Report to:	**SINGLE COMMISSIONING BOARD**
Date:	14 February 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**ROLE OF STRATEGIC COMMISSIONING – TAMESIDE AND GLOSSOP STRATEGIC COMMISSIONING FUNCTION – WHAT WILL THE SYSTEM LOOK LIKE IN 2020**
Report Summary:	Our Care Together vision is to create an Integrated Care Foundation Trust which provides care (acute, community, personal health/wellbeing, mental health, all age social care and wider 3rd sector) for our total population. It will be commissioned and contracted for by the Single Commission, which brings together the commissioning responsibilities of the NHS Tameside and Glossop and Tameside MBC. The Care Together Programme is a joint venture between commissioner and provider, and therefore all parties must work together to achieve our collective vision.
Recommendations:	Members are asked to support the following recommendations to be made to the constituent bodies of the SCB: • Single Commission's proposed strategic commissioning role/portfolio; • Single Commission's proposed long stop commissioning dates and movement of services and contracts to Tameside and Glossop Integrated Care Foundation Trust; • Formal due diligence and governance processes to ensure the safe transfer of services and contracts, including a series of local checkpoints to assure the system's readiness; • Development of a 'System Health Framework' to manage the transformational change; • Clinical Leadership role developments; • Proposals for staff transition across the system.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	It is essential that an adequate and robust due diligence timescale is allocated and facilitated prior to the transfer of associated services. It should also be recognised that approval will be required from each constituent partner organisation and that the requirements of external regulatory bodies will need to be acknowledged. Additional due diligence of the related support function responsibilities will also be necessary. The associated risks will need to be clearly identified and should be recognised within the evolving financial principles agreement aligned to the 2017/2018 Integrated Care Foundation Trust contract. In addition it is essential that the profiling of any external funding allocated to the Economy (e.g. Greater Manchester Health and Social Care Partnership Transformation Funding) is recognised and aligned to the service transfer timescales within the report. An evaluation of any further resource allocations necessary to support the transfer of services will also be required and included within the due diligence process as appropriate.

Legal Implications: **(Authorised by the Borough Solicitor)**	The report sets out the vision that the system is seeking to deliver. A detailed implementation plan will be required to deliver that vision. The report recognises that there is a need to ensure appropriate advice is sought at the appropriate time to mitigate against the risk of challenge and ensure legal compliance with procurement, employment law and NHS framework. Work needs to take place re the potential for clinical conflicts of interest. Importantly there needs to be and clear democratic sign off, oversight and accountability. It is not possible for any statutory organisation to delegate its responsibilities. However, it can allow for another organisation to discharge them on its behalf. To do this it mist be satisfied as to the risks, controls and assurance measures in place as ultimately it will be held accountable for matters it may not directly manage.
How do proposals align with Health & Wellbeing Strategy?	Improved care and outcomes, a focus on early intervention and prevention for all patients are priorities of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The Care Together Programme as a joint venture between commissioner and provider to achieve our collective vision set out in the Locality Plan.
How do proposals align with the Commissioning Strategy?	This aligns with the Commissioning Strategy in defining the role of strategic commissioning.
Recommendations / views of the Professional Reference Group:	PRG were supportive of the report and accepted the proposals set out within the report.
Public and Patient Implications:	Public engagement and formal statutory consultation of service change will require leadership across the system, led by the Single Commissioning Function. There is a framework in place for ensuring that commissioning decisions are made based on sound evidence of need and impact.
Quality Implications:	Whilst there is no direct quality implications of commissioned services. Due regard will be required on the Single Commissioning Function gaining assurance on quality.
How do the proposals help to reduce health inequalities?	The transformed integration system aims to collectively raise the healthy life expectations of our population. This gives joint responsibility to the Single Commissioning Function and the Integrated Care Foundation Trust for reducing inequalities, and improving outcomes and expectations.
What are the Equality and Diversity implications?	Commissioning decisions will need to take due regard to any Equality and Diversity implications and all proposals will need to include the completion of an Equality Impact Assessment (EIA).
What are the safeguarding implications?	Commissioning decisions will need to take due regard to any safeguarding implications and to provide evidence in their proposals.
What are the Information Governance implications? Has a privacy impact assessment been	A privacy impact assessment is not required. Due regard will be given to information governance responsibilities and adhered to at all times.

conducted?

Risk Management: Risks will be managed through clear process and documentation.

Access to Information : The background papers relating to this report can be inspected by contacting

Clare Watson, Director of Commissioning:

Telephone: 0161 304

e-mail: clarewatson2@nhs.net

1. INTRODUCTION

1.1 Our Care Together vision is to create an Integrated Care Foundation Trust, which provides care (acute, community, personal health/wellbeing, mental health, all age social care and wider 3rd sector) for our total population. It will be commissioned and contracted for by the Single Commission, which brings together the commissioning responsibilities of the NHS Tameside and Glossop and Tameside MBC. The Care Together Programme is a joint venture between commissioner and provider, and therefore all parties must work together to achieve our collective vision.

1.2 The partners need the transformed integrated system to collectively raise the healthy life expectations for our population. Through an action focused programme of delivery, with clear and measurable strategically commissioned outcomes within neighbourhoods, the system needs to enable the public's health and improved wellbeing to take primacy. This gives joint responsibility to the Single Commission and Integrated Care Foundation Hospital for reducing inequalities, and improving outcomes and expectations.

1.3 Below are a proposed timeframe for the Single Commission's strategic commissioning intentions and long stop dates for achieving these. This means the delegation/transfer of responsibilities between the Single Commission and Integrated Care Foundation Hospital. The commissioning and contracting journey means a sharing of skills and expertise between the Single Commission and Integrated Care Foundation Hospital to enable this to happen.

1.4 To achieve this, the Integrated Care Foundation Hospital will need to take on some current functions of the Single Commission to deliver the movement of provision arrangements into the Integrated Care Foundation Hospital. This may move the Integrated Care Foundation Hospital to an Accountable Care Foundation Trust, or at least create an Accountable Care integrated system.

2. STRATEGIC COMMISSIONING INTENTIONS

2.1 Provisional long stop dates

Service Area	Apr-16	Apr-17	Sep-17	Oct-17	Apr-18	Apr-19	Apr-20
Community Service	Community services to Integrated Care Foundation Hospital						
Mental Health		Pennine Care bi-lateral (T&GICFT working in an aligned way)			LD services	Pennine Care and all other MH contracts	
Social Care				Adult Social Care*			Children's Social Care and wider C&F contracts **
Primary Care		Some prescribing budgets (tbc, but likely to be community services)	Urgent PC offer aligned to Integrated Care Foundation Hospital (could	Smaller prescribing budgets aligned with LCSs GP	IN GP discretionary services/ contracts	GP discretionary services/ contracts Wider FHS contracts	

			include WIC and other UPC discretionary spend	Prescribing budgets			
3rd Sector				3rd sector contracts to align with adult social care transfer. A 'pact' would need to be agreed so that 3rd sector providers are protected in line with social value developments			
Public Health				PH contracts as key part of Healthy Neighbourhood model			
Integrated Acute		Increase and change in activity in line with GM developments/ HT	Increase and change in activity in line with GM developments/HT	Increase and change in activity in line with GM developments/ HT	Increase and change in activity in line with GM developments/HT	Integrated Care Foundation Hospital takes on prime provider status of integrated elective pathways, including IS providers	

* Adult Social Care – the October 2017 timescale is our ambition, but is subject to further work and due diligence, therefore there may be some slippage. This may also mean that the timeframe for public health and third sector contracts and services transfer are also deferred.

**Children's Social Care and wider children & families contracts and services - will need further discussion to consider alternative commissioner - provider options.

2.2 Project Executives and commissioning leads for the transfer of commissioned services and contracts are:

Mental Health / Learning Disabilities	Clare Watson & Pat McKelvey
Adult Social Care	Steph Butterworth & Sandra Whitehead
Primary Care	Clare Watson, Peter Howarth (prescribing) & Janna Rigby
3rd Sector	Clare Watson & Alison Lewin
Public Health	Angela Hardman & Debbie Watson
Integrated Acute	Clare Watson & Elaine Richardson

Community services Clare Watson and Alison Lewin (already TSC'd, but requires commissioning assurance)

2.3 Formal due diligence and governance processes will be established to ensure the safe transfer of services and contracts. Additionally, the Single Commission will design a series of checkpoints aligned to the 'most capable provider' framework to assure the Single Commission and Integrated Care Foundation Hospital Boards of the system's readiness for

this transformation. This would include agreement of 'conditions' of any service and staff transfer.

3. SINGLE COMMISSION STRATEGIC COMMISSIONING ROLE

3.1 In parallel to Tameside and Glossop Integrated Care Foundation Hospital taking on, over an agree timescale, the provision of all the services in the table above, the **Single Commission's strategic commissioning role will be**:

- Place based Public Sector Reform commissioner, including **all** health and care services outcomes and quality assurance, including commissioning of other providers, for example mental health. In addition to Tameside and Glossop Integrated Care Foundation Hospital's outcomes, the Single Commission strategic commissioning portfolio will extend to the residual responsibilities within People, i.e. communities, education, and areas of commissioning within Place, incl. economic development, transport and a single estates function. It would also look to expand to include employment/work and the criminal justice.

  This would support the wider Public Sector Reform type agenda discussed at the Health and Wellbeing Board development day, and move the Single Commission towards a total place based agenda.

- Primary Care as per legislation for a Level 3 delegated commissioner and contractor. There will be a variety of options for primary care and how GPs initially work as part of the integrated neighbourhood teams. Over time it is likely that this will include not only GP contracts, but all 4 family health service contractor groups.

  The Single Commission will lead and facilitate these discussions as part of its commissioning and contracting role, involving Tameside and Glossop Integrated Care Foundation Hospital, and support the transition into a population based offer for primary care within the Integrated Neighbourhoods, jointly responsible for achieving the outcomes commissioned.

- Acute and tertiary services on a South East Sector or GM basis, in line with GM devolution, NW and/or national developments

- An intelligent and supportive partner of the Integrated Care Foundation Hospital. This means staff within the Single Commission providing experience, capacity and expertise to the Accountable Care integrated system, working with and/or alongside the Integrated Care Foundation Hospital. Therefore staff would be transferred, seconded and/or TUPE'd into the Integrated Care Foundation Hospital to enable this transformation.

3.2 Developing an Accountable Care integrated system is not about one organisation taking primacy over the other, but a true partnership, where all skills and experience are seen as equal. There needs to be a phase of transitionary/fixed term roles to bring additional capacity into the system.

3.3 To deliver this, the two organisations should develop a **'System Health Framework'** to manage the transformational change.

3.4 This would form part of any extended due diligence for each contract, but with a real focus on **culture, capacity and capability of the delegating and receiver organisations**.

4. CLINICAL LEADERSHIP

4.1 Further discussion is required about the role of clinical leadership within the Single Commission. If, as is being proposed, Tameside and Glossop Integrated Care Foundation Hospital wants to build the capacity within the Healthy Neighbourhoods and begin a more productive and proactive relationship with primary care, then the function of the Clinical Neighbourhood leadership needs agreement.

4.2 The Single Commission will determine what clinical leadership capacity it needs and what level of executive influence and authority this will have. This is closely aligned to the governance of the Single Commission and the scheme of delegation regarding decision making and system clinical leadership at a locality and GM/NW level, representing the Single Commission in all fora and taking charge of co-ordinating all clinical commissioning. There is an opportunity to learn from and align the clinical and political roles and decision making powers within the Single Commission.

NB Work needs to take place re the potential for clinical conflicts of interest.

5. T&GICFT LEAD PROVIDER ROLE

5.1 Tameside and Glossop Integrated Care Foundation Hospital will take on the lead provider role for the Tameside and Glossop health and care economy. This does not mean all services will be provided by Tameside and Glossop Integrated Care Foundation Hospital, but that it will co-ordinate and manage the complete range of integrated care pathways, including prevention, ongoing care and episodic treatment.

5.2 To do so, it will work in partnership with third party providers, from a range of sectors, to deliver care to contract outcomes agreed with the Single Commission. It will therefore take on, in some part, a role, currently managed by the Single Commission, in “commissioning” services – through a variety of mechanisms such as sub-contracting, grant-based partnership agreements etc.

5.3 Advice from the GM Partnership suggests that we need to ensure that we have a legal framework within which we transfer commissioning budgets and accountabilities.

5.4 To ensure that Tameside and Glossop Integrated Care Foundation Hospital has the necessary skills and capacity to carry out such functions, it is proposed that staff in related roles in the Single Commission will transfer to Tameside and Glossop Integrated Care Foundation Hospital where the functions they perform transfer to facilitate and support the delivery of our Care Together vision. Some suggestions are detailed below in Section 7.

6. PROCUREMENT & CONSULTATION

6.1 There are still a number of key issues to explore in order to ensure the system meets its ambitions, yet is kept safe.

6.2 The issue of procurement ranges from the long stop commissioning intentions with contracts, services and budgets moving into Tameside and Glossop Integrated Care Foundation Hospital without testing the market, to any sub-contracting, grant partnering proposed via the provider. Expert external advice may be required to ensure we protect ourselves from challenge.

6.3 It is also essential to protect certain organisations, particularly the 3rd sector providers. We are therefore proposing a 'pact' is developed in keeping with local and GM social value principles. There is great value in working with our community and independent providers, and this has been a key focus of the Healthy Lives, now integrated within the Healthy Neighbourhood work, so we are keen to develop this further. This principle of building capacity and capability with the 3rd sector holds good for other work streams, such as the elective redesign work, which was supported through PIQ (now PRG) from a commissioning perspective.

6.4 Public engagement and formal statutory consultation of service change will require leadership across the system, led by the Single Commission.

7. STAFF TRANSITION

Single Commission into Integrated Care Foundation Hospital (To be complete by end of Q3 2017/18)

7.1 As part of the proposed timescale, in Section 2 above, we need to agree the movement of some staff from the Single Commission to Tameside and Glossop Integrated Care Foundation Hospital to enable it to meet its strategic objectives and deliver the outcomes the Single Commission will set as part of its strategic commissioning ambitions.

7.2 We need to agree the phasing and transition timetable which matches the ambitions of our commissioning intentions. Before staff move, there needs to be a formal 'handover' programme, with full staff engagement in a new set of values within the Tameside and Glossop Integrated Care Foundation Hospital as the business model changes with the arrival of the new services, contracts and staff groups.

7.3 There will be an expectation that new structures and support programme are published in Quarter 4 2016/17 before any staff are transferred from the Single Commission to the Tameside and Glossop Integrated Care Foundation Hospital to ensure equity of opportunities for all.

7.4 Full engagement and consultation is required.

7.5 Staff wte and budgetary details to be confirmed. By the end of Q3 2017/18, in line with the transfer and alignment of contracts and services:

- Medicine management;
- Individualised Commissioning;

- Safeguarding;
- Home care and care home commissioners;
- Business Intelligence;
- Integrated Intelligence;
- IM&T/IM&T projects;
- GP IT Services;
- Operational commissioning officers of transferred services;
- Some quality monitoring and finance;
- Communications & Public Relations.

NB Following discussions with GM Partnership/NHSE, the Accountable Officer of the CCG (on behalf of the Single Commission) will retain accountability for any functions delegated to Tameside and Glossop Integrated Care Foundation Hospital. Processes must be put into place to ensure transparency and risk management of any function that Tameside and Glossop Integrated Care Foundation Hospital manages on behalf of the system.

Non Tameside MBC Single Commission into Single Commission (to be completed by end Q4 2016/17)

7.6 As the Single Commission is to take on all Tameside MBC's commissioning responsibilities, the staff and operational and strategic governance that currently sit outside of the Single Commission need to formally be aligned to its agenda. Structures, roles, responsibilities and portfolios will be reviewed and realigned within the new executive team to take account of this and of the transfer of functions to Tameside and Glossop Integrated Care Foundation Hospital.

7.7 A new Single Commission executive and management structure has been established, with no separate management team meetings for either partner of the Single Commission.

8. NEXT STEPS

8.1 Subject to approval through the Care Together and Single Commission's governance processes, a detailed programme plan, including risks, will be developed in early 2017. This will ensure momentum for the programme is maintained, and that system assurances are achieved.

8.2 The proposed Senior Responsible Officer for this work is Clare Watson, supported by Alison Lewin, working with Jess Williams and the Programme Support Office.

8.3 Subject to agreement, staff engagement (and consultation) will be required.

9. RECOMMENDATIONS

9.1 As set out on the front of the report.