

Report to:	HEALTH AND WELLBEING BOARD
Date:	9 March 2017
Executive Member / Reporting Officer:	Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) Jessica Williams, Programme Director, Tameside and Glossop Care Together
Subject:	INTEGRATION REPORT – UPDATE
Report Summary:	This report provides an update to the Tameside Health and Wellbeing Board on the progress and developments within the Care Together Programme since the last presentation in January 2017.
Recommendations:	The Health and Wellbeing Board is asked: <ol style="list-style-type: none"> 1. To note the progress of the Care Together Programme including the strategic and operational aspects; and 2. To receive a further update at the next meeting.
Links to Health and Wellbeing Strategy:	Integration has been identified as one of the six principles agreed locally to achieve the priorities identified in the Health and Wellbeing Board Strategy
Policy Implications:	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.
Financial Implications: (Authorised by the Section 151 Officer)	The healthcare system in Tameside and Glossop has a projected £70m financial gap by 2020/21 which the Care Together Programme is designed to address. The Finance Economy Wide (FEW) Group meets fortnightly to ensure effective tracking of the locality finances and projections, reporting through to the Care Together Programme Board for further review. It is essential that the approved GM Health and Social Care Partnership funding is expended in accordance with the investment agreement and recurrent efficiency savings are subsequently realised across the economy
Legal Implications: (Authorised by the Borough Solicitor)	It is important to recognise that the Integration agenda, under the auspices of the ‘Care Together’ banner, is a set of projects delivered within each organisation’s governance model and delivered jointly under the Single Commissioning Board together with the Integrated Care Foundation Trust. However, the programme itself requires clear lines of accountability and decision making due to the joint financial and clinical implications of the proposals. It is important as well as effective decision making processes that there are the means and resources to deliver the necessary work. This is to provide confidence and oversight of delivery. We need to ensure any recommendations of the Care Together Programme Board are considered / approved by the

constituent bodies to ensure that the necessary transparent governance is in place.

Risk Management :

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a project support office

Access to Information :

The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, Tameside and Glossop Care Together



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1. INTRODUCTION

- 1.1 This report provides an update to the Tameside Health and Wellbeing Board on the developments within the Care Together Programme since the last meeting.
- 1.2 The report covers:
- Greater Manchester Health and Social Care Partnership;
 - Operational Progress;
 - Organisational updates;
 - Recommendations.

2. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

- 2.1 Of the full £23.226m transformational funding award, £5.2m has been allocated within 2016/17. Transformational programmes are now being implemented at pace across the economy and expenditure profiles are being examined to understand the potential benefits in year.
- 2.2 Monitoring of the Investment Agreement within the locality is taking place on a monthly basis and it is envisaged that progress updates will be provided to Greater Manchester on a quarterly basis. The format for this is not yet finalised by the Greater Manchester Health and Social Care Partnership but it is hoped that the Care Together Programme Board will be an appropriate assurance vehicle.
- 2.3 The transformational funding award unfortunately does not include any capital for IM&T and Estates. The Programme Support Office continues to liaise with GM Health and Social Care Partnership and NHS Improvement to understand the potential for funding bids and ensure that as soon as funding opportunities arise, Tameside and Glossop will be prepared to make a submission.

3. OPERATIONAL PROGRESS

Programme Management

- 3.1 In order to ensure robust economy wide financial delivery plans and provide the necessary assurance to the Greater Manchester Health and Social Care Partnership on the expenditure and associated benefits of transformational funding, additional capacity and project management capability is required in the Care Together Programme Support Office. This has now been procured via Tameside MBC on behalf of the economy and will be in operation by the end of February 2017. The aim is for rigorous assessment of plans to inspire confidence across the system.

Adult Social Care Transaction

- 3.2 The Adult Social Care Transaction Steering Group continues to meet monthly. A strategic business case is currently in development and subject to approval by the Integrated Care Foundation Trust Board, will commit the economy to the transaction of staff by 1 April 2018. This however is secondary to the transformation of health and social care services which is already underway with the development of Integrated Neighbourhoods. This will be presented at the next Health and Wellbeing Board.

Integrated Neighbourhoods

- 3.3 The GP Clinical Leads for Neighbourhoods (and the associated funds from the Clinical Commissioning Group) are in the process of transferring into the Integrated Care Foundation Trust. A role specification and objectives for 2017/18 are being discussed which will provide real focus and pace to the implementation of transformational schemes. This is innovative, exciting and shows significant leadership commitment to the building of effective, high quality pathways of care across the health and social care system.

- 3.4 The Integrated Care Foundation Trust has created a new senior, executive and clinical monthly Joint Management Team which encompasses GP clinical leads, social care, public health as well as secondary care clinical directors. This is chaired by the Chief Executive and will be responsible for prioritising expenditure in neighbourhoods and ensuring the delivery of benefits.

Operational plans and new contract

- 3.5 The contracts between the Single Commission and key partners, including the Integrated Care Foundation Trust were agreed according to national timetable despite the extremely challenging financial position. This is testament to the collective commitment and team work by Finance colleagues.

4. ORGANISATIONAL UPDATE

Single Commissioning Function

- 4.1 As part of the drive to improve the efficiency of commissioning, New Century House has been vacated and commissioning staff have been allocated in their teams across three new Tameside MBC owned sites. Staff have been very accommodating and have adapted to the need to be more agile. Plans are now being developed to maximise the potential for strategic commissioning functions within the new Ashton building.

Integrated Care Organisation

- 4.2 Work continues to determine the full remit of the Integrated Care Foundation Trust and to align services accordingly. As well as the transformation and transaction of Adult Social Care, there is likely to be a transfer of some current commissioning functions and associated staff. This is being worked through and timelines being determined. How the Integrated Care Foundation Trust works with mental health and primary care services will also be developed in due course.

5. NEXT STEPS

- 5.1 As well as the continuation of all work above, notable next steps are as follows:
- Reporting to the Greater Manchester Health and Social Care Partnership on 2016/17 transformational fund expenditure and benefit realisation and agreeing the plans for 2017/18;
 - Implementation at pace of the Integrated Neighbourhoods across Tameside and Glossop;
 - Demonstrating the start of delivery of significant financial savings across the economy;
 - Development of the Primary Care Strategy;
 - Development of the Intermediate Care Strategy;
 - Obtain capital funding for IM&T and Estates plans;
 - Strategic business case and due diligence process agreed for the transaction of adult social care;
 - Finalising the role and structure of the Strategic Commissioning function;
 - Development of a balanced scorecard/outcomes framework which will demonstrate the improvement of healthy life expectancy, reduction in inequalities and the movement towards a financially sustainable economy.

6. RECOMMENDATIONS

- 6.1 As set out on the front of the report.