

Report to: STRATEGIC COMMISSIONING BOARD

Date: 18 December 2019

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Dr Ashwin Ramachandra – CCG Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: TAMESIDE & GLOSSOP COMMISSIONING INTENTIONS 2020-21

Report Summary: This report sets out our Commissioning Intentions for all partners in 2020-21.

Commissioning intentions provide a basis for constructive dialogue between Commissioners and Providers of Health and Social Care services to inform business planning and contracting. They are intended to set the strategic context to drive improved outcomes for patients and guide the design and delivery of care within available resources.

Recommendations: The SCB is asked to note the content and approve the distribution to Partners

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

Budget Allocation (if Investment Decision)
CCG or TMBC Budget Allocation
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration Decision Body – SCB Executive Cabinet, CCG Governing Body
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark

Additional Comments

There are no financial consequences associated with this as these are purely commissioning intentions

Legal Implications:
(Authorised by the Borough Solicitor)

This report reflects a statement of intent for the commissioning of contracts during 2020–21 by the Tameside and Glossop CCG. Compliance with the framework for joint governance arrangements of the Council and Glossop CCG will be required. The roll out of a series of integrated contracting and funding mechanisms is anticipated to incentivise the achievement of interconnected health and social care outcomes. Adverse legal implications may arise where the commissioning of individual contracts take place outside this statement of intent, and in those cases clear reasons should be given for any deviation from the new commissioning model. Additionally whilst the report records no financial implications it

will be necessary for these commissioning intentions to be managed within financial budget.

How do proposals align with Health & Wellbeing Strategy?

Aligned with the outcomes of the Corporate Plan

How do proposals align with Locality Plan?

Aligned with the outcomes of the Locality Plan

How do proposals align with the Commissioning Strategy?

The paper is aligned with the NHS Long Term Plan

Recommendations / views of the Health and Care Advisory Group:

This group would not review the commissioning intentions

Public and Patient Implications:

As per Corporate Plan

Quality Implications:

As per Corporate Plan commitments

How do the proposals help to reduce health inequalities?

Clear focus on system-wide commitment to prevention and reducing health inequalities

What are the Equality and Diversity implications?

As per Corporate Plan

What are the safeguarding implications?

None identified

What are the Information Governance implications? Has a privacy impact assessment been conducted?

None identified

Risk Management:

None identified – intentions only

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer

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Dear _____,

TAMESIDE & GLOSSOP COMMISSIONING INTENTIONS 2020-21

This letter sets out, in high level terms, how Tameside & Glossop Strategic Commission intends to commission services from its main Providers in 2020-21. Where appropriate, detailed commissioning intentions will be developed with key Providers over the next few months. 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 through provider specific contract negotiations.

1. KEY POLICY DRIVERS

1.1 Tameside and Glossop Corporate Plan and Tameside and Glossop Locality Plan

The ambition of the T&G Strategic Commission is to ***significantly raise healthy life expectancy in Tameside and Glossop through a place-based approach to better prosperity, health and wellbeing underpinned by a financially sustainable health and social care economy.***

To achieve this, Providers will be asked to address the relevant system-wide priorities of the T&G corporate plan and associated work programmes

1. Very best start in life where children are ready to learn and encouraged to thrive and develop.
2. Aspiration and hope through learning and moving with confidence from childhood to adulthood.
3. Resilient families and supportive networks to protect and grow our young people.
4. Opportunities for people to fulfil their potential through work, skills and enterprise.
5. Modern infrastructure and sustainable environment that works for all generations and future generations.
6. Nurturing our communities and having pride in our people, our place and our shared heritage.
7. Longer and healthier lives with good mental health through better choices and reducing inequalities.
8. Independence and activity in older age, and dignity and choice at the end of life.

1.11 Key Work programmes

1.12 Starting Well

- Maternity: Maternal Mental and Physical Health, reducing smoking at time of delivery
- Improve school readiness and child development
- Improve education and employment

- Improve Parent Infant Mental Health
- Improve physical Health: Oral health, physical activity, long term conditions in children and young people
- Develop effective support programmes for children and young people with Special Educational Additional Needs and Disabilities
- Social Resilience – Early Help, reducing adverse childhood experience, reducing Looked After Children.

1.13 Living Well

- Transition into adulthood.
- Reduce victims of domestic abuse
- Increase access, choice and control in emotional and mental self-care and wellbeing.
- Increase physical and mental healthy life expectancy
- Decrease smoking prevalence
- Increase levels of physical activity
- Reduce drug and alcohol related harm.
- Reduce the impact of poverty
- Improve access to good quality employment.

1.14 Ageing Well

- Increase the number of people helped to live at home
- Reduce hospital admissions due to falls
- Increase levels of self-care and social prescribing.
- Prevention support outside the care system.

1.2 The NHS Long Term Plan

All Providers are asked to work with partners to implement the ambition of the NHS Long Term Plan; taking note of the Implementation Framework, which sets out further detail on how the commitments in the Long Term Plan will be delivered (see appendix).

1.3 GM Health and Social Care Partnership Delivery Plan

All Providers are asked to work with partners to implement the ambition of the GM Health and Social Care Partnership (GMHSCP) Delivery Plan 2020-24. This plan represents the GM system's implementation strategy for the GMHSCP Prospectus and incorporates the GM response to the NHS Long Term Plan and the commitment to The Greater Manchester Unified Model of Public Services

2. NEW COMMISSIONING MODELS

The Strategic Commission is developing a series of integrated contracting and funding mechanisms with its principle partners to incentivise the achievement of interconnected health and social care outcomes which meet the needs of the Tameside and Glossop population. This will include the development and agreement of shared system-wide outcomes.

2.1 Increasing investment into General Practice

The Strategic Commission is committed to increasing the recurrent financial commitment to General Practice via the development of an innovative series of outcomes-based investment 'bundles'. This will include further enhancing partnership working within our neighbourhoods.

3. PRINCIPLES OF WORKING

3.1 Prevention and Population Health

We are committed to a fundamental shift in the health outcomes of our population and recognise that to achieve this the whole system needs to work together. We will go further, faster and address persistent inequalities. We will work with Providers and GMHSCP to incorporate proactive, predictive, and personalised prevention. This will recognise the substantial contribution from the wider determinants of health like education, housing, employment, environment and security.

3.2 Personalised Care

The Strategic Commission will work with all partners to develop a Comprehensive Model for Universal Personalised Care (UPC) as outlined by NHS England. As key partners, Providers will be asked to commit to all relevant components of the UPC model which are intended to improve health and wellbeing outcomes, quality of care and maximise value for money.

3.3 An equal partnership with the Voluntary Community, Faith and Social Enterprise Sector

We want to ensure that people and communities are genuinely in control of their health and wellbeing. This requires an integrated response that focusses on preventative approaches and a shift away from the medical model of illness towards a model of care which considers the expertise and resources of people and their communities. We recognise that the VCFSE sector are vital delivery components of a modern public service.

3.4 Developing a Public Service Reform approach

The Public Service Reform principles define our way of working with residents and partners. Public services need to be designed around people's needs and expectations; and be relatable to personal experiences this means:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control
- A place based approach that redefines services and places individuals, families, communities at the heart
- A stronger prioritisation of wellbeing, prevention and early intervention
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

4. TAMESIDE AND GLOSSOP FINANCIAL CONTEXT 2020/21

The delivery of clinically safe services and achievement of financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. In 2019/20 we are on track to achieve financial balance and meet our £11m savings target. However it should be noted that only 37% of savings schemes will be delivered recurrently this year, pushing a pressure into 2020/21.

The Strategic Commission has developed a 5-year financial model which incorporates demographic changes to support the objectives of our Corporate Plan and the requirements of the NHS Long Term Plan. In this plan our QIPP target is expected to increase by 14% to £12.5m next year. While we already have some savings schemes in place, these are not sufficient to fully address the long term recurrent gap

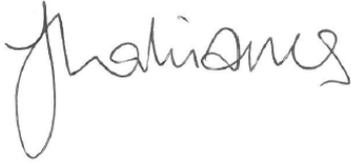
In recognition that significant new savings and efficiencies are required, the strategic commissioner has initiated a "Star Chamber" process. These "Star Chamber" reviews involve detailed, director level scrutiny and monitoring of all budgets and savings proposals to further reduce the recurrent gap in 2020/21 and beyond.

Alongside this internal savings programme, we want to work with partners to identify and support innovative approaches to manage demand, deliver efficiency and maximise productivity. This programme will be supported by a venture fund to develop evidence backed 'invest to save' initiatives. Successful schemes will be designed to deliver improved population outcomes in the

most cost effective way possible, while moving the economy as a whole towards long term financial sustainability.

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.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jessica Williams', with a large, stylized initial 'J'.

Jessica Williams
Director of Commissioning

cc. Ashwin Ramachandra, Co-Chair
Assad Ali, Co-chair
Steven Pleasant, Chief Executive / Accountable Officer