

## **Improving joined-up care for patients puts Tameside Hospital NHS Foundation Trust back on a sound clinical and financial footing**

Monitor, the health sector regulator, has accepted the findings and recommendations of an independent report into Tameside Hospital NHS Foundation Trust. The report confirms that an innovative, more joined-up approach to delivering health and social care across Tameside and Glossop will improve the care patients receive. The report states that improving the way services are currently delivered, in line with its recommendations, will put Tameside NHS Foundation Trust back on a sound clinical and financial footing and protect services for the long term. The recommendations require action by commissioners, the trust and the local authority.

In November 2014 Monitor brought in a Contingency Planning Team (CPT), a team of experts from PwC, to review and develop further a joint plan by Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group to better join up health and social care across the area. The CPT was employed to find out if the integrated care solution would solve the long-standing problems at the trust, and either find an alternative or create a plan for taking it forward.

The CPT report suggests the new care model could close the trust's annual cash shortfall of £23 million a year, within five years, if their recommendations are accepted, leaving the trust with no deficit. However, this is not the end of the story as this new care model is based on the wider health and social care system, where financial problems would still remain and need to be tackled.

At the same time as the CPT report is being published, Monitor has brought the trust out of special measures following a recommendation from the Care Quality Commission noting significant improvements. Monitor has agreed with the trust a set of actions it must continue to pursue based on the findings and recommendations of the CPT.

Local health and care partners have already said that the current system often doesn't make life easy for many patients, keeping some stuck in hospital when they could be at home and with patients having to repeat their story multiple times to different services.

The proposed new model of health and social care in Tameside and Glossop has been developed jointly by the CPT and the local health and care system, including doctors, nurses, patients, social care professionals, the voluntary sector and others. It would mean a radically new way of health and care professionals working together for the patient and a single care professional who would co-ordinate patient care.

It should not be underestimated how new and radical this approach is and the local partners in Tameside and Glossop would be leading the way. The report suggests a number of innovations, such as the development of new care professionals called 'extensivists'. Extensivists are specialists who focus on the patients most likely to require NHS services. In addition to specific training they will have extensive experience in looking after patients with complex medical conditions which will

complement GP expertise. They will, however, work alongside GPs to support existing primary care activities.

There are five key elements of the new care model, designed to deliver high quality care and experience for patients. These formed the basis of workshops held with patients and staff to create the new model and will be used to inform its implementation if the CPT recommendations (below) are fully adopted by the local health and care system:

- **Preventative and proactive care:** keeping people well and independent for as long as possible. Setting this goal allows the development of services that help people to stay well and manage their illness better. It will be delivered through five locality community care teams (LCCTs) that bring together GPs, mental health, community care, social care, hospital doctors and the voluntary sector.
- **Integrated urgent care service:** the development of a single service to deal with people who are in social crisis or seriously unwell. It will create a single point of access for patients and mean that the service has unequivocal responsibility for each patient using it. This approach strives to get the patient well and into the most appropriate care setting as quickly as possible.
- **Planned care:** making sure community and hospital services are more joined up. This is done through sharing budgets and having a single management team. It means that responsibility for the wellbeing of the patient is shared by a single team, from home to hospital and back home again.
- **Maternity care:** the report recognises the national work being done by the Cumberlege Review of maternity services and notes the high quality of local mother and baby services. It suggests local partners take another look at the service in light of the Review when it is published.
- **Hospital specification:** a view of what the hospital will look like in the new care model. In the new model every resource, including the hospital, is brought together around the four elements of care above. The hospital will be a key resource in keeping people well and not just treating them when they get sick.

The CPT estimates the proposed changes will contribute £28 million in total to the local health and care system each year, but there would still be an overall deficit of £42 million – reduced from the forecast deficit of around £70 million. There would also be one-off costs for implementing the changes of around £48 million, so more work needs to be done by the local partners together and with national organisations

to address these challenges. Commissioners will also need to decide how services are delivered and by whom.

Monitor has shared the CPT report with the local partners and tried to ensure that the new care model is compatible with the Healthier Together programme, part of Greater Manchester devolution. However the CPT report states, “The programme will need to be well-planned and well-led, and it will only succeed if several major risks are managed effectively”. To that end the CPT worked closely with the local chief executives and their teams to develop an implementation plan. Where appropriate, this work is moving forward.