



COMMISSIONING PARTNERSHIP BOARD

Date Thursday 27 September 2018

Time 12.30 pm

Venue Ellen House, Waddington St, Oldham OL9 6EE

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires any advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or in advance of the meeting.
 2. CONTACT OFFICER for this Agenda is Liz Droган Tel. 0161 770 5151 or email Elizabeth.drogan@oldham.gov.uk
 3. PUBLIC QUESTIONS – Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the Contact officer by 12 Noon on Friday 24th August 2018.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD IS AS FOLLOWS:

Councillors Chadderton, Chauhan, Fielding and Shah
Majid Hussain Lay Governing Body Chair CCG (Chair)
Ben Galbraith Chief Finance Officer CCG
John Patterson Chief Clinical Officer CCG
Ian Milnes Deputy Chief Clinical Officer CCG

Item No

7 GM Transformation Fund - Oldham Investment Proposals (Pages 1 - 40)

8 Exclusion of the Press and Public

That, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph(s) 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the reports.

9 GM Transformation Fund - Oldham Investment Proposals (Pages 41 - 130)

Commissioning Partnership Board Report

Decision Maker	Commissioning Partnership Board
Date of Decision:	27th September 2018
Subject:	GM Transformation Fund Investment Review and Assurance Process - Update and Approval of further Schemes
Report Author:	Donna McLaughlin, Alliance Director, Oldham Cares Vicky Crossley, Associate Director of Oldham Cares Programmes Sarah Harris, Oldham Cares Programme Manager - Enabler Services

1) Summary:

The purpose of this report is to provide the Oldham Cares Commissioning Partnership Board (CPB) with assurance and an update on progress against the implementation of transformation proposals for health and social care funded through the Greater Manchester Transformation Fund (£21.3m of funds overall). Approval is sought for the delegations of up to £1.1 million for spend on proposals relating to pilots in services for Integrated Community Care during 2018/19, to the Oldham Health and Social Care Joint Leadership Team. The Commissioning Partnership Board (CPB) are assured that investment continues to support care pathway development in Oldham for prevention, community resilience and care closer to home in line with local, regional and national requirements.

This report follows on from Transformation Funded proposals presented to the CPB in June 2018 and System Resilience Funding in August 2018. Also provided at appendix A is a copy of the letter sent by NHS England and NHS improvement on guidance relating to Supporting the delivery of elective and emergency care (see letter of 7th September at *appendix_A_Letter_Nat_Dir_UEC*).

2) Alternative options:

1. Option1 - The CPB are asked to agree the recommendations at Section 3.
2. Option 2 - The CPB not to agree the recommendations; this puts transformation funding set aside for the Oldham locality plan and winter resilience at risk as it will delay decision making and so, funding is likely to be re-assigned to another GM locality programme.

3) Recommendation(s):

The CPB are asked to note the content of this report and be assured that :

3.1 The transformation proposals continue to support the delivery of the Oldham Vision and

Outcomes Framework for the people of Oldham as well as the national NHS requirements for service developments. They enable a sustainable Health and Social Care system closer to home and reduce the reliance on acute hospital services. They deliver Oldham Care's commitment to create a health and social care system which is focused upon prevention and early intervention in our "Thriving" Communities.

- 3.2 The outstanding equality impact assessments highlighted in CPB's June 2018 report have now been completed (*see appendix B1 – B4*). These have been undertaken independently by the Greater Manchester Shared Services on behalf of the CCG for the Thriving Communities, Start Well (Avoidable Admissions) and Mental Health proposals and there are no recommendations to implement.
- 3.3 A robust governance process for the allocation of transformation funding and the development of the plans has been followed for the new proposals for Integrated Community Care. The implementation plan for the CPB June approved proposals relating to Thriving Communities, Start Well (Avoidable Admissions) and Mental Health is on track as per the CPB report in June 2018.
- 3.4 Revised Investment proposals and accompanying Equality Impact Assessments relating to Integrated Community Care now demonstrate a sufficient evidence base for the CPB to delegate up to £1.1m of GM Transformation Funding to the Oldham Health and Social Care Joint Leadership Team. These proposals relate to Community Enablement Short Term proposals, Frailty Pathway Design and the Primary Care Led Urgent Treatment Services pilot continuation. The Leadership Team will consider further the financial sustainability plans for the proposals before commencement into pilot implementation and specifically the short term, winter resilience, proposals for Community Enablement. This recommendation is with exception of the Urgent Care Cluster Offer, whose proposal will be presented in more detail at a future CPB in October 2018 for approval.
- 3.5 The risks highlighted in this report have sufficient mitigating actions to reduce their likelihood, including ensuring adherence across the system to implementing gateway review points, the evaluation of pilots and a robust change management methodology. Oldham has also ring-fenced £50k per year for three years to the GM evaluation of the transformation programmes.
- 3.6 Release of funds by Oldham Cares (CCG fund holder) will be subject to;
- a) Confirmation that proposed service changes will deliver sufficient savings both to contribute to the financial sustainability challenge and cover the incremental costs of the new service; and
 - b) A quarterly review process, assuring the Commissioning Partnership Board that adequate progress is being made.
 - c) An equality impact assessment being produced for each proposal

4) Background:

- 4.1 Oldham's** vision is to achieve and sustain the greatest and fastest improvement in wellbeing and health for the 225,000 people of Oldham. Through innovative programmes, new ways of working, and partnerships our population will be encouraged and empowered to:
- take more control, improve their life chances, reduce risks to health and live well and adopt healthy lifestyles
 - access care and support at an earlier stage and
 - manage their own conditions and live independently.
- 4.2 Stakeholder engagement** is a key principal of Oldham Cares. Stakeholders which have been involved on the journey toward these proposals include Health and Wellbeing Board members, System Leaders and Citizen participation.

4.3 The key areas of focus described in **Oldham's Locality Plan** are the fostering of thriving communities, the transformation of primary, community and social care services, mental health and early years. We also describe the mobilisation of a workforce that includes other parts of the public sector, social housing, the voluntary and private sectors, carers and citizens.

4.4 The **Outcomes Framework** for Oldham was agreed by the Health and Wellbeing Board in January 2018. The framework sets out a range of high level outcomes based on key changes planned over the next decade. It describes the priorities that the whole system will work together to deliver and will inform commissioning priorities and performance management.

The 12 high level outcomes can be found in (*Appendix C – Outcomes Framework*)

4.5 In April 2017 a bid was submitted for £23.2m of **Greater Manchester Transformation Fund** monies to support the realisation of our ambitions (see 4.7 below for final allocation).

As outlined in Greater Manchester's Transformation Fund Investment Agreement with Oldham, a Central part of our plans are to increase the pace and scale of delivery of our Locality Plan which will improve care and close our forecasted financial gap of £71m through:

- Supporting people to be more in control of their lives
- Having a health and social care system that is geared towards wellbeing and the prevention of ill health.
- Providing access to health services at home and in the community
- Providing social care that works with health and voluntary services to support people to look after themselves and each other

4.6 Our funding is to support Health and Social Care Transformation that builds on the work undertaken in Oldham over the last 4 years to progress our vision around integrated care. **Our transformation funding is for the following schemes;**

1. Establishing the primary care cluster system across the locality, completing the establishment of integrated health and care teams and creation of single structures at a GP cluster level
2. Creating and implementing a more effective urgent and emergency care offer
3. Oldham's community re-ablement, rehabilitation and community bed services (including a rapid response facility)
4. Oldham's approach to community resilience, branded as 'Thriving Communities'

4.7 In October 2017, approval was successfully received for an **Oldham allocation of £21.3m, a reduction of £1.9m**. This adjustment reflected monies which were not deemed transformation costs by NHS Greater Manchester Health & Social Care Partnership (GM H&SCP). It has been acknowledged by GM H&SCP that the allocation of the GM Transformation Funds is over-committed and programmes are not guaranteed if there is under delivery or non-recoverable slippage in transformation plans.

4.8 Since November 2017, Oldham has had in place **an Investment Review and Assurance Process** to enable robust and fully costed transformation proposals

to be developed and committed. A deadline of the end of June 2018 was set for the completion of proposals to accelerate the pace of Oldham's transformation start-up phase and avoid losing overcommitted Greater Manchester funds to other localities. An outcome of this approach has been to strengthen Oldham Care's approach to integration from the outset and Oldham was successful in securing funding for Oldham in 18/19 and beyond based on the current performance of its transformation development.

- 4.9** To add to this, NHS England and NHS improvement's recent guidance on Supporting the delivery of elective and emergency care (see letter of 7th September at (*appendix_A_Letter_Nat_Dir_UEC*), supports Oldham's transformation proposals as being in line with national planning ambitions. These plans require Oldham to deliver 90% performance against the four hour operational target over winter and contributes towards the national target of a 25% reduction in the the number of long stay patients in hospital through schemes, as in Oldham's proposals presented in this paper to the CPB, that include enhanced winter support from local social services. Oldham's proposals aim to meet the national requirements and demonstrate that the system is on target for identifying and implementing a set of interventions designed to free up non-elective demand capacity, reduce length of stay and ensure that a greater proportion of patients receive the appropriate level of care, including in a patient's own homes.

5) Financial implications:

- 5.1** The £21.3m of funding received from GM has been allocated across Oldham Cares Transformation programmes based upon an expected level of non-elective deflections from key transformation proposals.
- 5.2** As outlined above, a central part of our plans are to increase the pace and scale of delivery of our Locality Plan which will improve care and close our forecasted financial gap of £71m.
- 5.3** To develop plans around our transformation, six service component work streams were initially established to scope and design the plans with the following accountable leads. As the Investment Review and Assurance Process has progressed, we have reviewed the approach to integration in key areas as outlined in Section 4.6 above.

Thriving Communities
Mental Health is Central to Good Health
Start Well – Avoidable Admissions
Integrated Community Care
• Core & Extended Primary Care
• Community Enablement
• Urgent & Emergency Care

- 5.5** To be assured of transformation plans in each of the component areas and to ensure we continue to constructively challenge ourselves and learn, the Oldham Cares Investment Review and Assurance process for the allocation of funds has been implemented and an assurance assessment against the delivery of our transformation plans is undertaken on a quarterly basis.
- 5.6** Each work stream listed above produced individual proposals for the Commissioning Partnership Board to review and it was agreed that in order to

strengthen our approach to integration and achieve better outcomes, Core & Extended Primary Care, Community Enablement and Urgent & Emergency Care would work together under the combined proposal of Integrated Community Care.

5.7 In June 2018, CPB were presented with four proposals that had been reviewed and assessed at each stage of the Investment Review and Assurance Process (see detail below). A summary of the recommendations in June are outlined in the table below. These indicated the complexity and risk associated with each proposal. The first three listed below (Thriving Communities, Mental Health is Central to Good Health and Start Well) were approved and Funding has been allocated according to the recommendations and activity requirements outlined in Section 3 and Section 4 of this report. The final proposal relating to Integrated Community Care was not approved and so further revisions on this proposal are presented in this paper.

5.8 At the meeting of June 2018 an outstanding action was to complete equality impact assessments. These have been completed as noted below by GMSS on behalf of the CCG and there are no recommendations to note for Commissioning Partnership Board. These assessments can be found at (appendix B1 – B4).

Proposal	Summary of the Investment Review and assurance recommendations to CPB in June 2018 and approval	CPB Update for its September 2018 Meeting
Thriving Communities	Successful delivery of the transformation to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.	Implementation has commenced. Scoping of Cluster East assets Equality impact assessment complete with no Recommendations
Mental Health is Central to Good Health	Successful delivery appears probable and funding is to be allocated at the pilot stage.	Implementation has commenced with recruitment underway Equality impact assessment complete with no Recommendations
Start Well	Successful delivery appears feasible and funding is to be allocated at the pilot stage	The pilots will commence in October 2018. Equality impact assessment complete with no Recommendations
Integrated Community Care	Whilst the care models demonstrate improving the outcomes for people in Oldham, the financial principles of the investment needs re-visiting for affordability before commencement into implementation. The five cluster model for Oldham will continue development and will be led by the Chief Clinical Officer for Oldham CCG	This proposal was not approved But revised proposals are submitted in this Sept report as pilots for: <ul style="list-style-type: none"> • Community Enablement Short Term • Frailty • Urgent Care Offer • Primary Care Led Urgent Treatment Services • Urgent Care in Clusters to follow in detail in October

5.9 Revised proposals for Integrated Community Care

5.9.1 Proposals have been reviewed at each stage by a wide range of stakeholders across Oldham Cares. The assessment criteria were produced by Oldham Cares PMO in line with Greater Manchester Transformation bid criteria and best practice from the Government's Infrastructure and Projects Authority Assurance Review Toolkit (OGC Best Practice and available on request) with regards to assessing readiness for implementation at a gateway review point.

5.9.2 The process for assessment has been iterative to ensure reflection and the triangulation of stakeholder requirements are incorporated into the proposals where necessary (i.e. LTTP group RAG rating assessments have been conducted in order to ensure robust and objective feedback to authors in a consistent manner). Each proposal has been assessed using robust criteria and revisions have been taken through the relevant decision making groups including the Long Term Financial Planning Group with finance representatives from across Commissioning and Providers and the Alliance Board.

Revised Investment proposals relating to Integrated Community Care now demonstrate a sufficient evidence base for the Commissioning Partnership Board to delegate up to £1.1m of Transformation Funding to the Oldham Health and Social Care Joint Leadership Team. The Leadership Team will consider further the financial sustainability plans for the proposals before commencement into implementation and specifically the short term proposals for Community Enablement. This is with the exception of the Urgent Care Cluster Offer, whose proposal will be presented in more detail to CPB at their October meeting.

5.9.2.1 Urgent Care Cluster Offer – the revisions to the original proposal will be presented to the Commissioning Partnership Board at their October meeting.

5.9.2.2 Primary Care Led Urgent Treatment Service at the Royal Oldham Hospital – a pilot has been running for this service since 16/17 and will run until March 2019 when it will be evaluated and recommendations will be submitted to CPB for review and approval alongside other pilots being reviewed for 2019/20.

5.9.2.2 Frailty – the development of a frail elderly pathway is a priority recommendation from Oldham's Urgent Care Strategy approved by the Alliance Board at its July meeting. The proposal is to scope frailty with a view to producing a business case/ implementation plan by March 2020.

The Equality Impact Assessment (EIA) has been completed by GMSS on behalf of the CCG for this proposal, with no recommendations to implement.

5.9.2.3 Community Enablement – the decision required from the CPB is to agree those proposals which can be funded in the short term with a view to demonstrating longer term benefits to the system and a sustainable financial plan. The Community Enablement proposal is to deliver an enhanced community health and social care response service operating seven days per week which consists of the following:

- **An Integrated Community Response Service** – a step-up service that provides people with complex health and social care issues, at risk of hospital admission, with an alternative and includes;
 - In partnership with NWAS provide an Urgent Response Service that intercepts Grade 3 (urgent) and Grade 4 (less urgent) calls to prevent

- A&E attendance and admission;
- Establish a Home-based IV Fluids Service to deliver fluids to people in the community rather than at hospital. The service will provide IV fluids in the person's own home. This includes Care Home and Nursing Home residents
- Introduce seven-day working for social workers located alongside the Integrated Home Response Service
- **Pilot a MSK Physio First Contact Project** that will use MSK physiotherapists as a first contact for MSK conditions rather than a GP appointment, this will initially be piloted in one of the five clusters;
- **Establish MDT Co-ordination** across the five clusters to ensure the involvement of primary care, community health and social care; Introduce new Community Equipment practices to support people to remain at home

The Equality Impact Assessment (EIA) has been completed by GMSS on behalf of the CCG for this proposal, with no recommendations to implement.

6) Procurement implications:

Oldham Cares is an Alliance of providers. The transformation outlined in this report, largely relates to a reconfiguration of existing services. However, should procurement be required for new services, advice on procurement will be sought and approval will be sought from the CPB to progress.

7) Legal implications:

There are no identified legal considerations with regards to this report at this stage, but legal advice will be sought as necessary when proposals progress. CPB will be advised on legal implications.

8) Human resource implications:

Proposals and staff recruitment in existing commissioned services are being considered by the Oldham Cares Governance including the Health and Social Care Joint Leadership Team and the Alliance Board.

9) Equality and Diversity Impact Assessment:

Requirements for the completion of important Equality Impact Assessments (EIA) are identified within the Oldham criteria for Transformation Funding. (*Appendix B1 – B4*) provides a copy of those assessments conducted to date. Given the stage of development for the integrated care proposals, further review in these areas is required before commencement of implementation.

10) Property implications:

An Estates work stream has been established for the transformation programme and CPB will be advised on any property implications when determined.

11) Risks:

The CPB are asked to note the following risks to funding and implementation highlighted by the Investment Review and Assurance Process and the mitigating actions. An update on progress is provided below as agreed with the CPB at its June 2018 meeting.

- 11.1** Evidence is required around outcomes and financial sustainability when the Transformation Funding ceases post 20/21. Pilots have been identified and a financial sustainability plan is being drafted following these and the development of the Oldham Cares blueprint in line with national NHS planning deadlines.
- 11.2** Further technical groups for Procurement and Clinical Quality require establishment. As an update for this September CPB report, these groups have been established and leads identified.
- 11.3** We are aware of staffing shortages in the health and social care market and skills gaps in the current workforce of commissioned services. A workforce strategy for Greater Manchester and Oldham is in the process of being developed and in key areas, e.g. nurse recruitment, to facilitate the mitigation of these risks and the Alliance will meet in September to agree how it strengthens its approach to risks in this area.
- 11.4** The Estates options requires development to enable appropriate and sufficient staff accommodation. A process for Estates prioritisation relating to the transformation has been established with the Oldham Strategic Estates Group.
- 11.5** Public engagement in the Oldham Cares system is acknowledged as requiring further development. The Oldham Cares Alliance continues to strengthen this approach.
- 11.6** Greater Manchester Health & Social Care Partnership is able to reduce allocations should decision making in the locality be delayed and if they do not consider the transformation achievable. In discussions with GM since June 2018, Oldham Cares has secured its funding for 18/19.
- 11.7** Oldham Cares Provider Alliance Forum has identified that self-care (and its link to prevention) requires strengthening in proposals. The Alliance Director plans to meet with Public Health in September to strengthen the alignment of the proposals with developments in this area.
- 11.8** The undertaking of Equality Impact Assessments is an important requirement of the Investment Review and Assurance Process. These have been completed for proposals due to pilot and further work is required for the Integrated Community Care Investment proposals

12) Proposals:

Part B of this report outlines proposals of a commercially sensitive nature in more detail. The key summary of the proposals and recommendations are found in Sections 4-5 above.

13) Conclusion:

The Commissioning Partnership Board is provided with the assurance that Oldham Cares has secured its position with regards to assuring GM H&SCP of its Transformation fund allocation of £21.3m. The ambition is to deliver health and social care transformation plans during 2018/19-2020/21.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?

The report complies with the CCG's standing orders as the fund holder.

Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?

Yes

Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG? No

List of Background Papers under Section 100D of the Local Government Act 1972:

(These must be Council documents and remain available for inspection for 4 years after the report is produced, there must be a link to these documents on the Forward Plan).

Title	Available from
Transformation Investment review report - update	http://decisionrecording.oldham.gov.uk/documents/b21597/Private%20GM%20Transformation%20Fund%20Investment%20Review%2028th-Jun-2018%2012.30%20Commissioning%20Partnership%20Boa.pdf?T=109 August 2018 – SRG
Transformation Investment Appraisal – Commissioning Partnership Board	http://decisionrecording.oldham.gov.uk/documents/s95112/CPB%20TF%20investment%20appraisal%20v3%20June%202016.pdf June 2018 – Commissioning Partnership Board
Greater Manchester Health and Social Care Strategic Partnership Board – Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s84817/Appendix%201%20-%20Transformation%20Fund%20Update.pdf July 2017 – Health & Wellbeing Board
ICS Developments and GM Transformation Fund	https://committees.oldham.gov.uk/documents/s77566/ICS%20Developments%20and%20GM%20Transformation%20Fund.pdf March 2017 – Health & Wellbeing Board
GM Health & Social Care Transformation – Oldham Integrated Commissioning Organisation (ICO) and Transformation Fund Submission	http://decisionrecording.oldham.gov.uk/documents/s76067/Local%20Care%20Organisation%20and%20Transformation%20Fund%20Update.pdf January 2017 – Health Scrutiny
Integrated Commissioning System and GM Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s76494/Integrated%20Commissioning%20System%20and%20GM%20Transformation%20Fund%20Update.pdf January 2017 – Health & Wellbeing Board
Update on the Oldham Transformation bid Proposal	http://decisionrecording.oldham.gov.uk/mgConvert2PDF.aspx?ID=74374&ISATT=1#search=%22transformation%20%22 October 2016 – Health & Wellbeing Board

Report Author Sign-off:

Donna McLaughlin, Alliance Director Oldham Cares
Vicky Crossley, Associate Director of Oldham Cares Programmes
Sarah Harris, Enabler Programme Manager

Date: 18 September 2018

Appendix number or letter	Description
Appendix_A_Letter_Nat_Dir_UEC Appendix_Bi_EIA_TC Appendix_Bii_EIA_SW Appendix_Biii_EIA_PMPC_MHCGH Appendix_Biv_EIA_CMHL_MHCGH Appendix_C_Outcomes_Framework	Letter sent by NHS England and NHS improvement on guidance relating to Supporting the delivery of elective and emergency care Thriving Communities Equality Impact Assessment (EIA) Start Well (EIA) Psychological Medicine in Primary Care (EIA) Community mental Health Liaison (EIA) Outcomes Framework



Wellington House
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Friday 7 September 2018

To: Chairs of A&E delivery boards
Chief Executives of acute trusts
CCG Accountable Officers
Directors of Adult Social Services
Chief Executives of community, ambulance and mental health trusts
Regional Directors of NHS England & NHS Improvement
STP chairs

Dear Colleague

Supporting the delivery of elective and emergency care

Last winter was challenging and it is thanks to the efforts and dedication of hard working frontline staff, more people were seen in A&E and admitted or discharged within four hours every day than last year. We know there are ongoing demand challenges and we need to continue working towards achieving clinical standards over this coming winter.

Following the publication of the national planning guidance on 2 February 2018 and the letter from Ian Dalton to trust chief executives on 18 April 2018, the focus has been on the development and delivery of annual demand and capacity plans. You are continuing to work with your system partners and regional directors to ensure ongoing refinement of your plans.

As a reminder, operating guidance asks you to deliver 90% performance against the four-hour operational target over winter with the majority of trusts expected to achieve 95% performance in March. Your plans also commit you to ensuring that the number of patients on an incomplete elective pathway will be no higher in March 2019 than in March 2018. As part of the long-term plan, we are looking at whether there are any ways to improve the standards, but throughout this year the NHS will continue to focus on the current standards for emergency and elective care.

To deliver, we understand that trusts will need to maximise the flexibility of the clinical workforce, enabling staff to respond to times of increased workload. Trusts should consider annualised clinical job plans, with capacity for amendment/ redeployment and effective, electronic systems of e-rostering and leave planning.

Reducing the number of long-stay patients in hospital

In June I wrote to you about reducing long stays in hospital. Our ambition is to reduce the number of beds occupied by long stay patients by 25%, freeing up at least 4,000 beds compared to 2017/18. This capacity is required by December 2018. Since then, many of you have made significant progress to achieve this ambition. However, as

you know, we need to make faster progress, including enhanced winter support from local social services, and this needs continued attention.

This includes helping to move patients out of the acute setting and to help prevent patients arriving there. To close the capacity gap, community providers also need to free up bed capacity, reduce length of stay and ensure that a greater proportion of patients receive the appropriate level of care, including in patients' own homes. We need each local system to identify and implement a set of interventions designed to do this over the coming months. This needs to include the winter contribution that local authorities will make in commissioning appropriate care packages.

To support your work, we have provided some materials including: an improvement guide; repurposing the Emergency Care Intensive Support Team (ECIST); and a dashboard for operational use and for board reporting. Follow links to the dashboard and guidance:

<https://analytics.improvement.nhs.uk/#/workbooks/250/views>

<https://improvement.nhs.uk/resources/guide-reducing-long-hospital-stays/>

A small number of you have been in ongoing dialogue with regional directors about specific capital asks to increase capacity and patient flow in the areas of greatest need ahead of winter. Where we have been able to support these through budgeted capital, trusts have been notified separately. These recipient trusts are required to ensure that these schemes are operational by Christmas, and if not delivered on time, the capital funding will be reclaimed.

Triaging patients away from A&E departments and admitted pathways

The best performing A&E departments and hospitals owe their success partly to triaging patients into other pathways. These include:

- using primary care streaming for minor illnesses and injuries;
- consistently treating and discharging over 99% of non-admitted patients in less than four hours. This helps reduce risks of overcrowding that can otherwise be a safety concern, to support this work, we have set up a small intensive support team.
- managing up to 50% of acute medical referrals via non-admitted care pathways. This is often preferable for patients and reduces the pressures on in-patient beds.

We ask trusts to review their existing A&E patient pathways against these best practices, taking into account the needs of their local populations.

For more information follow this link:

https://improvement.nhs.uk/documents/2982/AEC_Managing_increased_demand_winter_illness_June2018.pdf

It is a significant concern that during last winter, due to high levels of bed and emergency department occupancy arising from poor flow, patients were receiving care in corridors. Your work to close your local capacity gap should help eliminate corridor care which is inappropriate and avoidable, but it is important that we make rapid progress. Corridor care also affects patients waiting in ambulances, who may be very sick. Ambulances that are waiting in hospital car parks are not able to respond to emergency calls.

In support of this we are continuing to work with the 40 most challenged trusts on ambulance handover delays; we have established an intensive support team to work with trusts, focused on eliminating corridor care; we are continuing to work with CQC, which considers when assessing trusts whether corridor care has occurred; and we continue to advocate the use of the ED patient safety checklist.

Healthcare worker flu vaccination

Alongside this letter, Trusts will have also received a letter regarding flu vaccination for healthcare workers. Your ambition should be to achieve near universal flu vaccine uptake by healthcare workers. This has the backing of the professional and clinical bodies and trade unions. In higher risk areas, trusts should also take robust steps to move quickly to 100% staff vaccination uptake, including ensuring easy access to the vaccine, and notification from staff as to whether they have been vaccinated. We expect trusts to take steps to protect patients in higher-risk clinical areas, including consideration of changing deployment of staffing in these areas if compatible with maintaining safe operation of the service to limit the exposure of the most vulnerable patients to unvaccinated staff. Trust boards should publicly assure uptake of the flu vaccine and opt-out of healthcare workers.

This year, we are continuing the social workers flu vaccine scheme and encourage staff in care homes, nursing homes and hospices to go to their GP or pharmacy for vaccination.

Primary care

Primary care plays a fundamental role in managing increasing demands over winter. By October 2018, everyone across the country will have more convenient access to GP services, including access to appointments during evenings and weekends, which will provide more than 9 million additional appointments. This should reduce the impact on other parts of the system and reduce attendances at emergency departments.

As part of the work on extended access, this autumn, NHS England will have made available a tool for every general practice to measure appointment capacity and utilisation. This tool is designed to help practices better understand their demand and capacity, including over the bank holiday, Christmas and New Year periods.

Commissioning teams are reminded to ensure the NHS website Directory of Services (DOS) is up to date and accurate for urgent treatment centres (UTCs), general practice and dental services opening times, including the new evening and weekend services. CCGs will not only need to ensure there is adequate capacity in primary care

and UTCs but also that there is good public awareness of what is available over the peak periods, particularly at the weekend and during holidays.

Mental health

Urgent and emergency mental health services should be included in local planning. Please work with your local system to ensure that you identify gaps in capacity, specifically at the interface between mental health services and A&E pressures by:

- increasing capacity in community mental health crisis services, as well as alternatives to A&E that can provide a more suitable service for many people who would otherwise attend A&E,
- moving towards provision of 24/7 liaison psychiatry to provide safe care in A&E and general hospital wards, as well as preventing avoidable emergency admissions via A&E and facilitating earlier discharge,
- ensuring sufficient capacity in core community and acute mental health services so that people are able to access local beds when needed, and can be transferred from A&E in a timely manner.

We ask mental health trusts to work closely with their local acute trusts to help deliver significant improvements to A&E care for these vulnerable patients, particularly in areas where patients have experienced unacceptably long waits.

Underpinning all the above, should be improved local data collection, and monitoring of key metrics across these parts of the mental health system to understand where improvements to local pathways are needed.

National Escalation Pressures Panel

Finally, I would like to inform you that after introducing NEPP to provide national expertise and advice last winter, we have decided to continue this arrangement this winter, as it has proved to be invaluable support for national policy-setting.

Success this winter is dependent on continuing transformation work and having real operational grip led by all of you as system leaders.

Yours sincerely



Pauline Philip

National Director of Urgent and Emergency Care
NHS England and NHS Improvement

8. Equality Impact Assessment

Lead Officer:	Rebekah Sutcliffe - Sponsor
People involved in completing EIA:	Pete Pawson – Programme Manager Sarah Whittle
Is this the first time that this project, policy or proposal has had an EIA carried out on it? If no, please state date of original and append to this document for information.	Yes

General Information

1a	Which service does this project, policy, or proposal relate to?	Thriving Communities - Oldham Locality Transformation Programme
1b	What is the project, policy or proposal?	<p>The Thriving Communities (TC) programme can be viewed as the bedrock of the Oldham Cares programme and a central plank of the Oldham Plan. It focuses on maintaining, building and growing community capacity across the borough to develop a consistent and effective way of working collaboratively in partnership with the Voluntary, Community, Social, Faith and Enterprise (VCSFE) sector to enable people in Oldham to live healthier, more resilient and better lives.</p> <p>Thriving Communities is a platform for change and one of the key pillars central to the refreshed Oldham Plan 2017-2022. The model demonstrates how Thriving Communities, Inclusive growth and Co-operative services, enabled by a simultaneous and conscious investment in public service reform and empowering communities, will deliver on the ambitions and aspirations for Oldham – people and places.</p> <p>The Thriving Communities Programme supports delivery of these ambitions and is one of four key transformation areas outlined in Oldham's Locality Plan.</p> <p>The approach will be built on a number of principles, including;</p> <ul style="list-style-type: none"> • Build social capital and infrastructure, • Reconnect people, place and public services in

		<p>ways which delivers improved health outcomes</p> <ul style="list-style-type: none"> • Reduce the levels of reactive demand aspired to in this and other transformation areas. <p>There will be investment in social and physical infrastructure to build strong, resilient and sustainable networks to deliver and support change; community innovation (with one focus being all-age social isolation and loneliness); Fast action grants to help place-based workers make small changes happen; developing a co-operative workforce with the right skills and operating environment. Real and tangible co-production redefines the relationship between the public and public services. Community generated insight will support service design, fuel conversations and create the conditions for social movements and actions to flourish.</p> <p>The Thriving Communities platform supports the three other transformation themes within the Oldham Locality Plan and specifically delivers against GM Transformation themes;</p> <ul style="list-style-type: none"> • Radical upgrade in population health prevention • Transforming community based care and support • Enabling better care
1c	What are the main aims of the project, policy or proposal?	<ul style="list-style-type: none"> • To deliver direct improvement to the health and wellbeing of all people living in Oldham and in doing so help address health inequality • To adopt an asset based approach to commissioning, that draws upon the strengths of individuals, families and communities and in doing supports a thriving VCSFE across the borough • To work with the VCSFE to develop a sustainable approach to funding of the sector • To maintain and grow community capacity across the borough • To engage people, and communities in the design and delivery of services • To develop an approach to social prescribing that supports the whole of the Oldham Cares system and bridge dependencies with other elements of reform such as place based integration • To support early intervention and prevention • To support the building of the Oldham brand and attract investment to the borough

		<ul style="list-style-type: none"> • In doing so ensure that the resources of the wider social care system are directed towards places and the people that need it most and that it enables positive demand management <p>Main workstreams;</p> <p>Insight - The insight workstream identifies and describes existing community capacity, identifies and builds good practice, captures evidence of impact, conducts further research where necessary and in doing so enables the wider programme to provide the all-important prioritise activity and target its resources</p> <p>Leadership & workforce – The leadership and workforce workstream will help reshape the way leadership and workforce development is undertaken across the borough to enable our staff and leaders to more consistently adopt an asset and place based approach. This will support the wider GM Leaders work.</p> <p>Social Action & Infrastructure – The delivery workstream of Thriving Communities helping improve people’s lives through the Asset Based Community Development work to support the development of social prescribing and also by the commissioning of community initiatives via the Social Action Fund and Fast Grants to deliver real change in the way Oldham people live their lives and interact with and are supported by formal, informal services and each other.</p> <p>Thriving Communities Hub - The TC Hub is the establishment of a new way of working with the VCSFE and the public sector. Consulting and coproducing around key themes to define the function (including funding flows, system change and commissioning) and then building the form which services the sector best.</p> <p>Funding - The funding workstream will be looking at drawing in additional match-funding towards the programme. This could double or treble the impact of the programme but the essential core budget needs to be there in the first place to develop this reach and attract funding into Oldham Cares.</p> <p>Wider Engagement – This workstream looks at ensuring stakeholders are strategically aligned to the direction of Thriving Communities programme and the new asset and place based way of working and thinking.</p>
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1d	Who, potentially, could this project, policy or proposal have a detrimental effect on, or benefit, and how?	<ul style="list-style-type: none"> Residents across the borough and in particular Place Based Initiative sites Partners including GMP, Housing and Health Community Groups Action Together and VCSFE Sector Businesses
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1e. Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups? If so, is the impact positive or negative?				
	None	Positive	Negative	Not sure
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Men or women (include impacts due to pregnancy / maternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in a Marriage or Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are proposing to undergo, are undergoing or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Groups with particular faiths and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
Residents of particular neighbourhoods		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

1f. What do you think that the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/>
1h	How have you come to this decision?	Thriving Communities is not a programme which seeks to make a

		financial saving but will generate savings, it is in fact a new and funded transformation programme which seeks to create opportunities for residents and community groups in an asset based manner.
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GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to a GMSS Equality and Diversity Business Partner

Samina Arfan: samina.arfan@nhs.net

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility

EDHR Reference : Your ref:

1 Name & role of person completing the EA:

Rob Boston, Interim Start Well Programme Manager

2 Service/ Corporate Area

Oldham Cares

3 Head of Service or Director (as appropriate):

Merlin Joseph – Director of Children's Services, Oldham Council
Nadia Baig – Acting Director of Performance and Delivery, Oldham CCG


4 Who is the EA for? Select from the drop down box.

Oldham CCG

5 Name of Other organisation if appropriate

Oldham ICO

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity. 

- Weekly paediatric MDT's in each GP cluster;
- Open GP access to a paediatrician;
- Enhanced specialist nurse provision linked to the Respiratory, Gastrointestinal and Allergy pathways;
- Public engagement and public health advice for the whole CYP population;
- Targeted intervention to non-urgent under-5's who are frequent-flyers to A&E;

6 Why is it needed? Please give a brief description of the activity.

Oldham has a significant health and social care funding gap that needs to be closed. Unnecessary A&E attendances, NEL admissions and Outpatient appointments are adding costs to the system which could be deflected by implementing the proposed interventions. Any savings could then be used to close the aforementioned gap.

7 What are the intended outcomes of the activity?

Reduced A&E attendances, NEL admissions and Outpatient appointments which will reduce costs to the system.

Improved health outcomes for Oldham's 0-5 population.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

19/06/2018

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	No	
To advance equality of opportunity between people who share a protected characteristic and those who do not.	No	
To foster good relations between people who share a protected characteristic and those who do not	No	

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
Age	Yes	No	The project is solely aimed at children aged 0-5 years. Some of the proposed interventions may also impact older children (or children who have grown out of the age group) but this is not the intended remit of the project. The project should only have a positive impact on the target cohort and no negative effects on other age groups.
Disability	Yes	No	No impact on disability
Gender	No	No	No impact on gender
Pregnancy or maternity	Yes	No	As there is an Early Pregnancy Assessment Unit at the Royal Oldham Hospital, this should take up most of the pregnancy-related activity. However, there is a possibility that parents could present themselves to A&E. Also once a child is born they will become a potential patient of the project. Once again, impacts should only be positive as care models and pathways are enhanced.
Race	No	No	No impact on race identified.
Religion and belief	No	No	No impact on religion and belief identified.
Sexual Orientation	No	No	No impact on sexual orientation identified.
Other vulnerable group	Yes	No	Targeted comms and engagement should help vlunverable children suffering from long-term conditions by increasing parent knoweldge and confidence which should help them make the correct health decisions for their child.
Marriage or Civil Partnership	No	No	No impact identified

Gender Reassignment	No	No	No impact identified
Human Rights	No	No	No impact identified
If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.			

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Page 24

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published
Engagement has already taken place as part of the existing Start Well Programme.	None

11.1 Are there any information gaps, and if so how do you plan to address them

There is a need for a comms and engagement strategy to underpin plans for behaviour change to encourage parents of Oldham's 0-5 year old population to access services in the community rather than attending A&E where this is the most appropriate choice.

The Project is already working with the Comms Programme to develop this and is looking to secure an Engagement Officer to facilitate the planned activity.

Section 5: Outcomes of Equality Analysis

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?

The project will aim to bring positive health outcomes to all children aged 0-5 year's old in Oldham.

What recommendations are in place to mitigate any negative effects identified in 10.1?

No negative effects identified have been identified

What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?

The purpose of the project (and the Start Well Programme it forms part of) is to improve the health outcomes of all children aged 0-5 year's old in Oldham.

What steps are to be taken now in relation to the implementation of the activity?

Upon completion of the final version of the Investment Proposal, effort will be refocused on project planning in view of a pilot launch in September 2018.

Section 6: Monitoring and Review

- 13** If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.

Monitoring will take place as part of the pilot process before full rollout of the proposed care systems and pathways from April 2019 onwards. If any significant issues arise during the pilot phase this will be mitigated where possible and any changes and lessons learned built into the final solutions.

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GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to a GMSS Equality and Diversity Business Partner

Samina Arfan: samina.arfan@nhs.net

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility

EDHR Reference :

Your ref:

1 Name & role of person completing the EA:

Lauren Smith

2 Service/ Corporate Area

Performance and Development

3 Head of Service or Director (as appropriate):

Gary Flanagan

4 Who is the EA for? Select from the drop down box.

Oldham CCG

5 Name of Other organisation if appropriate

Oldham Cares

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity. ☐

Psychological Medicine in Primary Care (PMPC) : Integrated physical and mental health care to significantly improve the quality of care for highly distressed, resource-intensive patients with complex physical health problems who fall through gaps in existing services.
Due to funding restraints the proposed PMPC service model is intended to work with 2 clinical clusters in Oldham (clusters to be identified).

6 Why is it needed? Please give a brief description of the activity.

Patients with medically unexplained symptoms (MUS) and long term conditions have a huge impact on the health and social care system . It is these costs, to the individual and the system, which has led to the increased attention in commissioning guidance from multiple sources including NICE guidance, the King's Fund, the Five Year Forward View, the GP Forward View and has led to a focus on LTC and MUS within Improving Access to Psychological Therapies (IAPT). Despite this increased focus, a group who tend to fall through cracks is those with complex physical health difficulties of any origin (explained or unexplained pathology), who are often immensely distressed. The literature clearly shows they access services at a disproportionate level without meaningful change. It is this group the PMPC service seeks to target.

7 What are the intended outcomes of the activity?

Outcomes for patients: Increase in mental wellbeing, Increase in confidence and self-esteem, reduction in loneliness, increase in understanding of emotional wellbeing and ability to express feelings, increase in resilience and knowledge of tools/techniques to deal with life and changes in lifestyle, encouraged to take up other activities.
Outcomes for patients with LTC: Reduction in symptoms, less contact with health services and less reliance on medication.
Outcomes for CCG: PMPC is expected to release wider system savings in A&E attendances, non-elective admissions to a medical ward, and admissions to residential care. There is also expected impact on GP attendances.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

12/06/18
Implementation date tbc once Transformation funding is approved.

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients, Carers/Family, Other

Establishing Relevance to Equality & Human Rights

Page 28

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	The service will be working with vulnerable groups of patients to significantly improve their quality of care.
To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	see above
To foster good relations between people who share a protected characteristic and those who do not	Yes	see above

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation

Age	Yes	No	The PMPC service is for patients that are 16+, but by seeing vulnerable groups of patients and improving their quality of care this could have a positive effect for families and carers that could be under the age of 16.
Disability	Yes		As the service will be based in two clusters it will have a positive impact on this cohort of patients as it seeks to work with people with co-morbidities that might struggle to access mental health services.
Gender	Yes		The service is open to everyone that meets the criteria.
Pregnancy or maternity	Yes		see above
Race	Yes		see above
Religion and belief	Yes		see above
Sexual Orientation	Yes		see above
Other vulnerable group	Yes		The service seeks to work with vulnerable groups of patients to improve their health.
Marriage or Civil Partnership	Yes		The service is open to everyone that meets the criteria.
Gender Reassignment	Yes		see above
Human Rights	Yes		see above
If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.			

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published
N/A	

11.1 Are there any information gaps, and if so how do you plan to address them

Due to funding restrictions the PMPC service will initially operate in two clusters, which means patients in the three remaining clusters will not be able to access the service. The CCG sees this gap as an opportunity to pilot the PMPC model and hope to evidence the savings that are made to the wider health system. It is anticipated that if the PMPC model is successful it will be rolled out across all five Boroughs across Oldham.

Section 5: Outcomes of Equality Analysis

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?

Overall the effect of PMPC on equality is likely to be positive as it seeks to improve the health of vulnerable patients.

What recommendations are in place to mitigate any negative effects identified in 10.1?

N/A

What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?

The service will advance equality and foster good relations as it will work with vulnerable patients to improve their health.

What steps are to be taken now in relation to the implementation of the activity?

The provider of the service already provide a similar service in Stockport and they have piloted PMPC in the Hill Top Surgery in Oldham.

Section 6: Monitoring and Review

- 13** If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.

To be confirmed.

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GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to a GMSS Equality and Diversity Business Partner

Samina Arfan: samina.arfan@nhs.net

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility

EDHR Reference :

Your ref:

1 Name & role of person completing the EA:

Lauren Smith

2 Service/ Corporate Area

Performance and Development

3 Head of Service or Director (as appropriate):

Gary Flanagan

4 Who is the EA for? Select from the drop down box.

Oldham CCG

5 Name of Other organisation if appropriate

Oldham Cares

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity. ☐

Community Mental Health Liaison Support for Older Adults: Provision of MH support to the enablement pathway across Oldham to provide a holistic offer and specialist clinical input in order to prevent crisis situations arising, resulting in unnecessary attendances at A&E, non-elective hospital admissions and transfers to long-term residential care.

6 Why is it needed? Please give a brief description of the activity.

As part of a proactive care vision to keep patients out of hospital and better integrate services there is a need to consider the mental health offer within the new health and social care cluster teams. There is a need to pro-actively manage complexity within the community through the cluster teams focused around a number of GP practices within the locality.

7 What are the intended outcomes of the activity?

Outcomes for patients: To reduce hospital and care home admissions by providing accessible community expertise and alternatives to admission.
Outcomes for CCG: MH Liaison Support for Older Adults is expected to release wider system savings in A&E attendances, non-elective admissions to a medical ward, and admissions to residential care.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

12/06/18
Implementation date tbc once Transformation funding is approved.

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients, Carers/Family, Other

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010		
To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	see above
To foster good relations between people who share a protected characteristic and those who do not	Yes	see above

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
Age	Yes	Yes	The service is available for eligible patients that are over 65, but the service could have a positive effect on families and carer under the age of 65.

Page 35

Disability	Yes		The service is open to everyone that meets the criteria.
Gender	Yes		see above
Pregnancy or maternity			N/A
Race	Yes		The service is open to everyone that meets the criteria.
Religion and belief	Yes		see above
Sexual Orientation	Yes		see above
Other vulnerable group	Yes		see above
Marriage or Civil Partnership	Yes		see above
Gender Reassignment	Yes		see above
Human Rights	Yes		see above
If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.			

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups

Internet link if published & date last published

N/A

11.1 Are there any information gaps, and if so how do you plan to address them

N/A

Section 5: Outcomes of Equality Analysis

Page 36

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?

Positive as it will support people over 65 to stay in the community.

What recommendations are in place to mitigate any negative effects identified in 10.1?

N/A

What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?

The service will enable patients to stay in a community setting for longer by avoiding hospital and care home admission.

What steps are to be taken now in relation to the implementation of the activity?

The provider have already piloted the scheme as part of the Better Care Fund 2015/16 allocation in Oldham.

Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.

To be confirmed.

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Appendix C

Outcomes Framework

High level outcomes

A. Healthy Population	B. Effective prevention, treatment and care	C. Service quality/health of the system
A1. Children have the best start in life	B1 . People dying early from preventable causes	C1 . Access to the right care at the right time.
A2. Thriving communities which promote, support and enable good physical and mental health and wellbeing.	B2 . Find and treat people with undiagnosed conditions	C2 . Individuals and families have the best experience possible when using services.
A3. Individuals and families are empowered to take control of their health.	B3 . Support people to self-manage and self-care where appropriate	C3 . Individuals and families have access to high quality treatment and care.
A4. Everyone has the opportunity and support to improve their health and wellbeing, including the most disadvantaged.	B4 . Ensure mental health is central to good health and as important as physical health	C4 . Health and care system is financially sustainable.

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