

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 24 October 2018

**Officer of Single Commissioning Board** Gill Gibson, Director of Safeguarding and Quality  
Lynn Jackson, Quality Lead Manager

**Subject:** BIMONTHLY QUALITY ASSURANCE REPORT



**Report Summary:** The purpose of the report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.

**Recommendations:** The Strategic Commissioning Board is asked to note the content of the report.

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

<b>ICF Budget</b>	<b>S 75 £'000</b>	<b>Aligned £'000</b>	<b>In Collab £'000</b>	<b>Total £'000</b>
<b>CCG</b>				
<b>Total</b>				<b>£577m Net Resource</b>
<b>Section 75 - £'000</b> <b>Strategic Commissioning Board</b>		£267million Net Resource		
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison</b> <p>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.</p>				

**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.

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

## 1. PURPOSE

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

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

### **Key Issues and Concerns** **Community Services**

- 2.1 The Strategic Commission (SC) has raised concerns in relation to staffing capacity within Integrated Care Foundation Trust (ICFT) community services. The ICFT is currently undertaking a review of community services; they have been asked to present the findings of the review alongside assurance that they have capacity to provide good quality community services at the November Quality and Performance Contract Meeting.

### **Health Visiting Service**

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

- 2.3 As a number of children are not receiving assessments in a timely manner, or are not being assessed using ASQ there is concern that opportunities to intervene early with families may be missed. The Health Visiting Service delivers the universal Healthy Child Programme for 0-5 and is a mandatory service to be commissioned via local authority public health functions. The service has had high levels of vacancies that have led to reduced capacity across the whole service. The service has also reported additional pressures around safeguarding as a reason for reduced capacity.

- 2.4 An effective and high quality preventative programme such as this in childhood is the foundation of our local priorities on Best Start in Life and School Readiness. At a crucial time in life the Healthy Child Programme's universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.

### **Data quality**

- 2.5 There are concerns around data quality and timeliness. It is important that public health receive data that is accurate, valid, reliable, complete and timely to support validation before submission to Public Health England, all levels of patient care, clinical governance, accountability, improved outcomes for children and families and future service planning.

### **Actions taken to improve:**

- 2.6 Following the September Quality and Performance meeting with the ICFT the Director of Nursing, as Chair of this group, and the Deputy Director of Public Health (as accountable commissioner) escalated the ongoing concerns about the Health Visiting service to the Chief Nurse and Director of Operations at the Trust. The Trust were asked to provide the Health Visiting improvement plan by close of play 28 September 2018. The improvement plan has now been submitted to the accountable commissioner, alongside assurance that performance will be back on trajectory for quarter 3.

- 2.7 The improvement plan will continue to be monitored; the Strategic Commission may need to consider contractual levers should the Trust continue to fail to deliver against the

improvement plan. The Strategic Commission has also authorised an internal audit to be conducted on the health visiting service which will enable further insight into any performance and quality issues. This report will be ready with recommendations for improvement in November 2018.

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

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

#### **Actions taken to improve**

- 2.9 Director of Quality and Safeguarding has formally escalated performance/contract concerns to the Chief Nurse and has requested a position statement and action plan to be submitted by 28 September 2018. The improvement plan has been received and is being reviewed. This will be monitored by the Designated Nurse for LAC.
- 2.10 Work is underway to review the current complex commissioning arrangements for looked after children including a full re-specification of the service to include more cohesive arrangements to improve timeliness and quality of services for LAC.

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

#### **Key Issues and Concerns: Staffing Issues**

##### **Community Mental Health Team**

- 3.1 Staffing challenges and capacity has been acknowledged by the Community Mental Health Team (CMHT). The risk for CMHT has been reported on the risk register and staff vacancies are out to recruitment.

##### **IAPT (Healthy Minds)**

- 3.2 Staffing issues have been noted in relation to secondary delays in treatment (Step 3 interventions). These are being addressed jointly with the Clinical Commissioning Group, with additional investment in capacity in the psychological therapies service.

##### **Memory Assessment Service**

- 3.3 The Memory Assessment service did not reach their referral standard of 12 weeks in July. Issues around staffing during the summer have been reported to have impacted consultant capacity and there is currently a backlog of diagnostic appointments. The Strategic Commission has been advised that the service has negotiated additional consultant capacity for September/ October to address the backlog. Assurances have been received in relation to future planning for cover.

#### **Actions taken to improve**

- 3.4 Bank and agency staff are being utilised to increase capacity. Monthly updates will continue to be provided by Pennine Care Foundation Trust (PCFT ) in relation to workforce. There is a staffing assurance item planned for the October 2018 Quality Assurance Meeting (newly formed Quality Meeting involving all five CCG's and looking at Trust wide / strategic quality issues).

##### **Healthy Young Minds**

- 3.5 Pressures have been noted within the Neuro Developmental pathway due to the volume of referrals for both Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder assessment. This is impacting on waiting lists for first contact and commencement of treatment.

### **Actions taken to improve**

- 3.6 Discussions ongoing with CCG leads with regards the pressures within the Neuro Developmental pathway to consider how capacity can be enhanced and partnership working can be more effective.

### **24 Hour Discharge Notifications**

- 3.7 There is a remedial action plan in place to address the need for discharge notifications to be sent within 24 hours of an inpatient leaving hospital for Tameside and Glossop. A number of actions relating to process and communication are being progressed over the August/september period. Ongoing monitoring will continue via the Tameside and Glossop Locality Meeting.

### **Regulation 28 – QPAG Only**

- 3.8 A Regulation 28 was received by Pennine Care Foundation Trust and Tameside and Glossop CCG in June 2018. The Coroner outlined her concerns in relation to the waiting time for Cognitive Behavioural Therapy, capacity issues had been cited by the Trust at the Coronial Inquest.

### **Actions taken to improve**

- 3.9 A response has been sent from both Pennine Care Foundation Trust and the Lead Commissioner for Mental Health addressing concerns raised. This includes confirmation of recurrent investment to extend the capacity in the Healthy Minds service. Additionally, further developments including the 101 Days for Mental Health Project, the New Step 1 Service, and increased mental health nurse support at the Crisis Drop-in centre were also noted.

### **Horizon Scanning**

- 3.10 Pennine Care Foundation Trust held a quality strategy stakeholder event on Friday 20 September 2018. The purpose of the event was to enable stakeholder involvement in the further design and implementation of the draft Quality Strategy. Stakeholders, including staff, users, family and carers and commissioners participated in workshop to explore potential local measures to define and measure good quality services for Pennine Care Foundation Trust.

## **4. PUBLIC HEALTH**

### **CGL – My Recovery Tameside**

- 4.1 CGL/My Recovery Tameside provide an integrated all age recovery and treatment service for substance misuse. The service was initially provided by Lifeline from August 2015, novating to CGL (Change, Grow, Live) in May 2017. Treatment services were subcontracted by Lifeline, but taken in house by CGL in October 2017.
- 4.2 Following notation of the contract, the Strategic Commissioning Board agreed an enhanced monitoring framework with a particular focus on financial stability and additional clinical measures. In response, additional quarterly reports have been provided by CGL. Progress has been reviewed by the Health and Care Advisory Group, and assurance received that a re-tender of the contract was not indicated. Future governance oversight via the Quality, and Performance Assurance Group was confirmed.
- 4.3 Whilst a change in clinical information system, integration of the recovery and treatment elements, and restructuring have impacted on performance measures during the past year, My Recovery Tameside has continued to make progress with its transformation programme that aims to increase access, early intervention and develop an extensive recovery community, so as to reduce the need for treatment and long term maintenance. Detailed quarterly reporting is in place, and an annual report by the service for 2017/18 is due in the next month.

4.4 Progress with developing a new primary care model with an increased alcohol element has been slow, but a proposed model is due for sharing with Neighbourhood Teams in November 2018.

4.5 There is a National shortage of buprenorphine is affecting supply for a small number of local service clients – all are currently receiving required treatment.

#### **Actions taken to improve**

4.6 Public Health Outcomes Framework indicator performance: In response to slow recovery from a local dip in performance, a trajectory for improvement in treatment completions and representations for the next twelve months has been agreed and is monitored via the contract meeting.

#### **Good practice**

4.7 A peer review: involving the commissioning lead at Haringey Council has been arranged for Oct 18.

**The scope:** is broad and includes prevention, commissioning, sustainability, integration, and outcomes for local people.

#### **Aims:**

- Overview of current challenges
- Appreciation of good practice
- Identification of key areas for improvement

**The Peer Review process** involves:

- self assessment
- document review
- interviews and visits
- feedback and identification of issues to be worked into our local action planning

**Interviewees** include:

- Tameside Strategic Alcohol and Drug Group
- Commissioning: Children's Services; Neighbourhoods; Population Health; Mental Health; Adult Social Care; Primary care lead GPs
- Providers

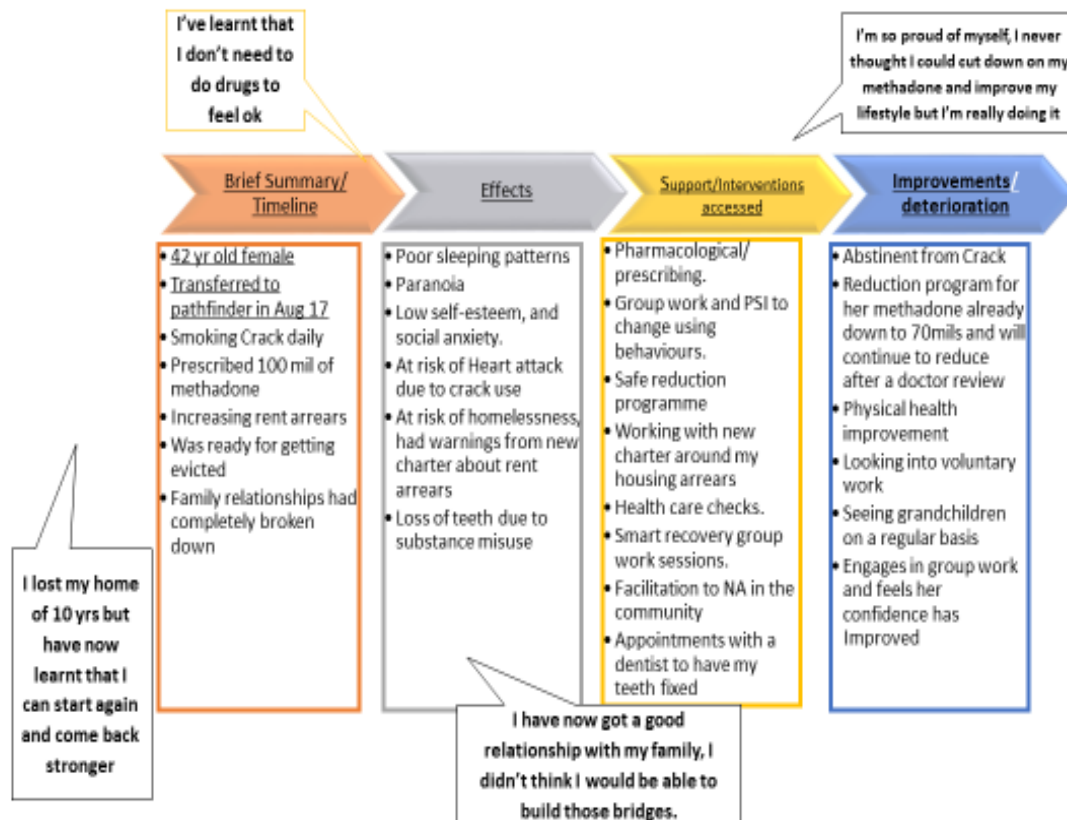
#### **Feedback**

A short summary report will be produced with recommendations for next steps. There will be a feedback session on 25 October 2018.

4.8 Communities in Charge of Alcohol: Public Health England pilot community champions programme in 9/10 GM authorities. Tameside team commenced in May, recruitment has gone well with further training event planned for Oct 18.

4.9 Alcohol Effected Pregnancies: local Maternal Alcohol Monitoring Algorithm has been adopted as a GM initiative. Local programme will be enhanced with additional social marketing and communications activity.

## User Experience:



## Horizon scanning:

- 4.10 Rough Sleepers Initiative: GM programme due to commence in 2018. CGL part of multi-agency approach. Recruitment of outreach worker complete and recruitment of local health worker in progress.

## 5. OFF THE RECORD (children and young people's counselling service)

### Key points / Issues of concerns

- 5.1 Capacity of service vs demand; there is a current waiting list of approx. 12 weeks. The service does see young people at all levels of need due to thresholds of other organisations, there is a danger that if referrals are not appropriate the quality and impact of service will be compromised.

### Actions taken to improve

- 5.2 Off the Record is an equal partner in the local Mental Health Transformation Plan. Off the Record have quarterly monitoring meetings where performance, quality and capacity are monitored.

### Horizon scanning

- 5.3 Service will be up for tender in the next 12 months; with this a new performance framework will be created.
- 5.4 There is a piece of work being initiated to review the counselling offer in line with the evidence base, THRIVE requirements and also the wider Local Transformation Plan offer, to review needs and new models of care.
- 5.5 There is a need to review pathways and thresholds across organisations supporting children and young people's mental health as well as demand vs capacity/resources.

**User Experience: A number of user experiences are captured below: -**

(Please use back of sheet if required)

OTR has been a lifeline for my daughters. My older daughter had a very difficult time transitioning from primary to secondary, thanks to JOTR she is doing really well at school now and her anxiety is greatly reduced. She is happy & never

PTD

(Please use the back of the sheet if required?)

I think it's helped to get things off his chest and hear from a 'third party' that things will be ok and not just friends and family who he thinks say it because we have to and because we love him. Also to know he is not the only one who feels upset or different at times has made him feel less isolated I think.

Thank you :)

(Please use the back of the sheet if required?)

Every young person should have access to this service if they have a problem, it is excellent. The boy I am coming for has lots of anger issues and was getting involved with gangs. He has now been given the confidence to walk away and show some self control. Very good.

Thank you :)

confidence was increased.  
I am here with my younger daughter who is finding puberty anxiety provoking. As a parent we don't always have the skills to cope without outside support. Hopefully this will help her too!  
I just wish the waiting list was shorter.  
Thank you for all you do! ☺



## 6. PRIMARY CARE

### Good Practice

- 6.1 The GP Patient Survey was published in August 2018. Cottage Lane in Glossop was named as one of the top 10 practices in Greater Manchester based upon the responses to all the indicators. In addition, five practices – Awburn House Medical Practice, Hadfield Medical Centre, Mossley Medical Practice, Simmondley Medical Practice and Staveleigh Medical Centre – were higher than the CCG average in all indicators.
- 6.2 Medlock Vale Medical Centre was rated as requires improvement in a Care Quality Commission (CQC) report published in January 2018. CQC re-inspected Medlock Vale on 9 August 2018, with the report being published on 21 September 2018. The practice was rated as good in all key lines of enquiry and good overall. All Tameside and Glossop practices are now rated good or outstanding.

### Primary Care Extended Access Hubs

- 6.3 The Extended Access Service provides access to routine and same day pre-bookable appointments to general practice essential services 7 days per week (weekday evenings and at weekends). The service in Tameside and Glossop is currently delivered across three hubs – Ashton Primary Care Centre, Glossop Primary Care Centre and Thornley House Medical Centre (Hyde) with each hub providing appointments 7 days per week.
- 6.4 The procurement of a Primary Care Access Service (PCAS), incorporating Extended Access provision, will increase the delivery of this service from 3 to 5 hubs. The additional hubs will be located in Denton (Ann Street Clinic) and Stalybridge (St Andrew's Medical Practice), ensuring a hub location in each of the five neighbourhoods which will improve access to primary care for all Tameside and Glossop residents, wherever they live. The procurement process is ongoing and the new Primary Care Access Service contract is expected to be live on the 1 April 2019.
- 6.5 The proposed PCAS, which has been subject to a full public consultation, takes into account the challenges facing health and social care now and in the future. Implementation of PCAS will ensure a patient centred, responsive, safe, resilient, and fit for purpose service to support our population to receive the right care, in the right place, at the right time.
- 6.6 PCAS will simplify access to urgent care and improve the level of service available. The current arrangement of multiple access points to urgent care will be replaced by telephone access through a patient's own GP practices. Each GP will be able to book appointments directly into the PCAS. There will also be a single location for urgent walk-in services. This will reduce the need for people to 'self-triage' i.e. decide if it is A&E or another service they need, and maximise opportunities for people to receive the right care in the right place at the first appointment. In addition, local neighbourhood support will be strengthened through the development of two additional locations for evening appointments.
- 6.7 The successful provider will deliver a single urgent care service, 24 hours a day. This single service includes the current Extended Access Service, the General Practice Out of Hours Service and the Alternative to Transfer services (care closer to home, care in the community).

### General Practice Workforce

- 6.8 General Practice in Tameside and Glossop consists of 37 individual practices that are responsible for employment and decisions relating to the skill mix of clinical and non-clinical staff at their practices. There are no levers within the GMS contract to compel these contractors to provide CCGs with their workforce information, however practices do provide workforce information under the mandatory workforce Minimum Data Set (wMDS) collection. This can either be done using the National Workforce Reporting System

(NWRS) module of the Primary Care Web Tool or to Health Education England (HEE) via separate regional collections of data. HEE will forward the data they collect NHS Digital.

- 6.9 CCGs are only able to see this data through the annual workforce report published by HEE in October of each year. This information provides a snapshot of the primary care workforce at the time it is uploaded by practices. The CCG primary care team is building a more robust picture regarding workforce in general practice across the locality, however there is more work to be done to fully understand the overall position.
- 6.10 The October 2017 HEE workforce report highlighted a year on year reduction in the reported number of GPs within Tameside and Glossop, reducing from 51 to 43 GPs per 100 000 population in the previous year. For context, the Greater Manchester average was 47 per 100 000 and the North West average was 50 per 100 000 as at October 2017. Tameside and Glossop has the lowest reported number of GPs per 100 000 across Greater Manchester.
- 6.11 The October 2017 HEE workforce report also highlighted a year on year reduction in the reported number of Practice Nurses within Tameside and Glossop, reducing from 25 to 24 GPs per 100 000 population in the previous year. For context, Tameside and Glossop has the joint third highest number of nurses per 100 000 along with Oldham and Salford. There are currently five practice nurse vacancies in Tameside and Glossop.
- 6.12 The CCG has engaged with the GM workforce reference group, and is aware that primary care workforce is a pressing issue. Collaborative working across the Tameside and Glossop system, work is underway to develop a robust primary care workforce strategy. The strategy for Tameside and Glossop will be designed to support individual contractors into the future but will also set out how the Integrated Neighbourhood model will enable resilience within primary care workforce going forward.

#### **Primary Care Clinical Variations**

- 6.13 90% of all NHS contact is with general practitioners, so this information on clinical variations across Tameside and Glossop will concentrate on the following eight areas.

#### **Palliative Care and End of Life Registers**

- 6.14 Approximately 1% of the UK population dies each year. Consequently it is believe that practices should have 1% of their register on their palliative care and end of life register. Once identified, these patients should be supported to have Advance Care Plans in place and end their lives in their chosen place of care, including their home. However, while the aspiration is 1%, not all practices achieve it. Across Tameside and Glossop the percentage of patients on a palliative and end of life care register ranges from 0.09% to 1.27% with a CCG average of 0.58%.
- 6.15 The CCG has embarked upon a process of encouraging practices to identify the number of patients who require palliative and end of life care, so they can be added to the registers and receive the dedicated care their health requires. This is part of a wider CCG commissioning intention to support people to die in their usual place of residence.

#### **Diabetes**

- 6.16 There are currently 3.4 million people with Type 2 diabetes in England with around 200,000 new diagnoses every year. While Type 1 diabetes cannot be prevented and is not linked to lifestyle, Type 2 diabetes is largely preventable through lifestyle changes. If nothing changes, more than five million people will have diabetes in the UK by 2025.
- 6.17 While the national prevalence of diabetes is 6.9% (Quality and Outcomes Framework (QOF) 2016/17), not all practices achieve this. Across Tameside and Glossop the prevalence ranges from 11.74% to 4.88% with a CCG average of 7.37% (QOF 2016/17).

- 6.18 During 2018, the roll out of the National diabetes prevention programme (NDPP) has taken place in Tameside & Glossop. Practices were asked to identify patients that are Non – Diabetic Hyperglycaemia (NDH) and support staged referrals. Patients who were identified were sent an invitation to contact the national training provider. Around 17% of the identified patients have self-referred on to the programme. Those referred received tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have been proven to reduce the risk of developing the disease.
- 6.19 Practices in Tameside & Glossop have participated in the National Diabetes Audit (NDA), which shows individual practice performance against a range of indicators relating to diabetes care in General Practice. The results of the most recent NDA were the topic of a TARGET session, with areas of improvement identified to be taken forward by the Diabetes Improvement Group. The NDA data shows significant variation across the locality between Practices. Commissioning officers as members of the T&G Diabetes Improvement Group and the Primary Care Delivery & Improvement Group are supporting work in practices where there is room for improvement.

#### **Respiratory Disease: Chronic obstructive pulmonary disease (COPD)**

- 6.20 An estimated 3 million people have chronic obstructive pulmonary disease (COPD) in the UK. About Approximately 900,000 have diagnosed COPD and an estimated 2 million people have COPD which remains undiagnosed.
- 6.21 The national prevalence of COPD is 1.93% (QOF 16/17). Across Tameside and Glossop the prevalence ranges from 4.9 % to 1.3% with a CCG average of 2.78% (QOF 16/17). As COPD is a quality and performance indicator considerable work has been done over the past 18 months to increase prevalence. An additional 455 patients were added onto practice registers from April 2017 - September 2018. From March 2018 a further 167 newly diagnosed patients were added to the register. The greatest increase has been in the Hyde and Denton neighbourhoods.

#### **Cardiovascular Disease: Atrial Fibrillation**

- 6.22 While the national prevalence of Atrial Fibrillation (AF) is 1.8% (QOF 16/17), not all practices achieve this. Across Tameside and Glossop prevalence ranges from 2.8% to 0.4 % with a CCG average of 1.79% (QOF 16/17. In October 2017, Tameside and Glossop Clinical Commissioning Group and Health Innovation Manchester partnered with Interface Clinical Services (ICS) to undertake a quality improvement initiative in general practice. This resulted in an additional 168 patients being added to QOF registers across 38 practices increasing the CCG prevalence to 1.92%. Work is ongoing to address the variation across practices and to continue the work to increase the recorded prevalence of AF and the management of patients identified.

#### **Cardiovascular Disease: Hypertension**

- 6.23 Hypertension has been an area of focus for the Public Health team and Primary Care Quality Clinical Lead. Improvement work is ongoing in this area, with some improvements already being seen in Practice recorded prevalence.
- 6.24 The Cardiovascular Disease (CVD) indicator looks at the number of patients with newly diagnosed hypertension since 1st April 2009. While the national prevalence of CVD is 13.8 % ( QOF 2017), not all practices achieve this. Across Tameside and Glossop the prevalence ranges from 20% to 7% % with a CCG average of 16% (QOF August 2018).

#### **Primary Care Estates**

- 6.25 The 37 practices of the CCG covers 43 sites, with five multi-site practices, there is a mix of owner occupied and leased premises, with 7 private leases and 8 Community Health Partnership (CHP) or NHS Property Services (NHSPS) leases. The quality and fitness for

purposes of buildings vary with some older estate and some new build Primary Care Centres.

6.26 The estates workstream across the Strategic Commission has a focus both on estates rationalisation and also the development of neighbourhood hubs as part of the Integrated Neighbourhood offer. The primary medical services provision is therefore a key part of this and the primary care team are represented in the working group.

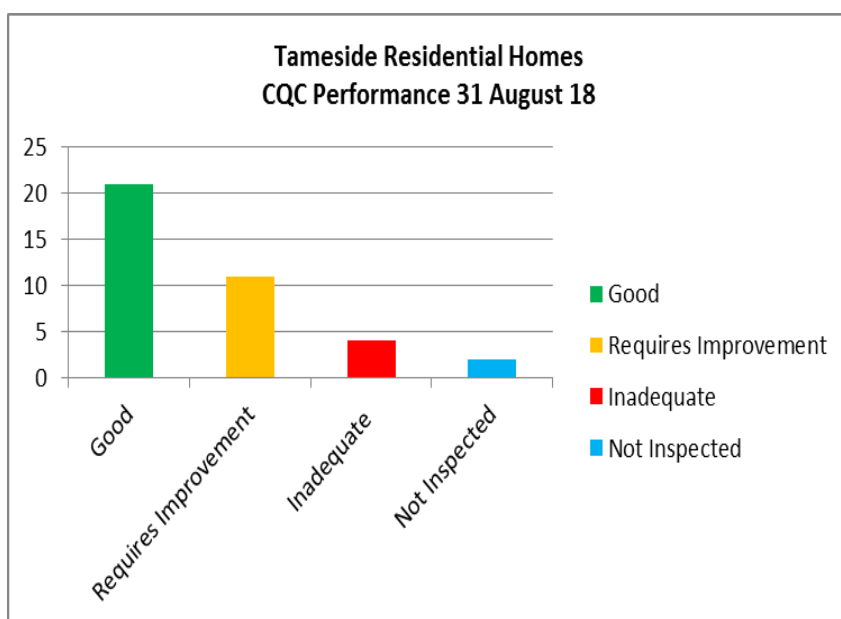
6.27 Two neighbourhoods, Ashton and Glossop have a Primary Care Centre facility with therefore a natural 'hub' location; the Ashton site has two GP Practices. The Extended Access Service (EAS) already delivers from both centres. Hub, or hub and spoke, locations are being considered for the remaining three neighbourhoods – with consideration for the existing owned premises across the Strategic Commission and the existing provision of services across the whole locality, including acute, community and mental health services.

## 7. CARE AND NURSING HOMES

### CQC Performance

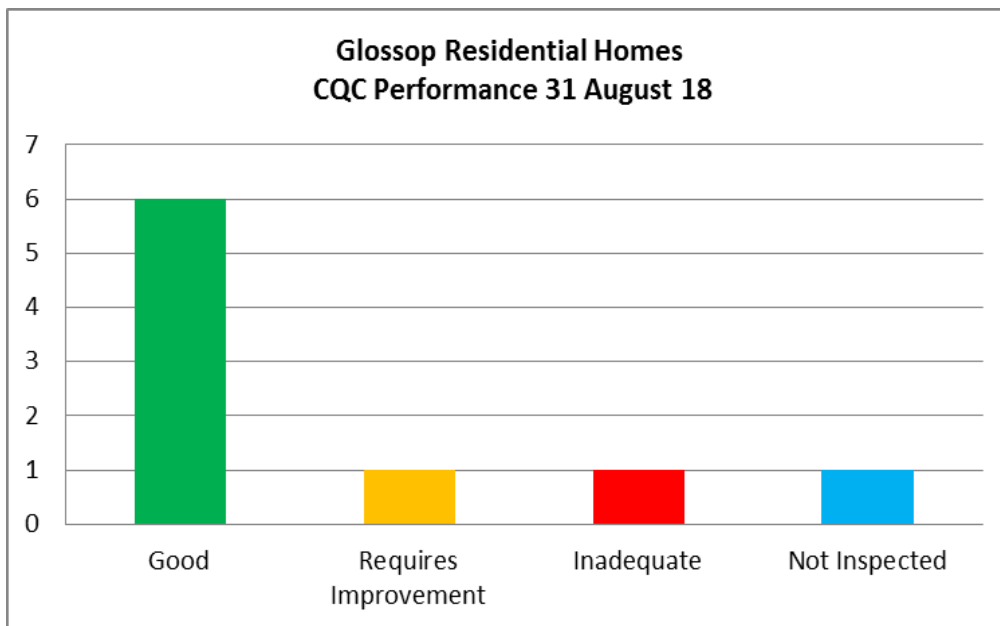
7.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing<sup>1</sup> is provided in the graph below.

- **Tameside Position – 31 August 18**



**NB:** This data covers operational TMBC commissioned residential & nursing homes.  
**Glossop Position – 31 August 2018**

<sup>1</sup> 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.



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

#### **Inadequate CQC Ratings**

- 7.2 There are currently five residential homes rated inadequate within the Tameside and Glossop locality, a short summary of key issues and support provided is given.
- 7.3 At Scrutiny Panel was held on 13 September 18 the Tameside Director of Adult Social Care in conjunction with the Director of Quality and Safeguarding, agreed that the Commissioners will not make new placements with Providers rated Inadequate by CQC (Tameside Care Homes) until such time the rating has improved.

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

- 7.4 The Home was rated Inadequate by the CQC on 22 March 18 (previously rated inadequate on 22 April 2017). Issues related to environmental risk assessments, incident reporting, systems/processes, medicines management, staffing and training. This Home has been a primary focus of the new Quality Improvement Team (QIT) with intense support being provided. Advice on safety and estates, leadership, systems processes, policy and guidelines, medicines, documentation and care planning, MCA and DOLS. Support with implementation plan and supportive audit. The CQC Inspection took place in September 2018; we are awaiting the outcome.

#### **Carson House (Tameside MBC)**

- 7.5 This Home was rated Inadequate by the CQC on 12 May 2018. Key issues highlighted in the CQC report related to fit and proper persons checks, lack of social support and meaningful activities, staff training and supervision, concerns regarding the financial position of the registered provider, environmental risk assessments, and robust quality and governance systems. Significant support has been provided to this Home in relation to care and support of the residents and improvements have been seen. This Home was suspended with effect from 28 March 18. In accordance with the Care Act, the Commissioners put plans in place for a potential provider failure which, following information from the manager at the home on the 18 September 2018; had to be fully enacted. Commissioners worked with residents & families to move residents to suitable alternative accommodation. All residents moved out of Carson House on the 25 September 2018.

### **Regency Hall (Glossop – Derbyshire County Council)**

- 7.6 The Home was suspended on a voluntary basis following a CQC inspection on 11 January 2018, the report was published on 7 April 2018 with an Inadequate rating. Key issues highlighted in the CQC report related to concerns over the high turnover of Home Managers, lack of leadership, poor documentation, cleanliness and staffing levels. A new Manager has been appointed and a Management Consultancy firm is working with the Provider in response to the actions outlined by the CQC. The suspension was lifted on 12 March 2018 following significant improvements observed at a Contractual Visit on 8 March 2018. No recent concerns have been identified and the outcome of the CQC inspection is anticipated.

### **Bowlacre Home (Tameside MBC)**

- 7.7 This Home was rated Inadequate by the CQC on 24 August 2018 following an inspection on 6 & 7 June 2018. Key issues highlighted in the CQC report related to medicines management, environment, capacity and consent, governance, and care planning and risk assessment. The Home has been receiving significant support from the Quality Improvement Team with a key focus on processes for pre-admission assessments and ongoing risk assessments. The Home voluntarily suspended admissions in July 2018, this moved to a Local Authority imposed suspension in September 2018 applicable to all Tameside funded residents. An action plan is in place and the Quality Improvement Team continues to support the Home.

### **The Vicarage (Tameside MBC)**

- 7.8 The Home was rated Inadequate by the CQC on 21 August 2018 following inspection on 21 May 2018. A number of issues were identified across the five domains and ongoing support has been provided by the Quality Improvement Team. Concerns were raised around the speed of progress with the Improvement Plan and the Home was suspended from admissions in August 2018. Support from the Quality Improvement Team will continue.

### **Published CQC Ratings (July and August 18)**

- 7.9 As noted in the previous section Bowlacre and The Vicarage had CQC Ratings published in August 2018.

### **Clarkson House Residential Care Home**

- 7.10 This Home was rated as Requires Improvement on 7 August 18 following an Inspection on 27 June 2018. Key issues noted in the inspection related to the environment, and notifications to the CQC.

### **Action**

- 7.11 The Quality Improvement Team is working with this Home to support improvements.

### **Willowbank Residential Care Home (Glossop).**

- 7.12 This home was rated as Outstanding on the 16 August 2018. Previously the home was rated as Good.

### **Care Home Quality Group:**

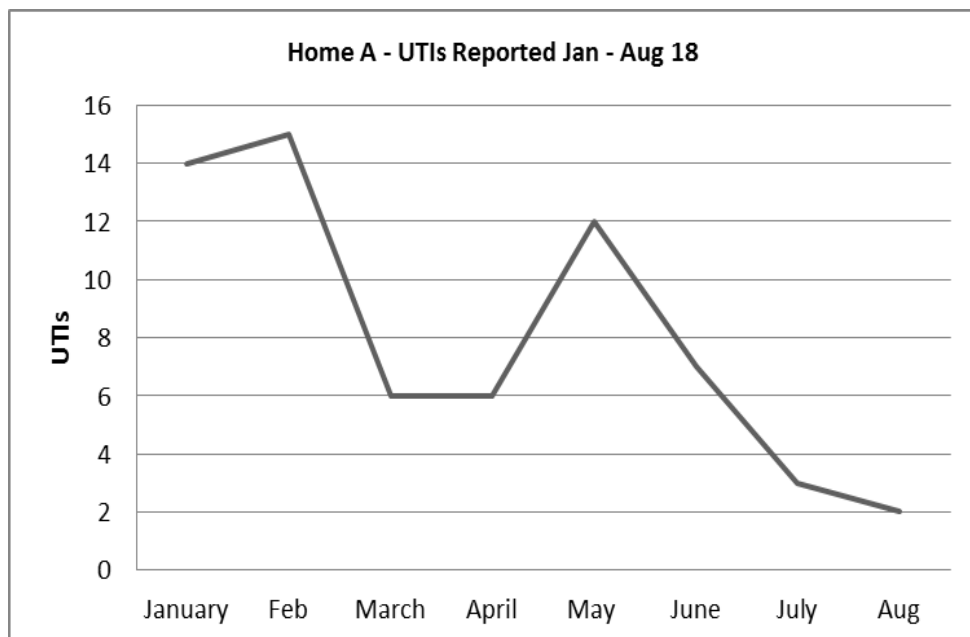
- 7.13 The Monthly contractual return has now been refined and implemented with support from Business Intelligence. The Annual Visit documentation will be reviewed in Quarter 4 following completion of all annual visits under the new documentation. A baseline of performance across all Homes will also be completed.

- 7.14 A full Action Log where key issues and actions in relation to the Care and Nursing Homes is maintained by the Group and updated monthly. Key actions from the log are reported to the Quality Performance and Assurance Group on a bi-monthly basis. A sub-group is also being established to look at how a risk rating can be formulated for each home.

## Good Practice

### Care/Nursing Home UTI identification training project

- 7.15 The following piece of work is part of the whole health economy plan to reduce gram negative infections by 50% by 2021. A focus of the work is to improve the prevention off and identification of UTIs in the care home setting.
- 7.16 The Anti-biotic Specialist Pharmacist has been providing bespoke UTI Identification Training Sessions to Tameside and Glossop Care Homes since May 18. The training has been to ensure urine dipsticks are not being undertaken without reason and only in the appropriate patients. A training pack was developed that included algorithms (as per NICE guidance) on how to identify patients that may have a UTI and then what should be done.
- 7.17 The training has been provided as a bespoke package depending on the needs of the home and the staff. Homes have also been identified via the Care Home Quality Review Group based on the UTI data provided. Data from a Home where training was provided in May 18 is provided below.

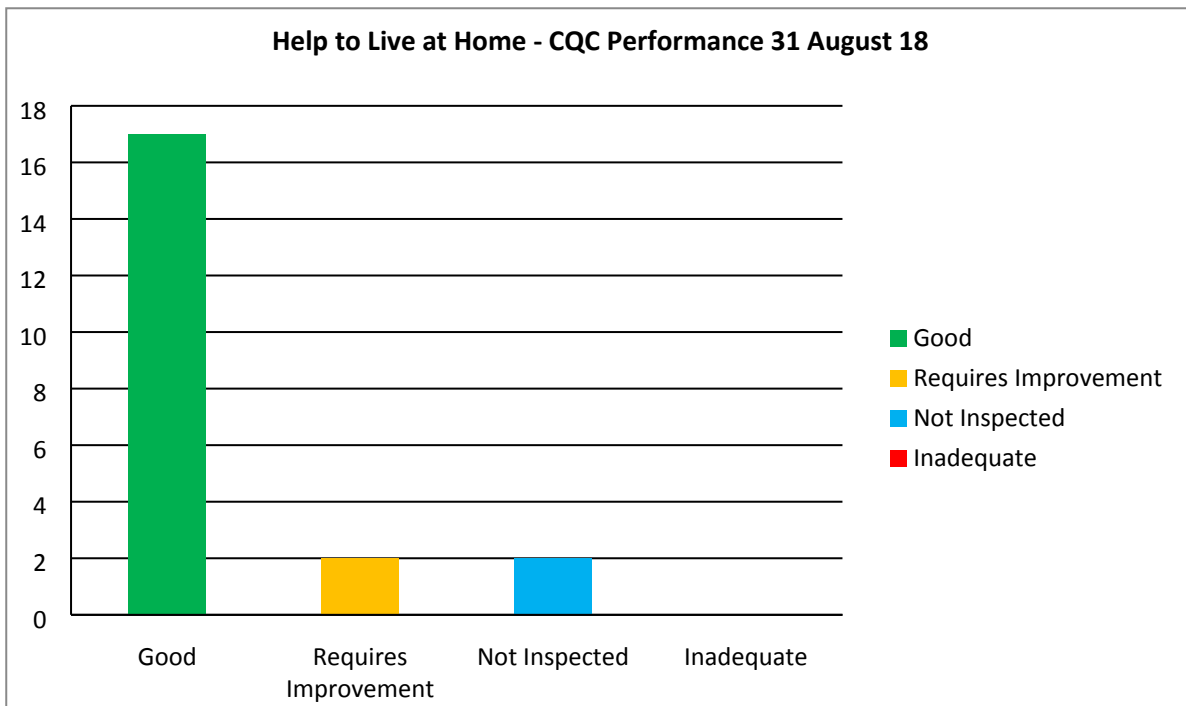


A further training session for all Homes was held on 20 September 2018.

## 8. SUPPORT IN THE COMMUNITY

### CQC Performance

- 8.1 The CQC picture of the providers used to supply support in the community in Tameside is noted in the graph below (please note this includes the providers used for the general support at home service (even if the office is not registered in Tameside) and supported living providers):



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

**Direct Care (Help to Live at Home)**

8.3 This provider was rated as **good** in July 2018 following an inspection on 21 June 2018. The provider achieved a good rating across all five domains.

**Elite Care Services (ISF Agreement)**

8.4 This provider was rated as **good** in July 2018 following an inspection on 26 June 2018. The Elite Care achieved a good rating across all five domains.

**Tameside Link (ISF Agreement)**

8.5 This provider was rated as **good** in August 2018 following an inspection on 30 July 2018. Tameside Link achieved a good rating across all five domains.

**Careline (Help to Live at Home)**

8.6 This provider was rated as **Requires Improvement** in August 2018 following an inspection on 11 June 2018. Issues noted related to level of staffing, complaints and governance systems. The Provider achieved a good rating in the effective and caring domains.

**Support at Home Model**

8.7 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.

**9. SAFEGUARDING**

**Children's**

9.1 A new Significant Case Review commissioned Sept 2018, 1st panel meeting has been held and Terms of Reference agreed.



### **Looked After Children**

- 9.2 See ICFT section. It is anticipated that the Greater Manchester Health & Social Care Partnership will soon be requesting expressions of interest from organisation(s) to undertake a review of Health Services for Greater Manchester's Population of Children Looked After, Care Leavers and Those Adopted. The outcomes will be utilised to inform system redesign that will be overseen by Greater Manchester's Children and Young People's Health and Wellbeing Board.

### **Adult Safeguarding Safeguarding Adult Reviews (SARS)**

- 9.3 There are currently no statutory Safeguarding Adult Reviews in Tameside & Glossop.

### **LeDer**

- 9.4 LeDer Reviews continue to be allocated to reviewers via the CCGs Local Area Contacts. There are currently 10 reviews allocated and 7 reviews awaiting allocation. We have a total of 11 reviewers from Tameside & Glossop Integrated Care Foundation Trust but are still awaiting reviewers from Adult Social Care to be nominated and attend training. There has been one completed review which identified some learning points with regards to Annual Health Checks and Local Providers using the Health Action Card.

### **Action**

- 9.5 The local learning from this review has been cascaded to the relevant Primary Care Practice and Provider via the Learning Disability Team and shared with the Bristol Team as per the process for identification of any emerging regional or national themes. It will inform the quality improvement work in relation to Learning Disability health checks.
- 9.6 A meeting was held in August 2018 with Local Area Contacts and the ICFT's Clinical Effectiveness and Governance lead and Senior Managers over Learning Disability Services. The purpose of the meeting was to discuss issues reviewers are having in completing timely reviews.

### **Action**

- 9.7 The outcome of the meeting was an agreement that a new local model was required for the allocation and management of LeDer Reviews. Local Area Contacts, Quality Leads and Senior Lead Reviewers will continue to develop this piece of work throughout Quarter 3.

## **10. CHILDREN'S**

- 10.1 The agreed assurance route for Children's Services is via [Tameside Children's Services Improvement Board](#).

## **11. ASSOCIATE CONTRACTS**

- 11.1 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.

## **12. SMALLER VALUE CONTRACTS**

- 12.1 Work has been initiated to review the current quality assurance arrangements for the smaller value contracts; this will include the use of a risk matrix to establish the levels of focus required from the Quality Team.