Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	30 January 2018
Officer of Single Commissioning Board	Jessica Williams, Interim Director of Commissioning
Subject:	**INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP**

Report Summary:

Tameside and Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care. Officers were asked to bring back a fully developed proposed model to the Strategic Commissioning Board in December 2017.

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 the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final paper to the Strategic Commissioning Board January meeting.

This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising within the consultation and explores mitigations.

The report includes recommendations to the Strategic Commissioning Board on the option for approval.

Recommendations:

The Strategic Commissioning Board is requested to NOTE:

- The content of this extensive report, which charts the process from determining to review options in August 2017 for the future Intermediate Care provision, to drive improvements in clinical outcomes and operational efficiency to the proposed recommendations on the way forward;
- The clinical case for change as outlined in our Intermediate Care Strategy, which will deliver our intention to support locally delivered rehabilitation and recuperation, maximising people's ability to function independently and enabling them to live at home;
- The richness of the responses arising from the Intermediate Care public consultation and the Strategic Commission responses (section 7), which have shaped the recommendations to this Board;
- The detailed Equality Impact Assessment, which outlines further mitigations over and above the recommendations;
- The intention of Tameside and Glossop Strategic Commission to work with partners/stakeholders to develop local, appropriate health and social care provision and accommodation to meet the needs of our population in the future

The Strategic Commission is RECOMMENDED:

- to APPROVE Option 2 for those patients where it is not possible to deliver rehabilitation and recuperation at home. This will result in the centralisation of the Intermediate Care beds into the Stamford Unit, adjacent to Tameside Hospital, in order to deliver optimum clinical sustainability, maintain job security for current staff and deliver improved financial efficiency.

Such RECOMMENDATION being SUBJECT to the following:

(a) During the public consultation, views have been heard from Glossopdale residents that they could be disadvantaged by the implementation of option 2 due to not having families and friends close by to support their care and recuperation. In order to mitigate this, the Glossop Integrated Neighbourhood team will be asked to examine further opportunities to deliver enhanced rehabilitation and recuperation at home;
(b) In light of the potential for increased demand for health, to 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 our required standards for quality;
(c) to commission the maximum appropriate health and social service provision from Glossop Primary Care Centre;
(d) That the Intermediate Care home based offer and bed requirement across Tameside and Glossop to be reviewed annually to ensure future demand is continually assessed and planning for future local provision is adapted accordingly.

Financial Implications:

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

	Proposed recurrent budget of £8,032k, plus up to an additional £250k to support the spot purchase of up to 8 beds at any one time on an individual basis for residents of Glossop, which represents a saving against current expenditure. £1,983k of non-recurrent transformation funding from GMHSCP is available to fund transition to the new arrangements.
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Option 2 would deliver recurrent savings compared to budget. Dependent upon the requirement for Intermediate Care beds in Glossop to ensure provision of choice, savings of between £450k and £700k are expected. Savings released in 18/19would be dependent upon timing of notice to Propco and service transfer dates.
Additional Comments The finance group have reviewed this business case and support implementation of option 2 (as the preferred option presented in the public consultation). £23.2m of transformation funding has been awarded by GM HSCP to support transformation of health & social care in Tameside & Glossop. £2m of this non recurrent money has been earmarked for	

	developing a new model for intermediate care and funding double running costs. Receipt of this money is dependent upon attainment of stretching quality and financial targets. With recurrent savings against budget of between £0.45m and £0.7m versus the do nothing scenario of £1.7m, only option 2 will allow us to fully deliver these targets and contribute towards the overall economy gap whilst providing a quality and clinically safe service. It should be noted that while rental payments are factored into the savings above, the Strategic Commission has no control over what happens to the property if notice is served. Shire Hill is owned by NHS Property Services, a limited company set up by the Department of Health and it is this company who will determine the future of the site and would take the benefit of any future capital receipt.
Legal Implications: **(Authorised by the Borough Solicitor)**	An open and transparent consultation process has been undertaken to attract maximum public engagement in order to ensure the best possible outcome for the community in accordance with the resources available. The level of engagement means that it is appropriate that sufficient time is taken to consider all responses appropriately and any necessary changes / mitigations as a response. Such actions also support compliance with the public sector equality duty. This has been reflected in the Equality Impact Assessments attached to this report at various appendices, to which decision makers are required by law to have due regard before making any decision.
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 Professional Reference Group:	The Professional Reference Group supported the model outlined in the paper presented in August 2017 and the recommendation to consult on the 3 options for intermediate care in Tameside and Glossop, with option 2 as the preferred option for the Single Commission and Integrated Care Foundation Trust.
Public and Patient Implications:	This report includes the outcome of a 12 week period of public consultation and engagement with communities in Tameside & Glossop. The report includes a full Equality Impact Assessment.
Quality Implications:	A Quality Impact Assessment has been completed and is attached to this report.
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	A full Equality Impact Assessment (EIA) is attached as an

Diversity implications?	appendix to this report.
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 :	**Appendix 1** – December 2017 Strategic Commissioning Board report – obtainable at: http://tameside.moderngov.co.uk/documents/s25964/ITEM%207b%20-%20Intermediate%20Care%20FINAL%20DRAFT.pdf **Appendix 2** – Consultation Questionnaire. **Appendix 3** – Consultation Material / Information. **Appendix 4** – Analysis of Consultation Survey Responses. **Appendix 5** – Additional services and integration of existing services within Glossop. **Appendix 6** – Formal response from Derbyshire County Council Adult Social Care. **Appendix 7** – Quality Impact Assessment. **Appendix 8** – Equality Impact Assessment. **Appendix 9** – Summary of formal responses to consultation. The background papers relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Commissioning: Telephone: 07979 713019 e-mail: alison.lewin@nhs.net

1 INTRODUCTION

1.1 Tameside & Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.

1.2 In August 2017, the Strategic Commissioning Board 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 have been the subject of public consultation over a 12 week period from 23 August to 15 November 2017. In addition to the public consultation, additional community engagement has taken place through contacting specific groups across Tameside & Glossop.

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.

1.4 This report includes the full detail of the consultation analysis, and an Equality Impact Assessment which responds to issues arising during the consultation and explores mitigations where necessary.

2 CASE FOR CHANGE

2.1 A number of factors and service reviews have led to the identification of Intermediate Care as a priority for the Tameside and Glossop locality, the development of the model outlined in this paper, and the consultation approved by the Single Commissioning Board on 22 August. The detail of this 'case for change' was included in the report presented to the Strategic Commissioning Board in August 2017 and December 2017 (**Appendix 1 refers)**.

3 STRATEGY DEVELOPMENT AND ENGAGEMENT

3.1 The Intermediate Care strategy outlines national guidance, local expectations of intermediate care, and the action taken over the past 2 years as part of the Care Together programme to refine the Tameside and Glossop locality model. The strategy outlines the expectations from the Strategic Commission for the delivery of intermediate care at home wherever possible, therefore requiring a clear model of community based care and an appropriate level of bed based intermediate care.

3.2 The reports presented to the Strategic Commissioning Board in August and December 2017 included details of the strategy development and pre-consultation engagement.

4 THE INTERMEDIATE CARE OFFER

4.1 The definition of Intermediate Care included in the National Audit of Intermediate Care 2017 (developed with the assistance of the Plain English Campaign) is set out below. This is the definition which has been used in communication, engagement and consultation work referred to in this report.[1]

What is intermediate care? Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different

[1] http://www.nhsbenchmarking.nhs.uk/CubeCore/.uploads/NAIC/NAIC%202017/NAIC2017overview.pdf

areas of the health and social care system –community services, hospitals, GPs and social care.

What are the aims of intermediate care? There are three main aims of intermediate care and they are to:

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

Where is intermediate care delivered? Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes.

How is intermediate care delivered? A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time.

4.2 **Proposed Model of Intermediate Care in Tameside & Glossop:** The proposals for Intermediate Care have been prepared jointly by Tameside and Glossop Integrated Care NHS Foundation Trust and the Strategic Commission and have been designed to support delivery of the commissioning strategy for Intermediate care services. The strategy document describes the aim to support rehabilitation and recuperation, maximising people's ability to function independently, and enabling them to continue living at home in all but most challenging cases. With a requirement for:

- Home-based intermediate tier services, offering intensive packages of care to people in their own homes (including residential and nursing homes) provided by an integrated team providing both health and social care input based on individual need.
- Community intermediate care beds where it is deemed that service users, although medically fit, have a higher level of need and require a period of 24-hour care whilst undergoing intensive short term rehabilitation packages.
- An ability to care for clients with all levels of dementia, in an appropriate setting.

4.3 **Home First:** One of the key principles within the Tameside and Glossop Care Together approach to integrated care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. This principle is embodied in this proposal for an intermediate care model. In order to be responsive to people's needs and deliver against this principle, the Integrated Care Foundation Trust has implemented the "Home First" service model. This model will provide a response to meet an urgent/crisis health and/or social care need. Home first is fundamental to the intermediate care offer and is a key interface between the Integrated Neighbourhoods, community services and the acute setting, ensuring people are supported in the environment that is suited to their own care needs and most likely to achieve positive outcomes. This supports the intermediate care aims of:

- Helping people avoid going into hospital unnecessarily;
- Helping people be as independent as possible after a stay in hospital; and
- Preventing people from having to move into a residential home until they really need to.

4.4 The Home First offer will ensure that people are supported through the most appropriate pathway with "home" always being the default position. However, it is recognised that not all individuals' intermediate care needs can be managed safely in their own home. In some cases 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.

4.5 **Community Bed Setting - Overview:** Tameside and Glossop has traditionally commissioned community based beds from a range of sources from across the locality. This includes intermediate care beds, spot beds and an arrangement for discharge to assess beds. In order to improve the community bed offer locally, a revised model is being proposed in this report.

The key principle of the flexible community bed base model is that support will be delivered through location-based community beds providing general nursing whilst encouraging independence and reablement, alongside in-reach from specialist teams such as therapy services, primary care and mental health. This will ensure individual centred management plans based on care needs that support people's transition back home effectively and ensure a smooth transfer of care, when necessary, to the Integrated Neighbourhood.

A flexible community bed-base is key to effective intermediate care as it supports an individual's needs which cannot be met through home based intermediate care. By providing an enabling environment for further assessment, rehabilitation, completion of treatment and/or recuperation, it will prevent unnecessary admissions to hospital (through step up) or into long term care, and facilitate timely 'discharge to assess' for those people not able to be assessed at home, but who do not require acute hospital based care. When home is not an option for the provision of care for an individual, the flexible community beds base will offer:

- Step down capacity for discharge to assess (including complex assessments);
- Step up capacity to avoid acute admission;
- Intermediate Care Capacity;
- Recuperation beds that offer an opportunity to re-stabilise prior to undertaking rehabilitation;
- Specialist assessment and rehabilitation for people with dementia.

The model will provide community beds for individuals with dementia who are at risk of being admitted to hospital or remaining in a hospital bed because they are awaiting assessments. At present, there is no local provision to meet this requirement outside of the acute settings meaning that these individuals remain in hospital for longer than is necessary.

4.6 **Current Provision:** Tameside and Glossop Integrated Care Foundation Trust is the provider of all intermediate care beds for Tameside and Glossop as of 1 July 2017, and currently provides community beds from two locations: 64 beds in the Stamford Unit at Darnton House, which is a 3-floor 96 bedded purpose-built nursing home adjacent to the Tameside Hospital site (Integrated Care Foundation Trust currently use two floors, one for intermediate care and one for discharge to assess) and 36 intermediate care beds in Shire Hill Hospital, located in Glossop.

4.7 **Options for the delivery of bed based intermediate care:** The Strategic Commission and Integrated Care Foundation Trust identified 3 options for the delivery of Intermediate Care beds. These options were considered alongside the ongoing development and delivery of the Care Together model of care, in particular the Home First model, Integrated Neighbourhoods, the Intermediate / Specialist Community Based Services, and acute hospital based elements of intermediate care.

4.8 On 22 August 2017 the Strategic Commissioning Board agreed to consult on 3 options for the delivery of Intermediate Care beds, for a period of 12 weeks, commencing 23rd August and ending on 15 November 2017. The full set of papers presented to the Single Commissioning Board on 22 August is available on the CCG website http://www.tamesideandglossopccg.org/corporate/strategic-commissioning-board.
A summary of the options is outlined below.

4.9 **Option 1: Maintain Current Arrangements**
Delivery of bed based intermediate care from the Stamford Unit at Darnton House (32 beds) and Shire Hill in Glossop (36 beds).

4.10 **Option 2: Use of available 96 bedded unit**
Transfer of all bed-based intermediate care to a single location in the Stamford Unit at Darnton House. This was agreed as the optimum model to drive clinical benefits as well as maximising efficiency.

4.11 **Option 3: Stimulation of the Local Market to Develop Single/Multi Site**
Engage with local providers to develop capacity within existing care homes or the development of capacity in new homes. Whilst the benefits of a large unit adjacent to the hospital would not be realised, it is possible that in the longer term, once the Integrated Neighbourhoods and Home First models have fully embedded, that there could be a benefit to developing capacity at a neighbourhood level. The maturity of the wider economy may mean that fewer community beds are required, and that services could be developed at a neighbourhood level to meet need.

4.12 **Preferred option:** The Single Commissioning Board approved the proposal that the Single Commission with the Integrated Care Foundation Trust enter into formal consultation based on the 3 options outlined above, stating the case for the preferred option as option 2. The information presented to the Single Commissioning Board on 22 August to support the decision is outlined in the table below.

Option 1	The Do Nothing option in the view of the Strategic Commission and Integrated Care Foundation Trust is not a sustainable model going forwards. The model does not currently function to its optimum: people are in acute beds that do not need to be, they are in these beds for longer than they need to be, and they are unable to access the services they require at the time they need them. The current arrangements are fragmented – beds are delivered across 2 sites – Shire Hill and the Stamford Unit at Darnton House. At present staff are working from a number of bases, with the expectation that community and neighbourhood staff travel across the locality, diluting the capacity and time that could be spent with patients to maximise the potential for returning home promptly. This option does not deliver the vision of a single location for bed based intermediate care.
Option 2	Patient Environment - The Stamford Unit is 100% en-suite single room accommodation with significant communal space on each of the three wards. This has been demonstrated to encourage social interaction and independence. Additionally, one floor of the Stamford Unit has been designed as dementia friendly with access to outside space and wandering routes, which will enable the Integrated Care Foundation Trust to provide community beds for patients with Dementia. Accessibility – the Stamford Unit is in a central location and is co-located close to the Tameside Hospital site. It has strong public transport links, significant parking and is accessible for patients and relatives. Access and short journey times for health care professionals and support services into the Stamford Unit will enable development of in-reach into the unit as proposed in the model. Recruitment and Retention – recruitment and retention of nursing and support staff at the Shire Hill hospital site is an ongoing risk due to its location at the edge of the conurbation. Single location – the delivery of bed based intermediate care from a single

	location will enable the flexible use of beds to support the Home First model and enable the approaches to Discharge to Assess and Intermediate Care to be flexed depending on the demands in the system at any point in time. Whilst the aim of the home first model is to use the beds flexibly to meet the demand at any point in time, the notional intermediate care bed figure proposed is 64 beds. Tameside and Glossop Integrated Care NHS Foundation Trust registered the location of The Stamford Unit at Darnton House with the Care Quality Commission from 1 July 2016. This option meets the national definition of 'intermediate care' from a combination of home and bed-based services and is in line with the recommendations of the Contingency Planning Team report from 2015.
Option 3	This option relies on engagement with a variety of providers to invest locally in increasing capacity. Should this option be pursued, there would be a lead in time for any new capacity to be arranged which would require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Strategic Commission so this is possible to negotiate. While the current capacity has been estimated, it is difficult to commit to the capacity required in the economy in 2-3 years' time, which is the information a provider would need in order to invest in new capacity.

5 CONSULTATION PROCESS

Consultation Process

5.1 In August 2017 the Strategic Commissioning Board approved the proposal that the Intermediate Care service model should be subject to a period of formal consultation. This consultation needed to offer local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board and Integrated Care Foundation Trust. The consultation was on the following 3 options:

- **Option 1:** Maintain current status.
- **Option 2:** Use of available 96 bed facility and co-location of all intermediate and community beds as 'flexible bed base' model (Stamford Unit, Darnton House).
- **Option 3:** Stimulation of the market to develop a single / multi-location base.

5.2 The consultation ran from 23 August 2017 to 15 November 2017.

5.3 The online consultation closed on Wednesday 15 November. Paper copies of the questionnaire were accepted until 5pm on Friday 17 November 2017.

5.4 The consultation was hosted on the Clinical Commissioning Group website in the form of a standard questionnaire (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) with an introduction to explain the reason for the changes followed by a series of questions. A free format text box was included to allow people the opportunity to provide any comments, views and suggestions they wish to be taken into account. A copy of the questionnaire used is attached at **Appendix 2**.

5.5 In addition to the online consultation, paper copies were made available in all 39 GP surgeries across Tameside & Glossop and made available at all public meetings and meetings with community groups. Paper copies were provided to the Integrated Care Foundation Trust for sharing with service users. Copies were also made available in all libraries in Tameside and the High Peak area (Glossop, Hadfield and Gamesley). Pre-paid envelopes were also provided for responses to be returned. Each questionnaire returned

was given a 'unique reference number' and inputted to the online consultation system, with the reference number included in the response.

5.6 Posters advertising the consultation were produced and distributed across the locality, including to all GP surgeries. Copies of the posters are included at **Appendix 3.**

5.7 A 'Fact Sheet' was developed by the Single Commission and the Integrated Care Foundation Trust which was posted on the Clinical Commissioning Group website consultation page. This sheet was updated throughout the consultation process to reflect questions raised through the public meetings and other community engagement processes undertaken. This Fact Sheet is included at **Appendix 3**.

5.8 A 'Frequently Asked Questions' section of the consultation page on the Clinical Commissioning Group website was in place from the start of the consultation process, and was expanded throughout the 12 weeks' consultation to include questions raised through the meetings undertaken during the 12 weeks. A copy of the FAQ is attached at **Appendix 3**.

5.9 Four public meetings were held during the period of the consultation. Two were held in the Glossop neighbourhood, one in Droylsden (Tameside) and one in Ashton (Tameside). A report on each of the public meetings can be seen in section 6 of this report. All 4 meetings were filmed and the full recording of the meetings posted on the Clinical Commissioning Group consultation website. The recorded attendance figures for each meeting can be seen below:

Meeting Date and Location	Number of Attendees
21 September 2017, Bradbury House, Glossop	92
11 October, Age UK, Ashton-under-Lyne	12
17 October, Guardsman Tony Downes House Droylsden	4
1 November, Glossopdale Community College, Glossop	205

Planning, assuring and delivering service change for patients

5.10 In October 2015 NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance states that 'NHS England's role in reconfiguration is to support commissioners and their local partners to develop clear, evidence based proposals for service reconfiguration, and to undertake assurance as mandated by the Government.[2]

5.11 The guidance includes four tests of service reconfiguration, with an expectation that the proposal satisfies the four tests. The four tests are:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- Clear, clinical evidence base;
- Support for proposals from commissioners.

5.12 There are also four key themes outlined in the guidance for service reconfiguration. These are:

- **Preparation and planning**: planned and managed approach from the start which establishes clear roles, a shared approach between organisations, and builds alignment on the case for change.
- **Evidence**: ensure proposals are underpinned by clear clinical evidence and align with clinical guidance and best practice.
- **Leadership and clinical involvement**: Clinicians should determine and drive the case for change.

[2] https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

- **Involvement of patients and the public**: Critical that patients and the public are involved throughout the development, planning and decision making.

5.13 The NHS guidance has been taken into consideration when establishing and running the consultation process described in this paper.

Promotion and Communications

5.14 The Intermediate Care consultation has been promoted extensively since 23 August 2017. In addition to the page on the CCG website (http://www.tamesideandglossopccg.org/get-involved/intermediate-care-consultation) the consultation has been shared and promoted in a number of ways. Details of the promotion of the consultation and media coverage were included in the report presented to the December meeting of the Strategic Commissioning Board, attached at **Appendix 1**.

6 COMMUNITY AND WIDER FEEDBACK

Community and Patient Engagement

6.1 In addition to the consultation hosted on the Clinical Commissioning Group website, and the public meetings, 105 community and patient groups were contacted by the Clinical Commissioning Group directly by letter or email to inform them of the consultation and invite them to be involved. A full list of the groups contacted to inform them of the consultation, and inviting them to participate, is included in the report presented to the Strategic Commissioning Board in December 2017.

6.2 The consultation was presented to a number of stakeholders between 23 August and 15 November 2017. Full details of the community and wider engagement activities undertaken are included in the report presented to the December meeting of the Strategic Commissioning Board. This includes details of all meetings attended. This included Local Authority fora and meetings, across the Tameside (Tameside Metropolitan Borough Council) and Glossop (Derbyshire County Council) neighbourhoods, including the Overview & Scrutiny Panels and formal town council meetings.

6.3 A summary of the issues raised in the meetings referred to above is as follows:

- Transport concern over travel time and lack of public transport for those without a car;
- Cost of Public Transport to see loved ones;
- Carer’s travel of carers using Intermediate Care;
- Staff and how this affects them;
- Concerns about standard of care in The Stamford Unit;
- Glossop has different needs to Tameside, and should have a different offer;
- Lack of validity of consultation process and consultation literature;
- Ownership of Shire Hill and what will happen to the land should Shire Hill close;
- Glossop is losing another asset;
- Concern of standards of private care homes and the cost.

Positive comments:

- Expressions of understanding of the reasons for the preferred option;
- Support for idea that the intermediate care offer for people in Tameside and Glossop would be clear and would be set out in the discussions regarding people’s discharge from hospital care;
- Positive report for care received in the Stamford Unit and for location and facilities.

Tameside and Glossop Integrated Care NHS Foundation Trust

6.4 Tameside & Glossop Integrated Care Foundation Trust were a partner in the consultation process; attending and presenting at all public meetings, providing response to questions

received during the consultation process, and providing information to include in the consultation materials hosted on the Clinical Commissioning Group website.

6.5 The Integrated Care Foundation Trust Medical Director, Mr Brendan Ryan, has confirmed his clinical support for the preferred option – Option 2.

Members of Parliament

6.6 The Members of Parliament representing the 4 constituencies in Tameside & Glossop have been briefed throughout the consultation period, and have submitted responses to the consultation, which have been taken into account and are included in **Appendix 9.**

6.7 The MP for High Peak has been involved in the Glossop public meetings and has expressed views which have been taken into account and reflected in section 7 below. A copy of Ruth George MP's response to the consultation is attached at **Appendix 9**.

Derbyshire County Council

6.8 Derbyshire County Council provided a detailed response to the consultation in the form of a letter to the Clinical Commissioning Group Chair. The letter (attached at **Appendix 6**) included a response covering the following issues:

- Quality of care and appropriate provision for Derbyshire residents;
- Workforce recruitment and retention;
- Public confidence in new models of care;
- Ensuring Home First is fully operational within the Glossop area;
- Adult Care Service demand pressures;
- Transport and journey times;
- Rurality of areas surrounding Glossop;
- Market shaping and development.

Customercare Enquiries

6.9 All enquiries for the Clinical Commissioning Group and Tameside Metropolitan Borough Council, in the form of Freedom of Information requests (FOIs), complaints, MP enquiries / correspondence and general comments, are received and dealt with by the Executive Support team in the Governance, Resources and Pensions directorate. During the period of the consultation, the Clinical Commissioning Group has received Freedom of Information Requests (FOIs), complaints and MP enquiries relating to the consultation and intermediate care. All have been acknowledged, and where required, answers provided. Details of these can be seen in the December report.

6.10 During the consultation, the Clinical Commissioning Group received comments from a number of community and patient representatives / members of the public. This contact was made outside the meetings referred to above, and the public meetings. A record was kept of all contact made and the responses provided. In total 60 items of correspondence were received from 45 people.

Partnership Engagement Network Conference

6.11 Tameside Council, Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust have established a Partnership Engagement Network. This will create the framework for the organisations to work in partnership with the public, stakeholders, partners and organisations in the voluntary, community and faith sectors. This structure will involve a wide range of partners and stakeholders and ensure that they are able to play an active role in developing the approaches that we take in the delivery and commissioning of services.

6.12 A key element of Partnership Engagement Network will be a twice yearly conference made up of around 100 representatives from stakeholder organisations and representatives of groups that represent the public. Best practice and learning will be shared at the conference, and it will be an opportunity for relationships to be built across the multi-agency partnership.

The first of these conferences took place on Friday 13 October 2017 at Hyde Town Hall. The conference consisted of introductory talks followed by a series of workshop sessions. The event included a workshop on the Intermediate Care consultation, providing an opportunity to engage with members of the local community.

6.13 This conference was attended by over 60 people from a range of groups across Tameside and Glossop, who all were offered the opportunity to participate in the workshop on the Intermediate Care proposals. A summary of the notes from the 2 workshop sessions held at the event on 13 October is included in the December report.

Public Meetings

6.14 During the consultation period, four public meetings were held. The details of the meetings and the number of people attending each are included in the table below:

Meeting Date and Location	Number of Attendees
21 September 2017, Bradbury House, Glossop	92
11 October, Age UK, Ashton-under-Lyne	12
17 October, Guardsman Tony Downes House Droylsden	4
1 November, Glossopdale Community College, Glossop	205

6.15 The public meetings were all recorded and the links to the videos uploaded onto the consultation page on the Clinical Commissioning Group website, so that people unable to attend were able to view the events.

6.16 Key points and issues raised at the meetings were captured are reflected in the consultation report in section 7 of this report

Public Petition - Glossop

6.17 In addition to the comments received via the online questionnaire and the methods outlined above, a public petition was created by Glossop Residents and the 'Save our Shire Hill' campaign. This petition was presented by Ruth George MP to the Houses of Parliament.

Formal Responses

6.18 In addition to the information included in sections 6.1 – 6.17, formal responses have been received from the following local stakeholders:

- Unison
- High Peak Borough Council
- Sir John Oldham

These responses are included at **Appendix 9.**

7 CONSULTATION RESPONSES

Analysis of Consultation Survey Responses

7.1 In total, 1,358 responses were received to the online questionnaire hosted on the Clinical Commissioning Group website.

7.2 Of the 1,358 total responses **797** respondents provided a substantive comment (i.e. to questions 4 to 7) upon which detailed analysis could be undertaken.

7.3 Around two-thirds of respondents provided information around their demographic profile (includes prefer not to say option where relevant).

7.4 Responses to the open questions (question 4 to 7) could be assigned to one or more of **34** consolidated themes.

7.5 The most commonly mentioned themes were around reference to expectations or concerns relating to the Home First model (i.e. a home based Intermediate Care service) made by over half of respondents (50.2%); positive comments relating to the Home First model (44.2%); and Support for Option 1 (40.2%).

7.6 The least commonly mentioned themes related to travel costs (5.3%); car drive times (4.8%); and parking good – positive at Shire Hill (2.0%).

7.7 Where analysis could be undertaken by demographic group, the top three mentioned themes remained as reference to expectations or concerns relating to the Home First model, positive comments relating to the Home First model and Support for Option 1.

7.8 A full analysis of the responses received to the consultation is attached at **Appendix 4** of this report.

Summary of Consultation Themes and Tameside and Glossop Clinical Commissioning Group Response

7.9 The report presented to the Strategic Commissioning Board in December provided an initial summary of the themes arising from the consultation responses and engagement, and confirmed that a more detailed analysis would be presented in the January 2018 report.

7.10 Below is a summary of the themes drawn from the narrative comments collated in the consultation process, and the wider stakeholder engagement carried out during the consultation.

CONSULTATION FEEDBACK THEME
The following information is provided.
- Title;
- Short explanation of the theme (based on the comments made);
- Number of comments (i.e. number of responses to questions 4 to 7 which commented in that way).

TAMESIDE & GLOSSOP CLINICAL COMMISSIONING GROUP REPSONSE
The NHS Tameside and Glossop Clinical Commissioning Group response to the theme drawn from the consultation feedback. Further details can be found in the associated Equality Impact Assessment (EIA).

CONSULTATION FEEDBACK THEME	TAMESIDE & GLOSSOP CCG RESPONSE
PUBLIC EXPECTATIONS AND CONCERNS AROUND THE HOME FIRST MODEL Comments about; • Concern for those who live alone • Potential of increased pressure on family and friends • Some people are better cared for in hospital • There is a need for intermediate care beds (i.e. hospital based rather than home based) • Impact on patient care and safety • How will home care be staffed – comments relating to resource /	The Strategic Commission and ICFT have a clear strategy for the delivery of home based intermediate care. In addition to the home first model there are also community and specialist intermediate tier services in place (and new services being implemented as part of the Integrated Neighbourhoods) which are provided in the community setting and form part of the out of hospital intermediate care offer to patients in their place of residence (whether that is at home or in a care home). The intermediate tier services will provide short term intensive interventions to patients who require higher intensity or more specialist intermediate care

<table>
<tr>
<td>capacity / time provided for care
• Reference to home equipment and adaptations
• Good idea in principle but is dependent on other factors
• May suit some patients but is dependent on patient need
• Quality of home care is not of a high enough standard
• General opposition / concerns around care at home

400 (50.2%)</td>
<td>than is available within the Neighbourhood services. The intermediate tier services are described in detail in Appendix 1 and include:
• Extensivist Care Services,
• Digital Health,
• Community therapy services
• Community IV Therapy Service
• Glossop community paramedic service
• Integrated Urgent Care Team
• Reablement Service
• Community Response Service

The intermediate care home offer is described in the context of the Glossop neighbourhood is described in Appendix 5. The Tameside & Glossop Integrated Neighbourhood model includes a ‘social prescribing’ service delivered by staff who will provide links to non-medical services (community and voluntary sector) to support individuals and their carers in self-care and well-being. This is across all 5 neighbourhoods and will reflect the available resources in each.

The Chair of Tameside and Glossop CCG received a letter from Derbyshire County Council’s Strategic Director of Adult Care as the DCC response to the consultation. This response is attached as an appendix to the SCB report at Appendix 6. The response confirms that Derbyshire County Council’s Adult Care Team based in Glossop would continue to work to support the approach to home-based intermediate care to ensure it is as effective as possible in the Glossop neighbourhood. The letter also stated that whichever option is selected following the consultation, the DCC Adult Care Team and other staff based within the Glossop neighbourhood would ensure delivery of the best service possible.

The Director of Adult Services (DASS) in Tameside Council has also expressed their support for the review and reform of the intermediate care offer in the Tameside and Glossop area, and is committed to delivering and supporting the delivery of high quality services to local people that support their wellbeing, and are responsive at times when an individual requires interventions as a result of a crisis.</td>
</tr>
</table>

	The full range of intermediate care services will need to be delivered by appropriately qualified and competent staff. The CCG will ensure the ICFT are held to account through the established contract and performance monitoring process, which have a robust quality performance element to them. The same requirements will be placed on any other provider delivering intermediate care as a result of this consultation. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre Further detail of how the CCG will ensure the provider(s) of intermediate care services are held to account in terms of the delivery of a quality service are included in the Quality Impact Assessment at **Appendix 7**.
POSITIVE COMMENTS IN SUPPORT OF THE HOME FIRST MODEL General support around the Home First model including; • Patients preferring to stay at home • Positive for patients to be close to family and friends • General support of home based care 352 (44.2%)	The Strategic Commission and ICFT have a clear strategy for the delivery of home based intermediate care and the Home First model. As outlined in this and previous reports, one of the key principles of the model is that wherever it is possible for a person to 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 have implemented the 'Home First' service model to respond to meet an urgent/crisis health and/or social care need for patients. The Home First offer will ensure that individuals are supported through the most appropriate pathway with 'home' always being the default position. In light of particular concerns expressed during the consultation, further information on the application of this model to the Glossop Neighbourhood is included in **Appendix 5.**
SUPPORT FOR OPTION 1 – MAINTAIN CURRENT ARRANGEMENTS OF INTERMEDIATE CARE BEDS Comments around; • Agreement with Option 1 - Keep Shire Hill open / no change needed • General support for option 1 320 (40.2%)	As stated in this report, and during the consultation, the view of the Single Commission and Integrated Care Foundation Trust is that this is not a sustainable model going forwards as it does not provide optimum clinical care for all patients. The economy is not functioning to its optimum: people are in acute beds that do not need to be, they are in these beds for longer than they need to be, and they are unable to access the services they require at the time they need them. The current arrangements are fragmented – beds are

	delivered across 2 sites – Shire Hill and the Stamford Unit at Darnton House. At present community teams who in reach into the intermediate care inpatient accommodation have to travel across the locality to provide this service, diluting the capacity and time spent with individuals both in the inpatient environment and in community clinic settings. The Equality Impact Assessment at **Appendix 8** sets out the proposed mitigations in response to issues arising from the consultation and particularly the support for option 1 and views relating to Shire Hill and Glossop.
COMMENTS AROUND THE NEED FOR LOCAL SERVICES – PARTICULARLY IN GLOSSOP Comments around; • The need for local services, particularly in Glossop • Proposed Option 2 does not meet the needs of local (Glossop) residents 259 (32.5%)	Although the focus of the consultation is Intermediate Care, assurance was given in the public meetings and in responses to communication received, that the plans for Integrated Neighbourhood services would not reduce the community provision in the Glossop neighbourhood, but would enhance this provision. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre Tameside & Glossop ICFT have provided a summary of additional services and details of the integration of existing services within Glossop – attached at **Appendix 5.** As detailed above, the Strategic Director of Adult Care for Derbyshire County Council responded to the consultation to confirm that Derbyshire County Council's Adult Care Team based in Glossop would continue to work to support the approach to home-based intermediate care to ensure it is as effective as possible in the Glossop neighbourhood - see **Appendix 6**. Views from Glossopdale were heard throughout the consultation and a key concern raised was the potential loss of local beds and the impact this may have on some patients and/or their carers. Having listened to this concern, this issue has been considered in detail. Although the recommendation is that the SCB approve Option 2, as the preferred model for future provision of Intermediate

	Care, in order to provide choice for patients from Glossopdale, the SCB are asked to approve up to 8 beds at any one time for residents of Glossop. This enables those patients who wish to be cared for locally to access local provision. This will be arranged on an individual basis and between the patient, the hospital (or GP if step up care) and the Glossop neighbourhood team. Beds will only be commissioned from home care providers who can provide the appropriate support. The need for individually purchased beds within Glossop will be reviewed by commissioners annually
SPECIFIC COMMENTS / CONCERNS RELATING TO THE DELIVERY / IMPLEMENTATION OF OPTION 3 – DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES Concerns around; • Not enough care homes / too many people on waiting lists already / not enough capacity to deliver • Privatisation of NHS services • Option 3 would not work / is not feasible • More information about this option is necessary for participants to feedback properly • Comments / concerns about NHS funding / cost of implementing option 3 248 (31.1%)	As stated in the main body of this report, although an achievable option, this option relies on their being the engagement from providers to invest locally in increasing capacity. Should this be available there would be a lead in time, which would require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Strategic Commission so this is something that is possible to negotiate. Regardless of what option is determined by the Strategic Commission, the aim is always to deliver care, when appropriate, as close to home as possible. The Strategic Commission will continue to work with partners and stakeholders to develop additional capacity and facilities to meet local demand.
GENERAL COMMENTS AND CONCERNS RELATING TO TRAVEL TIME AND ACCESSIBILITY Concerns relate to; • Increased travelling times for patients – particularly those who are Glossop based • Increased travelling times for visitors - particularly those who are Glossop based • Glossop is isolated from the rest of Tameside and as such travel between Glossop and Tameside and vice versa is difficult • The transport infrastructure around	Transport on admission to the intermediate care beds for the patients / service users will be arranged by the ICFT. There will be no need for patients to arrange their own transport. The CCG produced a range of information on travel time to support the consultation process. Following the concerns expressed during the consultation, a further assessment of the public transport links has been undertaken and is included in the Equality Impact Assessment attached at **Appendix 8** to this report. Following the concerns expressed during the consultation, the CCG have collated

Glossop is of poor quality 226 (28.4%)	information on the community transport options available across the locality, with a specific focus on the Glossop neighbourhood to reflect the level of concern expressed through the consultation. This information is included in the Equality Impact Assessment at **Appendix 8**. As stated in response to the Local care issue raised by Glossopdale residents, the recommendation is that the SCB approve Option 2, as outlined within the consultation, as the preferred model for future provision of Intermediate Care. However, in addition and to offer choice of local Intermediate Care provision in light of increased travel times for some carers/ relatives, the SCB are asked to approve up to 8 beds at any one time for purchase on an individual basis for residents of Glossopdale. The need for individually purchased beds within Glossop will be reviewed by commissioners annually The Tameside and Glossop Strategic Commission will work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
<u>KEEP SHIRE HILL / NO CHANGE TO CURRENT ARRANGEMENTS</u> Comments relate to; • Keeping Shire Hill as it is • No need to change current arrangements • Support for Shire Hill 225 (28.2%)	The consultation that took place between 23 August and 15 November is on the delivery of bed based intermediate care. However, the issue of the estate from which the services are currently delivered was raised on numerous occasions, with regard to the potential relocation of services away from Shire Hill. Whilst the consultation is NOT on the future of Shire Hill, the potential impact on the whole site was an issue raised by a significant number of people, particularly those from the Glossop neighbourhood The decision of the SCB in January 2018 will be communicated to the ICFT who will then take any necessary action with regard to their estate and current contracts / arrangements. Shire Hill is owned by NHS Property Services (NHSPS), a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to

	NHSPS. In such circumstances the NHSPS would control the site and it would 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.
OPPOSITION TO OPTION 3 - DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES General opposition to Option 3, including do not like / do not agree with Option 3 and that Option 3 is not a valid option 199 (25.0%)	As stated in the main body of this report, although an achievable option, this option relies on their being the engagement from providers to invest locally in increasing capacity. Should this be available there would be a lead in time to any new facility, which would again require a short term solution until additional bed capacity is developed. There are a number of providers who have indicated their interest in working on developments with the Single Commission so this is something that is possible to negotiate.
PUBLIC TRANSPORT RELATED CONCERNS (PARTICULARLY IN RELATION TO TRAVELLING FROM GLOSSOP) Concerns relate to; • Public transport services between Glossop and Tameside are infrequent • There is no direct bus service between Glossop and T&G ICFT and all routes involve either changes or walking • Public transport services between Glossop and Tameside take a long time due to traffic, road infrastructure, and service routes • Public transport services between Glossop and Tameside are particularly bad in the evenings and at weekends. • Public transport services to areas of Glossop outside of the centre, i.e. Hadfield, Gamesley, and Simmondley have even worse public transport links than the centre of Glossop • Many elderly people are reliant on public transport 185 (23.2%)	Issues relating to the public transport options, particularly between the Glossop neighbourhood and the Tameside Hospital site, have been noted. A detailed assessment of the public transport links has therefore been undertaken and is included in the Equality Impact Assessment attached at **Appendix 8** to this report.
OPPOSITION TO OPTION 2 – ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD	The negative response to Option 2 has been highlighted in this report, and mitigations to the issues raised, particularly by Glossop

UNIT Comments relate to; • General opposition of option 2 • Unsuitability of option 2 – particularly for Glossop based patients • Not always best to centralise services • Negative impact on Glossop residents 167 (21.0%)	residents, have been included in the Equality Impact Assessment at **Appendix 8** The information included in **Appendix 5** describes how the new Intermediate Care offer would be delivered in the Glossop Neighbourhood in relation to home based services.
CRITICISM OF THE CONSULTATION PROCESS General criticism of the consultation process including questioning of the statistics provided as evidence. This is particularly in relation to the travel time statistics provided between Glossop and the Hospital site 163 (20.5%)	The initial proposal presented to the August meeting of the Strategic Commissioning Board included a detailed account of pre-consultation / stakeholder engagement carried out in the locality to develop the Intermediate Care proposal, including the bed-based care options. The 'case for change' was included in the August report, and reiterated in the report presented to the December SCB meeting (**Appendix 1**). All reports have been presented to the Strategic Commissioning Board, which is a meeting open to the public, and papers made available to the public via the CCG and TMBC websites. The SCB supported the recommendation that the Intermediate Care proposals were subject to the full 12 week consultation process. The consultation process included 4 public meetings which were widely advertised to ensure optimum attendance and engagement. During the 12 week consultation process the CCG and TMBC, as a Single Commission, and the ICFT ensured ongoing promotion of the consultation, and attended a number of local meetings to engage the public and local stakeholders (see section 7 of this report and **Appendix 1**).
FUTURE OF INTERMEDIATE CARE – INCREASING DEMAND AND THE NEED TO INVEST IN INTERMEDIATE CARE Comments relate to; • An increased demand for intermediate care due to the aging population • Investment required in intermediate care facilities in Tameside & Glossop • The need for local services	Tameside & Glossop health and social care plans are built on an understanding of a future level of demand for health and social care, including the demands placed on services by an ageing population. The specific proposal for intermediate care services is 'fit for purpose' for the future because: - It includes an expansion of community and home based intermediate care services to support bed based care

153 (19.2%)	- It is based on the 'home first' principle whereby patients are supported to remain at / return to their own home for any care required - The population will be supported to remain independent and supported at home and in the community through the locality's approach to integrated neighbourhood services and 'social prescribing' - The proposal is for the intermediate care beds to be part of a 'flexible community bed base', so that the need for intermediate care beds can be flexed to meet the needs of current and future demand, alongside demand for the 'discharge to assess' beds also currently provided by Tameside & Glossop ICFT. The CCG and ICFT will continually review their commissioner and provider / operational plans as part of the ongoing contract monitoring and review process, to ensure the bed provision / commissioning plans are in line with demand. The options included in this consultation do not propose any significant reduction in the number of intermediate care beds, and the number of beds proposed is in line with nationally recommended levels of bed based provision for the T&G population. The Tameside and Glossop Strategic Commission will continue to work with partners/stakeholders to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
<u>CONCERNS AND CRITICISMS OF PRIVATE CARE</u> Concerns include; • Criticism of care provided in private care homes • Quality of care not standardised • Care home quality is not of a high enough standard • Staffing and capacity issues e.g. not enough staff, training issues • Option 3 could result in more travel for staff and visitors	These concerns have been noted. The Strategic Commission is taking a number of pro-active measures to work with care home providers to ensure that all care & support provided meets the needs of the residents. These include annual visits to the providers to assess quality, new monthly data returns to help identify any issues/trends sooner, revised contract performance documentation to better support providers to improve, working closely with the regulator to share apposite issues, and the establishment of a new Quality improvement Team that will work with providers to improve the service.

148 (18.6%)	The aim is that by implementing all of the above all care homes providers will be able to deliver care & support to a consistently good standard. Where Commissioners believe that the appropriate standards are not being achieved, targeted support will be offered to the providers to help improve services (the new Quality Improvement Team), which will also include offers of shared training (via the local hospital) and discounted training via the Tameside Training Consortium. The lack of staff is a national issue (especially for qualified nurses) and the Commissioners are working with providers to identify new job roles within the sector to help alleviate some of these pressures and to improve the reputation of the role of the care worker.
POSITIVE COMMENTS AROUND CARE AND SERVICE AT SHIRE HILL Comments made in support of Shire Hill including; • Provision of high quality care • Friendly staff and atmosphere • Aids faster recovery • Positive for patients to be located close to family and friends (Glossop based patients) • Shire Hill is more convenient for visitors (Glossop based patients) 142 (17.8%)	The positive comments made here are reflective of the CCG and ICFT aims for intermediate care, whether home or bed based services, and irrespective of the location from which they are delivered. The aim is to commission and provide high quality services, in an environment which is conducive to faster recovery, and which supports people to return to their usual place of residence. We will ensure that intermediate care services, whether home or bed based, are commissioned and delivered in line with these aims. The comments regarding accessibility of the Shire Hill location are addressed in the EIA attached at **Appendix 8**.
SUPPORT FOR OPTION 2 - ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD UNIT General support of Option 2. Comments relate to; • Intermediate care at Stamford Unit being preferred choice • Current arrangements not suitable • A lot of patients have to travel to access services at Shire Hill • Shire Hill is inconvenient for visitors • Positive to have care in a centralised location on hospital site 132 (16.6%)	The CCG have been clear during the consultation that Option 2 is the preferred option. This has been supported by the ICFT as their preferred option as a provider of intermediate care services to the locality – home and bed based. This was declared as the preferred option for Commissioners due to: Environment; The Stamford Unit is 100% en-suite single room accommodation with significant communal space on each of the three wards which has been demonstrated to encourage social interaction and independence; Accessibility; central location and is co-located close to the Tameside Hospital site and therefore has strong public transport

	links, parking facilities and is accessible for patients and relatives. Additionally, access and short journey times for health care professionals and support services into the Stamford Unit will enable development of in-reach into the unit as proposed in the model; Recruitment and Retention; recruitment and retention of nursing and support staff at the Shire Hill hospital site is an ongoing risk due to the remote location at the edge of the conurbation; Single location; Option 2 supports the delivery of bed based intermediate care from a single location to enable the flexible use of community beds to support the Home First model and enable the approaches to Discharge to Assess and Intermediate Care to be flexed depending on the demands in the system at any point in time.
COMMENTS AND CONCERNS ABOUT NHS FUNDING Comments and concerns around; • Cuts to NHS funding • Cost of providing home care • Need for sufficient funding to make home care work efficiently • Is the proposal to have all intermediate bed based care at one site based solely on cost savings? • Patient care needs to be priority as opposed to cost 101 (12.7%)	The Tameside & Glossop Health & Social Care economy is in a challenging financial position, and has in place a clear plan for the delivery of quality and accessible services, which are affordable and in line with the economy wide financial recovery plan. As stated in the 'Frequently Asked Questions' document attached at **Appendix 3**, the CCG are ensuring affordability of services, balanced with quality and accessibility. The CCG believe the preferred option provides the best care in a modern and patient friendly environment in an accessible, central location with an improved community based offer that will support individuals to recover/recoup with the appropriate support in the appropriate place, which may be their place of residence.
UNFAIRNESS TO GLOSSOP AND NEED TO LISTEN TO GLOSSOP RESIDENTS Concerns relate to; • Unfairness of Option 2 for Glossop based patients • Need to listen to the patients / people of Glossop 93 (11.7%)	The ICFT have confirmed their intentions with regard to services for the Glossop neighbourhood. The ICFT management structure includes 5 Neighbourhood Clinical Director posts. These are GPs working within the neighbourhoods tasked with clinically leading the development and delivery of services for their neighbourhood. The Glossop role is shared by 2 GPs working in the neighbourhood. In addition, there is a dedicated Integrated Neighbourhood Manager (ICFT employed) for Glossop, driving forward the development of the neighbourhood model (a role which also exists for the other 4 neighbourhoods).

	Derbyshire County Council have submitted a response to the consultation – attached at **Appendix 6** – outlining their commitment to work with the CCG, ICFT and Tameside MBC on the development and delivery of services to the population of Glossop. The document at **Appendix 5** outlines the intermediate care and wider neighbourhood services offer to the Glossop neighbourhood. The Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods and maximise the use of the Glossop primary care centre
PATIENT CARE AND SAFETY - VARIOUS COMMENTS POSITIVE AND NEGATIVE A variety of comments relating to patient care and safety including; • Reports of personal experience of care at Shire Hill and Stamford Unit (positive) • Benefits of Shire Hill for patient care e.g. environment, surroundings • Benefits of Stamford Unit e.g. central location • Beneficial for patient wellbeing to be closer to home • Detrimental to patient care to relocate services away from Shire Hill • No clinical advantage to relocating patients • Shire Hill readmissions have occurred due to patients being sent from Tameside Hospital too soon 87 (10.9%)	As identified in the Quality Impact Assessment at **Appendix 7,** the Strategic Commission will commission a service which ensures high levels of patient safety whether in patients' homes or bed based. The commissioner will ensure routine quality assurance mechanisms are in place to support the development and delivery of this strategy. Irrespective of the eventual option for the delivery of bed based intermediate care, the provider(s) of the model of care outlined in the paper will include the ICFT. Therefore we will monitor delivery of these services via our existing quality and contract monitoring processes. This intention has already been expressed in the Quality & Performance meetings held between the CCG and ICFT. Appropriate monitoring arrangements will be put in place for any providers delivering intermediate care as a result of this consultation. As the providers of the services will continue to include the ICFT, TMBC and DCC they are subject to statutory duties and inspections. The existing services have been assessed by CQC which includes the Stamford Unit which is the proposed location for the single service Any other providers delivering intermediate care as a result of this consultation will be subject to appropriate inspections
NEED TO INVEST IN SHIRE HILL	The consultation that took place between 23 August and 15 November is on the delivery

Comments relate to; • The need to invest in Shire Hill • Increase services available at Shire Hill • Further develop and improve facilities at Shire Hill 84 (10.5%)	of bed based intermediate care. However, the issue of the estate from which the services are currently delivered was raised on numerous occasions, with regard to the potential move of services from Shire Hill. Whilst the consultation is NOT on the future of Shire Hill, the potential impact on the whole site was an issue raised by a significant number of people, particularly those from the Glossop neighbourhood The decision of the SCB in January 2018 will be communicated to the ICFT who will then take any necessary action with regard to their estate and current contracts / arrangements. Shire Hill is owned by NHS Property Services, a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to NHSPS. In such circumstances the NHSPS would control the site and it would 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.
CONCERNS ABOUT STAFFING AND CAPACITY Comments relating to staffing and capacity including; • Option 2 will result in increased travel times for staff • Need for more staff • Reference to Shire Hill being staffed by local people 81 (10.2%)	The decision of the Single Commissioning Board in January 2018 will be communicated to Tameside & Glossop Integrated Care NHS Foundation Trust who will then consider the impact of the decision on the workforce. The Trust will consult with any staff affected by the decision. It is recognised that there will be an impact on travel times and this will be addressed during the consultation with staff, which will include one to one meetings.
OTHER COMMENTS REGARDING SHIRE HILL General supportive comments relating to Shire Hill including; • Personal experiences of care at Shire Hill • More convenient for Glossop based patients to be treated at Shire Hill • Shire Hill provides psychological benefits to its patients as well as physical • People prefer Shire Hill to ICFT	See comments above re the Shire Hill estate, and the detail included in the EIA at **Appendix 8** which describes the mitigating actions to be taken to address the concerns expressed in this consultation. Comments included in the consultation report attached at **Appendix 4**, which relate to experiences of intermediate care service delivery (e.g. psychological support) will be taken into account in the ongoing development of the locality intermediate care model.

• Shire Hill's accessibility to local people is the reason it is so essential • Home based care could be beneficial if Shire Hill is kept open and used as the centre point 76 (9.5%)	
CRITICISM OF CARE AT STAMFORD UNIT / HOSPITAL General criticism of care and environment at Stamford Unit / Tameside Hospital e.g. not suitable for rehabilitation patients, not enough staff, negative reports of personal experience of care 72 (9.0%)	Since July 2016 the Stamford Unit has been run by the ICFT (Tameside Hospital) and has been the location for 32 intermediate care beds. The facility has been rated 'Good' by the Care Quality Commission (CQC). Individual issues / experiences raised by members of the public relating to quality of care in the Stamford Unit have been addressed / responded to by the ICFT As included in the Quality Impact Assessment (QIA) accompanying this report at **Appendix 7**, any clinical audits relating to intermediate care will become part of the ICFT's' existing audit schedule mechanism (and applied to any other providers delivering intermediate care as a result of this consultation). The commissioned model already includes, and will continue to include, all required elements of safeguarding legislation. The GM Safeguarding Standards are already included in the ICFT contract.
OTHER COMMENTS Various comments which could not be assigned to one of the other defined themes. Comments include reference to: • Statements to the effect that home based care already exists, but offering no opinion on it • References to Stepping Hill hospital in Stockport • Asking short questions without context or explanation, i.e. 'How many beds?', 'Really?' • Short and equivocal responses such as 'maybe' 66 (8.3%)	The comments included in this theme are not substantive comments to which the CCG can offer a response.
IMPACT ON PHYSIOTHERAPY AND OTHER SERVICES AT SHIRE HILL Comments relating to physiotherapy and	Although the focus of the consultation is Intermediate Care, assurance was given in the public meetings and in responses to communication received during the

services other than intermediate care (e.g. occupational therapy) currently delivered at Shire Hill. Concern around what will happen to these services if intermediate care is no longer delivered from Shire Hill 61 (7.7%)	consultation that the locality's plans for Integrated Neighbourhood services would not reduce the community provision in the Glossop neighbourhood, but would enhance this provision Tameside & Glossop ICFT have provided a summary of additional services and details of the integration of existing services within Glossop – attached at **Appendix 5**
OTHER SUGGESTIONS / IDEAS RELATING TO INTERMEDIATE CARE Other suggestions / ideas including; • The possibility of reducing beds at Shire Hill but not removing the intermediate care provision from there completely • Ensure local people and local staff are allocated to the nearest intermediate care facility • Reference to Dr Oldham's proposed fourth option for intermediate care in Tameside and Glossop • Build a new Intermediate Care centre (in Glossop) • Build cottage style hospitals 58 (7.3%)	The comments regarding other suggestions / ideas relating to intermediate care are particularly addressed by the following recommendations (as set out as recommendations for the Strategic Commissioning Board to consider): • to offer choice of local Intermediate Care provision in light of increased travel times for some carers/ relatives, approve up to 8 beds at any one time for purchase on an individual basis for residents of Glossop • Agree that the need for individually purchased beds within Glossop will be reviewed by commissioners annually • Note that the Strategic Commission and Integrated Care NHS Foundation Trust will continue to develop services in all five neighbourhoods, and will maximise the use of the Glossop primary care centre • Note the intention of the Tameside and Glossop Strategic Commission to work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future
TRAFFIC CONGESTION (PARTICULARLY IN RELATION TO GLOSSOP) Concerns around traffic congestion (particularly in / near Glossop) and the impact this would have on patients accessing intermediate care facilities if located centrally at the Hospital site 55 (6.9%)	See comments above re travel/transport and the travel sections of the Equality Impact Assessment at **Appendix 8**
SUPPORT FOR STAMFORD UNIT AND INTERMEDIATE CARE DELIVERED THERE Positive comments relating to the Stamford Unit and support for intermediate care to be delivered there. Including convenience for	The comments supporting the care received at the Stamford Unit have been noted, and the CCG will ensure that the standards and quality of care expected from the ICFT's services delivered from the Stamford Unit continue to be monitored via the existing

visitors, closer to travel to, fit for purpose building etc. 52 (6.5%)	ICFT contract and quality performance monitoring.
CONCERN ABOUT STAFF AND JOBS AT SHIRE HILL Concerns about staff and jobs at Shire Hill if Option 2 – all bed-based intermediate care in a single location at Stamford Unit, is implemented. Reference to the fact that a lot of Shire Hill staff are locally based so would result in increased travel. 50 (6.3%)	As detailed in this report, Tameside & Glossop Integrated Care NHS Foundation Trust, as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, will ensure the required staff engagement and consultation processes are undertaken following confirmation of the Strategic Commissioning Board's decision
SUPPORT FOR OPTION 3 - DEVELOPING A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES Comments generally in support of the option to develop a scheme of bed based intermediate care within local private care homes 47 (5.9%)	There are providers who have indicated their interest in working on developments with the Single Commission so this is something that is possible to negotiate, although there would need to be a period of negotiation to ensure providers are commissioned in line with the CCG's specification for intermediate care services, and that all contractual and quality assurance requirements are in place.
ISSUES AROUND PARKING AT STAMFORD UNIT AND HOSPITAL SITE Concerns around parking at Stamford Unit and the hospital site. Comments included the cost implications and lack of available spaces. 46 (5.8%)	The Stamford Unit has a dedicated car park for the convenience of the visitors of patients within the Stamford Unit. In addition to this car park visitors will also be able to access any of the car parking spaces located on the Tameside Hospital site which are within a short walking distance of the Stamford Unit. The ICFT and Single Commissioner are currently developing further car parking spaces on and around the Hospital site to continue to provide sufficient parking infrastructure for the users of the services.
OPPOSITION TO OPTION 1 - MAINTAIN CURRENT ARRANGEMENTS OF INTERMEDIATE CARE BEDS Comments relate to; • Current arrangements are unsustainable • Difficulty in travelling to Shire Hill • Option 2 is most efficient / sensible option 43 (5.4%)	The commissioner's concerns regarding Option 1 have been made clear throughout the consultation, hence the presentation of option 2 as the 'preferred option'. During the consultation, although there were a significant number of responses expressing concern regarding the access issues for Glossop residents, it has been noted that this is a service which needs to meet the needs of the whole population of the CCG, in all 5 neighbourhoods. The travel and transport analysis included in the EIA at **Appendix 8** includes specific detail on the Glossop neighbourhood access, in response

	to the volume of concern expressed in the consultation, but does cover the whole locality and access for all 250,000 Tameside & Glossop residents.
TRAVEL COSTS FOR THOSE WHO MAY HAVE TO TRAVEL FURTHER Concerns around the increased travel costs of those who may have to travel further (particularly Glossop based patients) if Option 2 to deliver all bed-based intermediate care in a single location at Stamford Unit is implemented 42 (5.3%)	See comments above re travel/transport and the travel sections of the Equality Impact Assessment at **Appendix 8**
INCREASED CAR DRIVE TIMES FOR THOSE WHO MAY HAVE TO TRAVEL FURTHER Concerns around the increased car drive times of those who may have to travel further (particularly Glossop based patients) if Option 2 to deliver all bed-based intermediate care in a single location at Stamford Unit is implemented 38 (4.8%)	The comments regarding accessibility, particularly for the residents of the Glossop neighbourhood, have been acknowledged and are addressed in the Equality Impact Assessment at **Appendix 8**
PARKING IS GOOD AT SHIRE HILL Comments relating to better availability of spaces and free parking at Shire Hill. 16 (2.0%)	Comment noted. Comments also received regarding the parking at the Stamford Unit / Tameside Hospital site, which are addressed in the response above.

8 EQUALITY IMPACT ASSESSMENT

8.1 To ensure compliance with the public sector equality duty (section 149 of the Equality Act 2010) public bodies, in the exercise of their functions, must pay 'due regard' to the need to eliminate discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations.

8.2 The Equality Act 2010[3] makes certain types of discrimination unlawful on the grounds of:

- Age;
- Being or becoming a transsexual person;
- Being married or in a civil partnership;
- Being pregnant or on maternity leave;
- Disability;
- Race including colour, nationality, ethnic or national origin;
- Religion, belief or lack of religion/belief;
- Sex;
- Sexual orientation;

[3] https://www.gov.uk/guidance/equality-act-2010-guidance#overview

These are called ‘protected characteristics’.

8.3 Tameside and Glossop Clinical Commissioning Group have an additional 4 locally determined protected characteristic groups:

- Carers;
- Mental health;
- Military veterans;
- Breastfeeding.

8.4 A full Equality Impact Assessment (EIA) has been produced to support this report and can be seen at **Appendix 8**. This EIA has been produced to ensure it responds to issues raised within the consultation, provides a full evaluation of the impact of the proposed model, and explores the required mitigations.

9 IMPLEMENTING THE NEW OFFER

9.1 In order for the required improvements and efficiencies to be delivered it is necessary to implement the recommended Intermediate Care offer at the earliest opportunity.

9.2 Details of proposed actions, timelines and milestones for the implementation are included in this section in as much detail as is currently available, pending Strategic Commissioning Board approval to proceed.

9.3 The implementation of the new offer will be managed via the Care Together Programme Management Office.

Staffing Implications

9.4 Tameside and Glossop Integrated Care NHS Foundation Trust, as the employing organisation of staff directly involved in the delivery of the existing bed based intermediate care services, will ensure the required staff engagement and consultation processes are undertaken following confirmation of the Strategic Commissioning Board’s decision.

9.5 Staff directly affected by the proposals for bed based intermediate care have been briefed throughout the consultation process by the senior management team of Tameside and Glossop Integrated Care NHS Foundation Trust, and have been involved in the public meetings held during the consultation period. Their views have been incorporated in the consultation feedback included in this report.

Financial Implications

9.6 The consultation presented 3 options, with Option 2 expressed as the preferred option for the Clinical Commissioning Group and Single Commission.

9.7 Current budgets for the provision of intermediate care inpatient services within Tameside & Glossop are £8,718k per annum. However because of recruitment pressures and a dependency upon agency staff, we are currently heading for a £1,028k overspend against this budget. As such, if no action is taken we would require funding of £9,746k to deliver the current level of service

9.8 Option 2 has been fully costed and requires funding of £8,032k for the provision of 96 flexible community beds at Darnton House. This delivers a saving on a recurrent basis of £686k against current budget, or a saving of £1,714k against forecast spend in a do nothing scenario:

	Proposal £'000	Current Budget £'000	Do Nothing Expenditure £'000
Budget	8,032	8,718	9,746
Variance	N/A	*-686*	*-1,714*

9.9 Tameside and Glossop are in receipt of £23,226k of transformation funding from Greater Manchester Health and Social Care Partnership to support transformation of health and social care in Tameside & Glossop. £1,983k of this non recurrent money has been earmarked for developing and implementing a new model for intermediate care. Some of this money has already been used to fund additional winter beds, while the remainder is required to fund double running costs, facilitate a safe transition for patients and to fund dilapidation, removal and set up costs.

Estates Implications

9.10 The decision of the Strategic Commissioning Board will be communicated to Tameside and Glossop Integrated Care NHS Foundation Trust who will then take any necessary action with regard to their estate and current contracts / arrangements.

9.11 Shire Hill is owned by NHS Property Services, a limited company owned by the Department of Health. If a decision is made to transfer services out of Shire Hill, notice will need to be served to NHS Property Services. Current rental payments will stop at the end of the notice period.

9.12 At the end of this period NHS Property Services will 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 NHS Property Services. As the asset is not owned within the local economy, there would be no financial benefit to either the Integrated Care Foundation Trust or the strategic commissioner.

Service Improvements and Outcome Measures

9.13 The Clinical Commissioning Group will ensure that the outcome of the consultation results in the development of clear outcome measures in the contract with the Integrated Care NHS Foundation Trust, to enable the monitoring of the quality of intermediate care services in Tameside and Glossop. These will be included in the contract held between Tameside and Glossop Integrated Care NHS Foundation Trust and Tameside and Glossop Clinical Commissioning Group.

9.14 A Quality Impact Assessment of the bed based intermediate care proposals has been completed and is attached at **Appendix 7**.

National Audit of Intermediate Care 2017

9.15 The initial findings of the National Audit of Intermediate Care have now been published. The Single Commission and Integrated Care NHS Foundation Trust will ensure that the report is considered in the implementation of the model proposed in this report.

10 CONCLUSIONS

10.1 In August 2017 the Single Commissioning Board agreed the outline of a model of Intermediate Care for Tameside and Glossop and approved a proposal to carry out a formal consultation on 3 options for the bed based element of Intermediate Care services.

10.2 Extensive consultation has been undertaken over a period of 12 weeks.

10.3 In December 2017, 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 the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final paper to the Strategic Commissioning Board January meeting.

10.4 As described in the report presented to the Strategic Commissioning Board in December 2017, the Single Commission are confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration (see section 5 of this report) have been met as follows.

10.5 **Preparation and planning:** The development of the model for intermediate care – home and bed based – has been a key workstream for the Care Together programme, therefore ensuring a locality based approach between organisations, and ensuring engagement with / involvement of key stakeholders in the delivery of health and social care in Tameside and Glossop. The Clinical Commissioning Group, Tameside Metropolitan Borough Council (Single Commission) and Tameside and Glossop Integrated Care Foundation Trust have led a planned and managed approach to the development of the model and the subsequent consultation process, ensuring engagement with all key partners, the public, and patients.

10.6 **Evidence:** the 'case for change' information included in this report indicates that proposals for intermediate care have been developed based on clear clinical evidence and that they align with clinical guidelines and best practice.

10.7 **Leadership and clinical involvement**: The case for change for the intermediate care model, including the bed-based service model, has been driven by the Care Together programme, with the Integrated Care NHS Foundation Trust, the Local Authority and the Clinical Commissioning Group as key partners in the programme. This has involved working with a wide range of health and social care providers and community organisations / 3rd sector partners. The consultation and engagement work which has been undertaken between 23 August and 15 November 2017 has been under the leadership of the Clinical Commissioning Group Chair supported by the Chief Executive of the Integrated Care NHS Foundation Trust, with a significant level of input from local clinicians as documented in the report presented to the Strategic Commissioning Board in December.

10.8 **Involvement of patients and the public:** The consultation process outlined in sections 5 and 6 provide details of an extensive public and patient engagement in the consultation. Public meetings have been held, in addition to extensive publication and promotion of the consultation to encourage engagement and involvement. Meetings with a wide range of community / 3rd sector groups have taken place as part of the consultation process. The Strategic Commissioning Board meetings, where decisions are taken in relation to commissioning proposals, are public meetings.

10.9 It is recognised that to complement the Intermediate Care bed based services, the community intermediate care and Neighbourhood offers will continue to be developed and implemented, led by the Care Together Programme Board.

11 RECOMMENDATIONS

11.1 As detailed on the front of the report.