



## ITEM NO: 5

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	1 October 2015
<b>Executive Member / Reporting Officer:</b>	Councillor Brenda Warrington – Executive Member (Adult Social Care and Wellbeing)  Jessica Williams, Programme Director for Integration, Tameside and Glossop CCG / Tameside MBC
<b>Subject:</b>	<b>MAKING PROGRESS ON THE INTEGRATED CARE SYSTEM ACROSS TAMESIDE AND GLOSSOP</b>
<b>Report Summary:</b>	<p>Monitor, the regulator for health services in England, published a report on the 17.09.15 outlining options for the future of Health and Social Care in Tameside and Glossop endorsing our current work, known as '<i>Care Together</i>', which has been taking place locally to develop better health and care services for local people. This now gives us a mandate to take forward nationally significant plans. These plans will place Tameside at the forefront of a new era in health and social care. We will be the first in the country to deliver health and social care services via an Integrated Care Organisation (ICO) bringing together services from Tameside Council, Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Hospital.</p> <p>We know that the future of health care services in Tameside needs to look very different, particularly given our reducing budgets. Integrating preventative and proactive care, GP's, Social Care and the services provided in the hospital will deliver better service for local people. Those in need of support will receive it in a more co-ordinated way, without having to work their way through a complex system of multiple organisations and teams, as anyone who has care of an elderly relative will know. Care will, wherever possible, be provided closer to home (preferably in their own homes) and we will do all that we can to keep people out of hospital especially where early support can prevent a unnecessary stay in hospital.</p> <p>Although a lot of the detail of how the ICO will work is yet to be decided and will be shaped as the programme progresses, staff will be at the forefront of this as we co-design the new services and ways of working going forward. The ICO will provide new opportunities for our workforce and their experience, knowledge and skills will play a vital part in ensuring we have a future care organisation that is fit for purpose and holds the needs of the person central to the health and care it provides. Staff will receive briefings throughout this process. The attached report sets out the initial commitments of all the parties to make progress on delivering the new ICO.</p>
<b>Recommendations:</b>	This Health and Wellbeing Board is asked to note the contents of this report.

<b>Links to Community Strategy:</b>	Meets all objectives.
<b>Policy Implications:</b>	In line with Council policy.
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer)</b>	The report of PwC confirms previous estimates made of the future funding gap in the local health economy and calculates this gap to be c£69m (see page 26 of appendix e to this report). The anticipated improvement to this position that can be made by creating the Integrated Care Organisation is c£28m. This is a significant level of cost reduction and represents a vital component of achieving financial sustainability in the local health economy. In due course it will also provide a significant contribution to the financial sustainability of the Council. Further work is in hand to address the residual gap of c£42m (also set out in appendix e to this report). No direct financial implications arise from this report. Further decisions will be taken which will enable the steps required to deliver the ICO and secure the anticipated spending reductions.
<b>Legal Implications :</b> <b>(Authorised by the Borough Solicitor)</b>	There are some significant financial, organisational and legal risks to be addressed throughout this process and kept under review. However, those risks and the benefits outweigh the significant consequences of doing nothing both in terms of care, impact on the local economy and the Council's budget. There would appear to be no other options or alternatives and this has been endorsed by PWC who drafted the report and undertook the CPT with Monitor over some 9 months.
<b>Risk Management :</b>	These are set out in the CPT report but a proper risk register will be required for this programme.
<b>Access to Information :</b>	<p><b>Appendix A</b> – Board to Board report.</p> <p><b>Appendix B</b> - Joint key stakeholder briefing from the three parent organisations summarising the CPT report.</p> <p><b>Appendix C</b> - Joint press statement from the three parent organisations in response to the CPT report.</p> <p><b>Appendix D</b> - Tameside Hospital NHS Foundation Trust contingency planning team: an overview.</p> <p><b>Appendix E</b> - The Contingency Planning Report as published by Monitor on 17 September 2015.</p> <p>The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director by:</p> <p> Telephone: 0161 304 5342</p> <p> e-mail: jessicawilliams1@nhs.net</p>