

#### Headquarters

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Keith Walker Director of Operations Pennine Care NHS Foundation Trust 225 Old Street Ashton-under-Lyne OL6 7SR

25th October 2018

Dear Keith,

## Tameside & Glossop Interim Commissioning Intentions 2019-20

This letter sets out how Tameside & Glossop Strategic Commission (made up of NHS Tameside & Glossop CCG & Tameside Metropolitan Borough Council) intends to commission services from Pennine Care NHS Foundation Trust (PCFT) in 2019-20 once the current two year bi-lateral Mental Health NHS Standard Contract ends on 31st March 2019. The contents of this letter will remain interim until formally agreed via the Tameside and Glossop Strategic Commissioning Board.

Tameside and Glossop Strategic Commission would like to extend the bi-lateral Mental Health NHS Standard Contract with Pennine Care NHS Foundation Trust (PCFT) for one more year (2019-20) for all services.

We are committed to work with PCFT to jointly address how to manage sustainability and propose that the following areas are prioritised within the Mental Health Service Review:-

- Community Mental Health Teams review of options to better support people to stay well in the community thereby reducing in-patient admissions through the *Living Life Well Programme* being developed in partnership across our locality and with support from the Innovation Unit.
- Older People's Mental Health focus on how we meet the needs of older people in secondary care and those stepping down. This will include an analysis of services to meet those with functional mental health needs across in-patient care, Day Hospital, our new Neighbourhood mental health model and the Age UK STAR service.

Our detailed interim commissioning intentions regarding mental health for 2019-20 are as follows:

## 1. Core aspects

# a. Neighbourhood development.

PCFT is an invited partner in the development of our neighbourhood model of care and we look forward to working with you to ensure improved engagement going forward. Within this, we plan to phase the transfer of responsibility for the delivery of some mental health outcomes (to be agreed on a tri-partite arrangement) into the ICFT over the next two years.

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# b. MH Outcome Framework and revised quality and performance reporting

We will work with our PCFT Locality lead to develop this by March 2019.

### c. Indicative Activity Plan

Commissioners require this for all services for inclusion in the contract.

### d. Safer Staffing

Evidence of quality and safety improvements is required and we will agree the trajectory for this before March 2019.

## e. Additional 12 Beds (previously referred to as IG beds)

Decisions regarding the commissioning of the additional beds from April 2019 will not be progressed until activity reconciles with the level of funding in the contract.

# 2. Starting Well

# a. Children and young people priorities;

- Access and waiting time standards achievement
- GM CAMHS Specification; taking forward the findings of the review notably options to meet extended hours and provision for 16 and 17 year olds
- Embed local all age RAID/vulnerable YP provision, morphing the service as GM provision comes on stream
- Integrated children's services embedding neighbourhood and schools mental health practitioners in the teams

#### b. Perinatal Infant MH

We propose to move the Early Attachment Service into the NHS Contract, outside the block. PCFT is requested to work in close partnership with the GM Perinatal Community Mental Health Team and other partners to establish a fully integrated care pathway. In line with this the 1001 Critical Days action plan should be refreshed.

# 3. Living Well

## a. Transforming MH support for people to keep themselves well

Working together with wide range of partners through the *Living Life Well Programme*, we plan to change how we support people to manage their own mental health in the community. In 2019/20, we will establish the new model of neighbourhood mental health support for people below the threshold for secondary care and start work to determine how this approach can extend to people on CMHT caseloads. This will involve significant redesign of PCFT services.

### b. Acute and Crisis Care services

We will work with the ICFT and PCFT to progress the establishment of a MH Observation and Assessment Room/Safe Haven in an appropriate setting.

# c. IAPT

We will continue to work with the PCFT on reforming payment systems for IAPT in line with national guidance, should this become a mandated requirement. It is anticipated that the work to revise the pathway and work with the Step 1 partner will ensure that all the standards are consistently met and secondary waiting times fall.

## d. Early Intervention in Psychosis

We have already requested a costed plan to improve the service in line with national standards.

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#### e. Be Well

We will commission this service for one further year during which time, we will be redesigning this service and will tender on the new specification.

## **Aging Well**

### a. Older Peoples Mental Health

We will focus on how well we are meeting the needs of older people in secondary care and those stepping down. This will include an analysis of services to meet those with functional MH needs across in-patient care, Day Hospital, new Neighbourhood MH model and the Age UK STAR service.

### b. Dementia

We expect PCFT to remain an active partner in ensuring the Integrated Dementia Pathway is fully established and effective.

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

I hope you find our interim 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.

Yours sincerely,

**Jessica Williams** 

**Interim Director of Commissioning** 

CC. Alan Dow, Chair

> Steven Pleasant, Accountable Officer Emma Tilston, PCFT Director of Finance Frances Molvneux, PCFT Helen Davies, GMSS

Nina Kuzyszyn, GMSS

Pat McKelvey, Head of Mental Health & Learning Disabilities