

## Headquarters

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[www.tamesideandglossopccg.org](http://www.tamesideandglossopccg.org)

Dear

## Tameside & Glossop Commissioning Intentions 2017-19

This letter sets out, in high level terms, how Tameside & Glossop Single Commission intends to commission services from providers in 2017-19. In line with the national contract guidance, these commissioning intentions cover 2 years (1/4/17 – 31/3/19). Details of specific commissioning intentions, in terms of activity and financial planning, will be shared with appropriate providers during contract negotiation.

Tameside & Glossop's Care Together programme is a transformational approach to significantly improving the health and wellbeing of the 250,000 residents of Tameside and Glossop. We aim to develop a sustainable economy by improving the healthy life expectancy (HLE) of our population. In doing this, our programme has three key ambitions which are wholly in line with both GM and national policy:

- To support local people to remain well by tackling the causes of ill health, supporting behaviour and lifestyle change and maximising the role played by local communities;
- To ensure that those receiving support are equipped with the knowledge, skills and confidence to enable them to take greater control over their own care needs and the services they receive;
- When illness or crisis occurs, to provide high quality, integrated services designed around the needs of the individual and, where appropriate, provided as close to home as possible.

The programme comprises three key elements:

- Establishment of a Single Commissioning Function to ensure resources are aligned and distributed in a way which facilitates integration and most effectively meets need – in place since 1<sup>st</sup> April 2016;
- Development of an Integrated Care Organisation to eliminate traditional organisational silos and boundaries – formally established in September 2016 as Tameside & Glossop Integrated Care Organisation NHS Foundation Trust ;
- A new model of care to drive forwards at pace and scale the changes to achieve our ambitions in terms of improved outcomes for our population and a financially and clinically sustainable health and care system.

We have the economy wide leadership in place to deliver our integration agenda. We have a coherent and ambitious strategy, comprehensive governance arrangements and as stated above have already delivered a single commissioning function and shadow Integrated Care Organisation.

## CCG Financial Plan and QIPP

Chair : Dr Alan Dow

Interim Accountable Officer: Steven Pleasant MBE

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## **Tameside and Glossop Clinical Commissioning Group**

As some providers will be aware, the CCG has a challenging financial position for 2017-18, which contributes to setting the context for these commissioning intentions. We will require providers to support the delivery of our Care Together Model of Care (as set out below), maximise productivity and deliver patient outcomes in the most cost effective way.

To this end, we have already notified NHS acute providers, where we are an associate to the contracts, that they should expect to see a reduction in demand which we anticipate will reduce 17/18 contracts by approximately 10%.

The CCG financial recovery strategy focuses on 6 priority programmes of work which must be delivered to ensure a financially viable system. We will expect providers to adhere to the details within these QIPP plans, which will yield benefits across the 2 year duration of the contracts to commence 1/4/17:

- Prescribing
- Effective Use of Resources / Prior Approval
- Demand Management (reduction in secondary care activity)
- Single Commission Function Responsibilities (including running costs review)
- Back office functions and enabling schemes (including IM&T and estates)
- Governance – streamlining / improving the efficiency of our governance and decision making processes

These priority programmes, along with a range of enabling / ongoing projects, are required to deliver a QIPP of circa £20m in 2017-18.

### **Care Together Model of Care**

The Care Together Model of Care includes 3 key workstreams – Healthy Neighbourhoods (incorporating the Healthy Lives and Integrated Neighbourhoods initiatives), Planned Care and Urgent Care, each of which are responsible for leading the design and implementation of the structure of our integrated model of care. Implementation plans are being developed to move at pace to transform to our new model of care and start to deliver the transformation and significant financial savings required.

The economy has been successful in securing GM Transformation Funding to support the implementation of our model of care. We have a comprehensive economy transformation plan which will bring us back into financial balance by 20/21, which includes the investment of The GM Transformation Funding. Our investment plan with GM is in the final stages and will illustrate how the investment of £23.2m will deliver net savings of c£20.9m through preventing growth and reducing activity across elective and non-elective care. Details of the cost benefit analysis of our Care Together schemes will be shared with individual providers during contract negotiation to ensure all providers are aware of the impact on them. Six specific Care Together schemes have been developed for the economy to stem the growth in demand for all health and social care services and also to reduce acute activity. The schemes are:

#### Demand Reduction/Absorbing Growth

- 1) **Development of Integrated Neighbourhoods (INs)** - Building upon the introduction of place based public sector hubs in Tameside, we will develop health and social care teams to deliver a wide range of services that not only treat illness but promote wellness and behaviour change. This will involve a comprehensive response from community services, social and primary care, outreach from hospital specialists, mental health and support from public health and preventative services. Input from the voluntary and community sector will be central to the success of this approach. There will be five INs across the Tameside and Glossop CCG footprint.

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- 2) **A System Wide Approach to Self-Care** - One of the key approaches to creating a sustainable economy will be supporting the population to manage their health more effectively, adopt healthier behaviours and choose appropriately when accessing support from health and social care. We will adopt a system wide approach to self-care and supported self-management, where self-care becomes our default and something promoted by all parts of the health system. Underpinned by a proactive risk stratification approach and the use of the Patient Activation Measure, we will identify people who are at greatest risk of poor health and high levels of unplanned activity. We will focus on the development of social prescribing at scale and combine it with an asset based community development approach seeking to unlock the potential of communities and individuals.
- 3) **Help to support people at home service** - Using a holistic approach to service delivery, we will redesign the current homecare model to ensure it is focused on individual strengths and capabilities. The workforce and providers delivering this service will form an integral part of the INs. We will place an emphasis on moving away from time and task, to high quality contact with people that utilises a wide range of community assets, technology and the range of community and primary health available to remain safe, secure and independent at home. The new service will deliver a sustainable care home market with significant more capacity and which pays its staff at levels commensurate with the expected role.

#### Acute Activity Reduction

- 4) **Home First** - 'Home First' is the urgent care response to ensuring that wherever possible, people can receive care in their own home. Home First will ensure that people, over the age of 18, are supported in the environment most appropriate for them and most likely to achieve the best outcomes. The Integrated Urgent Care Team (IUCT) is the operational team that underpins the delivery of the model. The team will consist of a range of integrated health, social care and voluntary and community sector professionals to support people through their journey to recovery.
- 5) **Flexible Community Bed Base** - When people cannot be supported at home, the flexible community beds base will offer:
  - Step down capacity for discharge to assess (including complex assessments)
  - Step up capacity
  - Intermediate care capacity
  - Recuperation beds that offer an opportunity to re-stabilise prior to undertaking rehab
  - Specialist assessment and rehab for people who have dementia or delirium
- 6) **Digital Health** - Enhancing technology in care homes will offer the ability alongside a highly skilled workforce to deliver clinical consultations to occur in the person's place of residence without the need to transfer a resident to hospital. It will support both residents and care home professionals to engage in "skype" conversation with health and social care professionals leading to a personalised response with "home" as the default position.

#### **Contracting for 2017-18**

Whilst the Single Commission and wider economy focus initially on the implementation of the priority projects outlined above, and the delivery of the recovery plans which we have in place to support our financial position, it is the intention that other contracts for single commission services, including Primary Care/LCS contracts, will be rolled forward into 2017-18. Plans are being developed in line with our model of care to transform the wider planned care and urgent care

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models, this will take place during 2017-18 working with the relevant providers on the design and implementation processes.

### **Mental Health Commissioning**

The Single Commission will roll forward current commissioning plans for mental health services on a bi-lateral arrangement, with a focus on the Mental Health 5 Year Forward View implementation plan, but intends to take forward plans for reviewing how mental health services (including 3<sup>rd</sup> sector providers) are provided during the contract term.

### **Children & Families**

By putting children first, excellent children's health and social care can transform the life chances and expectancy of all people growing-up and living in Tameside and Glossop. It can offer every child the promise of a brighter future, with every prospect of success. To deliver this vision an ambitious transformation programme in 2017/18 will start the delivery an integrated children's and family services. This will require all agencies locally to understand and collaborate on arrangements for delivering an integrated children's service. This work will be aligned to the Integrated Neighbourhoods agenda and build on the Integrated Care Organisation programme to date.

### **Healthier Together**

It is the intention of the Greater Manchester CCGs to implement the first elements of the Healthier Together framework as soon as possible. In view of this it is our intention to implement the transfer of high risk elective general surgery patients to the 4 specialist sites (Salford Royal (see note below regarding NW variation), Royal Oldham, Manchester Royal Infirmary and Stepping Hill) from 1st April 2017. To facilitate this we would expect general surgeons from across the sector to have formed a single team across the sector with a single rota, single governance and leadership as well as the development of a single sector wide MDT. We would expect supporting infrastructure to be in place to allow transfer of these patients. These patients will be managed through specific agreed pathways identified in the local sector models of care as agreed in sectors by CCGs and providers and assured at GM level at Healthier Together Joint Committee. Alongside the transfer of these patients we would also expect to see progress on implementing the identified quality improvement projects (quick wins) e.g. ambulatory care, throughout the year. KPIs will be developed between the clinical alliance and heads of commissioning in preparation for contract sign off in December.

During contract negotiations there will be an expectation for some flexibility with the phasing of the transfer of high risk elective patients due to local circumstances and agreed processes that will need to be agreed across the sector and programme. We would expect preparations for implementation of the other elements of the Healthier Together model to continue.'

**North West sector variation:** It is recognised that it is not feasible to transfer high risk elective patients to the Salford Royal site until capital requirements are resolved. The intention is deferred until this is resolved. The sector is asked to continue assessing mitigating measures i.e. reciprocal shifts of activity to non-hub sites. All other aspects of intentions are valid including changes to the workforce arrangements.

I hope you find our commissioning intentions letter helpful, and we are willing to discuss this in more detail as required.

Regards

**Clare Watson**  
**Director of Commissioning**

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