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7th November 2018

Dear Karen

Tameside & Glossop Interim Commissioning Intentions 2019-20

This letter sets out, in high level terms, how Tameside & Glossop Strategic Commission intends to commission services from Tameside and Glossop Integrated care NHS Foundation Trust in 2019-20. Details of specific commissioning intentions, in terms of activity and financial planning, will be developed with you over the next few months. These Commissioning Intentions are in line with the 'Approach to Planning' guidance issued by NHS Improvement and NHS England on 16th October, which sets out the following timetable for 2019-20:

14 January 2019	Initial plan submission – activity and efficiency
12 February 2019	Draft 2019/20 organisation operating plans
5 March 2019	2019/20 contract plan alignment submission
21 March 2019	Deadline for contract signature
29 March 2019	Organisation Board/Governing Body approval of 2019/20 budgets
4 April 2019	Final 2019/20 organisation operating plan submission
11 April 2019	Aggregated 2019/20 system operating plan submissions and system operational plan narrative
Summer 2019	Systems to submit Five-Year plans signed off by all organisations

We will ensure all contracts include the required 'must do' expectations as set out in national and local contracting and commissioning guidance, the details of this will be shared as described above, through provider specific contract negotiations.

1. Tameside & Glossop Strategic Commission

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 Commission, made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG, continues to drive the commissioning agenda in the locality. We aim to support the implementation of a new model of care, based on our place and realign the system to support the development of preventative, local, high quality services. We have unifying statutory and collaborative governance arrangements via our clinically led Strategic Commissioning Board, established as a joint committee of the two organisations with delegated decision-making powers and resources.

The Strategic Commissioning Board (SCB) 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:

Budget Allocation Sections	Detail	Governance implications
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	SCB 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.	SCB 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.	SCB 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 2019/20

Whilst details of CCG allocations are not expected until mid-December, it is anticipated that 2019-20 will be another challenging year in Tameside and Glossop. In 2018-19, the CCG had a QIPP target of £19.8m and whilst we are confident we will balance the position in year, only 1/3 of this gap is likely to be closed through recurrent measures. Therefore even if allocations increase, we anticipate carrying a significant savings target (estimated at £18.1m) into next year.

As such, we will not be in a position to support any activity growth or cost increases in 2019-20 and will be requiring providers to work with us to reduce demand or mitigate this as far as possible. We expect a block contract arrangement again in 2019-20 which is based on the information already included in all the locality roll-up/economy sustainability planning exercises recently completed and continues to be in the spirit of our Care Together plans. We would then look to adjust for anything extra included in the planning guidance where appropriate. We will work with you via our contract and performance meetings to agree KPIs, baseline data and trajectories for improvements. We will be challenging any activity undertaken which does not adhere to Effective Use of Resources (EUR) policies. There will be no additional 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.

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 you to identify and support innovative approaches to managing demand in more cost effective ways including embracing technology to support self-management. We will be looking to you as well as all our providers to support the delivery of our model of care, maximise productivity and deliver population outcomes in the most cost effective way to the economy as a whole.

3. Aligning health and social care with wider public sector reform

In our commissioning intentions for 2018-19 we asked providers to recognise and commit to supporting our key 4 local priorities 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.

Although we were not in a position to financially incentivise these during 2018/19, we note and appreciate the work started during 18/19 by the ICFT on both the homelessness and domestic abuse agendas. We will work with the Trust to continue to embed new ways of working to improve outcomes for these particular groups.

In line with recent developments within the Strategic Commission, we are now aligning specific commissioning intentions across the Life Course; Starting Well, Living Well (including Neighbourhood Development) and Ageing Well. In addition, we have specific Prevention and Population Health commissioning intentions which go across the life course.

To ensure continued focus on our priorities and understand progress across Tameside and Glossop, we will be introducing a strategic scorecard to show progress against our Corporate Plan. This will be backed up by three separate service neighbourhood scorecards; Children's, Integrated Neighbourhood Services (Police, Community Resilience) and Health and Social Care which will feed directly into performance and contract meetings with all of our providers. We will work with you to populate the Health and Social Care Scorecard by the start of 2019/20 and agree trajectories and incentives for improving performance in relevant areas.

4. Prevention and Population Health

Population health is an approach which aims to improve the health of the entire population and to reduce health inequities among population groups. The approach 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 utilised 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:

Chair: Dr Alan Dow **Accountable Officer: Steven Pleasant MBE**
NHS Tameside and Glossop Clinical Commissioning Group

- 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 system wide change (tobacco, substance misuse, diet and physical activity);
- Commitment to supporting our children to start school ready to learn and reach their full potential: Focus on the development of an integrated neighbourhood approach for children and families
- Resilient, stronger communities using asset based approaches and social prescribing.
- Being proactive and recognising the role Providers of healthcare have in changing the wider determinants of health e.g.; air quality as well as reacting to illness, with a focus on health inequalities

In addition, we will be working to ensure our commissioning and procurement processes reflect the need for locally added value in our relationships and partnership.

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, the ICFT is well positioned to use your spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health in Tameside & Glossop. The concept of 'anchor' institutions offers a helpful way of thinking about how NHS organisations can maximise their role in local economies. There are several potential ways your assets could align to influence the broader factors that impact health. The ICFT can support local economies in its role as an employer, purchaser, and property developer. We would like to work more closely with the ICFT to further develop their role as an anchor institution in Tameside.

5. Starting Well

5.1 Starting Well Board

The Strategic Commission have formally adopted the concept of partnership forums to drive forwards improvements in priority areas and the first Board approved and currently being established is a new Starting Well Board. We will be looking to the ICFT to enthusiastically support and actively contribute to this Board including within 19/20, reviewing the high level of paediatric admissions to identify key population segments and identify areas for action to improve outcomes.

5.2 Children & Families

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

- Integrated local early help services ensuring collaborative responses to local need;
- Services that build on assets of the community & intervene early in an emerging problem whether at an individual or population level;
- One team, knowing their area and each other;
- Person centred approach within the context of family & community;
- Services delivered within the community, close to home from a flexible asset base and
- Development of a multi-agency "Team around the School" approach.

As a result, all providers working with children are asked to continue to contribute and support this development and delivery in 2020/21.

The ICFT, as a key partner, will support the functions of the new Multi-Agency Safeguarding Arrangements in the Borough. In order to work together effectively, the safeguarding partners with the ICFT should develop processes that:

- Facilitate and drive action beyond usual institutional and agency constraints and boundaries.
- Ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.

5.3 Special Education Needs and/or Disability (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. All our providers and 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 2018/19. We will work with you and other partners to develop a SEND strategy, taking further forward the integration of services, including an all age learning disability service. We will also expect you to contribute to our SEND self-evaluation and improvement plan recognising the crucial role maternity, health visitors and school nurses play in the early identification and assessment of child and family need.

5.4 Children and young people's mental health

In 2019/20, we will take forward the findings of the review of local provision in line with the GM CAMHS Specification, notably options to meet extended hours and provision for 16 and 17 year olds and ensure the achievement of access and waiting times standards. Children and young people's crisis and acute care will be strengthened through the GM Service Developments and the local all age RAID/Vulnerable Young Persons provision, created through the redesign of posts in ICFT and PCFT. The THRIVE model will be further strengthened, particularly in relation to open access, neighbourhood drop-ins and robust links with the Early Help agenda.

The national recognised T&G integrated Parent Infant Mental Health Service (the Early Attachment Service) model is being rolled out across GM. All integrated pathway partners, notably Maternity and Health Visiting are asked to work in close partnership to build the new GM Perinatal Community Mental Health Team effectively into our local pathway.

Transforming Care Programme for Children are committed to fully embedding the Dynamic Risk Stratification and Care, Education and Treatment Review (CETR) processing within Tameside and Glossop. All providers will be required to fully support these processes ensuring that more children and young people with Learning disabilities and/or Autism can be kept at home with the right support.

6. Living Well

6.1 Living Well Board

Plans for the Living Well Board are embryonic at present and it is likely that this will take towards end of 2019 to be established. This is due to the significant span of responsibility which could fall within this area e.g.; Addressing Poverty, Mental Health, Employment, Homelessness, Domestic Abuse as well as health and social care within Neighbourhood developments. For the purposes of these Commissioning Intentions, Living Well includes all aspects of Mental Health including Drugs and Substance Misuse as well as the further development of physical health and social care neighbourhood development. We look forward to working with you in due course on the Living Well Board.

7. Ageing Well

We are in final development of an Ageing Well strategy for Tameside and Glossop which will further develop the GM approach to Ageing Well. This strategy will cover development of strong communities to enable people to live independent lives as well as Frailty, End of Life and Dementia. The ongoing development and implementation of this strategy will be taken forward by an Ageing Well Board consisting of a wide range of stakeholders and we look forward to your support with this. The aim will be to increase place based support for our ageing population with a decline in demand for residential and acute services. We want to work in partnership with you to develop an age friendly approach to health and social care that responds to the challenges and opportunities created by ageing, by adapting structures and services to be accessible to and inclusive for older people who will have varying levels of need and capacities.

7.1 Adult Social Care Transaction

We have collectively agreed that from 1 April 2019, a proportion of Adult Social Care services currently employed by Tameside Metropolitan Borough Council will transfer to the ICFT. Although the Council will retain the statutory responsibility for Adult Social Care, staff and corresponding operational responsibilities will be transferred to the ICFT.

We therefore will be commissioning this proportion of Adult Social Care from you. Our overarching aim of this transfer of responsibility will be to continue to improve how we support people to live well at home and that residential and nursing beds are used when this is the only way to safely maintain peoples well being. Although we recognise that the mix of residential and nursing beds may change as the model of care continues to develop, the total number of beds or packages of care cannot be more than before the transaction. The detail behind this can be agreed as part of our contract discussions.

7.2 Palliative and End of Life Care

As part of the Ageing Well strategy, we will continue to work with a range of providers (NHS, social care and 3rd sector) to set, agree and implement 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 and working towards the Greater Manchester average 'Death in Usual Place of Residence' figure of 42%. The Strategic Commission are represented at a GM level in the Greater Manchester Palliative & End of Life Care Programme Board, and will ensure the work of this Board influences the locality developments.

7.3 Post-diagnostic Dementia Support

From 1 September 2019, we wish to commission the ICFT to lead the whole economy post-diagnostic Dementia support through the creation of a new post of Dementia Team Leader with oversight of neighbourhood and acute dementia resources. We will agree the detail of the content of this support with you and PCFT prior to 1 April 2019.

7.4 Urgent Care

We are committed to ensuring people with an urgent and emergency care need are seen promptly by the most appropriate professional to support recovery and return to independence. We expect our providers to work collaboratively to maximise opportunities for people to self-care and to provide access to services within neighbourhoods embracing technology as an enabler.

Following on from the public consultation early 2018 and subject decision by the SCB on the new model for urgent care provision, we will commission the ICFT to provide a new Urgent Treatment Centre from 1st April 2019. This will be Primary Care led, managed alongside the A&E and will be subject to delivery of the contractual expectations as outlined in the public consultation.

8. Additional Commissioning Intentions for 2019/20

8.1 Development of Integrated Neighbourhood Estate

As part of our strategy, we wish to develop the concept of the Integrated Neighbourhood Hub with the aim to have one in each neighbourhood as a one-stop-shop model for the patient, customer and resident. These hubs intend to deliver a seamless service where the user can visit for any prevention, wider wellbeing support or treatment services which should mitigate against fragmented care, multiple referrals, and handovers as a multi-agency user outcome can be achieved in one visit.

Subject to the agreed and finalised service model, opportunities for co-location of public sector staff and differing estate prospects in each neighbourhood, each neighbourhood solution is likely to differ. We would like to work closely with you and other stakeholders to ensure an agreed optimal service model within 19/20.

8.2 Secondment of Medicines Management team

Discussions have commenced regarding the secondment of the Medicines Management Team from the Strategic Commission (CCG) to T&GICFT to work alongside the ICFT pharmacy team. The rationale for this is to harmonise the approach to Medicines Management across Tameside and Glossop, improve synergies, reduce duplication of tasks within neighbourhoods and provide opportunities for different recruitment and retention practices. Whilst the hospital and community teams have developed closer working relationships recently, secondments would bring all staff within one team and improve communication and effectiveness. Accountability for funding medicines prescribed in the community would not be transferred and would be retained within the Strategic Commission.

The necessary HR, governance and financial assurance will be undertaken prior to the secondment of the team, and agreement reached on how the team will support the system wide medicines management work. Ideally, this arrangement will commence on 1st April 2019 for an initial 2 year period, with a review after 18 months to determine next steps.

8.3 Transfer of Contracts

There are a number of smaller contracts e.g.; Wheelchairs, Tele-health, Marie Curie where we feel there could be improved synergies or efficiencies if these passed over to your management. We will discuss the detail of these with you over the next few months with the aim of transfer from 1 April 2019.

8.4 Personal Health Budgets (PHBs)

We are committed to further development of the personalisation agenda including the implementation of personal health budgets. We will be working with you and other key providers to embed person centred practice across our economy and will have a particular focus in 2019/20 on mental health and end of life care for the development and implementation of personal health budgets.

On behalf of Tameside and Glossop Strategic Commission, we are looking forward to working with you in 2019/20 to collectively further the delivery of our vision.

I hope you find our commissioning intentions letter helpful. We will set up a series of discussions to firm up on the detail to support this letter and in the meantime, please do not hesitate to contact me should you wish to discuss further.

With best wishes

Yours sincerely

Jessica Williams
Interim Director of Commissioning

cc. Alan Dow, Chair
Steven Pleasant, Chief Executive/Accountable Officer

DRAFT