Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 March 2020
Executive Member / Clinical Lead / Reporting Officer:	Cllr Eleanor Wills - Executive Member for Adult Social Care and Population Health Dr Ashwin Ramachandra Jessica Williams, Director of Commissioning
Subject:	**TAMESIDE & GLOSSOP ICFT 20/21 STRATEGIC OUTCOMES**
Report Summary:	This report outlines the agreed strategic outcomes proposed by the Strategic Commission for Tameside & Glossop ICFT which will drive the ambition of the Tameside Corporate Plan.
Recommendations:	To note the content and ambition of the report.
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:** The proposed outcomes outlined in this paper are aligned to the vision for the outcomes focused contract we have with Tameside and Glossop Integrated Care NHS Trust (ICFT). Due to the extensive delays in NHS financial planning guidance, the contract negotiations are still in progress across the Strategic Commission with ICFT but the contract value is expected to be circa £180 million in 2020-21 split broadly equal across the Section 75 and Aligned elements of the Integrated Commissioning Fund. It is important that both commissioners and providers are able to effectively measure the outcomes from this contract for the substantial investment. The attached proposed outcomes would enable this whilst also giving assurance on the provision of quality patient care and value for money.
Legal Implications: **(Authorised by the Borough Solicitor)**	There are finite Funds to deliver the services of the Council, CCG and the ICFT, whilst the demands against the 3 organisations are increasing. It is important that there are clear, transparent and measurable strategic outcomes to drive improvements in the health of the population of Tameside and Glossop whilst keeping within resources available.
How do proposals align with Health & Wellbeing Strategy?	Supports the ambition of the Corporate Plan

How do proposals align with Locality Plan?	Supports the ambition 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 paper was not tabled at HCAG
Public and Patient Implications:	As per Corporate Plan
Quality Implications:	As per Corporate Plan commitments
How do the proposals help to reduce health inequalities?	Proposals seek to take a proportionate universal approach, supporting those with complex vulnerabilities.
What are the Equality and Diversity implications?	As per Corporate Plan
What are the safeguarding implications?	This report is aligned with local safeguarding arrangements.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	No local implications
Risk Management:	Progress and challenges will be monitored via the monthly contract meetings.
Access to Information:	The background papers relating to this report can be inspected by contacting the report author Martin Ashton, Associate Director of Commissioning:  Telephone: 07387 056042  e-mail: martinashton@nhs.net

1. INTRODUCTION AND BACKGROUND

1.1 This briefing outlines the proposed key outcomes measures which the Strategic Commission have agreed with Tameside & Glossop Integrated Care Foundation Trust (ICFT) in 2020/21 to drive improvements in the health of the population of Tameside and Glossop.

1.2 In 2019/20 the Strategic Commission agreed some high level outcomes with ICFT, progress has been broadly positive (interim report in **Appendix 1**) and the process has supported integrated planning and delivery across Tameside and Glossop.

1.3 There is a commitment to repeat and further extend this approach in 2020/21 to recognise the role that ICFT plays as a local leader of the Integrated Care system. The renewed shared outcomes will require effective partnership working and will have a clear golden thread back to the ambition of the Corporate Plan (see Table 1).

2. BACKGROUND

2.1 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.***

2.2 This is supported by the vision of T&G ICFT to: ***support local people to remain well by tackling the causes of ill health, supporting behaviour and lifestyle change, and maximising the role played by local communities to enable people to take greater control over their own care needs and the services they receive.***

2.3 To meet these ambitions and those of the NHS Long Term Plan and create the required population health shift it is necessary to empower residents and further strengthen connections between the health system and wider public services including the voluntary and community sector. This will occur by addressing the eight priorities of the T&G corporate plan (see Table 1).

3. CORPORATE PLAN PRIORITIES

3.1 The priorities and outcomes shown below have shaped the final agreed outcomes for 2020/21; these are listed in Appendix 2 alongside key metrics to show progress.

Table 1

Starting Well	
Corporate Plan priorities	**Corporate Plan – Selected key outcomes**
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	▪ Reduce rate of smoking at time of delivery ▪ Reduce the number of children born with a low birth weight ▪ Promote good parent infant mental health ▪ Promote a whole system approach and improve wellbeing and resilience ▪ Early help intervention ▪ Reduce the impact of adverse child experiences

Living & Ageing Well	
Corporate Plan priorities	**Corporate Plan – Selected key outcomes**
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.	▪ Working age population with at least level 3 skills ▪ Increase the number of good quality apprenticeships delivered ▪ 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 ▪ Increase the wellbeing of our population ▪ Decrease smoking prevalence ▪ Increase levels of physical activity ▪ Reduce drug and alcohol related harm.

Ageing Well	
Corporate Plan priorities	**Corporate Plan – Selected key outcomes**
8. Independence and activity in older age, and dignity and choice at the end of life.	▪ 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.

4. NEXT STEPS

4.1 Further work is required to refine the milestones and measures to ensure that each of the outcomes can be effectively measured and clear progress can be reported.

4.2 Progress against the milestones will be reported quarterly via the T&G Strategic Commission and ICFT contract meeting.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

APPENDIX 1

INTEGRATED CARE FOUNDATION TRUST CONTRACT OUTCOMES 2019/20

Outcome	Current RAG rating	Evidence	Comments on RAG status	Expected RAG rating at end of Financial Year
Staring Well: Improving School Readiness				
Development and approval via Health and Wellbeing Board of the single Children and Young Peoples Community Services Transformation Plan by September 2019	G	TMBC led 'Children & Young Peoples Plan'	Plan signed off and being implemented	G
Progress towards system wide implementation of the Children and Young Peoples Community Services Transformation Plan by 31 March 2020	A	TMBC led 'Children & Young Peoples Plan'	Plan signed off and being implemented. TMBC leading, ICFT fully signed up to delivery as per the TMBC timetable.	G
School health service promote positive mental health in schools and work with Child and Adolescent Mental Health Services to deliver training for young people in school	G	Appointments Assemblies School requests/feedback	Health Mentors and School Nurses provide short term Tier 1 emotional wellbeing support for children for example low level anxiety and exam stress support. They refer to Healthy Young Minds (HYM) as appropriate. School Nurses hold assemblies to deliver training and key messages to both staff and pupils.	G
By 31st March 2020, process to agree the full integration of safeguarding team into mulitagency Safeguarding Hub and co-location and integration of Looked after Children team with Children's Social Care	A	MASH processes.	Trust provides full health input to MASH 5 days per week on a rota basis so safeguarding fully integrated into HUB. Trust is fully engaged with LAC integration plans and supportive of shared admin support however Trust is unable to deliver integration independantly. Trust is unable to access liquid logic to allow full integration of LAC & change in personnel at TMBC has slowed progress on developing co-location and integration of LAC team. Trust working with Designated Nurse for	A

			safeguarding at CCG and TMBC social care to progress this in line with the children and young peoples integration plans.	
With partners, develop an intentional self-harm reduction plan for people aged 10 to 24 years	A	Self-harm and self-harm risk assessment pathway documents	Self-harm pathway developed some years ago and well established. A self harm Risk assessment pathway has been developed jointly by HYM, School Nurses and Tameside Hospital and is being implemented which will support self-harm reduction plan.	G
Living Well; Reducing the incidence of Long Term Conditions				
Work with parnters to identify methods to improve weight management support, including the potenital for increasing referrals to the Be Well service. For 2019/20, this to focus on Maternity pathway	G	Policy on weight management support in ANC	ANC send referrals to Be Well Tameside and additional training is being planned to ensure all staff have been appropriately trained. Our CYPF services are working on a Healthy weight pathway. Partnership between Acute and community health services in place.	G
Increased numbers of referrals to drug and alcohol treatment and recovery services	G	Audit C – E-CAS card	Process automated through E-CAS card with automatic referral on input of high assessment score.	G
Delivery of additional smoking cessation as part of the CURE programme and Lung Health Check programme	G	2xCURE nurse posts on trac, CURE programme on track to deliver key milestones set by GM. CQUINs – 100% for alcohol advice or referral / 85.3% for smoking advice or referral	Risky Behaviours CQUIN, including metric regarding smoking cessation is demonstrating an increase in patients being screened (92.6%) and being given brief advice or referred to specialist services.	G
Development and implementation of Integrated Long Term Conditions pathways that included Improving Access to Psychological Therapies by 31 March 2020	G	LTC and LTP inequalities programme boards	Programme Boards in place and priorities identified or being identified. IAPT+ service in place	G
Ageing Well; Improving Independence in our Older Population				
Full delivery of the national and local specification for the Urgent Treatment Centre including the option for booking appointments by December 2019	R	Not delivered at December 2019.	Gap analysis undertaken and shared with commissioners and discussions have taken place to agree where standards cannot be met	A

			currently. Trust investigating installation of EMIS into UTC to progress a number of standards.	
Rate of Emergency hospital admissions due to falls in people aged 65+ per 100,00 no greater than 2114 (England average)	G	PHE KPI published on Fingertips website and runs circa two years behind. The figure quoted in the KPI description for the target is from 2017/18.	2018/19 figures remained static (this is the 4th best performance in North West out of 23 Trusts). 2019/20 Apr-Nov again still on track to meet target as comparable to previous years of being better than National average (as comparable to previous years) but final figures cannot be reported until end of Financial Year.	G
Increased number of people dying in their place of choice - % improvement to be announced	G	EOL programme Board in place and dashboard being developed to record % of patients with a preferred and actual place of death recorded and % of patients who died in their prefered place of death.	Of those patients who died between April and September 2019 with both a preferred and actual place of death recorded on EMIS (74 patients), 88% died in their preferred place of death	G
No full Continuing Health Care process to take place in an acute setting except with prior agreement from the Clinical Commissioning Group (CCG)	G	Reported performance in CCG Contract KPI Report. Target agreed in CCG Contract KPI's is 85%	85% has been met in 7 of the 8 months and 6 months having 100% performance. New process came into effect in December 2019.	G
90% of NHS Continueing Helath Care processes led by the ICFT (checklist to CCG decision) to be completed within 28 days.	G	Reported performance in CCG Contract KPI Report	Reported Performance is 100% in every month since April 2019	G

APPENDIX 2:

20/21 OUTCOMES

Starting Well

Outcome / Output		Activity / Work programme	Milestone / Measure
SW1	Reduce the number of children born with a low birth weight	▪ Babyclear	▪ % reduction in smoking at delivery (to be agreed)
		▪ Alcohol Exposed Pregnancies Programme	▪ Increase in LARC provision via maternity services (to be agreed)
SW2	Improving care for children with long-term conditions, such as asthma, epilepsy, diabetes and complex needs	▪ Preventing Paediatric admission work programme ▪ Develop multi-disciplinary early help service in each neighbourhood.	▪ Measure tbc ▪ Integrated team in place
SW3	Seamless pathway for women experiencing mental health difficulties in the perinatal period	▪ Support the development of the Integrated Perinatal and Infant Mental Health Service including establishing effective Obstetric Liaison Clinics and preparing to develop Maternity Liaison Clinics as per Long Term Plan	▪ % midwives trained in perinatal and infant mental health as per GM PIMH Competency Matrix (to be agreed)
SW4	Reduction in avoidable attendance at Accident and Emergency department by Children and Young People	PLACEHOLDER: CCN contribution to management of long term conditions within neighbourhoods	▪ % reduction in the use of the Accident and Emergency department by Children and Young People

Living Well

Outcome / Output		Activity / Work programme	Milestone / Measure
LW1	Reduction in outpatient appointments by harnessing the opportunities of digital technology	▪ Increase the use of digital tools to transform how outpatient services are offered and provide more options for virtual outpatient appointments	▪ Replacement of X% of face to face outpatient appointments by digital alternatives in dermatology, Respiratory and T&O .
		▪ Further develop Advice and Guidance to increase use including the review of images	▪ Increased use in at least ten specialities ▪ Dermatology A&G includes review of dermatoscope images.
LW2	Giving people more control over their own health and more personalised care	▪ Further develop personalised care and support planning in line with the GM model (including End of Life)	*New EOL Dashboard has been developed across ICFT/CCG working group so suggest we can agree measures from this.*
		▪ Further develop comprehensive 'at-scale' supported self-care programmes	

		▪ Implement Patient Initiated Follow Ups	▪ Minimum two specialities implemented patient initiated follow ups instead of routine follow ups *(specialties to be agreed).*
LW3	Reducing rates of smoking in vulnerable groups	▪ Delivery of additional smoking cessation as part of the CURE programme and Lung Health Check programme	▪ Uptake of smoking cessation via CURE ▪ X% increase in total referrals to health improvement service (to be agreed)
LW4	Reduction in alcohol related harm	▪ Hospital Alcohol Liaison Service providing support to A&E and inpatients ▪ Brief interventions delivered across wider workforce including maternity as part of Alcohol Exposed Pregnancy Programme	▪ X% increase in numbers of referrals to drug and alcohol treatment and recovery services (to be agreed) ▪ X% increase in numbers of referrals to health improvement service (to be agreed)
		▪ Increased liaison with CGL (& Derbs Provider) to support patients into the service	▪ Pathways and processes implemented from community & acute services
LW5	Reduction in harms resulting from domestic abuse	▪ Bridges Service (& Derbs Provider ▪ IDVAs / Specialist Nurse Roles	▪ Evidence of process in place to increase identification of domestic abuse and signposting to Bridges service.
LW6	Deliver integrated mental and physical care	▪ Develop integrated pathways of care for people with mental health needs attending A&E and on the wards with the Liaison MH Service. ▪ Develop integrated pathways of care for people with physical health needs on the Pennine Care in-patient wards. ▪ Agree and deliver a plan to integrate psychological therapy into 3 LTC teams	▪ ICFT will work In **partnership** with Pennine Care on these measures ▪ Pathways developed and audited for effectiveness. ▪ PCFT and ICFT agreement in place. ▪ Psychological therapy offer integrated within 3 LTC teams by March 2021
LW7	Develop and deliver an action plan in line with the requirements in the Long Term Plan for patients with Learning Disabilities and Autism admitted to hospital	Plan to include ▪ NHS staff information and training on supporting people with a learning disability and/ or autism. ▪ Policy on reasonable adjustments to support people with a learning disability or autism. ▪ Implementation of the national learning disability improvement standards	▪ 2020/21 Action plan developed and delivered

Ageing Well

Outcome / Output		Activity / Work programme	Milestone / Measure
AW1	Increasing the number of people helped to live at home	▪ Implementation of Frailty Board Programme	▪ Increase in the number of patients identified as frail ▪ More people cared for in the community

			▪ Prevention & Admission Avoidance ▪ Interventions and Care *Review KPI's on Frailty programme for measures associated with these place holders*
AW2	Reduce the incidence of falls Reduction in Rate of Emergency hospital admissions due to falls in people aged 65+ per 100,000 towards no greater than 2114 (England average)	▪ Support the prevention of falls through direct support (delivered or commissioned by ICFT) and through close working with other partners	▪ Implement a community-based falls prevention service; and strength and balance services (and/or resistance exercise training) available to all people living with clinical frailty.
AW3	Number of people dying in their place of choice Improvement towards the national average.	▪ Improving identification of patients through Neighbourhood and Acute services	▪ Processes embedded to ensure GPs are notified of patients identified as PEOL by ICFT staff
		▪ EPaCCs	▪ X% of patients with an EPaCCs record have the record reviewed prior to or on admission (to be agreed).
		▪ District Nursing services routinely discussing and recording Preferred Place of Care with appropriate patients	▪ Evidence of preferred place of care recorded
		▪ Integrated approach to developing Palliative and End of Life Care to ensure 24/7 support available	▪ Processes and pathways in place with partner organisations to ensure support is available to enable a person to stay in own home.