367	11,507	1.2%	11,761	3.5%	11,825	4.0%	11844	4.2%	11377	0.1%	11756	3.4%	12165	7.0%	12105	6.5%	11599	2.0%	11618	2.2%	11907	4.8%
WWL	94	86	-8.5%	79	-16.0%	87	-7.4%	96	2.1%	87	-7.4%	87	-7.4%	85	-9.6%	76	-19.1%	63	-33.0%	59	-37.2%	74	-21.3%
Total	17,103	17,411	1.8%	17,809	4.1%	18,031	5.4%	18,265	6.8%	17,980	5.1%	18,328	7.2%	18,791	9.9%	18,777	9.8%	18,087	5.8%	18,046	5.5%	18,552	8.5%
																						Unvalidated	

3.7 This shows that the waiting list position as at the end of February 2019 is 8.5% Higher than the March 2018 position. This is a deterioration compared to the previous month where it was 5.5%. There are a number of providers where the waiting list is on the increase, however the three key contributors are Tameside and Glossop ICFT, MFT, and Pennine Acute. All three have growth in the following four specialties, Ophthalmology, Gastroenterology, General Surgery and Urology. The ICFT continue to have a backlog in Dermatology as seen in the table below.

T&G CCG Total	March	April	May	June	July	August	September	October	November	December	Var Mar v Dec	January	Var Mar v Jan	February	Var Mar v Feb
100 - General Surgery	2172	2162	2276	2337	2364	2249	2,338	2,332	2,400	2,249	**77**	2,277	**105**	2,327	**155**
101 - Urology	1041	1122	1147	1072	1159	1144	1,132	1,105	1,190	1,133	**92**	1,144	**103**	1,181	**140**
110 - Trauma & Orthopaedics	2769	2751	2730	2776	2839	2646	2,810	2,992	2,972	2,862	**93**	2,755	**- 14**	2,729	**- 40**
120 - Ear, Nose & Throat (ENT)	1342	1318	1388	1356	1335	1335	1,296	1,311	1,223	1,254	**- 88**	1,382	**40**	1,450	**108**
130 - Ophthalmology	1258	1272	1427	1543	1677	1721	1,837	1,997	1,980	1,941	**683**	1,814	**556**	1,819	**561**
140 - Oral Surgery	0	0	0	0				-	-	-	-	-	-	-	-
150 - Neurosurgery	8	12	30	51	66	81	97	110	119	120	**112**	4	**- 4**	5	**- 3**
160 - Plastic Surgery	183	182	175	210	223	241	259	308	321	319	**136**	300	**117**	278	**95**
170 - Cardiothoracic Surgery	51	43	49	53	42	48	53	43	54	57	**6**	51	-	55	**4**
300 - General Medicine	590	603	569	533	488	461	492	513	470	443	**- 147**	460	**- 130**	472	**- 118**
301 - Gastroenterology	742	990	852	871	861	760	848	879	840	829	**87**	924	**182**	971	**229**
320 - Cardiology	1015	961	1043	1042	1035	1000	1,052	1,022	966	946	**- 69**	949	**- 66**	983	**- 32**
330 - Dermatology	777	876	917	936	1004	1072	1,132	1,158	1,120	935	**158**	877	**100**	895	**118**
340 - Thoracic Medicine	491	513	576	584	556	575	544	561	562	519	**28**	548	**57**	565	**74**
400 - Neurology	6	6	7	6	7	1	12	12	9	6	-	7	**1**	13	**7**
410 - Rheumatology	392	405	417	416	384	418	410	429	452	409	**17**	412	**20**	402	**10**
430 - Geriatric Medicine	12	15	15	18	22	20	17	17	32	33	**21**	40	**28**	53	**41**
502 - Gynaecology	1453	1412	1383	1343	1342	1430	1,395	1,347	1,327	1,282	**- 171**	1,313	**- 140**	1,456	**3**
X01 - Other	2801	2768	2808	2884	2861	2778	2,604	2,655	2,740	2,750	**- 51**	2,789	**- 12**	2,898	**97**
	17103	**17411**	**17809**	**18031**	**18265**	**17980**	**18,328**	**18,791**	**18,777**	**18,087**	**984**	**18,046**	**943**	**18,552**	**1,449**

3.8 The analysis of our activity shows that year to date referrals are 5.7% below plan and 4.6% below 2017/18 which suggests that the increased backlog is down to capacity rather than demand.

3.9 Discussions with the ICFT suggested the backlog would decrease for March 2019, however we anticipate that they will not achieve the zero growth in waiting list. It is expected that MFT will end the year with a waiting list growth of circa 500.

4.0 RECOMMENDATIONS

4.1 As set out on the front of the report.

Appendix 1

Health and Care Improvement Dashboard

April 2019

	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%	Feb-19	92.2%	89.7%	87.7%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Mar-18	3.2%	3.2%	2.9%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Feb-19	90.5%	90.4%	90.4%	▼	
4	* Diagnostics Tests Waiting Times	1%	Feb-19	0.8%	1.2%	1.1%	▼	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Feb-19	97.7%	97.0%	97.6%	▲	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Feb-19	95.9%	96.0%	99.2%	▲	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Feb-19	96.7%	96.3%	98.7%	▲	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Feb-19	100.0%	100.0%	100.0%	◀▶	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Feb-19	100.0%	100.0%	100.0%	◀▶	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Feb-19	100.0%	100.0%	100.0%	◀▶	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Feb-19	88.1%	82.7%	97.3%	▲	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Feb-19	100.0%	100.0%	100.0%	◀▶	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Feb-19	81.3%	62.7%	59.1%	▼	
14	MRSA	0	Feb-19	2	1	0	▲	
15	C.Difficile (Ytd Var To Plan)	0%	Feb-19	-24.0%	-25.0%	-25.0%	▲	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Feb-19	80.7%	81.2%	81.0%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Dec-18	2.8%	3.4%	3.4%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Dec-18	51.2%	49.6%	46.6%	▼	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Dec-18	86.7%	82.1%	74.3%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Dec-18	100.0%	100.0%	97.1%	▼	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Feb-19	100.0%	91.7%	92.3%	▲	
22	Mixed Sex Accommodation	0	Jan-19	0.62	0.00	0.56	▼	
23	Cancelled Operations		18/19 Q3	1.2%	0.6%	1.0%	▲	
24	Cancer Patient Experience		2017	8.70	8.80	8.80	◀▶	
25	Cancer Diagnosed At An Early Stage		16/17 Q3	43.7%	54.2%	54.6%	▲	
26	General Practice Extended Access		Mar-18	82.1%	92.3%	91.9%	▼	
27	Patient Satisfaction With GP Practice Opening Times		Mar-18			62.0%		

* data for this indicator is provisional and subject to change

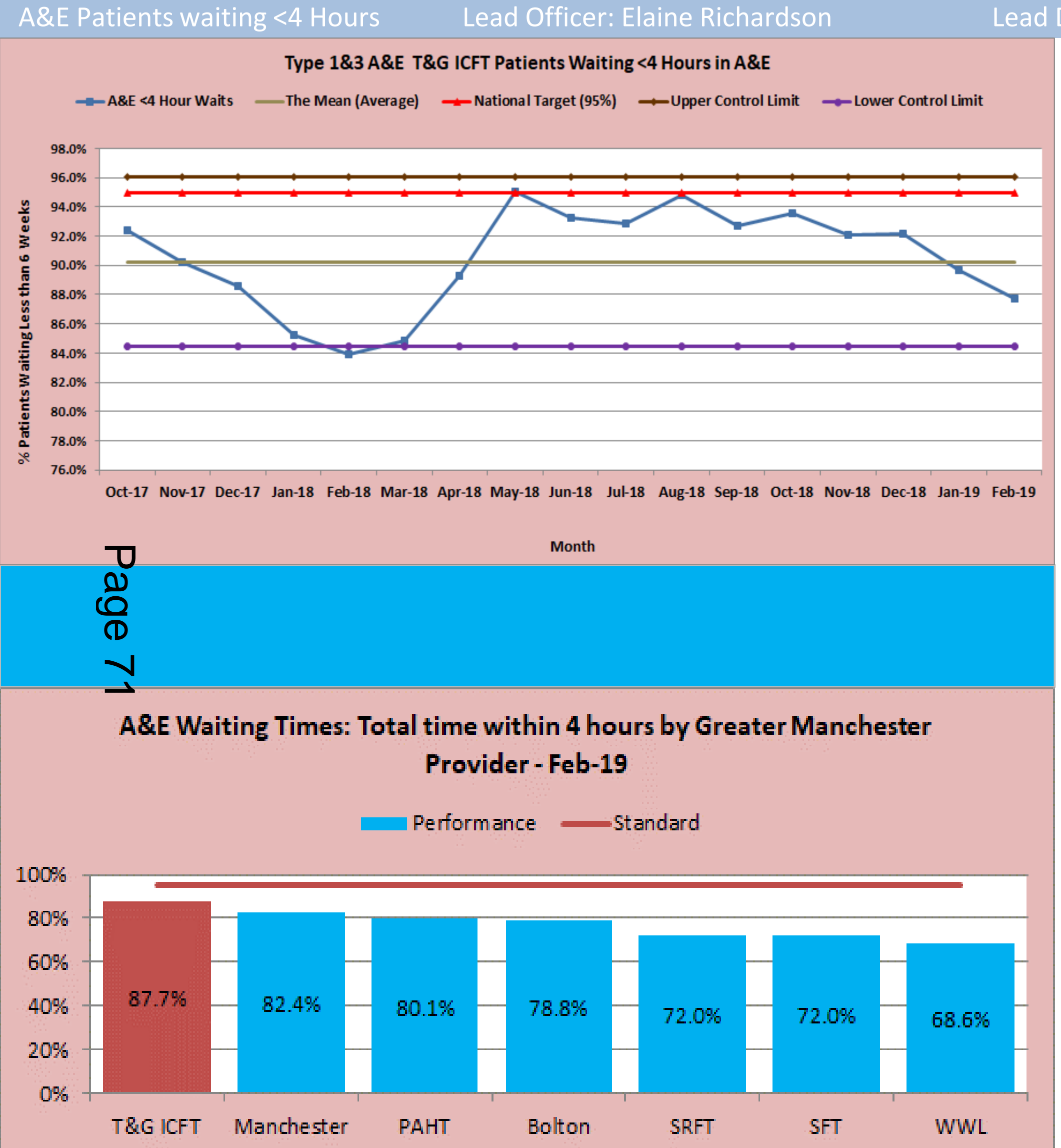
	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
28	111 Dispositions- - % Recommended to speak to primary and community care (Ranking out of 37)		Jan-19	15% (23rd)	16% (13th)	17% (10th)	▲	
29	111 Dispositions- - % Recommended to dental (Ranking out of 37)		Jan-19	2% (36th)	2% (36th)	2% (36th)	◀▶	

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
30	111 Dispositions- - % Recommended home care (Ranking out of 37)		Jan-19	3% (22nd)	3% (26th)	3% (25th)	▲	
31	Maternal Smoking at delivery		18/19 Q3	14.4%	15.6%	13.5%	▲	
32	%10-11 classified overweight or obese		2014/15 to 2016/17	33.6%	33.6%	33.8%	▲	
33	Personal health budgets		18/19 Q2	11.40	16.10	20.00	▲	
34	Percentage of deaths with three or more emergency admissions in last three months of life		2017	7.80	6.40	6.80	▲	
35	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
36	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
37	Emergency admissions for urgent care sensitive conditions (UCS)		18/19 Q1	2951	2998	3087	▲	
38	Patient experience of GP services		2018			81.6%		
39	Overall Experience of making a GP appointment		Mar-18		68.9%	64.0%	▼	
	Adult Social Care Indicators							
40	Part 2a - % of service users who are in receipt of direct payments	28.1%	18/19 Q3	12.84%	13.71%	13.56%	▼	
41	Total number of Learning Disability service users in paid employment	5.7%	18/19 Q3	4.05%	6.83%	6.80%	▼	
42	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q3	2.22 (3 Admissions)	2.96 (4 Admissions)	8.8 (12 Admissions)	▲	
43	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q3	52.25 (60 Admission:	276.58 (109 Admissions)	469.42 (185 Admissions)	▲	
44	Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q3	63	113	197	▲	
45	Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q3	77.4%	77.2%	79.9%	▲	
46	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Feb-19	69%	71%	73%	▲	
47	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Feb-19	100%	100%	100%	◀▶	
48	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Feb-19	85%	85%	85%	◀▶	

Symbol	Meaning
▼ (red)	Performance detiorating and failing standard
▲ (red)	Performance improvinging and failing standard
▲ (green)	Performance improving and achieving standard
▼ (green)	Performance detiorating and achieving standard
▼ (black)	Performance detiorating no standard
▲ (black)	Performance improving no standard
◀▶ (green)	No change in Performance and achieving standard
◀▶ (red)	No change in Performance and failing standard
◀▶ (black)	No change in Performance and no standard

Health and Care Improvement– Exception Appendix 2

A&E Patients waiting <4 Hours | Lead Officer: Elaine Richardson | Lead Director: Jess Williams | Governance: A&E Delivery Board



* 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.

Key Risks and Issues:

The A&E Type1 and type 3 performance for February was 87.7% which is below the National Standard of 95%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Performance in February 2019 was better than that of February 2018 by 3.3%.
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy.
- It should be noted that this performance meant that the Trust was ranked first in Greater Manchester and in the upper quartile for the national peer.

Actions:

- Introduction of GP bay on IAU, allowing patients to be seen in a more timely
- Continued focus on stranded/ super- stranded patients;
- Daily performance meeting with the clinical teams to review the previous day and prepare for day/ week ahead;
- New ED Live Dashboard now in use, providing real-time/ predictive data about performance and flow in the Department;
- Deployment of Ambulatory-care Tracker to improve handover to Ambulatory Care;
- Preparation for colocation of the Walk-in-Centre;
- Pilot of NWAS HALO undertaking triage as part of handover process;
- Reinforcing 'Fit to Sit' message with triage practitioners and NWAS staff.

Operational and Financial implications:

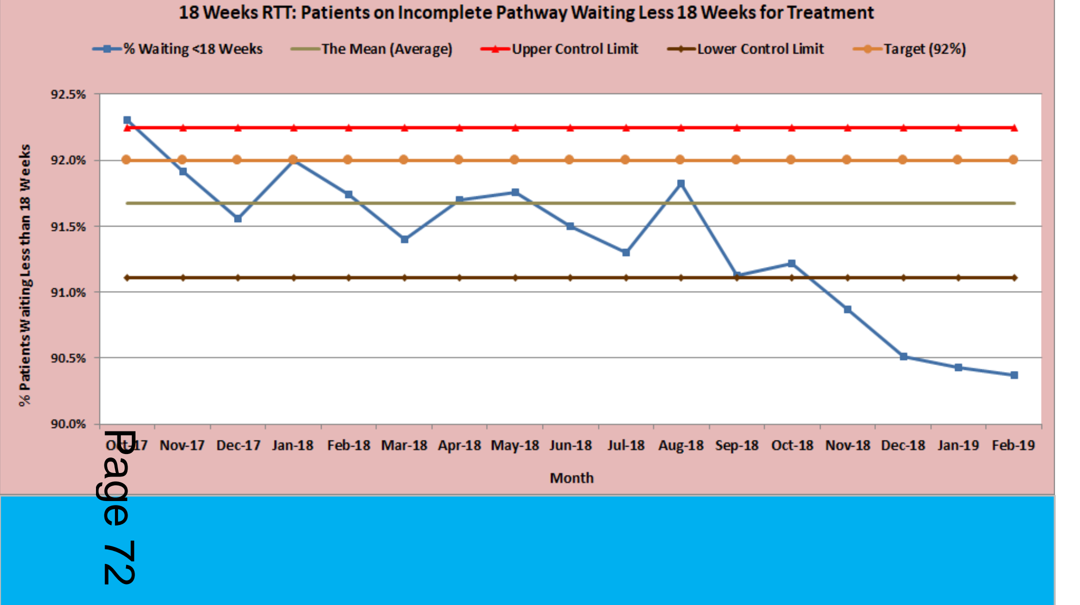
Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

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

Health and Care Improvement– Exception

18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment
Lead Officer: Elaine Richardson Lead Director: Jess Williams Governance: Contracts



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

CCG	Feb-19 Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	20,009	18,296	91.44%	92%
NHS Tameside and Glossop CCG	18,555	16,769	90.37%	92%
NHS Salford CCG	24,332	21,923	90.10%	92%
NHS Oldham CCG	14,399	12,715	88.30%	92%
NHS Manchester CCG	43,620	38,511	88.29%	92%
NHS Trafford CCG	17,896	15,981	89.30%	92%
NHS Bolton CCG	23,536	20,810	88.42%	92%
NHSE North of England	1,103,497	974,314	88.29%	92%
NHS Bury CCG	13,604	11,959	87.91%	92%
NHS Heywood, Middleton and Rochdale CCG	15,750	13,870	88.06%	92%
NHS Stockport CCG	27,341	23,355	85.42%	92%

* Benchmarking data relates to February 2019

Key Risks and Issues:

The RTT 18 weeks performance for February was 90.37% which is below the National Standard of 92% .
Failing specialties are, Urology (89.92%), Trauma & Orthopaedics (83.55%), Ophthalmology (86.20%), Plastic Surgery (74.10%), Cardio thoracic (76.36%), Cardiology (91.86%, Gynaecology (91.96%) and Rheumatology (89.8%).
The performance at MFT at 86.18% is the key reason for the failure in February with 499 people breaching. Stockport, Salford and Pennine trusts also contributed to the failure accounting for a further 344 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. These have now been treated.
As lead Commissioner.
T&G ICFT as a provider are achieving the standard.

Actions:
MFT have advised the following.
•RTT task force is meeting weekly
•Clinical review and root cause analysis is being undertaken for all breaches of the 52 week standard
•Review of referral variation by practice and consider any implications by referrer type and specialty
•Review the effectiveness of the Manchester gateway triage system
•The RTT waiting list at MFT is to be validated
•Manchester CCG has agreed to fund additional independent sector outpatient attendances and elective procedures in February and March 19 up to the financial value of £1.2m
•MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
•Support is to be provided from NHSI IST

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

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Executive Member/Reporting Officer:	Councillor Brenda Warrington – Executive Leader Pat McKelvey, Head of Mental Health and Learning Disabilities Jacqui Dorman, Public Health Intelligence Manager
Subject:	**SUICIDE PREVENTION STRATEGY 2019/2023**
Report Summary:	The number of deaths to suicide in Tameside and Glossop is significant, with 75 deaths occurring in 2015/17 alone. This strategy builds on our work to date and sets out an ambitious five year plan for reducing and ultimately eliminating suicides in Tameside and Glossop. To do this will require a co-ordinated effort so that suicide prevention becomes 'everyone's business'. Our vision is that no-one will see suicide as a solution, and our ambition is therefore that there will be no more suicides in Tameside and Glossop. This strategy sets out how we will go about preventing suicide in Tameside and Glossop, in line with our ambition. In order for this to be achieved, all partners in every organisation in Tameside and Glossop will need to understand and support this strategy.
Recommendations:	To support the strategy and its ambition and objectives.

Financial Implications:
(Authorised by Section 151 Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	CCG
Additional Budget Allocation By 2021/22	£5.691 million (Approved at SCB on 30 January 2018)
Integrated Commissioning Fund Section	Aligned
Decision Required By	CCG Governing Body
Organisation and Directorate	CCG
Additional Budget Allocation By 2021/22	£0.100 million (Approved at CCG Governing Body on 28 March 2018)
Additional Comments On 30 January 2018 the Strategic Commissioning Board approved an investment programme in Mental Health services by an additional recurrent value of £5.791 million by 2021/22, £5.691 million of which is within the Section 75 of the Integrated Commissioning Fund, with £0.100 million within the aligned fund. The aligned fund investment was approved at the CCG Governing Body on 28 March 2018. Whilst this report is not specifically requesting any further additional funding, it should be acknowledged that there is a clear investment plan which sets out the level of funding available for each programme of work. The investment	

	programme included funding to support the prevention strategy as explained in this report.
Legal Implications: (Authorised by Borough Solicitor)	It is important to ensure that individual cases and the outcome of inquest, which are an inevitable consequence, are taken into account when devising this type of strategy. The Coroner will require sight of and may require details of the governance and rationale behind the strategy, the policy and any procedures and processes which flow from this decision when considering this category of death. They therefore must be kept under regular review and linked to all agencies involved with inquests.
How do proposals align with Health & Wellbeing Strategy?	The suicide prevention strategy sets out the strategic direction to reduce suicides in Tameside and Glossop. It directly aligns with our priority to increase healthy life expectancy and reduce inequalities.
How do proposals align with Locality Plan?	The suicide prevention strategy sets out the strategic direction to reduce suicides in Tameside and Glossop. It aligns with the direction being taken by the GM Health and Social Care partnership and the locality plan which aims to increase healthy life expectancy and reduce inequalities
How do proposals align with the Commissioning Strategy?	The Corporate Plan sets out the strategic direction of Tameside and Glossop Strategic Commission and aligns with the Commissioning Strategy through a focus on the life course – Starting Well, Living Well and Ageing Well.
Recommendations / views of the Health and Care Advisory Group:	This report has been presented to the Health and Care Advisory Group who were supportive of the introduction of the Strategy.
Public and Patient Implications:	This strategy aims to reduce the number of suicides in Tameside and Glossop and the impact this has on people and communities and thus improving outcomes for our residents and patients.
Quality Implications:	No direct implications as a result of this report.
How do the proposals help to reduce health inequalities?	The suicide prevention strategy sets out the strategic direction to reduce suicides in Tameside and Glossop. Suicides are high in Tameside & Glossop and therefore the main aim of this strategy is to improve outcomes for our residents and patient and reduce the number of suicides in the groups and communities where suicides are highest.
What are the Equality and Diversity implications?	No direct implications as a result of the report.
What are the safeguarding Implications?	No direct implications as a result of the report.
What are the Information Governance implications?	No direct implications as a result of the report.
Has a privacy impact assessment been conducted?	Not applicable.

Risk Management:	This report fulfils the commitment for the delivery of a suicide prevention strategy as part of our public health statutory duties and aligns with the ambition for Greater Manchester to substantially reduce deaths from suicide.
Access to Information :	The background papers relating to this report can be inspected by contacting Jacqui Dorman, Policy, performance and intelligence: Telephone:0161 342 2119 e-mail: Jacqui.dorman@tameside.gov.uk

Tameside & Glossop Suicide Prevention Strategy 2019-2023

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Main Author/editor	Jacqui Dorman
Report of	Suicide and self-harm prevention group
On behalf of	Health and Wellbeing Board, Strategic Commissioning Board and the Mental Health and Wellbeing Strategic Group
Contributors	Pat McKelvey
Version	8.0 (Draft)
Version date	27th March 2019

1. FORWARD

1.1 In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

1.2 There are marked differences in suicide rates according to social and economic circumstances, so suicide is also a marker of how fair our society is. Those who are out of work, in poor housing, and/or with a significant health issue, (particularly those who are dependent upon drugs and alcohol) are more at risk. Reducing risk requires system change to address the wider determinants of mental health in addition to high quality health and social care in its widest sense. This presents us with a considerable challenge at a time when resources are more stretched than ever.

1.3 It is clear that nationally and locally our collective goal is that ***no-one will see taking their own life as a solution***, and to this end our commitment in Tameside and Glossop is that we will do everything in our power to achieve this.

1.4 In developing our strategy we have taken inspiration from the Greater Manchester Suicide prevention strategy[1] and thus we take the opportunity here to acknowledge the excellent work of all our all colleagues working on this agenda across the region.

2. EXECUTIVE SUMMARY

2.1 The number of deaths to suicide in Tameside and Glossop is significant, with 75 deaths occurring in 2015/17 alone. The majority of suicides occur in men, with increased risk seen in those within the lowest socioeconomic groups and living in the most deprived geographical areas. Other at risk groups includes those who self-harm, children and young people and those with untreated depression. Individuals who have been bereaved by suicide, those who are isolated, and those who misuse drugs and alcohol are also at increased risk.

2.2 Less than a third of all suicides occur in individuals who are known to mental health services, thus preventing suicide requires a co-ordinated whole system approach.

2.3 This strategy builds on our work to date and sets out an ambitious five year plan for reducing and ultimately eliminating suicides in Tameside and Glossop. To do this will require a co-ordinated effort so that suicide prevention becomes ‘everyone’s business’.

2.4 We have sought direction from the Suicide Prevention Strategy for England[2] from 2012, the Five Year Forward View for Mental Health[3], and the recently published PHE resources for local Suicide Prevention Planning[4].

[1] https://www.gmhsc.org.uk/wp-content/uploads/2018/05/GM-Suicide-Prevention-24.02.17.pdf
[2] file:///N:/Transformation/MH%20&%20LD/Suicide/GM/Preventing-Suicide-England.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

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2.5 In Tameside & Glossop we are aiming for Suicide Safer Communities Accreditation and have therefore based our strategy objectives in line with the 'Nine Pillars of Suicide Prevention'. These are:

1. A leadership/steering committee
2. A robust background summary of the local area to support goal setting
3. Suicide Prevention Awareness raising
4. Mental Health and Wellness promotion
5. Training for community members, lay persons and professionals
6. Suicide intervention and ongoing clinical support services.
7. Suicide bereavement support and resources
8. Evaluation measures including data collection and evaluation system
9. Capacity building/sustainability within communities

3. WHAT WE WANT TO ACHIEVE IN TAMESIDE AND GLOSSOP?

3.1 Our vision is that no-one will see suicide as a solution, and our ambition is therefore that there will be no more suicides in Tameside and Glossop.

3.2 We recognise that from the evidence that suicides are mainly preventable and avoidable. With this in mind, our strategy sets out our plan to ensure that we harness the support and contribution of all services and agencies so that we can reduce risk, proactively intervene when needed, and effectively respond to those in crisis.

3.3 Our primary focus for the first two years of our strategy (2018/19 – 2019/20) will be to meet the challenge set out within the Five Year Forward View for Mental Health i.e. to reduce the rate of suicide by 10% by 2020. Thereafter we will seek to stretch this target further.

4. WHAT IS THE PURPOSE OF THIS STRATEGY?

4.1 This strategy sets out how we will go about preventing suicide in Tameside and Glossop, in line with our ambition that there will ultimately be no more suicides. In order for this to be achieved, all partners in every organisation in Tameside and Glossop will need to understand and support this strategy.

4.2 Our strategy is intended to stimulate a social movement for change in the way we think and act in relation to suicides and suicide prevention. We aim to enhance the skills of our wider workforce in relation to assessing and managing risks and supporting those who are affected or bereaved, to reduce the stigma attached to talking about suicide and mental health more openly, and to promote suicide safer communities.

4.3 As previously stated this strategy is based primarily on the Greater Manchester suicide strategy but with a focus on the outcomes and priorities for Tameside and Glossop. It will

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[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

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also link with the priorities and strategic framework developed for Derbyshire 2018/21, as the Glossop resident population fall under the responsibility of Derbyshire County council within the local authority area of High Peak[5]. However from a registered population perspective, patients registered with a Glossop GP are the responsibility of the Tameside & Glossop Strategic Commission and therefore this strategy encompasses the Tameside resident population and the Tameside & Glossop registered population.

5. WHY WE NEED A SUICIDE PREVENTION STRATEGY?

5.1 *Key drivers*

5.1.1 Suicide is a major mental health, social, economic, and public health issue.[6] It is a major cause of early death and an indicator of underlying poor mental health at a population level and represents a devastating loss for individuals, families and communities and carries a huge financial burden.[7] The highest numbers of suicides are found in men aged 45–54 years, and in women aged under 45 years.

5.1.2 By 2020/2021 our local health and social care system faces an estimated financial deficit of £42 million to £180 million[8] indicating the need for radical transformation. The impacts of mental health on our wider health care system are considerable: we know that poor mental health worsens physical illness and raises total health care costs by at least 45%, for example, an estimated 12% - 18% of all NHS expenditure on long term conditions is linked to poor mental health and wellbeing.

5.1.3 Most importantly, this strategy recognises that suicide has a significant toll on others – i.e. estimates suggest that for every person who dies from suicide at least 10 people are directly affected.[9] Also for each case of suicide we know that there are around nine others that will have attempted suicide. Thus each suicide is an indication of a significant number of individuals who need help and support.

5.1.4 The key national driver for the development of local suicide prevention strategies and action plans was set out within the 2012 strategy for England Preventing Suicide in England, a cross government strategy to save lives[10]. The requirement for a comprehensive local suicide strategy is considered to be an effective mechanism in reducing deaths by suicide by supporting the combination of a range of interventions.

5.1.5 More latterly, the Five year forward view for Mental Health[11] set a requirement for all local areas to have Suicide Prevention plans in place by 2017.

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[5] Derbyshire self-harm and suicide prevention framework 2018/21
[6] https://www.mentalhealth.org.uk/a-to-z/s/suicide
[7] Pitman AL, Osborn DPJ, Rantell K, King MB. 2016 Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. BMJ Open 2016 Jan 1;6(1)
[8] Greater Manchester Suicide prevention strategy 2016
[9] https://www.mentalhealth.org.uk/a-to-z/s/suicide
[10] Preventing Suicide in England: A cross government strategy to save lives (2012) https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england
[11] The five year forward view for mental health (2016)

5.1.6 A Tameside and Glossop approach that follows the Greater Manchester approach also presents an opportunity to achieve parity of access for all our residents, through a combination of a framework for action to which all boroughs can pledge their support and the potential for economies of scale when commissioning interventions for Tameside and Glossop with the whole of Greater Manchester. It will also allow us to promote the prevention of suicide as everyone's business; with key stakeholders (including the media) joining forces to support workers and residents to reduce the stigma surrounding suicide, and to take action.

5.2 Outcomes we want to achieve in Tameside and Glossop Suicide Prevention.

5.2.1 Our strategy supports us in focusing on all six areas of the national strategy in the long-term, however the outcomes we want to achieve for the whole system in the short term are[12]:

1. Reducing the risk in Men
2. Preventing and responding to self-harm
3. Improving outcomes for children and young people and women during pregnancy and postnatally
4. Treating Depression more effectively in Primary Care
5. Improving Acute Mental Health Care Settings
6. Tackling High Frequency Locations
7. Reducing Isolation and Loneliness
8. Improving Bereavement Support /Postvention

6. THE NATIONAL, REGIONAL AND LOCAL PICTURE

6.1 National

6.1.1 The recent publication of the 2016 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness7 (NCISH) shows that suicide is the biggest killer of men under 49 years and it remains the leading cause of death in people aged 15-29[13]. The majority of people (two thirds) who die by suicide are not in contact with mental health services[14] and in England one person dies as a result of suicide every 2 hours.[15]

6.1.2 For every one person who dies from suicide, at least 10 others are directly affected. In 2017, there were 4,451 deaths from suicide in England, of which 224 were in Greater Manchester and 19 were in Tameside. From 2004 to 2017 there was a 26% fall in suicide rates in men aged 30 to 34. However since 2006, suicide rates in men aged 45-59 have risen by 11%. We also know that specific groups appear to be at higher risk. The following risk factors have become more common as antecedents to suicide:[16]

[12] Appleby,L (2016) 'Priorities for Suicide Prevention action plans' in Local Suicide Prevention Planning – A Practical Resource. Public Health England.
[13] Office of National Statistics, What do we die from? (2015)
[14] HM Government Preventing suicide in England A cross-government outcomes strategy to save lives (2012)
[15] Self-harm, suicide and risk: helping people who self-harm (2010) Royal College of Psychiatrists
[16] Appleby L et al (2016) National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The University of Manchester. Commissioned by the Healthcare Quality Improvement Partnership (HQIP)

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- Isolation
- Economic adversity
- Alcohol and drug misuse
- Recent self-harm

6.1.3 People in the most deprived areas are ten times more at risk of suicide than those in the most affluent group living in the most affluent area. The strongest predictor of suicide is previous episodes of self-harm with the most common antecedent to suicide being alcohol use.

6.1.4 Nationally the most common methods of suicide are hanging and strangulation (47%), self-poisoning (overdose) (21%) and jumping and multiple injuries (mainly jumping from a height or being struck by a train) (11%). Less frequent methods are drowning (4%), gas inhalation (including carbon monoxide poisoning (3%), cutting and stabbing (3%) and firearms (2%).

6.1.5 Suicides amongst those who are under the care of mental health services appears to be decreasing overall, although this picture is not uniform – with inpatient suicides falling significantly (by 60%) following the decree by government in 2003 to eliminate ligature points on inpatient mental health wards, although there are still in excess of 75 inpatient deaths each year.

6.1.6 An increase in suicides under the care of crisis teams is clear from the data which is considered to be as a result of pressure on the system i.e. as a consequence of community crisis teams taking on more complex clients as a result of scarcity of inpatient beds.[17]

6.1.7 The NCISH report indicates that effective crisis teams can have an essential role in reducing suicides - a third of suicides amongst those under the care of mental health services have been discharged from hospital within the preceding 7 days. 30% of suicides in this group occur in the space between discharge and the first outpatient appointment at 7 days plus, reducing this gap to 2-3 days can reduce this to 11%[18].

6.2 Greater Manchester

6.2.1 The total population of Greater Manchester is approximately 2.8 million people. In 2017 there were 224[19] deaths by suicide in Greater Manchester. The greatest number (31) were seen in Bolton and Salford, with the lowest in Trafford (N=15) (table 1)

[17] Greater Manchester suicide audit 2017

[18] Appleby L et al (2016) National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The University of Manchester. Commissioned by the Healthcare Quality Improvement Partnership (HQIP)

[19] ONS: Www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority

Table 1 Numbers of suicides by Borough (2017)

Local Authority	Number of Suicides
Bolton	31
Bury	13
Manchester	30
Oldham	18
Rochdale	18
Salford	31
Stockport	19
Tameside	19
Trafford	15
Wigan	30
Greater Manchester	**224**

6.3 Tameside and Glossop

6.3.1 As the Locality of Tameside and Glossop covers two local authority areas and as previously stated this Strategy covers both Tameside and Glossop, however as the public health responsibility for suicide prevention sits with the local authorities the majority of the publicly available statistics reported in this strategy are at a Tameside level only. Further work will take place with Derbyshire County Council to ensure the whole system approach is embraced equally in Glossop as in Tameside. As also previously mentioned, this strategy will link closely with the priorities for suicide prevention for Derbyshire using their Suicide prevention framework 2018/21 as a reference in the development of our suicide prevention action plans.[20]

6.3.2 Of the 4,451 deaths registered in 2017 for suicide in England, suicides in Greater Manchester constituted around 5% (n=224) of these, reflecting the significant regional and national burden of suicide within the population.

6.3.3 In 2017 there were 19 deaths registered for suicide in Tameside, this is nineteen too many and places Tameside 5th highest across Greater Manchester for numbers of suicides in 2017.Between 2015/17 there were 5 suicides across Glossop.

6.3.4 Of the 224 deaths from suicide in Greater Manchester in 2017, suicides in Tameside constituted around 8% of these, reflecting the significant local burden of suicide within our population.

[20] Derbyshire self-harm and suicide prevention framework 2018/21

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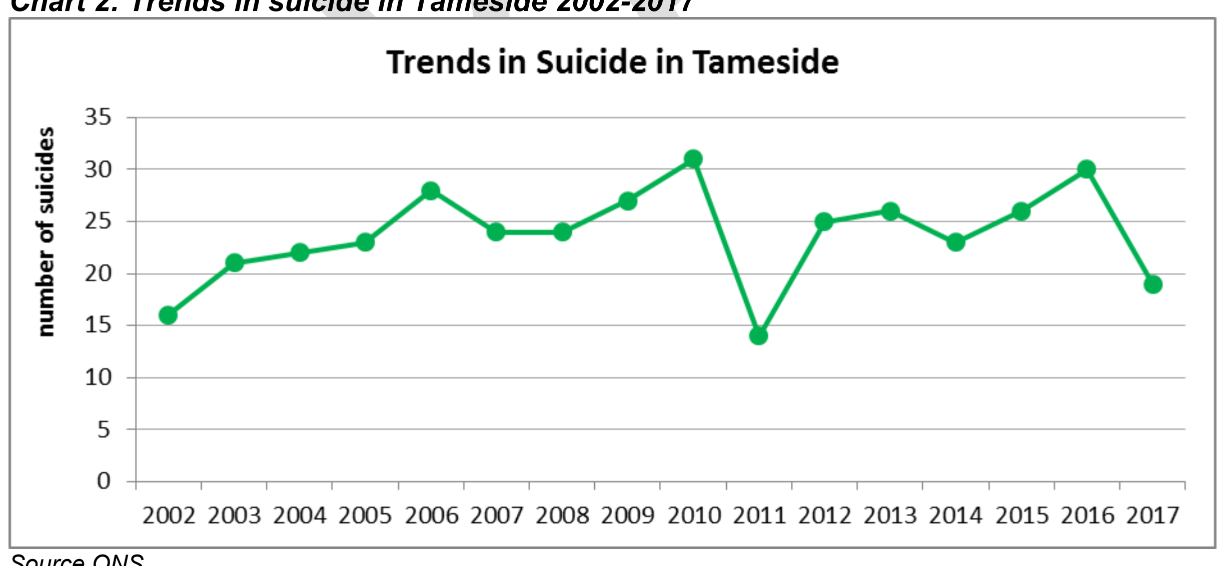
Chart 1: Rates of Suicide in Greater Manchester (2015/17)

Area	Value	Lower CI	Upper CI
England	9.6	9.4	9.7
CA-Greater Manchester	9.7	9.0	10.4
Bolton	11.9	9.5	14.6
Bury	8.0	5.7	11.0
Manchester	9.3	7.5	11.3
Oldham	8.3	6.1	11.0
Rochdale	8.4	6.2	11.2
Salford	12.3	9.6	15.4
Stockport	9.0	7.0	11.5
Tameside	12.9	10.2	16.2
Trafford	7.3	5.3	9.9
Wigan	11.2	9.0	13.6

Source: Public Health England (based on ONS source data)

6.3.5 Rates of suicide in Tameside have fluctuated somewhat but overall have been on the rise since 2002, peaking in 2010, but rising again from 2011. (Chart 2) The overall rate of suicide in Tameside between 2015/17 was 12.9 (per 100,000 residents),[21] (chart 1) making this the highest rate in Greater Manchester over the 3 year period, with significant variation between wards and different population groups.

Chart 2: Trends in suicide in Tameside 2002-2017



Source ONS

7. KEY RISKS FACTORS TO SUICIDE

7.1 Understanding the key risks in relation to suicide enables targeted approaches to those most in need of intervention. A local suicide audit suggested that Tameside fits the national and regional picture with regard to overarching demographic, social and economic factors which place residents at higher risk of suicide.

[21] Suicide prevention profiles_ PHE_ 2014/16

7.2 Men are five times more likely to die by suicide than women in Tameside,[22] three times higher on average in England[23] and people in the lowest socio-economic group and living in deprived areas appear to be more at risk of suicide than those in the most affluent groups living in the most affluent areas.[24]

7.3 Local evidence suggests that those most at risk are:

- Men
- People with prior mental health issue such as depression and anxiety
- Relationship breakdown
- Loss of job
- Chronic pain or disability
- People with longstanding issues with drugs and or alcohol
- People with financial issues/debt

These are similar to what the national evidence suggests that those most at risk nationally are:

- Men
- Individuals aged 35-49
- People with a recent history of self-harm
- People in the care of mental health services
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers[25] and veterans.

7.4 The incidence of self-harm as a precursor to suicide has seen a steep rise, calling for better assessment of those presenting to services. In 2016/17 there were 512 hospital admissions due to self-harm in Tameside.[26] Of these, evidence suggests that patients can often present with a complex history of risk factors and events leading up to admission including:

- Untreated depression
- Unemployment
- Debt
- Relationship breakdown and bereavement including by suicide
- Drug and alcohol misuse
- Social isolation[27]

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[22] A suicide audit for Tameside 2013-2016

[23] http://web.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2014-registrations/

[24] Platt, S. Inequalities and suicidal behaviour; In O'Connor, R.C. et al. International handbook of suicide prevention: research,
policy and practice. 2011

[25] Op.cit. HM Government (2012)

[26] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132834/pat/126/par/E47000001/ati/102/are/E08000008/iid/21001/age/1/sex/4

[27] PHE Local suicide prevention planning A practice resource (2016)

7.5 Key risk factors for the under 25s are:[28]

- Family factors such as mental illness
- Abuse and neglect, Bereavement and experience of suicide
- Bullying, Suicide-related internet use
- Academic pressures, especially related to exams
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Mental ill-health, self-harm and suicidal ideas

7.6 In contrast, certain protective factors are evident from the data on suicides, which include:

- Effective coping and problem solving skills
- Presence of reasons for living, hopefulness and optimism
- Physical activity and health
- Family connectedness
- Supportive schools and Social support
- Religious participation, Employment
- Lack of exposure to suicidal behaviour
- Traditional social values
- Access to health treatment[29]

7.7 It is reasonable to assume therefore that strategies which seek to increase these protective factors at a population level are likely to be of benefit in reducing overall risk.

8. STRATEGIC APPROACH

8.1 National Strategy

8.1.1 The Five Year forward view for Mental Health (2016) sets out the challenge to reduce suicides by 10%, and several strategies around the UK have clearly stated their intent to go much further than this – toward a zero suicide approach. This too is our ambition. We intend to adopt a focused approach to achieving this goal by targeting those deaths which are most preventable by identifying specific at-risk groups, communities or settings for action. We will use the intelligence gathered via the GM and local Suicide Audits to inform where our efforts might be best targeted in addition to national priority groups. This strategy acknowledges and builds on a substantial body of work in relation to suicide prevention in Greater Manchester and reflects the learning of a programme of sector led improvement undertaken in 2013. Our overarching objectives are aligned with the six national priorities (2012) and national refresh (2017).

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[28] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Suicide in children and young
people. (2016)

[29] Scottish Government Social Research Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review
(2008)

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8.1.2 The strategic priorities nationally are set out below and this strategy principally focuses on actions that support those objectives which can be delivered or supported by utilising a Greater Manchester and local approach.

8.2 National Priorities for Action

8.2.1 The National Suicide Prevention strategy of 2012 set out six priority areas for action:[30]

1. Reduce the risks in key-high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

8.2.2 These six areas for action have been used as a framework for this Strategy, and to develop our overarching aims and objectives and supporting action plan.

8.2.3 The more recent national strategy refresh (January 9th 2017) stays true to these themes with an additional emphasis on

- Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan by 2017, with agreed priorities and actions.
- Better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services
- Improving data at national and local level and how this data is used to help take action and target efforts more accurately
- Improving responses to suicide
- Expanding the scope of the national strategy to include self-harm prevention in its own right.

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[30] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

9. TAMESIDE & GLOSSOP MENTAL HEALTH APPROACH

9.1 The overarching Tameside & Glossop Mental Health Approach

9.1.1 This suicide prevention strategy forms part of an overarching approach for mental health in Greater Manchester and in Tameside and Glossop. This broader strategy for GM is summarised in **Appendix 2**, and sets out the vision to improve child and adult mental health, narrow the gap in life expectancy and ensure parity of esteem with physical health. The vision also commits to shifting the focus of care toward prevention, early intervention and resilience and toward delivering a sustainable mental health system. Simplified and strengthened leadership and accountability is at its core, as is the enablement of resilient communities, the engagement of inclusive employers and close partnership working with the third sector.

9.1.2 To achieve these goals in Tameside and Glossop we intend to strengthen our mental health system, and this will be achieved through four key characteristics which run throughout our plans:

- Prevention
- Access
- Integration
- Sustainability

9.1.3 A number of 'golden threads' also run throughout our strategy, including

- Parity of Esteem
- Research deployed to inform best practice
- Using technology to provide new and innovative forms of support
- Leverage the learning from successful programmes (e.g. Troubled families)
- Workforce Development,

This Suicide Prevention strategy stays true to these principles

9.2 As one of four national sites chosen by the Innovation Unit our local Living Life Well Programme, supported by the Big Lottery Fund, will design a new model of care that ensures that people with mental health conditions will

- Have no gap between services
- Have no wrong door and no silo working
- Get swift and easy access to life changing support and interventions
- Get help in a crisis and get the right support required
- Have access to early support to prevent crises from happening
- Have less need for in-patient care
- Have access to alternatives to hospital admission

9.3 Starting with the 101 Days for Mental Health Project in summer 2018 we have co-produced a new model of care in the neighbourhoods that meets the currently unmet mental health care needs of individuals in Tameside and Glossop. We are expanding the principles of this model into our work on mental health crisis care.

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9.4 All of this new development is supported by the Strategic Commissioning Board's commitment to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment to improve parity of esteem.

9.5 The Board has agreed to a plan to invest £6million recurrently from 2018 until 2021 on a phased basis in order to support the following objectives:-

- Affordability;
- Development of robust business cases for each scheme;
- Phased approach to building complex services;
- Recognition of the time lag in recruitment to mental health posts.

9.6 The investment is focussed on:

- Increasing opportunities for people to stay well in the community
- Increasing opportunities to get help before/during a crisis
- Making effective use of secondary care

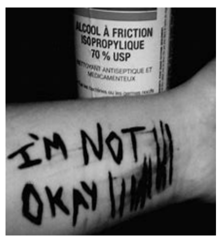
10. SUICIDE PREVENTION OUTCOMES WE WANT TO ACHIEVE

10.1 Our key priority areas for actions and outcomes for preventing suicide in Tameside and Glossop are described in the recent Public Health England resource for suicide prevention[31]. Following the completion of the Tameside and Glossop suicide audit this will be enhanced to reflect the findings. It is also important to note that this suicide prevention strategy cannot operate in isolation. As stated previously, suicide is complex and intrinsically linked to deprivation, unemployment, debt, substance misuse, social isolation and other adverse experiences people in Tameside and Glossop live with. Therefore this strategy needs to work alongside the corporate plan, (**Appendix 3**), the local poverty strategy and the health and wellbeing strategy.

1. Reducing the risk in men

We will reduce risk in men, in particular middle aged men, we will do this by focusing on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse. A focus on developing treatment and/or support settings that are more acceptable and accessible by men

[31] Appleby,L (2016) 'Priorities for Suicide Prevention action plans' in Local Suicide Prevention Planning – A Practical Resource. Public Health England



2. Preventing and responding to self- harm

- We will develop a care pathway and services for adults and young people in crisis, and psychological assessment for self-harm patients.
- Acknowledgement that support for young people will be distinct from that of adults.

3. Mental Health of Children and Young People (and parents in pregnancy and first two years of life)

We will work in partnership with health, social care, schools and youth services, including maternity and health visiting to increase awareness and training of professionals so they are able to identify those at risk of suicide and intervene where necessary.

4. Improved Care, pain management and mental health in people with long term conditions

This includes ensuring people with long term conditions are managing their condition and any pain effectively through self-care and regular condition and medicine reviews, and using social prescribing to enhance quality of life.

5. Improve the general mental wellbeing and resilience in the Tameside population through opportunities

- To be more physical active and socially included
- To learn and engage and have access to Improved employment opportunities
- To have access to good public transport links
- To have access to help and support early when needed

6. Improve Economic opportunities for the Tameside population

Including opportunities to attract good employers that offer well paid jobs, reduced unemployment, in particular in those in long term unemployment in people with mental health conditions, learning disabilities and physical health conditions

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7. Tackling high frequency locations

This includes making high risk public areas safer and working with the local media organisations and groups to prevent imitative suicides

8. Bereavement Support and Media engagement

We will ensure there is better provision of information and support for those bereaved or affected by suicide and support the media in delivering sensitive *approaches to suicide and suicidal behaviour*

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11. OUR OBJECTIVES

11.1 The action plan for 2019/20 to support the delivery of this strategy can be found in **Appendix 1**. The action plan will be the parameter by how we ensure the implementation of our objectives to achieve the outcomes we aspire to. The measure of success of both the strategy and action plan will be a substantive reduction in suicide in Tameside & Glossop over the course of the strategy. Below is a summary of our strategic objectives and associated 'pledges' that this strategy makes for 2019-2023.

Strategic Objectives

11.2 Our strategic objectives are described against the Suicide Safer Communities Accreditation '*Nine Pillars of Suicide Prevention*'. These are

1. A leadership/steering committee
2. A robust background summary of the local area to support goal setting
3. Suicide Prevention Awareness raising
4. Mental Health and Wellness promotion
5. Training for community members, lay persons and professionals
6. Suicide intervention and ongoing clinical support services.
7. Suicide bereavement support and resources
8. Evaluation measures including data collection and evaluation system
9. Capacity building/sustainability within communities

11.3 **Pillar 1: A leadership/steering committee**

(a) Securing high level political support for suicide prevention, with support from local political mental health champions within Tameside and Glossop
(b) We will establish an executive chair and review the Terms of Reference for the Tameside & Glossop Suicide and Self Harm Prevention Group
(c) The Group is responsible for developing and delivering this Strategy and be held to account by the Tameside and Glossop Mental Health Strategy Steering Group. The

Group will also provide and annual update to the Tameside Health and Well-being Board

(d) Membership of the group will include people with lived experience, voluntary sector groups, health providers, blue light services and commissioners.

11.4 **Pillar 2: A robust background summary of the local area to support goal setting**

(a) This Strategy is based on the Tameside audit of suicides registered between 2013 and 2017
(b) We will redo the audit every 5 years and share learning across Greater Manchester and support the production of a GM annual audit
(c) We will use the audit process to identify high risk locations and or new and emerging means of suicide and put in place plans to reduce related risks.
(d) We will support and attend the annual suicide prevention conference for Greater Manchester to share learning, good practice and strengthen links between agencies

11.5 **Pillar 3: Suicide Prevention Awareness raising**

(a) We will work to develop and deliver the Greater Manchester Suicide Prevention Campaign 2019 and deliver a local boost to the campaign
(b) In partnership with Greater Manchester and Public Health England, we will look at the potential for a social marketing initiative that will stimulate a social movement for change with regard to eliminating the stigma associated with suicide and self-harm.
(c) We will review the learning from other localities and work with local residents to design a campaign to target men in particular
(d) We will work with colleagues in the media to agree standards of reporting of suicide and maximise opportunities to signpost and raise awareness
(e) We will work together to develop a World Suicide Prevention Day
(f) Being open, receptive and supportive of social movements that improve public awareness of suicide prevention through campaigns or social media platforms

11.6 **Pillar 4: Mental Health and Wellness promotion**

(a) We will embrace Public Health England's new 3-year mental health campaign in 2019.
(b) Working with colleagues in schools to raise awareness of emotional wellbeing amongst young people
(c) Working with the GM Parent Infant Mental Health Programme to promote mental well-being of parents in pregnancy and beyond
(d) Promoting mental health in our workplaces and amongst our staff, especially those in higher risk occupations, and promote approaches that reduce stigma
(e) We will work with local faith group leaders to share knowledge and understanding of suicide in relation to culture and faith.

11.7 **Pillar 5: Training for community members, lay persons and professionals**

(a) We will develop a Training Ladder and establish a rolling programme of training at all levels, monitoring the uptake each year

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(b) We will support staff groups who wish to develop their knowledge skills and confidence such as primary care practitioners and pharmacies, and in management of risks in primary care
(c) We will work with primary care professionals such as GPs and practice nurses to better understand risk by utilising models such as the five Ps psychological assessment tool.[32]
(d) Working with the community and voluntary sector by supporting collaboration such as a voluntary sector Health and Wellbeing Alliance in Tameside and Glossop

11.8 **Pillar 6: Suicide intervention and ongoing clinical support services**

(a) We will ask Pennine Care to demonstrate its work toward the elimination of suicides in in-patient and community mental health care services through reporting on a bi-annual audit of quality improvement in Tameside and Glossop services in relation to the 10 ways to improve patient safety, listed below,:[33]

- Safer wards (e.g. prescribing, eliminating ligature points)
- Early follow up on discharge (within 2-3 days)
- No out of area admissions
- 24 hour crisis teams (sign up to the crisis care concordat)
- Family involvement in 'learning lessons'
- Guidance on depression
- Personalised risk management
- Outreach teams
- Low staff turnover
- Dual Diagnosis support (i.e. Alcohol and Drugs)

(b) Our neighbourhood mental health Minds Matter service will offer swift and easy access to people wanting support and advice regarding their mental health across all five neighbourhoods
(c) We will develop a STORM pathway within our Minds Matter service; ensuring people identified with high risk of suicide are offered comprehensive support
(d) We will improve crisis services including establishing a mental health observation and assessment room and increasing the capacity of the Home Treatment Team support people at home in place of a hospital admission
(e) Review the management of depression in primary care and scope the potential for a minimum/optimal standard for risk assessment tools in primary care
(f) We will establish an All-Age RAID service at Tameside Hospital, including a service for vulnerable children and young people, working in partnership with the GM CYP Crisis developments
(g) We will review of Parent Infant Mental Health Pathway following the roll out of the new GM Perinatal Community Mental Health team in order to strengthen further comprehensive support to both parents in pregnancy and the two years following birth.
(h) We will finalise our review of Psychological Therapies with the goal of continuing to improve access to and waiting times for psychological therapy. This includes IAPT for long term conditions.

[32] https://www.psychologytools.com/worksheet/friendly-formulation/
[33] Appleby,L et al (2016) Making Mental Health Care Safer: Key findings from the National Confidential Inquiry into Suicides and Homicides. Manchester University.

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(i) We will review local self-harm care pathways against NICE guidance (CG133) and complete a self-harm audit to enable us to better understand the reasons behind self-harm and to assess outcomes against evidenced standards.
(j) We will establish a process for triangulating serious incidents in our mental health services and publishing outcomes.
(k) We will seek to standardise post-incident reviews in line with Greater Manchester
(l) We recognise the need to build on access to information online and through other means. Greater Manchester are developing an online resource so we will build into our online resources locally including the Life in Tameside and Glossop website.

11.9 **Pillar 7: Suicide bereavement support and resources**

(a) We will develop a Suicide Bereavement Pathway with people with lived experience including consideration of need for group based and 1-1 interventions. This will include

- The GM wide suicide bereavement service and associated website
- support offered to families by Pennine Care teams following a suicide of patient

11.10 **Pillar 8: Evaluation measures including data collection and evaluation system**

(a) A SMART Action Plan for 2019/20 is included in **Appendix 1**, the populated version will be updated each year
(b) We will agree key data and develop a bi-annual review of this to track our progress and use the learning to improve our understanding, our communications, our strategy and our services
(c) We will support the GM approach to the use of 'Real-Time Data' in maximising our response to suicides.
(d) We will develop our processes across Tameside and Glossop to foster a culture of learning from suicide attempts and the avoidance of a blame culture

11.11 **Pillar 9: Capacity building/sustainability within communities**

(a) We will consult with community and voluntary sector colleagues about the needs of specific groups such as LGBT, Asylum seekers, those with a Long-term condition, drugs and alcohol treatment clients and individuals in contact with the justice system to identify options for improving outcomes in these groups

12. GOVERNANCE INFRASTRUCTURE

12.1 The strategy will be delivered by the Tameside & Glossop Suicide and Self Harm Prevention Group which will identify partners to deliver progress against each work stream. The suicide prevention work stream is closely aligned to the mental health and wellbeing 'Living Life Well' programme of work, the Locality Plan and the One Corporate Plan (**Appendix 3**).

12.2 A programme management approach will be utilised to focus on delivery and measurement of impact during 2018/19 and 2019/20 which will form the basis of the work of the Suicide and Self-Harm Prevention Group.

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Tameside and Glossop Mental Health Strategy Governance

Strategic Commissioning Board/ H&WBB

Living Well Board

Mental Health Strategic Steering

Mental Health Network

Substance Misuse Board

CYP Mental & Emotional Well-being Group

Hospital Mental Health Partnership Board

Prevention of Loneliness

PH programmes

Suicide Prevention Strategy Group

Dementia Strategy Group

Living Life Well Board

Neighbourhood MH Development

Acute and Crisis Care

Mental health Liaison /Core 24

Community MH Team Review

Police & Health Partnership/Crisis Care Concordat

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APPENDIX 1: Suicide Prevention Action Plan 2019/20

Number	Objective	Action	By Whom	Timescale
1	To further develop and establish a strong suicide prevention strategy group	a) We will secure a permanent chair to the group, review the membership and terms of reference. b) The group will send regular reports and strategy implementation updates to the Mental Health Strategic Steering Group	Suicide prevention strategic group	June 1st 2019
2	To produce regular reports and briefings to the suicide prevention group, mental health steering group and Health & Wellbeing Board	a) A local suicide audit for Tameside & Glossop will be produced every 5 years and we will contribute to the annual GM audit b) We will produce regular briefings to the suicide prevention group regarding the 'Real time' data provision provides via GM	Jacqui Dorman Jacqui Dorman	April 1st 2022 December 31st 2019
3	To increase suicide prevention awareness	a) We will support and deliver locally the GM and national suicide prevention campaigns b) In partnership with GM we will develop and deliver a social marketing initiative to stimulate a social movement around self-harm and suicide to reduce stigma c) In partnership with GM we will work with local our local media to agree standards for reporting of suicides	Communication team Tameside & Glossop Suicide prevention strategy group	a) Spring and Autumn 2019 b) December 31st 2020 c) April 1st 2020

4	To promote mental health and wellness and improve population resilience	a) We will encourage schools to sign up to the 'mentally health schools' programme and school staff will be encouraged to take up the 'zero suicide alliance' e-learning module. We will capture the take up of the e-learning as part of the overall monitoring of take-up of suicide prevention training. b) A directory of mental health and suicide prevention support and services will be established and maintained through the 'Life in Tameside & Glossop' Web portal c) We will communicate and promote the services and support available to residents who need help relating to suicide risk area such as debt and money advice, housing, relationships and criminal justice etc. d) We will undertake a focused piece of work within the Living Life Well Programme with men to understand how best to reach them to promote mental wellbeing.	Charlotte Lee (population health) Jacqui Dorman and Arianne Whitley Jacqui Dorman and Communications Team Arrianne Whitley	a) December 31st 2019 b) September 30th 2019 c) March 31st 2020 d) December 31st 2019
5	To skill up our whole workforce on suicide prevention to help them to be confident to ask/support others	a) We will develop a comprehensive mental health and suicide prevention training ladder that covers the needs of the whole workforce. b) We will identify the training resources needed and develop/ commission an annual rolling programme	a) Pam Watt and Vicky Broadbent b) Pam Watt and Vicky Broadbent	a) June 30th 2019 b) August 31st 2019
6	To increase support for people at risk of suicide	a) We will develop an overnight 'safe haven' for people assessed as requiring immediate support b) We will establish a STORM Pathway within our neighbourhood mental health development for people assessed as needing on-going support. c) We will continue work with GM to develop and roll out the new GM Suicide Bereavement Service and, when operational, review if there are any unmet needs in Tameside and Glossop.	Pat McKelvey and Hayley McGowan	December 31st 2019

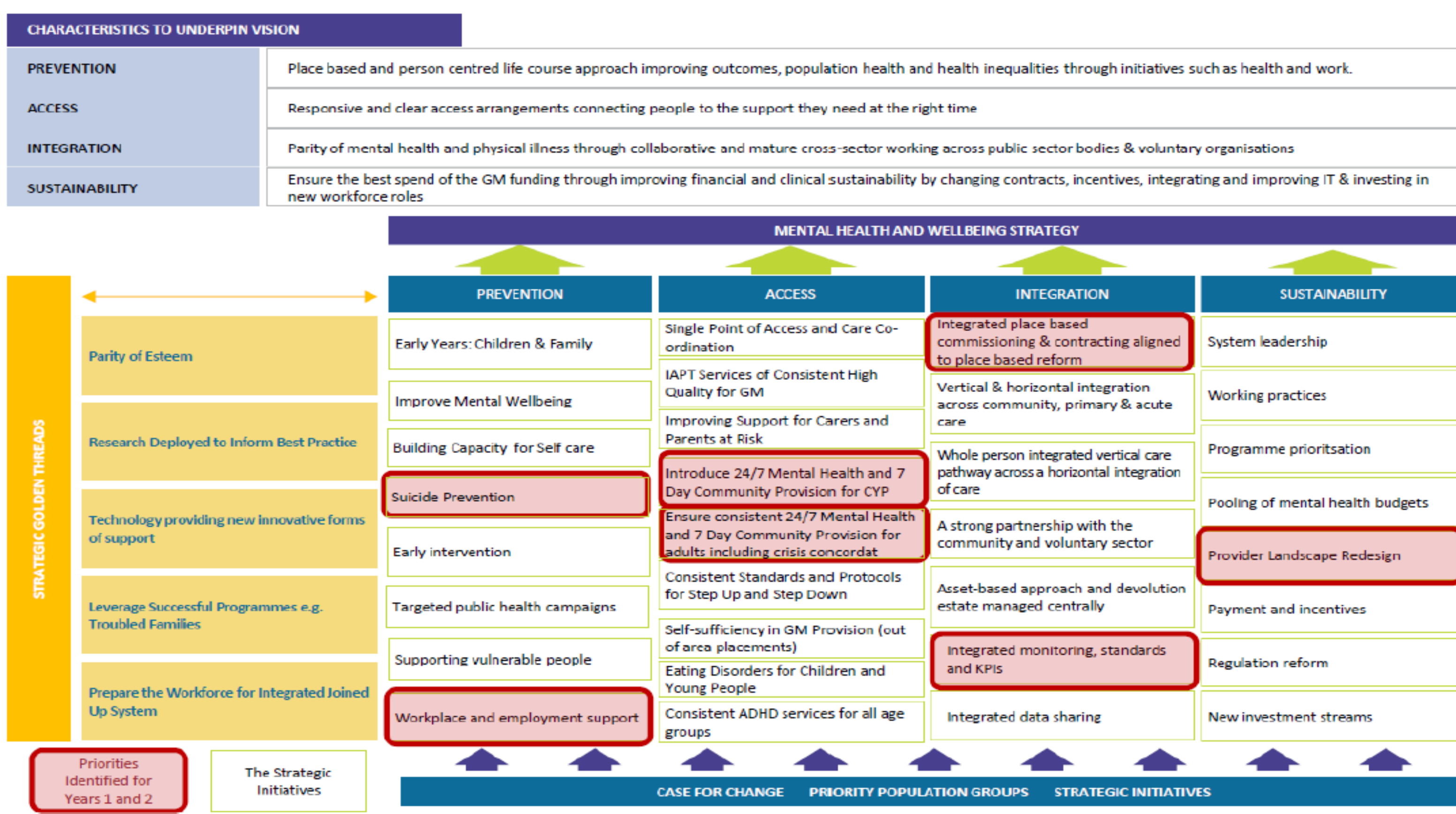
7	To ensure coherence across the system	a) We will undertake an audit on self-harm and from this identify any actions within this strategy. b) We will work with the leads for the Children and Young Peoples Emotional and Mental Health Locality Transformation Plan to ensure coherence with this Strategy	Jacqui Dorman Kristy Nuttall	a) 31st October 2019 b) 31st July 2019
8	To improve access to Suicide bereavement support and resources	a) We will scope bereavement support options locally with a view to implement a local offer in line with SOBs standards b) We will implement the Greater Manchester suicide bereavement offer across Tameside & Glossop c) We will develop a bereavement pathway in relation to the 'real time' GM data to ensure people who need support are signposted to appropriate services and interventions	Suicide prevention strategy group Jacqui Dorman and Pat McKelvey	a) 31st December 2019 b) June 30th 2019 c) 1st April 2020
9	To evaluate and learn from suicides	a) We will ensure that we learn from suicide and episodes of self-harm through an annual review of serious case reviews, CDOP reports and coroner's reports ensuring recommendations from the review are being implemented. This will also be part of the suicide audit process. b) we will complete a bi-annual review of the GM real-time data and report to the suicide prevention group	Suicide prevention group Jacqui Dorman	31st December 2020 31st December 2020
10	To increase capacity building and sustainability within communities	We will work with all our voluntary sector organisations to identify at risk groups within our communities to ensure that suicide prevention is embedded within our high risk populations and that these populations are aware of the help and support available	Suicide prevention group and Action Together	31st December 2020

APPENDIX 2

Appendix 1 – Greater Manchester Mental Health Strategy.

Compelling Vision

Strategic Plan on a Page



APPENDIX 3

Transforming Tameside & Glossop

Our People - Our Place - Our Plan

For everyone every day

Starting Well

Living Well

Ageing Well

Very best start in life where children are ready to learn and encouraged to thrive and develop

- Reduce rate of smoking at time of delivery
- Reduce the number of children born with low birth weight
- Improve school readiness
- Children attending 'Good' and 'Outstanding' Early Years settings
- Take up nursery at 2yrs
- Promote good parent infant mental health

Aspiration and hope through learning and moving with confidence from childhood to adulthood

- Reading / writing / maths at Key Stage 2
- Attainment 8 and Progress 8 at Key Stage 4
- Young people going onto higher education
- Children attending 'Good' and 'Outstanding' schools
- Number of 16-19 year olds in employment or educated
- Proportion of children with good reading skills
- Promote and whole system approach and improving wellbeing and resilience

Resilient families and supportive networks to protect and grow our young people

- Early Help Intervention
- Reduce the number of first time entrants into Youth Justice
- Increased levels of fostering and adoption
- Improve the quality of social care practice
- Improve the placement stability for our looked after children
- Reduce the impact of adverse childhood experiences

Opportunities for people to fulfil their potential through work, skills and enterprise

- Increase median resident earnings
- Increase the working age population in employment
- Increase the number of people earning above the Living Wage
- Increase number of enterprises / business start ups
- Working age population with at least Level 3 skills
- Increase the number of good quality apprenticeships delivered

Modern infrastructure and a sustainable environment that works for all generations and future generations

- Improve air quality
- Increase the number of net additional dwellings
- Increase the number of affordable homes
- Digital inclusion - average download speeds
- Reduce tonnes of waste sent to landfill and increase the proportion recycled
- Increase journeys by sustainable transport / non-car
- Increase access to public transport

Nurturing our communities and having pride in our people, our place and our shared heritage

- Increase participation in cultural events
- Reduce victims of domestic abuse
- Reduce the number of rough sleepers / homelessness
- Improve satisfaction with local community
- Victims of crime / fear of crime
- Reduce levels of anti social behaviour
- Increase access, choice and control in emotional and mental self-care and wellbeing

Longer and healthier lives with good mental health through better choices and reducing inequalities

- Increase physical and mental healthy life expectancy
- Improve the wellbeing for our population
- Smoking prevalence
- Increase levels of physical activity
- 'Good' and 'Outstanding' GPs practices
- Reduce drug and alcohol related harm

Independence and activity in older age, and diginity and choice at end of life

- Increase the number of people helped to live at home
- Reduce hospital admissions due to falls
- Increase levels of self-care / social prescribing
- 'Good' and 'Outstanding' social care settings
- Prevention support outside the care system

Great Place
Vibrant Economy

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Reporting Member / Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Stephanie Butterworth – Director Adult Services
Subject:	**PROVISION OF HOME SUPPORT AND EXTRA CARE HOUSING**
Report Summary:	The current six year contract for the provision of home care and extra care housing is in its third year, due to end 30 October 2019. There is provision within the contract to extend for up to an additional three years. Given the significance of the service, the performance of the six contracted providers and the nature of the transformation work underway it is recommended that this option be taken up.
Recommendations:	That approval is given in accordance with Procurement Standing Order F1.1 and F1.2 (contracts can only be extended where there is an extension provision in the contract) of the Council's Constitution to extend the provision of home support and extra care housing contract by up to three years from 31 October 2019.

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation	£ 3.1 million GM Transformation Fund (non-recurrent) to 31 March 2020.

Additional Comments

The additional cost impact of the support at home model is being financed by GM Transformation funding. The funding will support the enhanced hourly rate paid to providers until 31 March 2020 (£17.60 proposed for 2019/20).

The additional recurrent cost pressure of the new model (gross before any additional client fee income) is estimated to be c£1.9 million from 2020/21 onwards and is currently included with the Council's Medium Term Financial Plan. This equates to an approximate Council Tax increase of 2%.

The additional cost is contributing towards the estimated revised Council financial gap of £45.4 million by 2023/24. The estimated gap has increased to the previous gap of £36.1 million reported within the 2019/20 Council budget report on 26 February 2019. This is due to the inherent risk that expenditure within Children's Social Care will not reduce in line with the Medium Term Financial Plan expectations.

Members should note that this report was discussed at the Locality Executive Group meeting on 14 March 2019 to determine the economy wide savings that will be realised from

	the new support at home model that will resource the recurrent cost pressure from 2020/21. At this stage the related savings initiatives are yet to be confirmed so the cost pressure remains an estimated recurrent Council liability risk. It should also be noted that the cost assumptions include a number of hours under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c£3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period.
Legal Implications: **(Authorised by the Borough Solicitor)**	This is a request to extend 6 related contracts due to expire on 30 October 2019 for 3 years under Procurement Standing Order F2 for which provision has already been provided within the contracts. In all such cases the consent of the Strategic Commissioning Board is required. There is a further consideration because there is a proposed price variation of 7.9%, and so it will be necessary to scrutinise the value for money submissions to ensure continuing regard for the Council's fiduciary duty to the public purse. Any contract variation over 2.5% of a £1million contract, or 5% of a £500,000 contract requires the consent of the SCB because it is outside the permitted variation rules under Procurement Standing Order F2 is justified.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action
How do proposals align with Locality Plan?	The proposed change in practice is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commissioning for the 'whole person' • Creating a proactive and holistic population health system
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented at the Health and Care Advisory Group.
Public and Patient Implications:	None.
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness

How do the proposals help to reduce health inequalities?	The proposal will not negatively affect protected characteristic group(s) within the Equality Act
What are the Equality and Diversity implications?	The proposed change in policy and practice will be applied to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. The purchaser's Terms and Conditions for services contains relevant clauses regarding Data Management.
Risk Management:	The project is monitored and managed monthly under the Project Management Office with a risk scoring matrix integral to this. There is currently an estimated inherent financial risk to the Council of £1.9 million recurrently from 2020/21 until the economy determines the related savings that will be realised from the new support at home model to resource this cost pressure.
Access to Information:	The background papers relating to this report can be inspected by contacting Dave Wilson Telephone: 0161 342 3534 e-mail: dave.wilson1@tameside.gov.uk

1. INTRODUCTION

1.1 This contract is for the Provision of Home Support Services. The service is aimed at enabling service users to remain living well at home; living as independently as possible, achieving and maintaining their full potential in relation to their physical, intellectual, emotional and social capacity.

1.2 The service delivers:

- Support at home for all adults aged eighteen years and above, children and complex care; and
- Extra Care Support for older people, people with a learning disability and people with mental health needs (aged fifty five and over).

1.3 The aim is to provide a good quality, personalised outcome-focused service appropriate to the needs and outcomes identified in a service users support plan and to demonstrate this through assistance with personal, practical and social/emotional tasks associated with ordinary living and a fulfilling and meaningful life.

1.4 The service is currently being provided by six organisations split over the four localities covering twenty nine post code zones across the borough.

2. BACKGROUND

2.1 A tendering exercise was undertaken in April 2016:

- To establish a standing list of providers to deliver helping people live at home services to the citizens of Tameside;
- To shortlist up to twelve providers to tender for a zoned area.

2.2 During the tender process providers were informed of the intention to change the delivery model to help ensure a more sustainable homecare market and utilising an additional £3.1m of GM monies; from Year 2 onwards and incrementally over the life of the contract:

- Commissioning on the basis of outcomes;
- A strong on-going re-ablement emphasis;
- Staff to have a blend health and social care roles;
- Providers and service user to coproduce care plans.

2.3 Six providers were awarded contracts starting from 31st October 2016 and ending on 30th October 2019 with the option, subject to approval and negotiation between the parties, to extend for up to a further three years.

2.4 The six providers awarded contracts were:

- Able Care and Support;
- Careline;
- Comfort Call;
- Creative Support;
- Direct Care;
- Medacs.

2.5 The remaining organisations who were not awarded a zone were awarded a place on an approved list.

3. POSITION TO DATE

3.1 This contract was designed to deliver significant transformational change over the course of its life-time. Whilst the contract remains demand-led, under the new model providers are paid on commissioned hours not – as per the original model - actual hours.

3.2 This is key to delivering an outcomes focussed model rather than one based on 'time and task'. Providers need to be able to work more creatively and flexibly with hours to better engage with a reablement approach and to support people to become more resilient and better connected with their local communities; an approach entirely consistent with ASC's commitment to an asset based approach to support and one which, for a number of people, will reduce their reliance on paid support.

3.3 This service is part of a wider GM transformation programme to help ensure a more sustainable home care market and utilising an additional £3.1m of GM Transformation funding. This was indicated in the tender exercise. From Year 2 onwards, the contracted providers have been working closely with commissioners and other stakeholders to transform the delivery model:

- Providers are being tasked with producing co-produced care packages that fully explore self-care and family support, new technologies and connecting people with their communities generally and with community activities specifically.
- For some people this will mean their outcomes will only partly be met via paid support. By facilitating access to better, more person centred support, providers can – and are – actively reducing the hours of paid support service users receive.
- All six providers are increasingly reporting reduced packages of support through to neighbourhoods for authorisation.
- Utilising the day-to-day knowledge they have of people needs, providers are now able to have conversations with service users and their families about how much support they actually need and they are able to do this in a timely manner. For example, providers report that people often return home from hospital with more support hours commissioned than they actually need once they are home; they are well placed to notice this and to change/flex support accordingly.

3.4 Central to the GM programme is the recognition that by transforming homecare the whole system will benefit. A sustainable homecare market where providers can recruit and retain a well-trained, motivated and career-focussed workforce, skilled in delivering person centred support, will be able to release capacity:

- In assessment and commissioning functions within neighbourhood teams.
- In the District Nursing Service in relation to the delivery of low level healthcare tasks; hence Tameside's support at home service being the focus of the GM Health and Social Care Partnership's Living Well at Home Workforce Trailblazer: neighbourhood-based blended roles.
- In the moving and handling teams as the current duplication is eradicated; providers carry out their own moving and handling assessment to ensure the safety of their staff and of the people they are supporting.
- In the community physio service as peoples mobility is maintained positively by the service.

3.5 With all six providers due to be linked to the Digital Health service the expectation is that, as with the use of this service in residential and nursing care settings, there will be a reduction in unnecessary presentation at A&E and GP surgeries as well as a reduction in associated unnecessary ambulance call-outs. Supporting more people to live healthier lives at home, for longer will, over time, reduce the reliance on expensive residential and nursing care.

3.6 Closer, more integrated working between providers and the hospital and providers and the neighbourhoods will improve discharge outcomes for people; potentially shortening stays on the wards and reducing the likelihood of repeat admissions. The increased involvement of family, friends, neighbours and community groups in an individual's support – facilitated directly as a result of providers coproducing support plans with people - will reduce the need for paid support; a fundamental component of a person centred health and social care system.

4. VALUE OF THE CONTRACT

4.1 Of significance to the contract value going forward is that under the new model, the fixed hourly rate paid to providers is currently £17.20 per hour as opposed to £14.77 per hour under the previous model (£13.67 per hour at the time of original contract award). The proposed rate for 2019/20 for the new model is £17.60. The increased hourly rate, based on a nationally agreed cost of care model, is a key strand of the transformation aimed squarely at making the hourly rate for home care workers, now pegged at £9 per hour, competitive and appealing whilst also ensuring the business models for providers are more viable and sustainable (see attached STAR report presented at Local Executive Group March 2019, **Appendix 1**).

4.2 Due to this increase in the hourly rate, the estimated contract value will, in all likelihood exceed the estimated contract value at the three year period end. The estimated of the three year gross value of the contract at 31 October 2019 is estimated at £25,626,230.

4.3 These figures *do* include a number of hours, under the phased roll-out of the new model, paid at the increased hourly rate, with full roll out of the new model from 18 March 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c. £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by Greater Manchester Transformation Funding to the end of the current contract period. There is then an ongoing gross cost pressure of an estimated £1.9 million per annum from 2020/21.

4.4 Of possible significance in estimating the value of contract over the next three years is that there are early indications that the number of hours commissioned are gradually decreasing. As below, hours per week from May 2018 to January 2019 have reduced; commissioned by some 800 hours a week, actual by 900. This remains very basic information, and not readily attributable to the new model per say, but it does start to show a reduction in hours at a time when demographics would suggest an increase.

	Commissioned hours	**Actual hours**
May 2018	9,600	8,500
Jan 2019	8,800	7,600

4.5 The contract includes, as standard, a 6-month no fault termination clause; hence were we to extend for the full three years provisioned for we would still be able to terminate the contract at any point – with enough time to re-procure – should the circumstances arise.

5. PROCUREMENT STANDING ORDER SEEKING TO WAIVER/AUTHORISATION TO PROCEED

5.1 Authorisation is sought pursuant to Procurement Standing Order F1.1 and 2 of the Council's Constitution to extend the provision of home support and extra care housing contract by up to three years from 31 October 2019.

6. GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT

6.1 The option to extend should be approved because a new model of support at home (homecare) is in the process of being introduced. Given the high profile and significance of this work and the need to change a model that is increasingly unsustainable and yet key to a well-functioning health and social care economy, extending the contract will enable commissioners to continue to work in partnership with providers to undertake the implementation of the new model and bed-in a new outcomes focussed model with greater long-term sustainability.

6.2 Continuing with the current providers will:

- Ensure the continuity required to facilitate wholesale transformational change.
- Provide stability to service users and their families during any changes in service delivery that may be made.
- Send a strong message to our providers, the neighbourhood teams, wider stakeholders and the general public that Tameside is committed to ensuring its citizens have access to a modern, person centred service, fit for purpose – supporting people to live well and independently at home – in a sustainable home care market, delivered by stable, financially viable home care providers.
- Conversely, *not* extending the contract would send an altogether different message to the market and beyond.

7. RECOMMENDATION

7.1 As stated on the report cover.

APPENDIX 1

Section 1: Requesters Details			
Council:	Tameside	Directorate:	Adults
Submitting Officer:	Dave Wilson	Service:	Home Care
Job Title:	Team Manager	Telephone:	342 3534
e-mail:	Dave.wilson1@tameside.gov.uk	Budget Holder:	Trevor Tench
I am seeking a request to modify a Contract			

Section 2: Agreement Details	
Type of Agreement:	Services (Social Care Related)
Agreement Title:	Provision of Home Support and Extra Care Housing
Company Name and Address:	See table below
Brief Description of Agreement (justification to be provided below):	The service is aimed at enabling service users to remain living well at home; living as independently as possible, achieving and maintaining their full potential in relation to their physical, intellectual, emotional and social capacity. Each of the six contracts is for three years with provision to extend for up to an additional three years. Contracts commenced 31 October 2016 and are due to end 30 October 2019. This form is seeking permission to extend these contracts to the maximum term until 30 October 2022

Company Name and Address	STAR UID
1. Able Care and Support, 10a Corporation Street, Hyde, Cheshire, United Kingdom, SK15 1AB	7418
2. CARELINE HOMECARE LIMITED, 2nd Floor, Olympic House, 3 Olympic Way, Wembley, Middlesex. HA9 0NP	7419
3. COMFORT CALL LIMITED, 2nd Floor, Olympic House, 3 Olympic Way, Wembley, Middlesex. HA9 0NP	7420
4. CREATIVE SUPPORT, Wellington House, 131 Wellington Road South, Stockport, SK1 3TS	7421
5. DIRECT CARE TAMESIDE LIMITED, Office suite 5, Derek Ashton Court, 77 Mottram Road, Stalybridge, SK15 2QP	7422
6. MEDACS HEALTHCARE PLC, 800 The Boulevard, Capability Green, Luton LU1 3BA	7423

Section 3: Changes to Agreement Value	
Original Agreement Value:	£23,750,000*
Current Agreement Value (including any previous Modifications):	£25,626,230*
Value of this Modification:	£27,940,730, **(estimated)***
Total Contract Value (including Modification Value):	**£53,566,960 (estimated)***
Budget Code:	SR813201 Account code R5409 NB Extra care (which is part of this) is paid from a different budget code SR813500, same account

	code
Reference Number(s) of previous Modifications:	N/A

Section 4: Relevant Dates			
Date of Modification of the Agreement	February 2019		
	Note: No Agreement should be modified before the date at which this Modification is approved by the SRO for Legal. Where the date of modification of the Agreement **precedes** the Modification Request Date, an explanation as to why must be provided by the submitting Officer. Please note that the submitting officer is also required to submit a **Retrospective/Above Threshold Breach Report** to the relevant Corporate Director, for noting, highlighting the non-compliance with Rule 9 of the Council's CPRs.		
Original Agreement Expiration Date:	30 October 2019	New Agreement Expiration Date (if applicable)	30 October 2022

Section 5: Other Required Changes to Agreement	
Insert details of any other changes required (for e.g. to correct a manifest error)	N/A

Section 6: Justification

Justification for Request (select all that apply):

A substantial change would occur where the Modification:

a) renders the Contract or the Framework Agreement materially different in character from the one initially concluded;
b) introduces conditions which, had they been part of the initial procurement procedure, would have allowed for the admission of Tenderers other than those initially selected; allowed for the acceptance of a Tender other than that originally accepted, or attracted additional participants in the procurement procedure;
c) changes the economic balance of the Contract or the Framework Agreement in favour of the Contractor;
d) extends the scope of the Contract or Framework Agreement considerably; or
e) replaces a Contractor in cases other than those provided for above

For the avoidance of any doubt, where successive Modifications are made, the value is calculated as the cumulative value of the successive Modifications.

Change Provision:	This ground applies irrespective of the monetary value of the Modification. The **change is provided for in the initial procurement documents** in a clear, precise and unequivocal review or option clause, provided that such clauses: a) **state the scope and nature** of possible modifications or options as well as the conditions under which they may be used; and b) is **not substantial**.	☒
Economic, Technical or Interoperability Ground:	This ground applies where there is a **requirement for additional Supplies, Services or Works** by the Council that have 'become necessary' and were not included in the initial procurement **and where a change of Contractor:** a) **cannot be made for economic or technical reasons**;	☐

	or b) **would cause significant inconvenience or substantial duplication of costs for the Council** provided that each **increase in price does not exceed 50%** of the value of the original Contract or Framework Agreement. The 50% limit applies to each amendment but, successive Modifications must not be aimed at circumventing the Regulations. ***Use of this ground requires the contracting authority to publish in OJEU a "Notice of modification" of a contract during its term.***	
Unforeseen Changes	This ground applies where there are **changes arising from circumstances which a diligent contracting authority could not have foreseen**, provided: a) that the change **is not substantial**; and b) that each **increase in price does not exceed 50%** of the value of the original Contract or Framework Agreement. The 50% limit applies to each amendment but, successive Modifications must not be aimed at circumventing the Regulations. ***Use of this ground requires the contracting authority to publish in OJEU a "Notice of modification" of a contract during its term.***	☐
Non-substantial changes	This ground applies where: a) a change is a minor change that **is not substantial**; and **b)** the value of the change (or the net cumulative value of successive changes) is **less than the relevant applicable EU threshold <u>and</u> less than10% of the initial Contract value for Supplies and Services Contracts or 15% of the initial Contract value for Works Contracts.**	☐
Corporate Changes	This ground applies where certain corporate changes have occurred in the Contractor such as a merger, takeover or insolvency, provided: a) universal or partial succession into the position of the initial Contractor, following corporate restructuring, including takeover, merger, acquisition or insolvency, of another **contractor that fulfils the criteria for qualitative selection initially established**; and b) that this **does not entail other substantial changes** to the Contract or Framework Agreement.	☐
Further Supporting Information. You should detail why you require the Modification and why you believe the Modification could not be considered substantial:		

Each contract contains provision at clause 5.3 to extend for a further 3 years until 30 October 2022.

We wish to take up this option to extend because a new model of support at home (homecare) is in the process of being introduced. Given the high profile and significance of this work – it is part and parcel of the wider GM Living Well at Home transformation programme – and the need to change a model that is increasingly unsustainable and yet key to a well-functioning health and social care economy, extending the contract will enable commissioners to continue to work in partnership with providers to undertake the implementation of the new model and bed-in a new outcomes focussed model with greater long-term sustainability.

Continuing with the current providers will:

- Ensure the continuity required to facilitate wholesale transformational change
- Provide stability to service users and their families during any changes in service delivery that may be made
- Send a strong message to our providers, the neighbourhood teams, wider stakeholders and the general public that Tameside is committed to ensuring its citizens have access to a modern, person centred service, fit for purpose – supporting people to live well and independently at home - in a sustainable home care market, delivered by stable, financially viable home care providers
- Conversely, *not* extending the contract would send an altogether different message to the market and beyond.

Some 12 months in to the roll-out of the new model providers are:

- Finding recruitment – and perhaps more crucially, retention – of staff easier; partly linked to improved pay, partly to a perception that with improved roles and responsibilities, the role is more appealing and a valued and legitimate career choice with career progression built in
- In some cases, experiencing reduced sickness levels where staff are working on the new model
- Thinking more creatively and in a more person centred way to deliver good quality care to ensure people live well, and independently, at home
- Able to take on additional low level health tasks – pressure care with District Nurses in the West Neighbourhood shared care pilot for example or the digital health service being rolled out across all six providers – that start to take the heat out of the wider health economy
- Starting to work with a number of GP practices to target ‘frequent flyers’ to test whether, by meeting outcomes through different support and possibly in the process addressing issues like social isolation, loneliness, anxiety and depression, people may be less inclined to use their GP service unnecessarily
- Already starting to consider/request manual handling assessments that, with the right training, risk assessments and equipment allow single handed care; meaning in turn, packages of support and hospital discharges can happen quicker and, in most instances, in a more person centred way.

Contract Value*

This contract was designed to deliver significant transformational change over the course of its life-time. As signalled and fully explored during the tender process, from Year 2 onwards, the delivery model began to change. Whilst the contract remains demand-led, under the new model providers are paid on commissioned hours not – as per the original model - actual hours. This is key to delivering an outcomes focussed model rather than one based on ‘time and task’. Providers need to be able to work more creatively and flexibly with hours to better

engage with a reablement approach and to support people to become more resilient and better connected with their local communities; an approach entirely consistent with ASC's commitment to an asset based approach to support and one which, for a number of people, will reduce their reliance on paid support.

Because the contract is demand-led there was no definitive contract value at the time we went out to the market. Based on indicative hours at the time, and the hourly rate pertaining at the time, the OJEU notice indicated an estimated contract value of £7,916,667 pa, making the original estimated value across all six contracts over the initial three year term £23,750,000. However, it should be noted that this estimate did *not* account for an increased hourly rate since that was not set or agreed until February 2018.

Of significance to the contract value going forward is that under the new model, the fixed hourly rate paid to providers is currently £17.20 per hour as opposed to £14.77 per hour under the previous model (£13.67 per hour at the time of original contract award). The proposed rate for 2019/20 for the new model is £17.60. The increased hourly rate, based on a nationally agreed cost of care model, is a key strand of the transformation aimed squarely at making the hourly rate for home care workers, now pegged at £9 per hour, competitive and appealing whilst also ensuring the business models for providers are more viable and sustainable.

Due to this increase in the hourly rate, the estimated contract value will, in all likelihood exceed the estimated contract value at the three year period end. The estimated of the three year gross value of the contract at 31 October 2019 is estimated at £25,626,230.

These figures *do* include a number of hours, under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period. There is then an ongoing gross cost pressure of an estimated £ 1.9 million per annum from 2020/21.

Of possible significance in estimating the value of contract over the next three years is that there are early indications that the number of hours commissioned are gradually decreasing. As below, hours per week from May 2018 to Jan 2019 have reduced; commissioned by some 800 hours a week, actual by 900. This remains very basic information, and not readily attributable to the new model per say, but it does start to show a reduction in hours at a time when demographics would suggest an increase.

	Commissioned hours	Actual hours
May 2018	9,600	8,500
Jan 2019	8,800	7,600

Section 7: Value for Money

In the absence of a competitive process, it is important that evidence is presented of value for money. Please detail here how you can demonstrate this, and include any supporting information at Section 9

This tendered service is part of a wider GM transformation programme to help ensure a more sustainable home care market and utilising an additional £3.1m of GM Transformation funding. This was indicated in the tender exercise. From Year 2 onwards, the contracted providers have been working closely with commissioners and other stakeholders to transform the delivery model.

- Providers are being tasked with producing co-produced care packages that fully explore self-care and family support, new technologies and connecting people with

their communities generally and with community activities specifically

- For some people this will mean their outcomes will only partly be met via paid support. By facilitating access to better, more person centred support, providers can – and are – actively reducing the hours of paid support service users receive
- All six providers are increasingly reporting reduced packages of support through to neighbourhoods for authorisation
- Utilising the day-to-day knowledge they have of people needs, providers are now able to have conversations with service users and their families about how much support they actually need and they are able to do this in a timely manner. For example, providers report that people often return home from hospital with more support hours commissioned than they actually need once they are home; they are well placed to notice this and to change/flex support accordingly

With the development of an hours tracker, the Home Care Commissioning Team are able to record the difference between commissioned hours and actual hours such that we are now able to reconcile a number of hours each month. The intention is for this first reconciliation to be undertaken on 31 March 2019 based on an initial agreement of a bank figure of 1000 hours to allow the flexibility to increase hours for individuals on a short term basis (such as providing more support to introduce people to activities that will ultimately reduce their support needs). The 1000 banked hours will be reviewed as it may prove to be too many, but until the whole of the service is operational under the new model we cannot know for certain. However, we ultimately only pay for those hours delivered.

Central to the GM Living Well at Home programme is the recognition that by transforming homecare the whole system will benefit. A sustainable homecare market where providers can recruit and retain a well-trained, motivated and career-focussed workforce, skilled in delivering person centred support, will be able to release capacity:

- In assessment and commissioning functions within neighbourhood teams
- In the District Nursing Service in relation to the delivery of low level healthcare tasks; hence Tameside's support at home service being the focus of the GM Health and Social Care Partnership's Living Well at Home Workforce Trailblazer: neighbourhood-based blended roles
- In the moving and handling teams as the current duplication is eradicated; providers carry out their own moving and handling assessment to ensure the safety of their staff and of the people they are supporting
- In the community physio service as peoples mobility is maintained positively by the service

With all six providers due to be linked to the Digital Health service the expectation is that, as with the use of this service in residential and nursing care settings, there will be a reduction in unnecessary presentation at A&E and GP surgeries as well as a reduction in associated unnecessary ambulance call-outs. Supporting more people to live healthier lives at home, for longer will, over time, reduce the reliance on expensive residential and nursing care. Closer, more integrated working between providers and the hospital and providers and the neighbourhoods will improve discharge outcomes for people; potentially shortening stays on the wards and reducing the likelihood of repeat admissions. The increased involvement of family, friends, neighbours and community groups in an individual's support – facilitated directly as a result of providers coproducing support plans with people - will reduce the need for paid support; a fundamental component of a person centred health and social care system

Case studies

1. George rarely leaves the house. Having supported George for a few years, and aware that he was lonely, but with little scope to address this prior to the roll out of the new model, his support at home worker has, in the last few weeks, asked George, a retired engineer, if he would be interested in going along to the local Men in Sheds scheme.

He was, but he felt anxious about going on his own. Using ‘banked’ hours, his worker supported him to go, stayed with him and came home with him. After doing this twice, George has said he is ready to give it a go himself. His worker has sorted out Miles for Smiles to take him there and back. Once he’s settled in, they have discussed stopping his lunch calls on the two days he goes.

2. Andrew was referred through to his local support at home provider with issues linked to long standing anxiety; he rarely left the house, had poor physical as well as mental health and was a frequent flyer in terms of accessing his GP. The support plan received by the provider requested amongst other things, support for Andrew to attend The Together Centre.

   In coproducing his care plan, Andrew was of the view that, on reflection, he would rather go to the gym. Using his commissioned hours, his keyworker accompanied Andrew to his local gym, helped him sign up and now supports him to attend; 30 minutes a session, three days a week. Andrew now also goes out walking locally with his support worker and has started to meet up with a friend he’d not seen for years.

   The relationship between Andrew and his keyworker has been crucial throughout with his keyworker able to engage him in conversations and activities that have resulted in Andrew making all manner of strides with relationship building, social inclusion and anxiety management.

   Actual hours are already around half of commissioned hours with Andrew reporting feeling better about himself already and his provider is going to keep a track of his contact with his GP practice to see if there is a reduction.

A two year review and evaluation of the project by Manchester Metropolitan University, Centre for Health Economics, part of the wider Care Together evaluation, is due to start imminently. Their evaluation will cover both qualitative and quantative metrics.

The contract includes, as standard, a 6-month no fault termination clause; hence were we to extend for the full three years provisioned for we would still be able to terminate the contract at any point – with enough time to reprocure – should the circumstances arise

Section 8: Social Value

If the value of this Modification Request exceeds £50,000, you must demonstrate how you have considered the additional social value to be derived from this Modification Request. Please provide details of how this is to be obtained/demonstrated, referencing supporting information from Section 9 as appropriate. **If no additional social value can be derived from this Modification Request**, please explain why

The respective providers’ social value offer was part of their tender response and hence forms part of the contracts going forwards.

Section 9: Supporting Information (insert N/A if not applicable)

In the below spaces, embed (where available) the following documentation, or provide links accessible by STAR, where required you should also provide login details:

Evidence of market testing undertaken to determine value for money	Executive/ Directors/ Business Reports, or Associated Business Case, or Key Decision Approval	Other documents you believe necessary to support your request (Quotations, MoU’s etc.)	Additional Terms and Conditions that will apply
The tender process was undertaken on the Chest		N/A	STAR Procurement has been provided with electronic copies

Section 10: ASO Submission Signature

Submitted By		Signature
Name:		Replace with Electronic signature or manual
Date:		

Once the form including Section 10 has been completed, you should send the form to the officer you have been dealing with or: procurement@star-procurement.gov.uk

STAR Procurement may contact you to discuss the content of the form to ensure that the position is fully understood. Once this discussion is complete STAR Procurement will aim to provide its agreement within 5 days. At that time, STAR will submit the Modification to your Council's Finance and Legal Services for their comments and signatures. You will be copied into this communication and it will then be your responsibility to ensure that these comments and signatures are obtained.

CPRs specify that all approved modification requests should be stored centrally, please return the fully approved document to STAR so that we can fulfil this requirement, and can include the contract created by the modification on the Contracts Register.

Section 11: STAR Procurement Comments

Name: Michael Sellors Date: 21 January 2019

Comment:

Standing Order Requirements

In accordance with the Standing Orders (SOs), an allowed for contract extension requires prior approvals in the form of the Waiver. Clause 5.3 of each of the 6 contracts provides for an extension of up to a further 3 years.

The value of this contract is above the EU threshold of £615,413 for these types of Light Touch Services arrangements.

Procurement Risk

There is a low procurement risk by approving this form as the extension option is contained in the original contract, and the increase in estimated value is only 7.9% (less than the 10% threshold for “significant” change).

The proposed T&Cs are an extension of those of the current service provision.

Value for Money

The price is set by the commissioners. The overriding delivery factor in this contract is quality of service.

Social Value

There has been no specific conversation with the providers about additional commitments to social value should the Council extend as opposed to re-tender these contracts.

Section 12: Finance Service Comments

Name: Stephen Wilde Date: 22 March 2019

Comment:

The additional cost impact of the support at home model is being financed by GM Transformation funding. The funding will support the enhanced hourly rate paid to providers until 31 March 2020 (£17.60 proposed for 2019/20).

The additional recurrent cost pressure of the new model (gross before any additional client fee income) is estimated to be c £ 1.9 million from 2020/21 onwards and is currently

included with the Council's Medium Term Financial Plan. This equates to an approximate Council Tax increase of 2%.

The additional cost is contributing towards the estimated revised Council financial gap of £45.4 million by 2023/24. The estimated gap has increased to the previous gap of £ 36.1 million reported within the 2019/20 Council budget report on 26 February 2019. This is due to the inherent risk that expenditure within Children's Social Care will not reduce in line with the Medium Term Financial Plan expectations.

Members should note that this report was discussed at the Locality Executive Group meeting on 14 March 2019 to determine the economy wide savings that will be realised from the new support at home model that will resource the recurrent cost pressure from 2020/21. At this stage the related savings initiatives are yet to be confirmed so the cost pressure remains an estimated recurrent Council liability risk.

It should also be noted that the cost assumptions include a number of hours under the phased roll-out of the new model, paid at the increased hourly rate, with an estimated full roll out of the new model from 1 April 2019. This represents an estimated increase of 7.9% on the initial 3 year contract value. This is primarily due to the increase in the hourly rate paid to providers in the new model which will have increased by c £3 per hour on the rate paid to providers on the previous model, which equates to an approximate 20% increase. The increase in the hourly rate will be financed by GM Transformation Funding to the end of the current contract period.

Section 13: Legal Service Comments

Name: Aileen Johnson — Date: 23 January 2019

Comment:
This is a request to extend 6 related contracts due to expire on 30 October 2019 for 3 years under Council Procurement Standing Order F2 for which provision has already been provided within the contracts. In all such cases the written approval of the Director of Governance and Resources and the Director of Finance in consultation with the Deputy Executive Leader and the relevant Executive Member must be obtained, and must demonstrate value for money.

There is a further consideration because there is a proposed price variation of 7.9% and so the decision makers will want to scrutinise the value for money submissions to ensure continuing regard for the Council's fiduciary duty to the public purse. Any contract variation over 2.5% of a £1million contract, or 5% of a £500,000 contract requires a report to the Director, Director of Finance and the Executive Member explaining why this variation which is outside the permitted variation rules under Council Procurement Standing Order F2 is justified. This report requires further explanation and evidence as to why this is the case and still considered value for money.

Section 14: Approvals / Acknowledgements

Director of STAR Procurement to acknowledge consultation:		SRO for Finance (or their nominee in accordance with Council Scheme of Delegation):	SRO for Legal (or their nominee in accordance with Council Scheme of Delegation):
Name:		N/A	N/A
Date:		N/A	N/A **Note:** Where the Contract Commencement Date precedes the above date of signature, the SRO for Legal notes the period of non-compliance and provides approval to continue to utilise the contract as detailed in this Modification from the

			above date of signature
Replace with Electronic Signature or manual		N/A	N/A

Agenda Item 8c

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Executive Member/Reporting Officer:	Jessica Williams, Interim Director of Commissioning Presented by Pat McKelvey, Head of Mental Health and Learning Disabilities
Subject:	**NEIGHBOURHOOD MENTAL HEALTH TEAM; LEAD PROVIDER TENDER OUTCOME AND RECOMMENDATION**
Report Summary:	In November 2018 the Strategic Commissioning Board (SCB) agreed that, in line with our Living Life Well (LLW) Mental Health Programme, a new Neighbourhood Mental Health Team would be established, bringing together a range of existing resources from Pennine Care, TMBC and ICFT plus £1,048,831 of new investment. Central to creating an innovative and flexible team is the Lead Provider Organisation, which went out to tender on 15 February. SCB agreed to receive the Tender Award Report as a tabled document to reduce any delays in establishing the new service. The Tender was led by STAR Procurement supported by a panel including staff from the Strategic Commission and Pennine Care NHS Trust plus people with lived experience who are working in the LLW Programme. The Post Tender Award Report is attached outlining details of the process and outcome of this tender. An Exemption Request is also included as only two providers submitted a bid for the contract.
Recommendations:	That the Strategic Commissioning Board is asked to agree that Big Life Company is awarded the contract as detailed in the Post Tender Award Report.

Financial Implications: (authorised by Section 151 Officer)

Budget Allocation (if Investment Decision)	£1,193,496.31 for a contract period of three years
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	This was subject to formal tender procurement and the most competitive tender was awarded demonstrating VFM
Additional Comments Following a review of two years' annual accounts for both bidders, the preferred provider passed all the financial evaluation assessments and scored a low risk to the CCG.	

	Additional financial clarification was sought on certain elements of the bid and satisfactory responses received providing additional assurance. The CCG has planned for this investment and this is within the budget identified.
Legal Implications: **(authorised by Borough Solicitor)**	This report should be dealt with in the exempt part of the agenda as it contains information relating to the financial or business affairs of particular persons, and in the current circumstances where decisions and actions have still to be made and followed in the procurement process, maintaining the exemption outweighs the public interest in disclosing the information contained within. Procurement Standing orders requires at D3 that approval from SCB is required where: • it is not best value, or • it has been negotiated, or • less than 3 tenders have been received a report has to be written with a full justification with details of the evaluation. In this case only 2 tenders have been received necessitating a report as above. The Council strategic Procurement advisor STAR have assisted in the process and are supportive of the outcome.
How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Developing Well, Living Well and Working Well programmes.
How do proposals align with Locality Plan?	This proposal supports the achievement of: • Healthy Lives (early intervention and prevention) • Community development: this will strengthen and sustain community groups and voluntary sector organisations to provide the necessary support in the community. • Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage. • Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to, or in, people's homes.
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly; • Supporting the wider determinants of health and wellbeing, giving children the best start in life and helping people to stay in and return to work, thereby improving their own prosperity. • Early intervention and prevention across the life course to encourage healthy lifestyles and promote, improve and sustain population health. • Creating the right care model so that people with long term conditions are better supported and equipped with the right skills to look after themselves and manage their conditions more effectively, reducing dependency on the health and social care system by promoting independence.

- Supporting positive mental health in all that we do.

Recommendations / views of the Health and Care Advisory Group:	This report was not presented at this group as SCB agreed to receive the Tender Award Report to reduce any delays in establishing the new service.
Public and Patient Implications:	This neighbourhood mental health development has been co-produced with input from patients and the public with lived experience of mental health needs.
Quality Implications:	If the investment is released to implement the new model of care for mental health quality of care available for patients will be improved.
How do the proposals help to reduce health inequalities?	This new development directly relates to a cohort of individuals who have struggled to access or receive any mental health support within the existing provision, due to not meeting current thresholds of services. Therefore, this development provides a new provision to support this cohort.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been conducted?	Not applicable.
Risk Management:	Risks will be identified and managed by the implementation team.

Access to Information :

Appendix 1	The Tender Evaluation Report, which is exempt from publication as it contains commercial information relation to a third party
Appendix 2.	The Exemption Request Form which is exempt from publication as it contains commercial information relation to a third party

The background papers relating to this report can be inspected by contacting Pat McKelvey, Head of Mental Health and Learning Disabilities, CCG Commissioning Directorate.

Telephone: 07792 060411

e-mail: pat.mckelvey@nhs.net

1. BACKGROUND

1.1 This tender was conducted using the Open procedure in accordance with the requirements of its Procurement Standing Orders and the Public Contracts Regulations 2015 (SI 2015/102) (PCR 2015) for the purpose of procuring the services described in the Specification (Services).

1.2 In January 2018 the Strategic Commissioning Board (SCB) agreed to commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included.

1.3 Following an analysis of options by a multi-agency working group SCB agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit, to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods. The Business Case relating to this was signed off by the Strategic Commissioning Board in November 2018.

1.4 The aim of the Neighbourhood Mental Health Team is to meet the needs of people with multi-faceted needs. This includes:

- The effects of childhood abuse;
- Emotional instability;
- Dual diagnosis (substance misuse, LD and autism;)
- Young adults with mental health needs transitioning from CAMHS;
- People with complex psychological needs;
- Medically unexplained symptoms;
- People frequently asking for mental health help, including GP, A&E;
- People under the care of tertiary services e.g. with eating disorders.

1.5 The purpose of the team is to provide a range of person-centred interventions including assessment, care planning, interventions and support for individuals introduced to the service. The vision for the service can be found in the Specification.

1. PROCUREMENT PROCESS

2.1 The route to market was light touch open procedure. The tender was advertised on The Chest, and also in the OJEU and Contracts Finder.

2.2 Below is the tender timetable:

Activity	Date
Issue of ITT	15 February 2019
Deadline for receipt of questions or clarifications (via The Chest)	22 March 2019 by 12noon
Deadline for receipt of Tenders (via The Chest)	28 March 2019 by 5pm
Interviews	3 April 2019
Notification of Decision (Standstill Period commences)	25 April 2019
Contract Award	8 May 2019
Contract Start	Go live 1 October 2019

2.2 The contract was awarded on the basis of the offer that was the most economically advantageous to the CCG. The Award Criteria are as follows:

- 70% technical or quality.
- 20% interview.
- 10% cost.

2.3 Responses received:

Total number of Expressions of Interest: 27
Total number of On-Time Bids Received: 2
Total number of Opt-outs: 8
Total number of Non-responses: 17

2.4 The two bids received were from Richmond Fellowship and The Bid Life Company. The bids were evaluated by a panel consisting of representatives from the CCG, representatives of people with lived experience and colleagues from the council under the moderation guidance of STAR Procurement. Specialities such as Finance, Safeguarding, and Quality Assurance were also included in the evaluation of this Procurement Process.

2.5 The quality submissions received from both Richmond Fellow and Big Life required substantial clarifications to ensure Commissioners and Finance were content with the proposed delivery model and viability of responses.

2.6 The Tender Evaluation Report, which is exempt from publication as it contains commercial information relation to a third party, can be found in **Appendix 1**.

3. PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

1.1 This report is prepared in-line with Procurement Standing Order PSO D3.2 which requires permission to be obtained where procurement activity has resulted in the receipt of fewer than three tenders.

1.2 Authorisation is therefore sought for a waiver to PSO D3.2 to enable the award of contract to Big Life Company.

1.3 The Exemption Request Form which is exempt from publication as it contains commercial information relation to a third party can be found in **Appendix 2**.

2. VALUE OF CONTRACT

2.1 The three year contract value is £1,193,496.31 in total.

3. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

3.1 A tender exercise was conducted utilising the open tender procedure in accordance with 2015 Public Procurement Regulations.

3.2 The panel is confident that the two tenders received demonstrated a sound understanding of our requirements and that the winning tender represents the most economically advantageous tender. Following the mandatory standstill period of 10 days, the contract can be awarded subject to the approval of the required waiver to procurement standing orders.

4. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED

4.1 The Strategic Commission's Procurement Standing Orders have been followed rigorously in this tender process.

4.2 Following full evaluation by a panel consisting of representatives from each of the service areas deemed the Big Life Company submission fully compliant and the tender with the highest score met the Most Economically Advantageous Tender (MEAT) criteria, therefore permission is sought under Procurement Standing Order PSO D3.2 to award the contract for this service.

4.3 The alternative is to re-tender this service which will introduce delays to the implementation of this mental health provision in the Locality and to service users.

5. RECOMMENDATIONS

7.1 As set out on the front of the report.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item 9a

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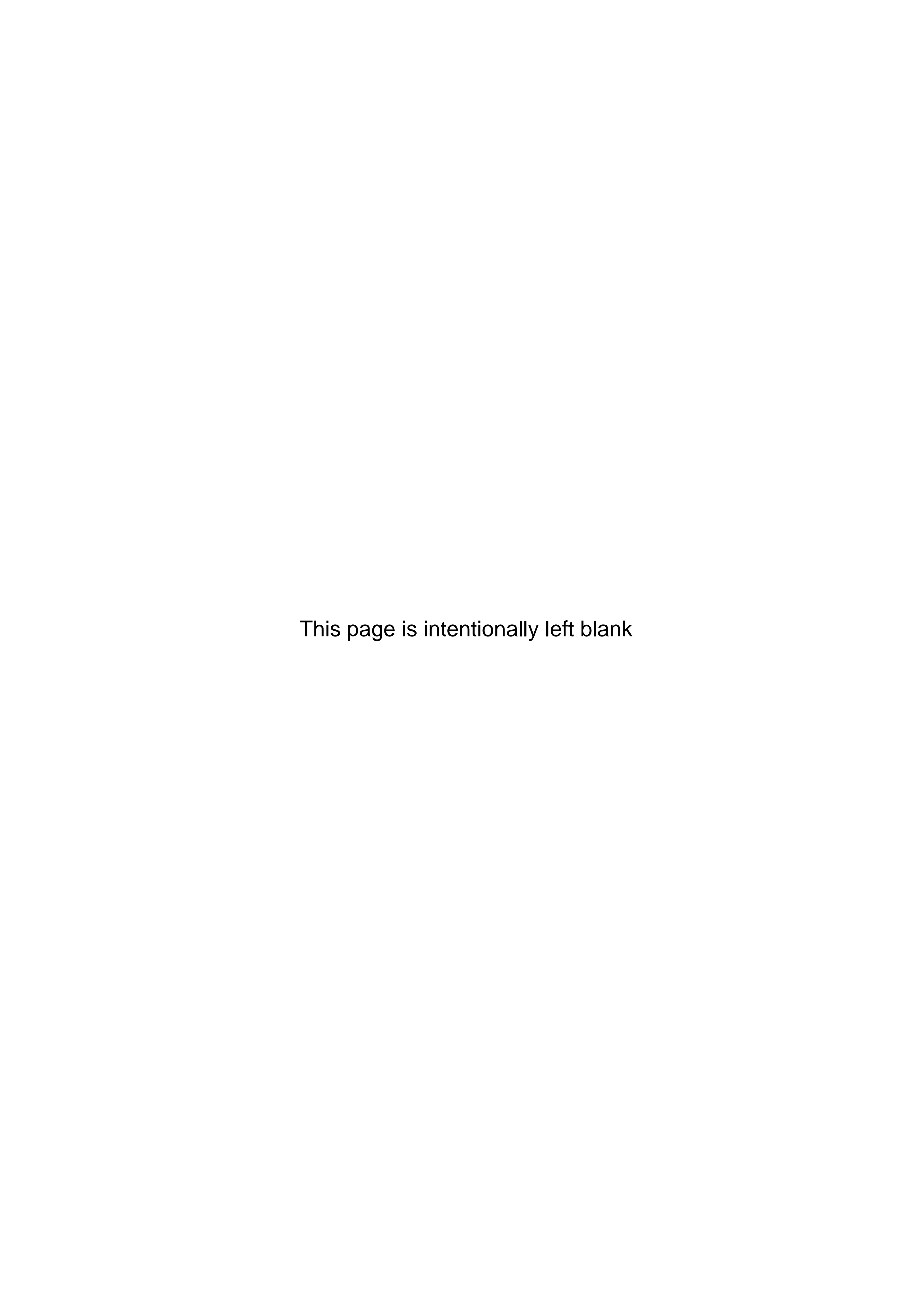

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Officer of Strategic Commissioning Board	Jessica Williams, Interim Director of Commissioning
Subject:	**GM RE PROCUREMENT OF LEVEL 3 WEIGHT MANAGEMENT SERVICE**
Report Summary:	NHS Tameside and Glossop CCG has been one of the associates to the Level 3 Weight Management led by Salford CCG since 2013. NICE guidance requires this service provision before referring into Level 4 Bariatric surgery. The current contract is due to come to an end in March 2019 and a procurement exercise has been undertaken on behalf of Manchester City Council; NHS Bury Clinical Commissioning Group (CCG); NHS Salford CCG; NHS Stockport CCG and NHS Tameside & Glossop CCG. The specification for the new service remains fundamentally the same but has a stronger focus on achieving and maintaining weight loss within its outcomes. The eligibility for the service for Tameside and Glossop patients remains the same and the service will continue to integrate with other services within Tameside and Glossop and Salford Royal. The annual budget at £241k is the same as with the previous contract with around 244 people a year anticipated to receive support.
Recommendations:	The Strategic Commissioning Board is asked to note the content of this report, and approve the award of the contract as set out in the evaluation 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	241	-	-	241
Total	**241**	**-**	**-**	**241**
Section 75 - £'000 Strategic Commissioning Board	A recurrent budget of £241k is in place for the tier 3 weight management service			

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

This proposal is cost neutral against the tier 3budget. Though it should be noted that while the recurrent budget is £241k, actual spend in 2018/19 is expected to be closer to £200k based on actual usage.

While the new tier 3 service will be no more expensive than the existing service, the new service has the potential to reduce spend on bariatric surgery and other conditions, resulting in an indirect benefit to the overall financial position.

Legal Implications:

(Authorised by the Borough Solicitor)

This report should be dealt with in the exempt part of the agenda as it contains information relating to the financial or business affairs of particular persons, and in the current circumstances where decisions and actions have still to be made and followed in

	the procurement process, maintaining the exemption outweighs the public interest in disclosing the information contained within. The procurement process must comply with the Council's Procurement Standing Orders or a waiver where lawful provided for any alternative action.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action.
How do proposals align with Locality Plan?	The proposals are consistent with the Healthy Lives (prevention) strand of the Locality Plan.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Commission for the 'whole person'; • Create a proactive and holistic population health system.
Recommendations / views of the Health and Care Advisory Group:	This is the award of a contract following procurement and as it is 'commercial in confidence' would not be taken to HCAG.
Public and Patient Implications:	This service is a prerequisite for those obese patients who require bariatric surgery. It enables access to weight management services locally for patients.
Quality Implications:	The procurement included evaluation in accordance with the approved and published evaluation process, which was designed to select the most economically advantageous Bid, judged to offer the optimum combination of Service Delivery, Clinical Governance & Quality, Mobilisation, Exit and Capacity, Social Value and Finance within the affordability parameters.
How do the proposals help to reduce health inequalities?	Reduce local variation and improve service design, delivery and patient experience to improve access to services. The location and access routes for the service will take into account the needs of all our population and will focus on reducing health inequalities.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act.
What are the safeguarding implications?	Safeguarding is central to the service provision.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.
Risk Management:	There are no anticipated financial risks and the CCG will continue to work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.
Access to Information :	The background papers relating to this report can be inspected by contacting Elaine Richardson. Telephone: 07855 469931 e-mail: elaine.richardson@nhs.net

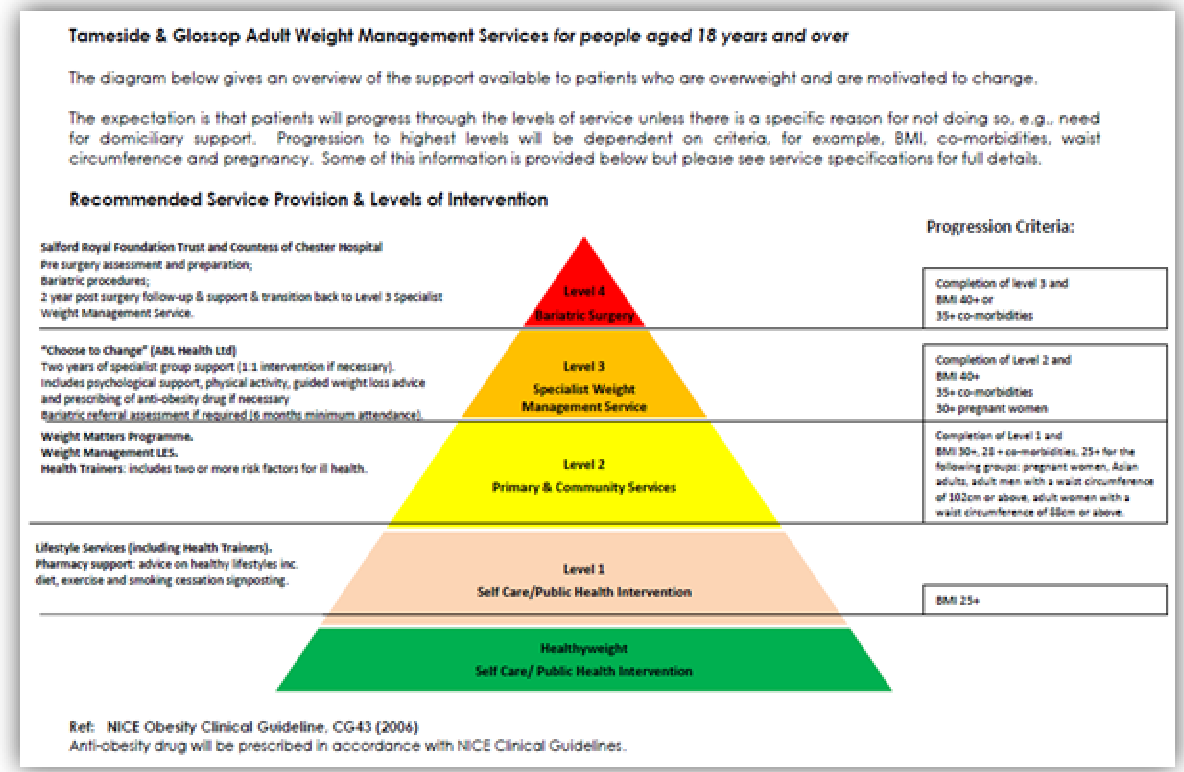
1. BACKGROUND

1.1 In March 2013 Tameside and Glossop Planning, Implementation and Quality Committee recommended that the CCG join as an associate to an existing Level 3 Specialist Weight Management service and this was approved by the Governing Body in April 2013. NHS Tameside and Glossop CCG has been part of a Greater Manchester arrangement for a Level 3 Specialist Adult Weight Matters Service ever since.

1.2 The requirement for a service is mandated as part of the Level 4 specialist weight management (bariatric surgery) pathway.

1.3 Tameside and Glossop is an associate to a contract held by NHS Salford CCG as the lead commissioner and three other associates namely, Manchester City Council, NHS Bury CCG and NHS Oldham CCG.

1.4 The Level 3 service aligned with the existing Locality Level 1 and 2 services and provided the gateway to Level 4 which was at that time commissioned by NHSE.



1.5 Commissioning responsibility for Level 4 specialist weight management (bariatric surgery) transferred from NHS England Specialist Commissioning to CCGs, with NHS Salford being the GM lead for a regional procurement. The regional tender process was halted at the end of December 2016 due to a lack of competition and no bids being received at national tariff. It was agreed regionally that Salford Royal would be the bariatric surgery provider for Greater Manchester and has been commissioned by CCGs since April 2017.

1.6 As part of the transfer of Level 4 commissioning a Greater Manchester steering group was established involving all CCGs and Local Authority representative to review weight management services across GM to ensure services are equitable and reduce any variation across GM.

1.7 The existing contract for Level 3 Specialist Weight Management ends in March 2019 and Salford CCG has led the procurement for a replacement on behalf of City of Manchester

Council, NHS Bury Clinical CCG, NHS Stockport CCG and NHS Tameside & Glossop CCG.

1.8 The procurement was a national exercise for a Level 3 (non-surgical) Specialist Adult Weight Management Service to provide a co-ordinated and integrated Level 3 Specialist Weight Management for adults with BMI of 35 kg/m2 and higher. The contract will be for duration of 3 years with the option to extend for up to a further 2 years.

1.9 The specification for the new service remains fundamentally the same but has a stronger focus on achieving and maintaining weight loss within its outcomes. The eligibility for the service for Tameside and Glossop patients remains the same and the service will continue to integrate with other services within Tameside and Glossop and Salford Royal.

1.10 The new service will support the Living Well priorities enabling more people to choose healthier lifestyles which will reduce their risk of developing other conditions such as diabetes and coronary heart disease as well as reducing the number of people who go on to require Bariatric surgery. The procurement process specifically looked for evidence of use of a range interventions including use of digital technology and community service locations as these should support people to fully engage and achieve weight loss. There was also consideration of how providers would adopt a family-wide approach which will support the Starting Well priorities promoting healthier eating habits across the whole family. Increasing the number of people in Tameside and Glossop who have a healthier lifestyle will improve Healthy Life Expectancy and reduce the cost of ill health both for individuals and the Health and Social Care system.

2. BUDGET

2.1 The budget for the contract at £241k per annum remains the same as the previous contract; however, a non-recurrent QIPP was applied in 2018/19 due to availability of the service within Tameside and Glossop under the previous provider which impacted on activity. It is anticipated that around 244 people a year will receive support through the new contract.

3. RECOMMENDATION

3.1 As set out on the front of the report.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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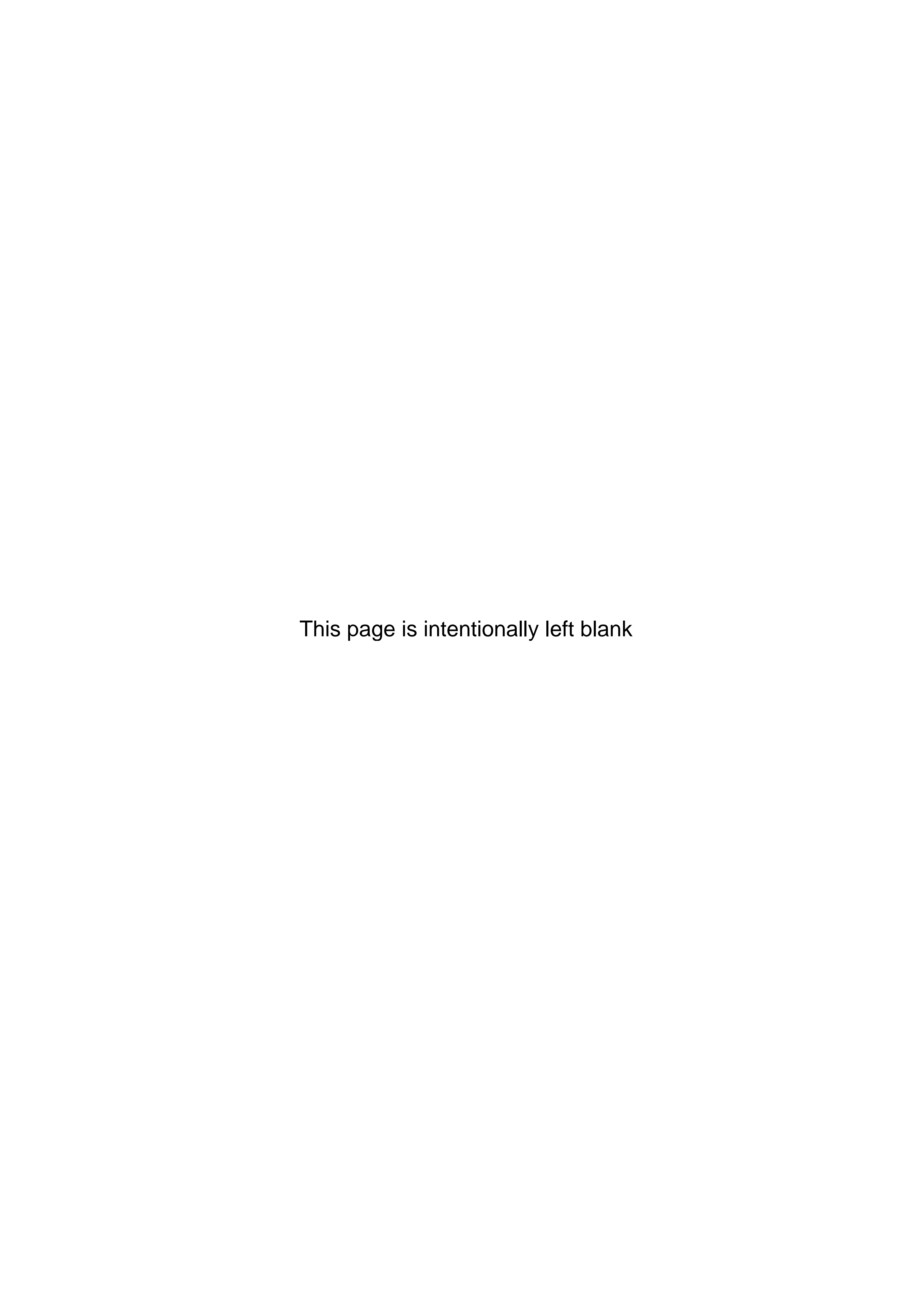
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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 April 2019
Reporting Officer:	Richard Hancock - Director of Children's Services
Subject:	**PROPOSAL TO AWARD A SECOND CONTRACT FOR INTERIM SOCIAL WORK SERVICES WITH SKYLAKES A SPECIALIST CHILDREN'S SOCIAL CARE AGENCY FOR UP TO A FURTHER SIX MONTHS**
Report Summary:	Authorisation is required from the Strategic Commissioning Board because firstly it sets out a different delivery model outside the usual Policy and Financial framework and secondly to agree an exception to Procurement Standing Order F1.4 to direct award a contract to Skylakes for the requirement because competition is absent for technical reasons
Recommendations:	That the Strategic Commissioning Board note the content of this report and approve the following recommendations: 1. To agree the approach set out in the report to deliver support to Children's Services. 2. To approve the awarding of a second contract to Skylakes (through the Crown Commercial Services framework agreement: RM3711: Multi-disciplinary Temporary Healthcare Personnel) providing for provision of discreet Social Work capacity to manage 150 cases at any one time, for up to a further six months with a break clause at three months to enable a corporate review to be undertaken. Corporate reviews needs to be undertaken at the end of the First Contract (3 months) and if a second contract entered into – every 2 months thereafter whilst that contract exists by the Statutory Officers (Head of Paid Service, S151, Monitoring Officer &Children's) in conjunction with the Executive Members for Finance and Childrens and with support from STAR to determine whether the approach is achieving necessary outcomes and secondly whether there is a need for it to continue and if so in what form and what procurement process needs to be undertaken 3. To recommend to Cabinet and the CCG that an estimated expenditure of £0.473 million be allocated to this proposal as explained in section 7.
Corporate Plan:	This project will provide support into teams who although centrally based predominantly provide services on a locality footprint, so it is anticipated that the improvement is service delivery will be seen across localities.
Policy Implications:	There is no planned or permanent change to policy and financial framework. This is an interim arrangement designed to provide targeted support into a specific area of service under pressure.
Financial Implications: **(Authorised by the statutory Section 151 Officer)**	The total value of the extension for up to 26 weeks is estimated at £472,817 (£18,185 per week) to deliver as a managed service. This sum includes an estimate for business related car mileage claims, at the standard Council rate.

The cost of the contract will be financed via the 2019/20 Children's Social Care Directorate revenue budget. Members are reminded that the Council approved £9.3 million additional revenue investment, funded from reserves to the Directorate budget for 2019/20 on 26 February 2019. However, the estimated cost of this contract extension was not included as a commitment against this investment.

The Directorate will ensure 4 Social Worker posts (agency) included within the 2019/20 budgeted establishment will remain vacant for the duration of this proposed extension to support the related financing.

In addition the contract provider will be expected to deliver key performance measures within the terms of the extension. Some of these measures will deliver cost savings to again support the related financing (all others will deliver capacity benefits). These include the conversion of Independent Agency Foster Carers (IFA) to Special Guardianship (SGO) status and the step down of children currently residing in independent sector residential care to independent agency foster care or semi-independent residential care.

It is anticipated that up to 18 Independent Sector fostering placements could be converted during the life time of the contract together with circa 20 in house foster carers.

The estimated savings are summarised in **table 1** (section 7). The savings are shown for the period of the proposed contract extension together with the remaining period of the 2019/20 financial year.

The contract extension is expected to be self-financing if the performance measures are delivered. In addition the savings that may be realised will also finance the cost of the existing contract.

Members should note however that the savings that are expected to be realised will not contribute towards the financing of any existing or additional demand pressures that may materialise in the current financial year as they are contributing towards the cost of the current contract and proposed extension. The majority of future savings will come through the reduction in the volume of looked after children. It is expected that progress will be made in this area during the year and that the additional savings are possible to enable the delivery of a balanced budget.

Legal Implications:

(Authorised by the Borough Solicitor)

A previous decision was made to enter into a contract with Skylakes to provide urgent support to Children's Services for 14 weeks to assist in the recovery programme required to improve the service to Ofsted's satisfaction.

It is very important that if a further agreement with Skylakes is deemed necessary to ensure continuing urgent external support and business continuity that the Council immediately begins a procurement exercise running alongside, if it considers that this support will be required in the longer term.

Continuing to rely on urgency as a reason to reprocure the services of Skylakes carries inherent procurement risks and the longer the urgent need persists, the less likely it can be argued it is urgent under the Council's Procurement Rules and so warrants a

direct award as opposed to carrying out a procurement exercise under either a framework or an open market testing exercise. The Council will also need to take extreme care to ensure that other potential providers are not disadvantaged through the procurement of Skylakes services. To this end specialist procurement advice on the specification and other contract documentation should continue to be provided and followed through the Council's strategic partner STAR Procurement.

Clearly approval is required not just for additional authority to enter into a further contract, but also to actively seek to procure this type of service to support Children's Services at this critical time.

F4 of the Procurement Rules say that a direct award of a contract i.e. without any competition can only be made if:

1. No suitable tender is received capable of meeting our requirements. or

2. Our requirements can only be met by a single bidder because: (i) the aim of the procurement is the creation or acquisition of a unique work of art or artistic performance, or (ii) competition is absent for technical reasons (iii) we have to protect exclusive rights such as intellectual property rights and no reasonable alternative or substitute exists. or

3 There is extreme urgency due to events which we could not foresee and are not our fault. This usually means Act of God situations such as fire or flood.

The Director of Childrens has advised that there is no other provider who can deliver this managed service.

A corporate review will need to be undertaken at key miles stones in this contract (1) at end of first contract and (2) every 2 months into second as there can be no further waivers and to determine if this approach is deemed necessary, delivering and if required for longer or different services/support required a procurement process is commenced expediently.

Risk Management:

It is not anticipated that this project will in itself present any specific risks, although the risks associated with the current position which this proposal is designed to in part address are detailed elsewhere in this report.

The contract will be proactively managed through fortnightly performance meeting with the provider and monthly briefings to SLT. This together with the option of a three month break clause will support the management of any risk associated with the contract not delivering on the required outcomes for children, the associated financial savings or capacity building.

Access to Information:

The background papers relating to this report can be inspected by contacting the Director of Childrens by:

Telephone: 0161 342 3354

e-mail: richard.hancock@tameside.gov.uk

1. INTRODUCTION

1.1 As members and colleagues will be aware the performance of our front line social work teams has been of concern since the Ofsted inspection in 2016 highlighted the matter and it was as a result of particular pressures and associated performance that an award of a contact was agreed to Skylakes for the provision of additional defined Social Work capacity.

1.2 This report will reiterate the basis for this original decision, update on progress over the first seven weeks of the current fourteen week contract and propose the basis for an extension.

2. BACKGROUND

2.1 Considerable work has taken place over the last eighteen months or so in order to address front line Social work capacity and performance and there are clear signs of improvement in performance as detailed in our Self-Assessment:

- *"Quality audits show an improving and more consistent standard of casework with a reducing percentage of inadequate judgements. Performance indicators show we are getting the basics right more of the time. Our partners are making fewer inappropriate referrals, an increasing number of cases are receiving early help and fewer are subsequently then escalating to children's social care. We are managing risk and need with more confidence so that the volume of total referrals is reducing, whilst there has been a more recent rise in Child in Need cases, following a sustained reduction, alongside a reducing number of children subject to a Child Protection plan. The Council has sustained its investment to ensure that there has been additional casework and improvement capacity. We have developed with our staff and articulated "The Heart of Practice" as the Tameside way of doing things, with Signs of Safety at the core of our new practice framework. This has been rolled out across front line, middle and senior managers during September/October and is currently being embedded across the whole workforce and wider partnership December - April which will support us to deliver the quality and standards that we expect". Self-Assessment*

2.2 Despite this generally improving picture significant pressures remain:

- *"At this stage in our improvement, our primary challenges lie in workforce issues and ensuring we have the right staff to drive delivery for us. In particular, we face both the long term challenges over Social Worker and first line manager recruitment and retention, and a more recent acute shortage of supply of locum Social Workers across the region" Self-Assessment*

2.3. Permanent staff turnover has been reducing, but reliance on agency staffing remains high (although reducing), but first line management across our Hub/Duty/Safeguarding is now at 90% permanent staffing".

2.4 The significance of our staffing issues was last reported on 9 January 2019 and again on 6 February:

- *"It is extremely positive that in this key area of "children in need of help and protection" our thresholds and decision making are seen to be sound and that referrals are then progressed appropriately. It is also encouraging that positive progress can be seen since Ofsted last inspected this area in January of 2018. There are, as is clear from the report, a number of positives in our performance where significant progress has been made, but also a number of areas requiring further improvement, which had largely already been identified through our own quality assurance processes and regarding which improvement activity is already in*

place.The biggest single risk to the effectiveness, consistency and speed of our improvement though, as recognised by our own self-assessment and clearly reflected, both in the Ofsted judgement and the feedback of our DfE colleagues, is our ongoing difficulties in the recruitment and stability of our Social Work workforce"

- *"Staff recruitment and retention of frontline workers and service unit managers continues to be a significant challenge for the local authority. Senior leaders recognise that workforce instability brings with it a number of vulnerabilities, including inconsistency in the quality of practice. The local authority is actively engaged in a number of relevant initiatives to support social work recruitment and staff development, but at this early stage there has been limited impact". Ofsted November 2018*

- *"The single biggest risk to the Tameside improvement journey (and various action plans) remains the inability of the LA to recruit and retain a stable cohort of good social workers. Despite a range of both traditional and innovative approaches to recruitment at practitioner and team leader levels, the authority is managing to do little more than hold its position on SW numbers" - DfE Improvement Advisors report December 2018*

- *"To date and despite a range of initiatives we have been unable to make any significant inroads into the recruitment of a stable workforce, but it is both positive and helpful going forward that we now have a predominately permanent children's leadership team and an improved position with regard to first line management, which we anticipate will be further bolstered by current recruitment activity. This area remains a priority and a focus of work both within children's services and alongside corporate colleagues". Board Report 9th January/ 6th February 2018*

2.5 This instability in our workforce is not consistent across all areas of practice and although it is more acute within our Locality Teams, who take work from the hub and duty (the subject of Ofsted's November monitoring visit) and implement the necessary interventions across the Child in Need, Child Protection and Looked After continuum), it is also evident in our duty and Looked After Services.

2.6 Good quality and effective Social work interventions are relationship based and the skills necessary to work with the level of complexity which brings families to the attention of a statutory services Child in Need/Child Protection/Looked After, requires both a high degree of professional skills and practice experience. This level of reliance on ASYEs (Social Workers in their first year of practice) and interim workers along with the level of turnover impacts negatively on the effective functioning of the service in a number of ways -

- *Whilst ASYEs bring with them significant benefits to a team and service, an over reliance has less positive impacts:*

2.7 The restricted caseloads required for ASYEs along with the lower level of complexity they are allowed to manage and the increased levels of supervision and support required, both reduces the overall capacity of the workforce and places additional demands on first line managers.

2.8 The restricted caseloads required for ASYEs along with the lower level of complexity that they are allowed to manage requires other team members to pick up a disproportionate number of more complex work rather than a more balanced and therefore manageable caseload.

- Turnover in the workforce will reduce the overall capacity and efficiency of a given number of posts:

2.9 Whereas a permanent and established workforce may reasonably be able to manage X number of cases per full time equivalent position filled. A workforce so heavily reliant on interim positions along with such a high turnover of staff reduces this significantly, as cases are reallocated to manage turnover requiring each new case holder to both familiarise themselves with the case and establish new relationships with children, families/carers and often a range of other individuals.

- Consistency of social worker is a key indicator of an effective and stable service and seen as a key to the provision of quality and effective interventions and our performance in this area is of some concern.

- The competing demands within a social work team in excess of its capacity to cope, will inevitably lead to a prioritisation of work, both at a team and individual level and impact negatively on quality and/or timeliness.

2.10 This is the effect that we are seeing in areas of our service, where the impact of the staffing issues as described works through to individual cases where the quality of our interventions remains to inconsistent.

2.11 As an interim measure therefore, agreement was given to engage a specialist agency who could within a short timescale provide a self-contained social work team along with its own management, family and business support capacity to lift circa 200 Child in Need cases out of our locality services.

2.12 This would, it was anticipated, provide both a moral boost to a workforce who have been under significant pressure for an extended period, with the anticipation that this will also impact positively on the turnover rates and release both social work and management capacity to focus on the quality of the practice.

2.13 Below is a brief summary of the original proposal:

- The programme follows intensive intervention with the child/ren and families over a 14 week period. There will be 3 to 4 reviews in this timeframe with a decision made either during (depending on risk and need) or at the end of the programme for de-escalation or escalation. Skylakes will deploy a Team of, 2 Team Managers, 10 Social Workers, 2 Family Support Workers with an accompanying business support function for each cohort of 200 children at any one time. Practitioner caseloads will be capped at 20 children.

- The programme will have a roll in phased start with the Team Manager starting in week 0 and remainder of the team commencing on week 1. Total duration is 14 weeks

- This project will be completely remote. The Team Managers will be present in the office for a minimum of 1 day a week to update your allocated project sponsor and to facilitate all transfers under CP, at LPM or Proceedings or LAC.

- All case transfers to Skylakes will be managed in house by Skylakes and will not require council input, time or resources.

- The desired outcome would be to manage a CIN service of intensive intervention, with a 14 week turnaround on the majority of cases, allowing 3 to 4 CIN meetings in this time.

- Specific handover points will be ICPC, LPM in any PLO or planned proceedings cases, LAC placement agreement meetings at 72 hours and proceeding 1st ICO

3. UPDATE

3.1 The contract went live on 11 February 2019.

3.2 Team one commenced on 11 February 2019 and Team two on 18 February 2019.

3.3. 200 cases were allocated.

3.4. At the seven week review –

- 46 cases had been closed, stepped down or escalated as appropriate
- 31 additional cases had been allocated
- 18 were to be allocated

3.5 It is currently projected that circa 40/50 cases will after updated assessments and planning and review require ongoing work following the current 14 week contract period and as a result pass back to the Local Authority at this point.

3.6 Feedback from colleagues has been positive.

3.7 The work is judged to be of a good quality.

4. OPTIONS GOING FORWARD

4.1 Whilst it is positive that turnover of permanent staffing has reduced, the proportion of agency staff in the service remains high.

4.2 Although this is now at a lower level than at any point in the past 18 months plus, it still remains at over 30% (and it should be noted that a proportion of this reduction is caused by carrying vacant posts as a result of ongoing difficulties in recruiting both permanent and interim capacity).

4.3 Issues remain in relation to the high turnover rate amongst agency staffing and the inconsistent quality of work.

4.4 It is proposed that in order to address the ongoing pressures in the children's social care system, the staffing and associated capacity issues as detailed earlier in this report, that an extension to the current contract is granted for a period of up to six months with a break clause at three months.

4.5 The benefits of this are as follows:

- The quality of the work undertaken to date is seen to be good and more consistent in its quality than that which is currently available through the more usual individual worker/contract agency recruitment.
- The turnover of staffing over the life of the current contract is projected to be 0%.
- Maintaining the current contract will enable consistency of staffing and prevent the handover of an anticipated 40/50 cases to other workers with all the inefficiencies associated with this as outlined earlier in this report.
- This will also prevent a change in Social Worker for this cohort of children.
- The current staffing complement is now familiar with Tameside policies, procedures and processes and have developed effective working relations, so will be in a position to take forward this work at pace.
- It will be possible to allocate additional cases that will require interventions to a point past the current contract.

- Whilst significant investment will be required in order to maintain this resource it is anticipated that this cost can in partly be offset by holding four vacancies that would otherwise be filled with individually recruited agency staffing.
- The savings associated with the proposed targeted case work activities as detailed in section 4.7 of this report will also be set against the contract costs, with a projection that overall the contract will be cost neutral.

4.6 Whilst a focus will be maintained on the CIN and associated work as previously outlined which is impacting positively on the service as anticipated. It is recognised that the capacity to effectively take forward timely and targeted Social Work activity linked to our Looked After population would also be of clear benefit to the individual children, capacity, ongoing service improvement and financially.

4.6 Although now relatively stable since October 2018, our LAC population remains high and this capacity will allow targeted work to take place as follows:

- Support permanency arrangements for children where appropriate with a significant individual through a Special Guardianship Order application.
- Seek the discharge of Care Orders where appropriate for children placed at home with parents.
- Work with a defined cohort of children where it is believed that with support, a step down to a more appropriate and most likely cost effective placement or possibly home to family/friends is achievable.

4.8 This targeted activity will support our long term strategy of reducing the Looked After Population by significantly increasing the timeliness and speed at which we will be able to review and update individual care plans if required and then where appropriate secure Special Guardianship or the discharge of Care Orders for children placed at home. Both of which will enable secure long term permanency plans to be achieved in a more timely manner for a number of children together with the associated capacity gains and financial savings.

4.9 This targeted and time limited activity will not only enable more timely interventions and first and foremost improved outcomes for a number of our children and young people as outlined above, but also release a level of current staffing capacity to focus more effectively on our longer term improvement journey. This includes fully embedding our practice model Signs of Safety and improvements in the consistency of quality in our assessment, planning and case management.

4.10 In progressing work through this route the increased capacity created, or be it temporarily, it is anticipated will reduce some pressures in the system on a more permeant basis, reduce/remove backlog and also provide the opportunity for our managers and staff to focus on the areas of improvement identified in our self-assessment. It is not anticipated that any further such arrangements will be required going forward following the conclusion of this proposed contract.

4.11 This arrangement will also afford the opportunity to provide a level of targeted support in discreet areas of pressure, namely Public Law Outline cases where there has been drift and reassessment is required to support progress or potential step down; connected carers assessments to avoid delay and progress children in a timely manner to the care of relatives/ friends where appropriate, and some activity at the front door as required.

4.12 Specific cohorts of children will be identified, clear performance indicators, including timescales and outcomes established. It is anticipated that the contract will be cost neutral and to support this, it will be proactively managed through fortnightly performance meeting with the provider and monthly briefings to SLT. This together with the option of a three month break clause will support the management of any risk associated with the contract

not delivering on the required outcomes for children, the associated financial savings or capacity released.

5. PROCUREMENT STANDING ORDER SEEKING TO WAIVE /AUTHORISATION TO PROCEED

5.1 This report is prepared in line with Procurement Standing Orders F1.4 where authorisation is required for exception to Procurement Standing Orders on the basis that this activity provides evidence that the exception is necessary to achieve the Council's objectives and will achieve Best Value for the Council.

5.2 The instability of the workforce in this area has become more acute in the past few months and requires urgent action in order to seek to stabilise the position. Simply seeking to recruit to social work positions or to fill vacancies with agency staffing has so far not proved successful.

5.3 The consistency of the quality of work across this area is of particular concern and has attracted criticism from the Courts.

5.4 The Council is due a full Ofsted inspection any day now.

5.5 A number of children entering care from 1 December to 18 January had escalated from CIN.

5.6 Cases are backlogging in Duty as Locality Teams are unable to manage the demand and in Locality Teams as Looked After Teams are unable allocate, leaving a number of cases that require action to review, update or progress the care plans, either moving them through or in many cases out of the system.

5.7 The Council continues to have a statutory responsibility to ensure that services for our children are of a good and consistent standard.

5.9 Targeted activity to help address the Local Authorities LAC numbers will be possible with the additional capacity afforded by this contract.

5.10 The extension will allow for continuity of work and also allow the Council to look at what are the commissioning requirements going forward. Once this is established the extension will allow time for governance and to go out to the market and procure a service if this is required.

6. VALUE OF CONTRACT

6.1 The Services to be provided under the proposed contract fall under the "light touch rules regime" of the EU procurement rules and as such does not need to be advertised in the Official Journal of the European Union (OJEU). The light touch regime applies to a certain category of Health, Social and Education services and certain other service contracts with a threshold value of below £615,278. Based on the information contained in this section of the report the value of the contract is below this financial threshold.

6.2 Members should note that the contract value includes a fixed sum of £ 460,817 together with an estimate for business mileage of £ 12,000, total estimated value of £ 472,817. This equates to £ 18,185 per week for the 26 week duration.

6.3 The cost of the contract will be financed via the 2019/20 Children's Social Care Directorate revenue budget. Members are reminded that the Council approved £9.3 million additional

revenue investment to the Directorate budget for 2019/20 on 26 February 2019. However, the estimated cost of this contract extension was not included as a commitment against this investment.

6.4 The Directorate will ensure 4 Social Worker posts (agency) included within the 2019/20 budgeted establishment will remain vacant for the duration of this proposed extension to support the related financing.

6.5 In addition the contract provider will be expected to deliver key performance measures during the extension period. Some of these measures will deliver cost savings to again support the related financing. These include the conversion of Independent Agency Foster Carers (IFA) to Special Guardianship (SGO) status and the step down of children currently residing in independent sector residential care to independent agency foster care or semi-independent residential provision.

6.6 The estimated savings are summarised in **table 1**. The savings are shown for the period of the proposed contract extension together with the remaining period of the 2019/20 financial year. The delivery of the estimated savings will be subject to stringent contract performance monitoring on a two weekly cycle throughout the contract duration. **Table 1** also provides details of the estimated placement numbers that will realise expected savings.

6.7 The contract extension is expected to be self-financing if the performance measures are delivered. In addition the savings that may be realised would also contribute to, or potentially fully finance the cost of the existing contract, but only if fully achieved.

6.8 Members should note however that the savings that are expected to be realised will not contribute towards the financing of any existing or additional demand pressures that may materialise in the current financial year as they are contributing towards the cost of the current contract and proposed extension. The majority of future savings will come through the reduction in the volume of looked after children. It is expected that progress will be made in this area during the year and that the additional savings are possible to enable the delivery of a balanced budget.

Table 1

	Estimated No of Placements	**£'000**	**£'000**
Estimated Contract Value			**472.8**
Estimated Savings - Contract Duration			
Existing Establishment Social Worker Posts - Remain Vacant For Contract Duration	4	103.1	
Existing IFA Placements - Conversion To SGO	18	25.7	
Existing Independent Sector Residential Placements - Step Down To IFA Placement	4	51.7	
Existing Internal Sector Residential Placements - Step Down To IFA Placement - Transition Of Independent Sector Residential Placements to Internal capacity	5	26.4	
Existing Independent Sector Residential Placements - Age 16 Plus - Step Down To Semi-Independent Placement	4	36.1	
Existing Internal Sector Residential Placements - Age 16 Plus - Step Down To Semi-Independent Placement - Transition Of Independent Sector Residential Placements to Internal capacity	2	8.0	
Total			251.0
Net Cost			**221.8**

Estimated Savings - Remainder of 2019/20

Existing IFA Placements - Conversion To SGO	18	109.2	
Existing Independent Sector Residential Placements - Step Down To IFA Placement	4	219.7	
Existing Internal Sector Residential Placements - Step Down To IFA Placement - Transition Of Independent Sector Residential Placements to Internal capacity	5	112.2	
Existing Independent Sector Residential Placements - Age 16 Plus - Step Down To Semi-Independent Placement	4	153.6	
Existing Internal Sector Residential Placements - Age 16 Plus - Step Down To Semi-Independent Placement - Transition Of Independent Sector Residential Placements to Internal capacity	2	34.0	
Total			**628.8**
Estimated Net Saving - 2019/20			**(407.0)**
Estimated Cost of Existing 14 Week Contract			**308.5**
Estimated Net Saving Of Existing Contract and Proposed Contract			**(98.5)**

7. GROUNDS UPON WHICH WAIVER /AUTHORISATION TO PROCEED SOUGHT

7.1 Other Local Authorities have engaged with this supplier for the same reasons and have provided testimonies that can be made available. The testimonies are very positive and clearly recommend Skylakes as a safe and credible supplier of managed Social work Services.

7.2 Skylakes have supplied a bespoke package of support and planned implementation to the Council that can be made available if requested.

7.3 Given the timescales involved and urgency it would clearly make no sense to try and go elsewhere for the required service. There would undoubtedly be significant inconvenience in terms of officer time, delay in project implementation as well as additional unnecessary costs. The continuity and efficiencies gained from extending the current arrangements are significant.

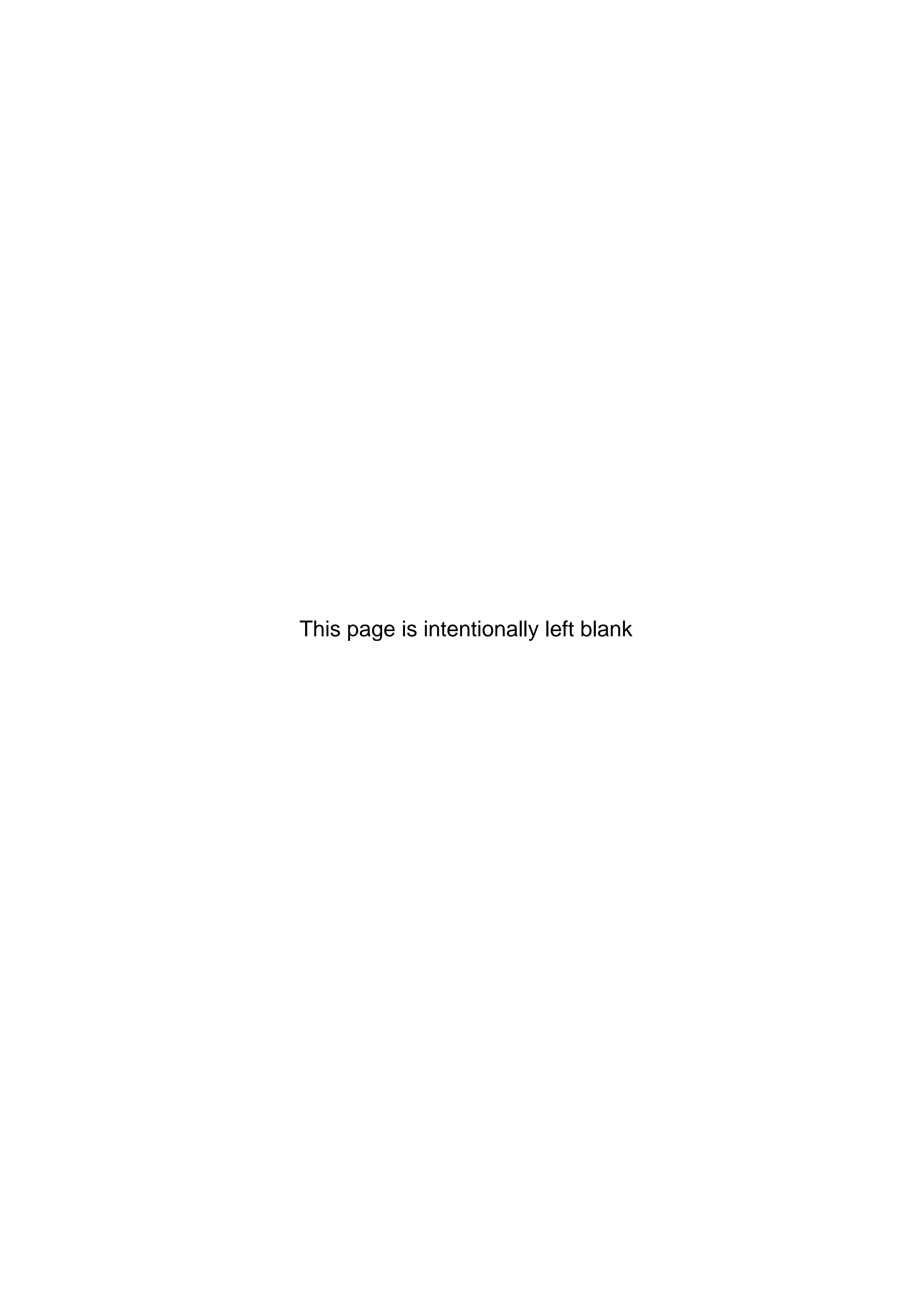
8. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED

8.1 This new arrangements is necessary to achieve the Council's statutory duties, objectives and will achieve Best Value for the Council.

8.2 The council has a statutory duty to ensure that services for our children are of a good and consistent standard.

9. RECOMMENDATIONS

9.1 As set out at the front of the report.



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