

## **Briefing on the publication of the Monitor Contingency Planning Team Report**

In November 2014, Monitor appointed PwC as a Contingency Planning Team (CPT) to assess the sustainability of the Foundation Trust following a number of critical reports. The Contingency Planning Team report is to be published by Monitor on the 17<sup>th</sup> September. NHS Tameside and Glossop Clinical Commissioning Group, Tameside Metropolitan Borough Council and Tameside Hospital NHS Foundation Trust have worked closely with the CPT on developing a model of integrated care, the principles of which were already well established.

### **Key Points**

- The publication of this report from Monitor feeds directly into our work around developing integrated health and social care in Tameside and Glossop.
- Monitor has tied the release of the report into the decision to remove the Hospital from special measures, although the two are not directly related.
- This represents the next stage in our journey and gives us access to levers of national significance in terms of creating an integrated care organisation. Tameside and Glossop have an opportunity to be at the forefront of the national drive to integrate health and social care, allowing us to collectively deliver better outcomes for our residents. The plan could see Tameside and Glossop deliver a national first.
- The CPT report concludes that Tameside Hospital NHS Foundation Trust (THFT) could become the delivery vehicle for the integrated health and social care system. Local organisations need to consider this recommendation in more detail and we are clear that if this were the case, THFT would need to be a very different organisation in the future.
- The CPT estimate that the proposed model could save £28 million a year across health and social care, but will still leave a deficit of around £42 million.
- We do know that in the future health care services in Tameside and Glossop are likely to look very different. Integrating preventative and pro-active care, GPs, social care and the services provided in the hospital will deliver better health and social care 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. Care will, wherever possible, be provided closer to home (or even in people's homes) and we will do all we can to keep people out of hospital where effective, early support could have prevented a stay in hospital.



- The CPT report proposes a model of care in four parts: preventative and proactive care; urgent care; elective care; and specialist input. All of which have been designed through Care Design Groups (CDGs) which involved input from clinical and management staff, patient representation and the public.
- The CPT propose the creation of Locality Community Care Teams (LCCTs) in each of the five localities. We support this and believe that they will be a really important element of the new local approach, bringing together delivery across primary care (GPs), mental health, community care, social care, secondary care and the 3rd sector. They will coordinate care through individual care plans and the sharing of expertise. The locations of these community care teams will be:
  - Ashton
  - Denton, Droylsden, Audenshaw
  - Hyde, Hollingworth and Longdendale
  - Stalybridge, Dukinfield, Mossley
  - Glossop
- Tameside could also benefit from a new best practice Urgent Integrated Care Service ('UICS'). The UICS will have unequivocal responsibility for looking after local people who are in social crisis, or who are seriously unwell. There is a range of services sitting under the UICS including A&E, rapid response team, discharge team and intermediate care.
- The report proposes Tameside Hospital as an elective surgical centre with an A&E (as part of the UICS), maternity services and a reduction in medical beds and overall activity by c18%.
- The report also introduces the possibility of using 12 intensivists. Intensivists are hospital-based specialists who would focus on a cohort of high-risk patients. Intensivists are trained and experienced in looking after patients with complex medical conditions.
- The report represents a significant step forward but does not provide us with all of the answers. The report is supportive of maternity services locally but does not provide a recommendation on this issue, referring to the need to wait for the output from the Cumberledge Report.
- Currently the proposals are unfunded (and are modelled to be around £48 million of one-off costs) and discussions are taking place around how funding could be brought to Tameside and Glossop to deliver this ambitious programme.
- Local organisations are working up a fuller response to the publication of the report and face to face briefings with interested parties will be arranged.
- Staff briefings for all affected workforce are taking place following the publication of the report.

