

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 12 December 2017

**Officer of Single Commissioning Board** Jessica Williams, Interim Director of Commissioning

**Subject:** **2018/19 STRATEGIC COMMISSIONING FUNCTION: COMMISSIONING INTENTIONS**

**Report Summary:**

A draft letter to providers is set out at **Appendix A** setting out the high level Commissioning Intentions for how Tameside and Glossop Strategic Commission intends to commission services from its providers in 2018/19, in line with the 2017-19 national contract guidance these intentions are to cover the second year of the agreed two year (2017/19) contracting period. More details of specific intentions in terms of activity and financial planning will be shared with provider during the contract negotiation period.

The Commissioning Intentions have been put into 4 defined groups

1. Tameside and Glossop Strategic Commission;
2. Tameside and Glossop Financial Context;
3. Specific Commissioning Intentions with no additional funding;
4. Specific Commissioning Intentions – additional support via the Greater Manchester Health and Social Care Partnership.

The Commissioning Intentions set out how, due to strong and steady work over the past two years, a single place-based commissioning body has been formed (Tameside and Glossop Strategic Commission) which is made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop and supports the implementation of a new model of care.

The Strategic Commissions commitment is to early intervention, prevention and tackling unacceptable health inequalities are outlined along with the long term commitment to deliver sustainable improvement to healthy life expectancy.

We will have an estimated commissioning gap in 2018/19 of £29m which will affect every aspect of our Commissioning Intentions for next year and Section 2 of the intentions provides an over view of what is required by ourselves and our providers in enabling the challenge to be met. Achieving financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. We look forward to working alongside providers to identify and support innovate approaches to managing demand in more cost effective ways.

The intentions make it clear that we will be unable to support any activity growth or cost increases in 2018/19 and so will be requiring providers to work with us to reduce demand or mitigate this as far as possible. There will be no additional Tameside and Glossop funding for any new services or developments with the exception of those within our transformation plans or guaranteed to provide a rapid return on investment/reduce cost elsewhere in our economy. Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and

Social Care Partnership funds will be supported in full (see detail under Section 4 of the commissioning Intentions).

Specific Commissioning Intentions for 2018/19 that have no additional funding requirements are detailed in Section 3, areas covered in more detail are:

- Aligning health and social care with public sector reform;
- Care Together;
- Outcomes from future public consultations;
- Palliative and End of Life Care;
- Pathway re-designs;
- Frailty;
- Neuro Rehab;
- Stroke;
- Workforce development.

**Recommendations:**

The Strategic Commissioning Board is asked to approve these 2018/19 Commissioning Intentions so that the Strategic Commission can carry on working with its providers in working towards delivering a stable economy and its long term commitment to delivering sustainable improvement to health life expectancy.

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

<b>Budget Allocation (if Investment Decision)</b>	Entire Commissioning budget
<b>CCG or TMBC Budget Allocation</b>	CCG and TMBC where applicable
<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	Section 75, In Collaboration Services and Aligned Services
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	Not applicable
<b>Additional Comments</b> None.	

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

The development of Commissioning Intentions is an annual activity that seeks to ensure commissioners have clear oversight to work towards informing local health activities and to let providers know of the contractual changes that will be implemented in the forthcoming year. Commissioning Intentions are not intended to set out all activity that will be undertaken in a given year but they provide context for commissioning changes, list commissioning changes that improve quality of service or value for money and signal to providers that resources may be changing or new delivery models may be implemented.

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	The Commissioning Intentions are aligned with the Health and Well Being strategy
<b>How do proposals align with Locality Plan?</b>	The Commissioning Intentions have been developed in line with the locality plan and proposed model of care. They are aligned with the transformation fund submission to Greater Manchester.
<b>How do proposals align with the Commissioning Strategy?</b>	The documents are aligned with the commissioning intentions in the Commissioning Strategy.
<b>Public and Patient Implications:</b>	Public and patient implications have been considered for each of the individual intentions included in the document.
<b>Quality Implications:</b>	The appropriate individual Quality Impact Assessments are being / have been undertaken. This document is a compilation of the commissioning activities of the single commission.
<b>How do the proposals help to reduce health inequalities?</b>	The commissioning intentions are in line with the single commission approach to reducing health inequalities.
<b>What are the Equality and Diversity implications?</b>	Equality Impact Assessments have been / will be undertaken on commissioning activities as required. This document is a compilation of the commissioning activities of the single commission, all of which will receive the appropriate individual consideration in terms of equality and diversity implications.
<b>What are the safeguarding implications?</b>	Safeguarding implications of the proposals will be considered and addressed on an individual basis.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	Information Governance and Privacy Impact Assessments will be undertaken for individual projects rather than for this proposal, including requirements for Privacy Impact Assessments.
<b>Risk Management:</b>	Any risks will be reported and managed via the Clinical Commissioning Group's risk register.
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Jessica Williams (Interim Director of Commissioning):  Telephone: <a href="tel:07985276263">07985 276263</a>   e-mail: <a href="mailto:jessicawilliams1@nhs.net">jessicawilliams1@nhs.net</a>

# APPENDIX A

Dear

## **Tameside & Glossop Commissioning Intentions 2018-19**

This letter sets out, in high level terms, how Tameside & Glossop Strategic Commission intends to commission services from providers in 2018-19. In line with the national contract guidance, these commissioning intentions cover the second year of the two year contractual period 1 April 17 – 31 March 2019. Details of specific commissioning intentions, in terms of activity and financial planning, will be shared with appropriate providers during contract negotiation.

### **1. Tameside & Glossop Strategic Commission**

For the past two years, strong and steady work has continued to develop a Strategic Commission made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG. This has culminated in a single place-based commissioning body which aims to support the implementation of a new model of care, based on our place and which realigns the system to support the development of preventative, local, high quality services.

The Strategic Commission has clear governance arrangements with a Strategic Commissioning Board, clinically led and which has been established as a joint committee of the two organisations with delegated decision-making powers and resources. This creates unifying statutory and collaborative governance arrangements for the first time. The principle roles of the Board are:

- Provide executive leadership for the delivery of the Tameside and Glossop Locality Plan from a commissioning perspective;
- Oversee the management of delegated commissioning functions and pooled budgets;
- Provide effective oversight and assurance of providers and ensure delivery of the commissioned population outcomes;
- Lead the further development of commissioning as part of the statutory and Health and Wellbeing Board governance arrangements.

Tameside and Glossop Strategic Commission is committed to early intervention, prevention and tackling unacceptable health inequalities and these are the bedrock for our strategic commissioning intentions. We have a long term commitment to deliver sustainable improvement to healthy life expectancy.

The Strategic Commissioning Board considers commissioning proposals which are funded from our Integrated Commissioning Fund. This fund is comprised of three elements as set out in the table below:

<b>Budget Allocation Sections</b>	<b>Detail</b>	<b>Governance implications</b>
Section 75	This comprises all services which legislation permits to be held in a pooled fund between NHS bodies and local authorities at a local level	The Strategic Commissioning Board makes decisions on this funding which are binding upon the two statutory partner organisations.
Aligned Services	This comprises services which legislation does not permit to be held within a Section 75 pooled fund.	The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by the relevant statutory organisation.
In Collaboration Services	This comprises delegated co-commissioned primary care services for which NHS England is accountable and can therefore not be held within a Section 75 or Aligned pooled fund. These specialised services are jointly commissioned with NHS England.	The Strategic Commissioning Board makes recommendations on the spending of this funding. These recommendations will require formal ratification by NHS England and the relevant statutory organisation.

## **2. Tameside and Glossop Financial Context**

2018-19 is likely to be one of the most financially challenged which the Tameside and Glossop economy has yet experienced. Although 2017-18 saw us experiencing one of the most significant challenges in the North West Region, we are optimistic that this challenge will be met this year, albeit with some non-recurrent funding. This however does create additional pressure for 2018-19 and we have an estimated commissioning gap of £29.0m. Our financial situation will affect every aspect of our commissioning intentions for 2018-19.

We are unable to support any activity growth or cost increases in 2018/19 and so will be requiring providers to work with us to reduce demand or mitigate this as far as possible. We will be challenging any activity undertaken which does not adhere to Effective Use of resources (EUR). There will be no additional Tameside and Glossop funding for any new services or developments with the exception of those within our transformation plans or guaranteed to provide a rapid return on investment/reduce cost elsewhere in our economy. Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and Social Care Partnership (GM HSCP) funds will be supported in full (see Section 4).

Achieving financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. We look forward to working alongside providers to identify and support innovate approaches to managing demand in more cost effective ways including embracing technology to support self-management. Providers will be required to support the delivery of our model of care, maximise productivity and deliver required population outcomes in the most cost effective way.

## **3. Specific commissioning intentions for 2018/19 with no additional funding**

### 3.1 Aligning health and social care with wider public sector reform

Due to our current financial position, we are unable to incentivise the following at this stage, but we will be asking providers to recognise and commit to supporting our key 4 local priorities which are aligned to the commitments of our Health and Wellbeing Board:

- Reduction of all aspects of Homelessness
- Reduction in all aspects of Domestic Abuse
- Reducing premature mortality through prevention, assessment, treatment, rehabilitation and care of Coronary Heart Disease and Stroke
- Improving staff satisfaction due to understanding and supporting our vision to deliver an integrated place based approach to improving healthy life expectancy.

We recognise that none of these will be achieved in a single year but wish to signal our intention to improve healthy life expectancy through the achievement of wider public sector outcomes. Ensuring all aspects of health and social care are connected into our wider public sector priorities is part of the vision for Tameside and Glossop and we aim to create an economy wide improvement plan and use intelligence and evidence to these 4 local priorities now and into the future.

Contractual agreements with providers will include a focus on these 4 local priorities as well as those agreed by GM HSCP and national 'Must Do's'. Our outcomes framework which will support the measurement and assurance of progress in all these areas is currently in preparation and following further engagement and involvement of key stakeholders, will be confirmed in early Spring 2018.

### 3.2 Care Together

Care Together is our economy wide change programme to deliver integrated care. This programme aligns political, clinical and managerial leadership and focuses on improving healthy life expectancy, reducing inequality, improving experience of services and improving financial sustainability. The programme has attracted significant GM HSCP transformation funds which will continue to fund commissioned transformational schemes throughout 2018-19.

The Strategic Commission supported the design and development of the Integrated Neighbourhood Model, as agreed by our Care Together Model of Care Steering Group in September 2016. The expectation is that providers, where appropriate, demonstrate delivery towards our agreed set of Integrated Neighbourhood outcomes. This will include the need for Integrated Neighbourhood provision (including services for children) to support the needs of people with all levels of need from prevention through to the very complex.

### 3.3 Outcomes from Public Consultation

The Strategic Commission will work with providers to implement strategic commissioning decisions arising from public consultations. This includes current consultations focused on intermediate care and urgent care as well as others which may arise in throughout the year. We will ensure adequate quality and outcome measures are designed, agreed and monitored via our established contract monitoring processes. The intermediate care model will include outcomes for home based intermediate care, with clear arrangements for social care delivery in Tameside as well as in Glossop.

### 3.4 Palliative and End of Life Care

The Strategic Commission will lead work during 2018/19 with a range of providers (NHS, social care and 3<sup>rd</sup> sector) to set and agree a system-wide strategy and outcomes for palliative and end of life care, meeting the requirements and standards set out in the National Palliative and End of Life Care Partnership's Ambitions for care. A trajectory will be agreed to meet the Greater Manchester average 'Death in Usual Place of Residence' figure (current Tameside and Glossop CCG position 37.1%, Greater Manchester CCG average 42%).

### 3.5 Pathway Re-design

The NHS Right Care programme identifies 8 priorities for Tameside & Glossop. We have identified 4 as priority programme areas which are;

- Circulation
- Respiratory
- Trauma and Injuries (Falls)

- Musculo Skeletal System (MSK)

The expectation is that providers are committed to, and work with us to ensure delivery of elements of the Right Care improvements and prevent inappropriate activity.

### 3.6 Frailty

The Strategic Commission, in line with our aspiration to commission across the life course, will develop an integrated approach to the identification and management of Frailty across all settings. We will then work with all providers to ensure the effective adoption of this approach and the delivery of improved outcomes.

### 3.7 Neuro-Rehabilitation

The commissioners will work with the Greater Manchester Neuro-rehabilitation team to ensure local delivery of services in line with the model agreed at Greater Manchester level.

### 3.8 Stroke

The commissioner will expect providers to support delivery of the Greater Manchester stroke care model, ensuring patients are directed to the hyper acute providers appropriate, and repatriated to local care within the agreed timescales.

### 3.8 Workforce Development

There is no doubt that our new models of care will need to embrace different workforce models and potentially new roles, responsibilities and patterns of working. The health service is likely to move towards becoming doctor led but not necessarily doctor delivered. As new professional groups emerge, we will be asking our providers to ensure they can provide high quality learning environments, and where appropriate in multi-disciplinary environments for all professionals.

## **4. Specific commissioning intentions – additional support via GM HSCP**

### 4.1 Population Health

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. We want our providers to acknowledge that population health signals a change in the way health care is accessed, provided and utilized and is a move away from reactive responses to an individual's health needs.

We aim to see a fundamental shift towards outcomes-based, proactive approaches to a given population as well as prevention efforts to reduce disparity and variation in care delivery. We will be working with all our providers and GM HSCP to drive this across GM as well as locally. We will be looking for commitment from providers to the principles of early intervention and prevention with particular focus on:

- Improvement of Healthy Life Expectancy and reduction of premature mortality;
- Focus on the causes of our biggest killers; cancer and heart disease, increasing opportunities and support for positive lifestyle change (tobacco, diet and physical activity);
- Commitment to Early Years and Early Help for our children and families;
- Work and Health;
- Resilient, stronger communities using asset based approaches and social prescribing.

### 4.2 Primary Care

Our Primary Care delegated commissioning function covers core primary medical services across our 39 practices to ensure provision of services under GMS/PMS/APMS contracts to our registered population. Our plans to meet the national Five Year GP Forward View (5YGFV) and Greater Manchester strategic vision document; "The Primary Care Contribution, Our Primary Care Strategy 2016-2021" are set out in our Primary Care Investment Agreement (PCIA), submitted to GM HSCP

in August 2017. The Strategic Commission will be working with primary care providers in 2018/19 to address 5 workstream themes:

1. Recruitment of Clinical Pharmacists;
2. GP Resilience;
3. Extended Access;
4. Investment in Online Consultation Systems;
5. Development of Care Navigator and Medical Assistant roles within general practice.

We will also be ensuring we deliver the agreed GM HSCP Primary Care Standards in all areas including access and identify how we can improve alignment of primary care services to the Integrated Neighbourhood model. This may give rise to future commissioning on a neighbourhood basis. In addition, activity will adhere to GMMMG guidance or mutually agreed local variation of this where appropriate.

#### 4.3 Mental Health Commissioning

In 2018/9, we will increase investment and continue our plans to deliver the Five Year Forward View for Mental Health and GM Mental Health Strategy in line with our Care Together developments. This will include aligning all mental health services to the five neighbourhoods and increasing integration of mental health practitioners into the teams.

Our priorities for 2018/9 include:-

- Post-diagnostic support for people living with dementia and their families;
- Mental health acute and crisis care capacity and pathways;
- Reducing waiting times for psychological therapies for people of all ages;
- Parity of esteem for people with a learning disability and/or autism who require support for their mental health;
- Bringing people who are currently out of area back closer to home and reducing the need for out of area placements;
- Peer and community support;
- Multi-agency delivery within the Self-care Education College.

##### 4.3.1 Children and young people's mental health

In 2018/9, we will implement the GM Community CAMHS Service Specification across all community providers. This will specify the expectations of Specialist Community Child and Adolescent Mental Health Services (CAMHS) from all GM Providers. It will describe the role, function and responsibilities of service, implementing Greater Manchester agreement to move away from a CAMHS traditional tiered model of delivery to the more flexible, responsive THRIVE model of care.

##### 4.3.2 SEND

We are committed to delivering the SEND reforms and ensure we effectively meet the needs of children and young people with Special Education Needs and/or Disability (SEND). All partners will need to engage effectively to deliver these reforms, which are expected to be tested in the HMI Ofsted and CQC Local Area Inspection in 2018. We will work with partners to develop a SEND strategy, taking further forward the integration of services, including an all age learning disability service.

#### 4.4 Children & Families

The Strategic Commissioning Board has approved the development and piloting of an Integrated Neighbourhood Children's Team to deliver improved outcomes and efficiencies for children and young people and those who care for them. The Integrated Neighbourhood Children's Team Pilot will facilitate provision of, and access to, bespoke person centred holistic solutions, working to the following principles of place based care:



- Integrated local services ensuring collaborative responses to local need;
- Services that build on assets of the community & intervene early in an emerging problem;
- One team, knowing their area and each other;
- Person centered approach within the context of family & community; and
- Services delivered within the community, close to home from a flexible asset base.

As a result, all providers working with children will be called upon to support this development and delivery in 2018/19.

#### 4.5 Cancer

Tameside and Glossop have collectively approved a locality based response to the GM Cancer Plan. In collaboration with the newly created GM Commissioning Hub, the ongoing review of this plan, the leadership of our Cancer Board, plus representation in a number of provider and commissioner focused GM pathways groups, adherence to and delivery of the GM Cancer Plan in Tameside & Glossop will be assured.

Providers are expected to ensure services are delivered in line with the GM Cancer plan and that all necessary standards and targets are met.

#### 4.6 Healthier Together

Tameside & Glossop is part of the South East Sector of the Healthier Together programme, and will engage with commissioners and providers in the sector on the design and delivery of services in line with this programme.

There is a recurrent financial impact of £7.70m for the South East Sector of the Healthier Together programme of which £3.96m relate to stranded costs at Tameside and Glossop Integrated Care NHS Foundation Trust. This is a significant risk which will need to be addressed as part of the GM HSCP Theme 3 Work Stream. We will be working with GM HSCP and South East Sector to ensure appropriate mitigations.

On behalf of Tameside and Glossop, we are looking forward to working with you in 2018/19 to collectively further the delivery of our vision.

I hope you find our commissioning intentions letter helpful. Please do not hesitate to contact us should you wish to discuss the detail further, and my team and I will be more than happy to assist.

With best wishes.

Yours sincerely,

**Jessica Williams**  
**Interim Director of Commissioning**

cc. Alan Dow, Chair  
Steven Pleasant, Accountable Officer