

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25 October 2019

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra – CCG Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: RIGHT BY YOU

Report Summary: This report provides a brief update of the new Right By You (RBY) pilot, which was designed in collaboration between the Person and Community Centred Approaches Team (PCCA) within NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&G ICFT), NHS Tameside and Glossop Clinical Commissioning Group (NHS T&G CCG) and Macmillan.

Macmillan Cancer Support will provide funding to establish a community based service for people with Cancer, which focuses on similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing.

Beyond the initial funding period there is an expectation from Macmillan that NHS T&G CCG provide a commitment to sustain the outcomes from this pilot, pending a full evaluation.

Recommendations: Strategic Commissioning Board are recommended to endorse the:

1. delivery of this programme as outlined in this report;
2. CCG signing up to sustain the outcomes of the pilot (assuming its success).

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

Budget Allocation (if Investment Decision)	£0 in net terms. In the short term this will not directly impact upon the CCG net financial position, as externally funded until March 2022. ~£250k p.a. of expenditure will be offset by income from Macmillan.
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB

While this report does not appear to create any formal commitments of obligations for the CCG beyond the two year lifetime of Macmillan funding, there is a clear expectation that

CCG would pick up funding over the long term should the pilot prove successful.

At present funding for this service is not built into budgets or the Long Term Plan. We do however have some funding in the Long Term Plan in relation to the GM Cancer Strategy, which may connect to this new pilot service.

It is not clear from the paper whether the Right by You programme will generate long term savings and efficiencies in other areas (e.g. reduced outpatient or A&E attendances). But on the assumption that we proceed with the pilot, it is important that the evaluation captures this data so we can conduct a full value for money assessment prior to making a formal decision about long term continuation of funding.

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

The Council has general duties under sections 1-6 of Care Act 2014, to promote the wellbeing of its citizens, to prevent the need for care and support and to co-operate with its partners. This pilot project falls within the scope of the Act.

There will be legal implications for CCG in terms of the terms and conditions of the future funding, which is referred to in the report

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

The proposals align with the Living Well and Working Well and Aging Well programmes for action

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

The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.

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

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing
- Target commissioning resources effectively

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

HCAG were supportive and endorsed the approach taken in developing a local delivery model.

**Public and Patient
Implications:**

There may be implications for some patients who cannot access the service

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.

RBV will provide holistic support to people living with cancer.

How do the proposals help to reduce health inequalities?

Provides a specialist service for people with Cancer.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act.

The service will be available to Adults with a learning disability regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/civil and partnership.

What are the safeguarding implications?

Safeguarding is central to this service. There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

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 necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the Lead Provider and a network of Key Providers.

A privacy impact assessment has not been carried out

Risk Management:

The service will work closely with the providers to manage and minimise any risk of provider failure consistent with the provider's Business contingency plan.

That the Council/Strategic Commission does not fulfill its statutory duty to meet eligible needs.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Chis Easton, Head of Person and Community Centred Approaches, Tameside and Glossop Integrated Care Foundation Trust

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1. INTRODUCTION

- 1.1 This report provides a brief update on the new Right By You (RBY) pilot, which was designed in collaboration between NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&G ICFT), NHS Tameside and Glossop Clinical Commissioning Group (NHS T&G CCG) and Macmillan.
- 1.2 As a result of the transformation work delivered across Tameside and Glossop over the past three years, we have been approached by Macmillan Cancer Support to take part in a new pilot programme called Right By You (RBY). RBY focuses on similar principles to social prescribing, considering how we can support people affected by cancer in the most effective and holistic way, considering the wider determinants of health and the wider issues affecting their wellbeing.
- 1.3 Evidence repeatedly highlights the need to consider the wider, social determinants of health, especially with people living with long term health conditions. Increasingly as people survive longer with cancer we need to consider it not only as an acute medical condition but also as a long term health need – and the system needs to respond accordingly.

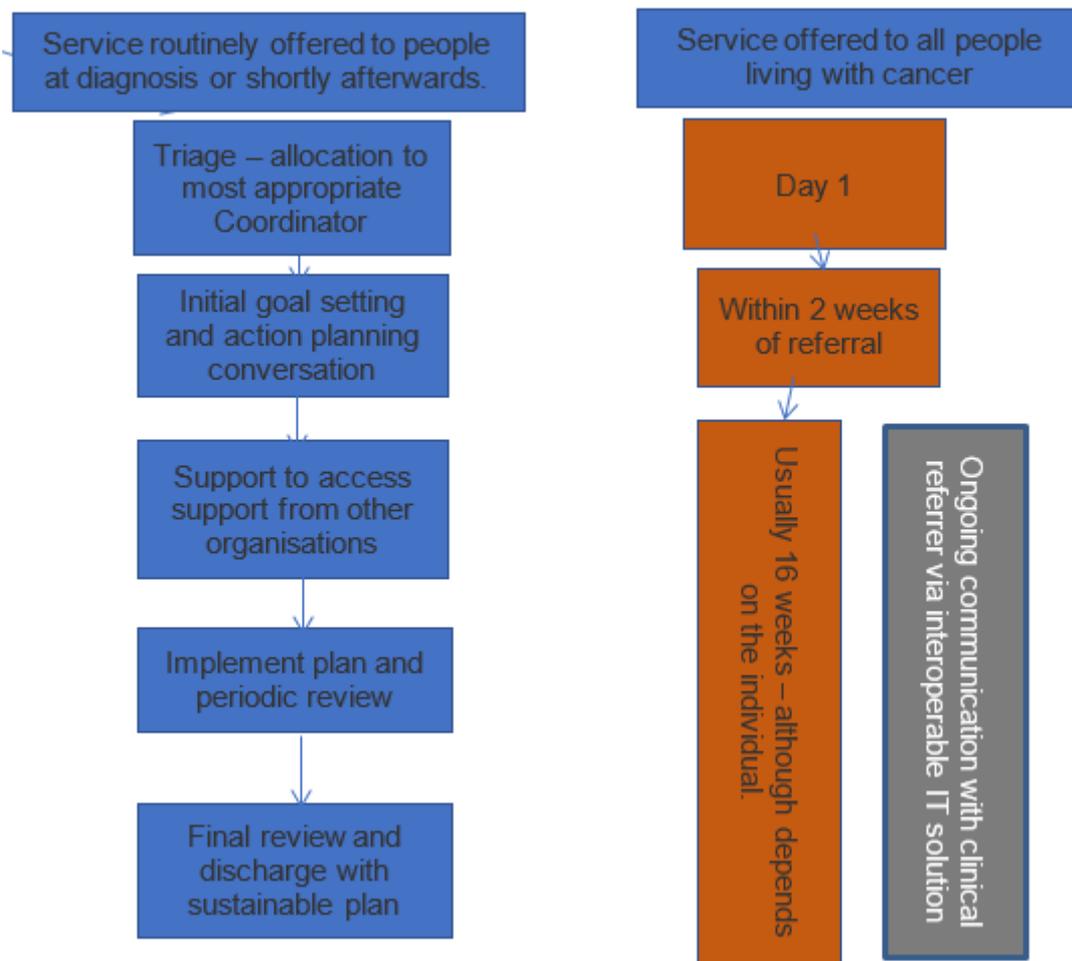
2. FUNDING AND ONGOING COMMITMENT

- 2.1 Macmillan Cancer Support will provide £501,457 over two years to establish the community based service for people with Cancer, which focuses on similar principles to social prescribing, considering the wider determinants of health and the wider issues effecting their wellbeing.
- 2.2 Planned to commence in April 2020, this money will come into the CCG and will require no match. The proposal is currently that this investment is managed by the Person and Community Centred Approaches Team (PCCA) which sits within the ICFT.
- 2.3 Macmillan as the funding organisation has requested that we commit to the sustaining of outcomes associated with the programme. This does not mean that they identical infrastructure and investment must be maintained. It is suggested that as the social prescribing model develops with investment coming into Primary Care Networks (PCNs), we seek to assimilate all investment as a single programme and over the next two years evolve into a single model.
- 2.4 Beyond the initial funding period there is an expectation from Macmillan that NHS T&G CCG provide a commitment to sustain the outcomes from this pilot, pending a full evaluation.

3. DELIVERY

- 3.1 This programme will fund a Cancer Community Link Worker in each of the five neighbourhoods. In addition there will be a service manager role and a 0.4wte Project Manager to support implementation.
- 3.2 Establishing strong connections with the acute cancer teams at the Trust, everyone receiving a diagnosis of cancer will be offered a referral into the programme. They will have a visit from a Link Worker at a place and time most convenient to them. At the meeting they will discuss worries, goals and plans. Typically we expect support to last for around 16 weeks on average (figure derived from social prescribing), although the service remains open to all people referred until they feel they no longer need it, without subsequent referral.
- 3.3 It is suggested that this programme is commissioned from the existing social prescribing providers, with the funding divided on a pro rata basis.

3.4 The diagram below illustrates the typical pathway for people accessing the service.



4. RECOMMENDATIONS

4.1 As set out at the front of the report.