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November 2018

To: All providers of health and social care for Tameside and Glossop residents

Re: Tameside & Glossop Draft Commissioning Intentions 2019-20

This letter sets out, in high level terms, the commissioning priorities for Tameside & Glossop Strategic Commission in 2019-20. Details of specific commissioning intentions, in terms of activity and financial planning, will be developed with providers 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 and aims 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.

Chair: Dr Alan Dow

Accountable Officer: Steven Pleasant MBE

NHS Tameside and Glossop Clinical Commissioning Group

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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.

Despite a lack of financial incentives to promote the above, we have been excited about local developments with these agendas and will continue to prioritise in 19-20. 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.

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:

- 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 social value in our relationships and partnership.

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 providers to actively contribute to this Board including within 19/20 to 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.

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 partners to develop a SEND strategy, taking further forward the integration of services, including an all age learning disability service.

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 mid 2019 to be established. This is due to the significant span of responsibility likely to 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 providers in due course on the Living Well Board.

6.2 Neighbourhood Mental Health Development

This new model has been co-produced by a wide range of partners through the 101 Days for Mental Health Project to meet the needs of people with significant mental health and other complex needs. The model includes a new Neighbourhood Mental Health Team, built from existing and new resources. It is proposed that the Step 1 IAPT Service, commissioned from Big Life, is included in this development to create seamless access to all levels of mental health support. A virtual team will be established to prototype the model in Hyde from January with a view to expanding incrementally across the Locality.

Building on work described above, Tameside and Glossop have been selected by the Innovation Unit to join the Living Well UK Programme, funded by the Big Lottery. As one of four sites, people with mental health needs living in the locality will benefit from having a say in how mental health support is designed and developed in Tameside and Glossop over the next three years through our local Living Life Well Programme.

The programme is inspired by the Lambeth Living Well model, an approach to mental health care that has changed the way the voluntary and public sectors work together so that the right support is available to people when it is needed. We will be working closely with Pennine Care NHS Foundation Trust and key local organisations to review how mental health support is commissioned and provided and to develop a new model of care. This new model will support early intervention and prevention; it will support people to stay well; ensure the delivery of high quality and sustainable services, including support for families; help reduce homelessness; get people into work and will be age friendly.

It is hoped that, through the programme, the support available in the four Living Well UK areas will become internationally recognised examples of an innovative way to help people achieve good mental health in community and primary care settings. The work will have the potential to be adopted across the NHS in the UK, transforming the support currently offered by GPs and community and mental health teams. Stakeholder support in this programme will be crucial to its successful delivery.

6.3 Autism Support for Adults

In line with the GM developments, the Strategic Commission is committed to improving access to diagnostic services and ongoing support through the expansion of the ICFT autism team. We will be commissioning additional support for people with a Learning Disability and Autism in the new Neighbourhood Mental Health Team.

6.4 Drugs and Alcohol

Substance misuse is a constant but changing challenge in all communities, and the scale of alcohol related harm in Tameside and Glossop has been consistently highlighted. Tameside Health and Wellbeing Board adopted the 'Rethinking Drinking: A Strategy for Tameside' in May 2017, a local policy stocktake in light of the national and GM strategies has been undertaken by the Tameside

Strategic Alcohol and Drug Group in 2018, and most recently a peer review enabled us to identify key areas for improvement.

Following on from the peer review we wish to:

- Review the current partnership approach to substance misuse and the Community Safety Partnership including the accountable/delivery mechanisms;
- Connect and support neighbourhood work including embedding substance misuse in the work of the INDTs strategically and operationally;
- Develop and deliver the Alcohol Exposed Pregnancy Programme proposal in partnership with Maternity funded via GM transformation funding;
- Establish a task and finish group to plan and identify priority programmes of work starting with Children, Hidden Harm and Alcohol;
- Develop a process to review and utilise hospital and treatment data to inform neighbourhood enforcement and licensing and;
- Ensure an effective role for the HALS team within local alcohol and substance misuse pathways

6.5 Making Smoking History in Tameside & Glossop

In conjunction with partners, we are committed to Making Smoking History in Tameside & Glossop. 19/20 will see the launch of the CURE programme and the roll out of the Babyclear programme to reduce smoking in pregnancy. This will support the organisation to implement the mandatory Preventing ill health commissioning for quality and innovation (CQUIN) supporting the NHS to take action to address risky behaviours related to alcohol and smoking.

6.6 Primary Care

Delivery of the Primary Care Access Service, incorporating out of hours, alternative to transfer and extended access, will improve quality outcomes and patient experience for pre-bookable and urgent primary care. This service will need to work with the whole urgent care system to ensure consistency of provision and respond to whole urgent care system performance measures.

6.7 Cancer

Providers are expected to ensure services are delivered in line with the GM Cancer plan and that all necessary national standards and targets are met. We will work with Greater Manchester Cancer, the Greater Manchester Commissioning Hub and providers on our locality response to the GM Cancer Plan and national standards.

6.8 Planned Care

Through the Greater Manchester Health & Social Care Partnership and the work of the Elective Care Hub, we will engage in GM programmes of redesign of planned care pathways. Principles we will apply in the work on elective care in the locality will include:

- Elective care will be provided locally to ensure ease of access for our population unless there are outweighing reasons e.g.; improved safety, improved quality of outcome to commission from alternative providers
- Promotion of public education and self-care for individuals
- Shared decision making as a key principle with motivational interviewing techniques used; patients should be involved in shared decision making throughout their pathway and feel in control of their care
- Referrals will be reviewed to ensure patients receive their first appointment with the most appropriate person, in the most appropriate place with the right information available to support care planning
- Ensure Follow Up appointments are only booked when clinically necessary; we will work with you to understand ambitious trajectories for a reduction in follow up appointments
- Availability of advice and guidance to avoid unnecessary referrals.

6.9 NHS Right Care and GM Elective Hub

We have identified 6 priority programme areas which are;

- Circulation
- Respiratory
- Trauma and Injuries (Falls)
- Musculo Skeletal System (MSK)
- Ophthalmology
- Dermatology

We will continue to work with providers and at GM level to ensure the Right Care data is taken into consideration where appropriate to programmes of service improvement and redesign, and that we engage in the appropriate level of reporting and feedback to GM and NHSE.

6.10 Healthier Together and Theme 3 Reconfiguration

We are committed to and will continue to engage with GM HSCP and our providers in the South East sector on the design and delivery of services in line with Healthier Together. In addition, we wish to develop a single Tameside and Glossop approach towards Theme 3 and during 2019-20 will ensure joint work with commissioner and provider colleagues on the ongoing development of this model. We will ensure proposals are taken through our local governance arrangements for clinical, commissioning and financial evaluation prior to presentation to the Greater Manchester Joint Commissioning Board. Every effort will be made to ensure the locality is represented in the ongoing detailed design process. In the first instance, this relates to the proposed models of care for neuro-rehab, breast services, benign urology, vascular, cardiology, respiratory, paediatric surgical services and MSK/Orthopaedics.

6.11 Neighbourhood 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 providers to ensure they can provide high quality learning environments, and where appropriate in multi-disciplinary environments for all professionals.

7. **Ageing Well**

7.1 Ageing Well Strategy

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 providers 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.

7.2 Palliative and End of Life Care

As part of the Ageing Well strategy, we will continue to work with a range of providers 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 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.

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 providers to ensure an agreed optimal service model within 19/20.

8.2 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 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 look forward to working with our providers in 2019/20 to collectively further the delivery of our vision.

I hope our commissioning intentions letter is helpful. We will set up a series of discussions to firm up on the detail to support this letter where appropriate 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