

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 January 2019

Reporting Member /Officer of Strategic Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: **INTERMEDIATE CARE IMPLEMENTATION UPDATE**

Report Summary: In 2017-18 Tameside & Glossop Strategic Commission led the development of a locality strategy for Intermediate Care.

In August 2017, the Strategic Commissioning Board (SCB) agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options were the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

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

This report provides an update on the implementation of the decisions taken by the SCB in January and May 2018, including details of how the mitigations agreed have been addressed.

Recommendations: This report is presented to provide an update on progress and assurance that the conditions set out in the report to SCB in May 2018 have been addressed.

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Adult Services	-	-	-	-
TMBC Children's Social Care	-	-	-	-
TMBC Population Health	-	-	-	-
TMBC Other Directorate	-	-	-	-
CCG	8,032	0	0	8,032
Total	8,032	0	0	8,032
Section 75 - £'000		Proposed recurrent budget of		

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

Legal Implications:

(Authorised by the Borough Solicitor)

As this report is by way of an update to decisions previously made and designed to give assurance that the conditions set out in the report to SCB in May 2018 have been addressed, Members should satisfy themselves that the report adequately describes that this is the case.

How do proposals align with Health & Wellbeing Strategy?

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

How do proposals align with Locality Plan?

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

How do proposals align with the Commissioning Strategy?

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

Recommendations / views of the Health and Care Advisory Group:

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

Public and Patient Implications:

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

Quality Implications:

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

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

The Director of Quality & Safeguarding chairs the Quality & Performance meetings held between the Strategic Commission and T&G ICFT which monitors process and enables commissioners to request specific quality reviews where there are areas of interest. Through these meetings the commissioners will ensure the continued delivery of home based intermediate care to all 5 neighbourhoods in the locality, in line with the National Audit of Intermediate Care 2018 (NAIC) expectations and the NICE quality standards referred to in section 4. The Interim Director of Commissioning recommends that a specific quality review be enacted in 2018-19 to review delivery of the new model for Intermediate Care.

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

How do the proposals help to reduce health inequalities?

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

What are the Equality and Diversity implications?

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

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

What are the safeguarding implications?

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

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

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

Risk Management:

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

Access to Information :

The background papers relating to this report can be inspected by contacting Jessica Williams, Interim Director of Commissioning:



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There are some documents attached to this report as Appendices where referred to specifically and not previously shared. Copies of previous reports presented to the Strategic Commissioning Board, and referred to in this report, can be accessed via the CCG website:

<https://www.tamesideandglossopccg.org/Corporate/Strategic-Commissioning-Board>

1 INTRODUCTION & BACKGROUND

- 1.1 In 2017-18 Tameside and Glossop Strategic Commission led the development of a locality strategy for Intermediate Care.
- 1.2 In August 2017, the Strategic Commissioning Board (SCB) agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options were the subject of public consultation over a 12 week period from 23rd August to 15 November 2017.
- 1.3 Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform SCB of the consultation progress and process, initial themes and the next steps to ensure a final report to the SCB January meeting.
- 1.4 The report presented to the SCB in May 2018 included a review by the Interim Director of Commissioning of the Tameside and Glossop Integrated Care NHS Foundation Trust's (ICFT) response to the Commissioner's expectations, and concluded that the necessary processes and plans were in place to enable the SCB to support the move of the intermediate care beds to the Stamford Unit on the ICFT site, but that the Strategic Commission should review this position, including the annual presentation of the National Audit of Intermediate Care results to the SCB.
- 1.5 There are some documents attached to this report as Appendices where referred to specifically and not previously shared. Copies of previous reports presented to the Strategic Commissioning Board, and referred to in this report, can be accessed via the CCG website <https://www.tamesideandglossopccg.org/Corporate/Strategic-Commissioning-Board>

2 STRATEGIC COMMISSIONING BOARD DECISION

- 2.1 A report containing the full detail of the consultation analysis, and an Equality Impact Assessment which responded to issues arising during the consultation and explored mitigations, was presented to the SCB in January 2018. On the basis of this report, the SCB approved Option 2, which resulted in the commissioning of the intermediate care beds for Tameside and Glossop into the Stamford Unit, adjacent to Tameside Hospital and part of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).
- 2.2 The SCB approved Option 2 with the following mitigations:
 - The Glossop Integrated Neighbourhood team are asked to examine further opportunities to deliver enhanced rehabilitation and recuperation at home.
 - In light of some Glossop patients possibly requiring intermediate bed based care as close to home as possible to maximise their recovery, the Strategic Commission will engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis for residents of Glossop, subject to these reaching the commissioner's required standards for quality.
 - The Strategic Commission will commission the maximum appropriate health and social service provision from Glossop Primary Care Centre (GPCC).
 - To review annually the Intermediate Care home based offer and bed requirement across Tameside and Glossop to ensure future demand is continually assessed and planning for future local provision is adapted accordingly.

- 2.3 The mitigation regarding the annual review of the intermediate care offer is the reason that this report is being presented to the SCB in January 2019 – 12 months after the initial decision was taken.
- 2.4 An interim report was presented to the February meeting of the SCB, including a letter from the Clinical Chair and Chief Executive of the CCG, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit. This letter was shared with the SCB report in May 2018 and includes the following:
- The development of a clear, documented process which the ICFT will follow to identify patients requiring support from an intermediate care bed in the Glossop neighbourhood. This will need to include how patients are identified, what information they receive with regard to their choice of inpatient intermediate care offer, how it will be agreed that their period of 'discharge to assess' in the Stamford Unit will conclude and the move to Intermediate Care take place and how this will be organised in conjunction with the patient, their carers, their GP, Glossop Integrated Neighbourhood team including Derbyshire County Council
 - A view that the ICFT will wish to lead the commissioning of these Intermediate Care beds in Glossop and will be able to do so within the financial envelope already provided for Intermediate Care, as included in the January SCB report
 - Strategic Commissioners will require assurance through our Contract, Quality and Performance meetings regarding delivery of the 4 elements of intermediate care throughout Tameside and Glossop, as set out in the National Audit of Intermediate Care and the basis for our new model of Intermediate Care.
 - In regards to Glossop specifically, commissioners believed it would be important to communicate effectively and assure the local population on the delivery of Glossop Integrated Neighbourhood services as set out in the paper considered by the Strategic Commissioning Board and seek to agree with the ICFT how this can be done optimally.
 - Commissioners have long accepted that the Glossop Primary Care Centre is under-utilised in terms of capacity and range of services offered and would like to work with the ICFT to facilitate the development and/or transfer of additional health services to the Glossop Primary Care Centre with the ambition of an 80% occupancy rate (a good standard usage for public sector buildings) and increased service provision.

3 IMPLEMENTING THE NEW OFFER

- 3.1 The report presented to the Strategic Commissioning Board in May 2018 included extensive detail on the process towards the move of intermediate care beds from the Shire Hill site to the Stamford Unit. This section of the report provides an update on progress and confirmation of the current position with regard to the delivery of Intermediate Care to the registered population of Tameside and Glossop.
- 3.2 Following the approval of Strategic Commissioning Board in May 2018 the ICFT commenced the transfer of bed based intermediate care services from Shire Hill to the Stamford Unit in June 2018. The Shire Hill site was vacant from 16 June 2018.

Project Management

- 3.3 In order to ensure that all actions and mitigations outlined in the letter to the Chief Executive of February 2018 were met, the ICFT established a dedicated Intermediate Care project

group led by the Chief Nurse and Director of Human Resources which reported into the Trust Executive Management Group.

- 3.4 Senior leads were identified and sub-groups established to progress these key actions prior to the relocation of services. These leads reported progress into the Intermediate Care workstream at a weekly meeting.
- 3.5 The Commissioner expectation was that this group would ensure there were clear criteria and referral mechanisms for patients to opt to receive bed-based care from the Glossop neighbourhood based option for bed-based intermediate care, as described in the section below.
- 3.6 These initial project management arrangements have become part of business as usual. Oversight of the clinical and operational functionality of the Stamford unit (including provision of intermediate care) is maintained via existing Divisional and Trust governance arrangements, including regular meetings focused on patient quality and experience.

Process for identification and referral of patients to intermediate care

- 3.7 A key principle of the intermediate care model is that wherever it is possible a person should have their care requirements met within their own place of residence and that the system will be responsive to meeting this need in a timely manner. The ICFT has implemented the “Home First” service model, which responds to meet an urgent/crisis health and/or social care need for patients.
- 3.8 The Home First offer ensures that individuals are supported through the most appropriate intermediate care pathway with “home” always being the default position. However, it is recognised that not all individuals intermediate care can be managed safely in their own home and there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.
- 3.9 The ICFT has a well-established and documented process for referring patients into intermediate care services from acute care to facilitate discharge and a referral document for step up from community to avoid an admission. This includes patient information on choice of inpatient intermediate care offer through the ticket home initiative for patients being discharged into intermediate care services from the acute setting or stepping up from the community. This documentation supports discussions with patients, carers and social care services on discharge planning and choice of services (available via May 2018 SCB report as referenced in section 1 of this report).
- 3.10 The plan for the relocation of bed based intermediate care from Shire Hill was to transfer the existing clinical model and staffing to Stamford Unit onto one 32 bedded floor. This was in response to the preferences indicated by the staff during consultation to relocate as a complete unit and to allow them to become familiarised with the unit and other services being provided from the flexible community bed base and understand the patient requirements. This plan was enacted on 16 June 2018.
- 3.11 The ICFT established a project group to develop a revised clinical model for the whole unit and agree policies and procedures for the new state. This included the process for identifying and referring patients into the specific Glossop bed based intermediate care. The operational policy was shared and agreed with commissioners at the time of development.
- 3.12 The intention outlined in the reports presented to SCB in January and May was that for patients stepping up into intermediate care services (home and bed-based) the referral could come from a range of individuals: GPs, neighbourhood teams, community services and the patient or carer. This would be facilitated by the Integrated Urgent Care Team (IUCT) who

are the team responsible for delivering the home first service model for both crisis response and home based intermediate care services. This pathway currently only happens from the Emergency Department (ED) to the Stamford Unit, but the ICFT are currently reviewing how this referral could be initiated by GPs. The main consideration has been the medical cover arrangements to ensure patient safety upon admission.

Commissioning of Intermediate Care Beds in Glossop

- 3.13 Whilst the clear recommendation was that the provision of all bed based intermediate care services should be from the Stamford Unit on the hospital site, the concerns voiced during the public consultation regarding provision for people living in Glossop were noted. As a result the May SCB report stated that there should be a process to commission and provide additional bed based intermediate care provision in Glossop for patients requesting to be close to their families/carers. This would be led by Tameside and Glossop ICFT.
- 3.14 The offer would be based on the principals of bed based intermediate care with additional nursing and therapy input delivered by community services within the IUCT and intermediate tier of the ICFT and be supported and supplemented by the staff and resources in the neighbourhood team including Derbyshire Social care services.
- 3.15 The use of telehealth solutions would be possible, to introduce individuals to the technology, its benefits and so that they are familiar with how to use it on discharge.
- 3.16 To date, when intermediate care is confirmed as the most appropriate pathway patients have been offered such beds in Glossop but none have requested or accepted the offer. It will continue to be offered for all relevant patients in order to offer care closer to home in line with patient or carer needs.

Delivery of all levels of Intermediate Care

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

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

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

3.21 Home Based Rehabilitation:

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

3.22 (NICE definition) - Community-based services that provide assessment and interventions to people in their own home or a care home. These services aim to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. For most people interventions last up to 6 weeks. Services are delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

3.23 A range of services come together to provide home based intermediate care services for Tameside and Glossop, these include IUCT, community and specialist intermediate care services (and new services being implemented as part of the Integrated Neighbourhoods). These are provided in the community setting to deliver the home based intermediate care offer to patients in their place of residence (whether that is at home or in a care home). Under the Home First model, the IUCT team aim to support patients to receive home based Intermediate care whenever possible and appropriate to the person's rehabilitation goals.

3.24 Following the crisis response IUCT provides on-going nursing and therapy care for up to six weeks until individuals are suitably rehabilitated for the community therapy and district nursing teams to take over ongoing care or the person no longer needs these services. The social care element of IUCT provide crisis response wrap around support for up to 72 hours, at which time, if the individual has not regained independence they would be referred to the Reablement Service. Reablement will be offered to an individual up to 6 weeks, though this could be a much shorter time, to support the individual to regain skills and confidence. Following this period of care a social worker will review the support package and if longer term support is required the social worker will commission a package of care and the neighbourhood teams would then take over ongoing care management.

3.25 Alongside this the intermediate tier services provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care than is available within the Neighbourhood services. These services include District Nursing, therapy services such as Speech and Language therapy and Community Neuro-Rehabilitation and community IV therapy services.

3.26 Bed Based Intermediate Care:

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

3.27 (NICE definition) Assessment and interventions provided in a bed-based setting, such as an acute hospital, community hospital, residential care home, nursing home, stand-alone intermediate care facility, independent sector facility, local authority facility or other bed-based setting. Bed-based intermediate care aims to prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and to support timely discharge

from hospital. For most people, interventions last up to 6 weeks. Services are usually delivered by a multidisciplinary team but most commonly by healthcare professionals or care staff (in care homes).

3.28 In line with the outcome of the consultation, bed based intermediate care for the population of Tameside and Glossop is now being delivered from the Stamford Unit on the Tameside Hospital site. A process for offering Glossop residents bed based care in the Glossop neighbourhood has been developed and is described above.

3.29 Re-ablement:

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

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

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

Glossop Integrated Neighbourhood Services

3.32 The report presented to the SCB in January 2018 included details of services available to the Glossop neighbourhood.

Communication

3.33 The report presented to the SCB in May stated that through the Intermediate Care programme work stream, a full public and staff communication plan would be developed to ensure that staff and the local population were fully engaged in relocation plans. This would be finalised and enacted once the relocation date was confirmed. Below are updates from Tameside and Glossop ICFT on how this was enacted.

3.34 Patient information and a communication plan for patients and carers who are resident in Shire Hill in the lead up to the relocation which will include individualised patient information and discussions with patients on discharge and rehabilitation planning.

Update from Tameside and Glossop ICFT: 6 patients were moved from Shire Hill following a phased reduction in referrals to the unit. Those 6 patients had an individualised plan including family discussions facilitated by Integrated Urgent Care team. These discussions happened with the individuals who were transferring to Stamford Unit AND individuals who were being discharged in the week leading up to the move. A sample of the individual letter to patients and visitors is attached at **Appendix 1**. This is the initial letter. The planning process included very detailed discussions with the families and individuals about the move.

3.35 Public and stakeholder communication materials which will include, visual communication materials to be distributed to community estate, use of existing stakeholder communication channels (such as GP newsletters, target meetings, neighbourhood forums), communication information to be presented at existing neighbourhood led patient and public forums and use of social media platforms.

Update from Tameside and Glossop ICFT: Stakeholder communication was in the form of individualised letters. **Appendix 2** includes the letters which were specifically distributed to

as many local and regional stakeholders regarding the relocation. Letter one was distributed widely to local organisations who are not directly involved in patient care at Shire Hill but would have an interest in the information, the second letter is for stakeholders who are directly involved in patient care. Information was included in the ICFT GP Newsletter, and posters were displayed in the Stamford Unit (**Appendix 3**).

Public communication was managed through the ICFT's social media page and 'latest news' section of the ICFT website.

- 3.36 Staff updates for all staff across the ICFT including Shire Hill, Stamford Unit, and Community and Neighbourhood team. As well as dedicated staff updates on the relocation, the ICFT used existing methods to communicate with the wider ICFT staff group including the weekly staff newsletter from the Chief Executive, the executive led open house forum and the dedicated staff social media channels.

Update from Tameside and Glossop ICFT: A specific consultation document for Shire Hill staff was prepared and all staff directly involved in the relocation had group consultation meetings and all were offered individual meetings. Updates were provided in the staff newsletter from the Chief Executive & through the staff social media page. Additionally staff in the Stamford Unit received localised briefings to update them on plans.

- 3.37 The ICFT stated that they would arrange a staff celebratory event to recognise the contribution of Shire Hill and the dedication of the teams.

Update from Tameside and Glossop ICFT: Photographs were taken of the Shire Hill teams and the site on the final week of the service being open (an example attached) and local press were invited. The ICFT held an afternoon tea celebration in the Stamford Unit to welcome the new team and thank them for their contribution.

Glossop Primary Care Centre Utilisation

- 3.38 The Strategic Commissioning Board requested assurance on progress towards an 80% occupancy rate and increased service provision from Glossop Primary Care Centre. The Health & Social Care estates team have confirmed that the utilisation of Glossop PCC has improved following the move of intermediate care services to the Stamford Unit.
- 3.39 Funding has been secured to give each locality in Greater Manchester a set of occupancy sensors to enable assessment of accurate utilisation; once these have been delivered with the appropriate training the ICFT shall be in a position to carry out a full assessment of utilisation and confirm a precise percentage figure.

Staffing Implications

- 3.40 The staff members directly affected by the proposals for bed-based intermediate care were briefed throughout the consultation process by the senior management team of the ICFT, and were involved in the public meetings held during the consultation period. Their views were incorporated in the consultation feedback included in the January SCB report.
- 3.41 The ICFT as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, have ensured the required staff engagement and consultation processes have been undertaken following confirmation of the Strategic Commissioning Board's decision.
- 3.42 The consultation process for the relocation of staff commenced in February 2018. All staff based at Shire Hill have been offered a 1:1 meeting and offered the opportunity to relocate to the Stamford Unit, or to be considered for redeployment opportunities within the Community setting; if travel to the acute site would be difficult. The one to one meetings have been successful, with most staff either confirming their transfer to the Stamford Unit and others being actively considered for redeployment opportunities. A number of staff have been

successful in obtaining redeployment opportunities within the organisation in community services.

- 3.43 A recruitment event was held to recruit to vacant posts and the Trust believes that there was sufficient staffing transferring to the Stamford Unit or commencing in post to ensure that the intermediate care beds can be safely staffed. Currently there are enough staff to support the existing Intermediate care beds at Shire Hill.
- 3.44 The report presented to the May meeting of the SCB stated that safe staffing of intermediate tier services would be monitored through quality and performance contract meetings between the Strategic Commission and Tameside and Glossop ICFT to ensure a focus on quality and safety during and after transition. Staffing levels continue to be monitored through divisional and corporate fora to ensure safety on the unit.

Financial Implications

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

Estates Implications

- 3.46 The report to SCB in January 2018 stated that the decision of the Strategic Commissioning Board would be communicated to the ICFT who would then take any necessary action with regard to their estate and current contracts / arrangements.
- 3.47 Shire Hill is owned by NHS Property Services (NHSPS), a limited company owned by the Department of Health. The report presented to the SCB in January 2018 stated that if a decision was made to transfer services out of Shire Hill and dispose of the site, notice would need to be served to NHSPS and rental payments would stop at the end of the notice period. In line with the SCB decision, the Strategic Commission facilitated the final disposal of the estate, following a formal 'Commissioners Hand Back Process'.
- 3.48 The reports presented to SCB in January and May 2018 stated that at the end of this period the NHSPS would control the site and it will be for them to determine the future of the estate. Any capital receipts which result from a hypothetical sale of the site would accrue to NHSPS. As the asset is not owned within the local economy, there would be no financial benefit to either the ICFT or the strategic commissioner. The Strategic Commission estates team have confirmed that this is the position in December 2019 and that the disposals process is currently being undertaken by NHSPS. The Strategic Commission and Tameside and Glossop ICFT no longer have any association with the Shire Hill site.
- 3.49 The Strategic Commission estates team continue to work with colleagues in the Glossop neighbourhood and Derbyshire County Council on future options for developments in the neighbourhood.

Legal Implications

- 3.47 The May Report noted that in order to achieve a seamless and cost efficient transition to the new service arrangements the timelines with current contracts/arrangements and notice of termination by the Integrated Care Foundation Trust of the lease in relation to Shire Hill owned by NHS Property Services Ltd should be synchronised. The information relating to the estates implications set out in sections 3.46-3.48 outline the approach taken in relation to the termination of lease agreements.

- 3.48 Management of staffing will be key to the safety of patients and service users are not compromised in any way, as again this is an area with the potential for costly complaints and claims. This will be monitored via the contract and performance management arrangements between the commissioner and the ICFT.
- 3.49 In order to demonstrate quality standards current and future NICE guidance should be followed, built into contracts and reflected in contractual documentation particularly since there is currently a consultation exercise requiring consideration. Sections 3.51 and 3.52 below state that the NICE guidance is included in the Contract Variation between the commissioner and Tameside and Glossop ICFT.
- 3.50 Likewise the National Audit of Intermediate Care 2018 expects compliance with statutory and mandatory requirements for Clinical Audit and so contractual and monitoring arrangements, processes and procedures will need to reflect the same if the service is to demonstrate excellence, that it is fit for purpose and provides value for money in the four categories of crisis response, home based rehabilitation, bed based intermediate care and reablement. This will be addressed through the joint working between the commissioner and Tameside and Glossop ICFT as outlined in section 4.4 of this report.

Service Improvements and Outcome Measures

- 3.51 In the May report to the SCB it was confirmed that the Strategic Commission would ensure that the outcome of the consultation would result in the development of clear outcome measures in the contract with the ICFT, to enable the monitoring of the quality of intermediate care services in Tameside and Glossop. A Contract Variation has been produced and agreed between the commissioner and the ICFT to reflect this position.
- 3.52 NICE issued new guidance in September 2017 on **NG74: *Intermediate care including reablement*** and are currently consulting on the development of Quality Standards. This guidance has been included in the Contract Variation referred to in the section above.¹
- 3.53 Tameside and Glossop ICFT provided the Strategic Commission with detailed assurance on the continued development and delivery of intermediate tier services, including intermediate care, at a Quality & Performance contract meeting in December 2018.
- 3.54 The Strategic Commission and Tameside and Glossop ICFT, with other partner organisations, will continue to work together to ensure ongoing review of options for the delivery of intermediate tier and intermediate care services for the population of the locality.

4 NATIONAL AUDIT OF INTERMEDIATE CARE (NAIC) 2018

- 4.1 The NAIC measures intermediate care service provision and performance against standards derived from government guidance and from evidence based best practice. The audit provides national comparative data for bed and home based intermediate care and reablement services provided by a range of health and social care providers including acute trusts, community service providers and Local Authorities.
- 4.2 In the report presented to the Strategic Commissioning Board in May 2018 it was stated that it was the commissioner expectation that the commissioner (Tameside & Glossop CCG) and provider organisations (Tameside & Glossop ICFT, Tameside MBC, Derbyshire CC) would participate in the 2018 National Audit of Intermediate Care to support the ongoing review and analysis of the Intermediate Care system in Tameside and Glossop.

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

4.3 The Commissioner bespoke report was released by NHS Benchmarking on 14 November 2018. The report details the position of Tameside & Glossop as a commissioner against the national position. Key points from this audit are:

- Tameside and Glossop investment in Intermediate Care services for the period of the audit was £4.74m (range nationally £0.30m-£5.93m Mean £2.50m). All financial figures quoted in the report are per 100k registered population, therefore enabling comparison to other localities.
- Home based intermediate care spend per 100k registered population for Tameside and Glossop was £1.07m (range nationally £0.05m-£2.78m Mean £0.90m)
- Investment per 100k registered population in bed based intermediate care services in Tameside and Glossop is £2.87m (range nationally £0.10m-£3.46m Mean £1.21m).
- Reablement service spend in Tameside and Glossop is £0.80m (range nationally £0.09m-£1.61m Mean £0.67m).
- At 34, the number of intermediate care beds commissioned per 100k registered population in Tameside and Glossop exceeds the England mean value of 22.
- Tameside and Glossop investment in each of the 4 levels of intermediate care services exceeds the England averages, as indicated in the charts on pages 23 and 24.
- The balance of activity and spend across home (including crisis), bed and reablement services shows that when compared to the England mean we have a greater proportion of investment in bed based services (61% against an England mean of 44%) than home based services (23% against an England mean of 31%). Tameside and Glossop also has a lower proportion of investment in reablement (17% against an England mean of 25%).

4.4 The Strategic Commission and Tameside and Glossop ICFT will establish clear processes for the full assessment of the NAIC – provider and commissioner reports – and ensure issues are reported back for action via the Strategic Commission and ICFT governance as required.

5 EQUALITY IMPACT ASSESSMENT

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

6 RECOMMENDATIONS

6.1 As set out on the front of the report.