Report to:	**HEALTH AND WELLBEING BOARD**
Date:	21 September 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 Tameside Health and Wellbeing Board with progress on the implementation of the Care Together Programme and includes developments since the last presentation in June 2017.
Recommendations:	The Health and Wellbeing Board is asked: 1. To note the updates as outlined within this report. 2. To note the proposed changes within the Clinical Commissioning Group governance and clinical leadership structures. 3. 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 Tameside and Glossop health and social care economy has a projected £70 million financial gap by 2020/21, the delivery of which will be supported by the Care Together Programme. It is important to note that the locality financial gap will be subject to revision, the details of which will be reported to a future Health and Wellbeing Board meeting. It should also be noted that the approved Greater Manchester Health and Social Care Partnership funding of £23.2 million should be monitored and expended in accordance with the investment agreement and that recurrent efficiency savings are subsequently realised across the economy as a result of this investment.
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  Telephone: 0161 304 5389  e-mail: jessicawilliams1@nhs.net

1. INTRODUCTION

1.1 This report provides Tameside Health and Wellbeing Board with an outline of the developments within the Care Together Programme since the last presentation in June 2017.

1.2 The report covers:

- Greater Manchester Health and Social Care Partnership;
- Programme Management Office;
- Operational Progress;
- Recommendations.

2. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP (GM HSCP)

2.1 Of the full £23.226m transformational funding award, £7.9m has been allocated within 2017/18. 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 takes place on a fortnightly basis at the Finance Economy Workstream and at the quarterly Care Together Programme Board. In addition, Greater Manchester Health and Social Care Partnership require quarterly returns and a self-assessment process is being undertaken.

2.3 The Greater Manchester Health and Social Care Partnership have requested applications for the Greater Manchester Digital Fund. Tameside and Glossop has submitted a bid for £4.77m as this is the capital required to deliver our IM&T ambitions. However, as the Greater Manchester Digital Fund is constrained and bids are likely to far exceed the allocation available, we have also broken the £4.77m into phases to ensure that as a minimum, we receive sufficient funding to continue the current drive to improve connectivity. If our Digital Fund submission is not successful, we will submit a further application to the Greater Manchester Transformation Fund.

2.4 The Greater Manchester Health and Social Care Partnership have unfortunately not yet confirmed the £995k programme management support which we submitted on 23 March. We continue to press for this funding.

2.5 Our Programme Management Office is well represented throughout the governance and operational structures at the Greater Manchester Health and Social Care Partnership. We continue to ensure we remain aligned with the Greater Manchester Health and Social Care Partnership vision and direction of travel, learn from best practice opportunities elsewhere and where appropriate, support the development of central and other locality plans.

3. PROGRAMME MANAGEMENT

3.1 As reported at the last meeting, the governance processes implemented in our Programme Management Office have been commended by Greater Manchester Health and Social Care Partnership. Over the summer, we have supported the Greater Manchester Health and Social Care Partnership Programme Management Office team and they have confirmed that they will be adopting our system more widely.

3.2 The Programme Management Office has successfully recruited to all 4 positions and will be fully established from beginning of October.

4. OPERATIONAL PROGRESS

Single Commissioning Function

3.1 At its meeting on 26 July 2017 the Clinical Commissioning Group's Governing Body considered a report proposing revisions to its governance. The main driver for the review was the recognition that the governance arrangements for the Single Commission are maturing and there is a need to ensure duplication is minimised. Governing Body considered whether existing structures continue to be fit for purpose, if the leadership is correct for each constituent part, and if it is delivering value for taxpayers' money.

3.2 The Governing Body agreed the following key proposals:

- Introduction of a Stakeholder/Partners Strategic Engagement Forum, to be held quarterly and chaired by the Elected Member for Health and Social Care.
- Monthly meetings of the Single Commissioning Board, Finance Committee, Primary Care Committee, and Health and Care Advisory Group (previously known as Professional Reference Group).
- Introduction of a new Quality, Performance, and Assurance Group to meet bi-monthly and to be chaired by the Clinical Commissioning Group's Governing Body Nurse.
- Audit Committee moves to five times a year and the Governing Body to quarterly. The Remuneration and Terms of Service Committee to meet at least annually.

3.3 Proposed new Chair arrangements for the majority of committees were also agreed.

3.4 The Governing Body agreed the following proposals in relation to the clinical leadership:

- Chair of the Single Commissioning Board/Clinical Commissioning Group Governing Body to continue the leadership role within the Greater Manchester Health and Social Care Partnership Primary Care Reform programme or other programme as appropriate, as well as within Tameside and Glossop.
- Four new leadership GP roles are created with explicit responsibilities to support the Chair, provide clinical input into strategic commissioning decisions, and bring wider GP perspectives to place based public services.
- Three of these GP leadership roles will drive commissioning of the Starting, Living, and Ageing Well public sector agenda. They will be accountable to the Chair of the Single Commissioning Board and be expected to work across organisational boundaries to support delivery of new models of care. For example, the Living Well agenda could be developed and led by a lead GP, with a senior commissioning manager, employment specialist, public health consultant, finance manager, and business intelligence lead collectively working to identify population outcomes which support a new method of commissioning mental health services, employment support, Active Tameside etc.
- The fourth GP leadership role will provide clinical support for General Practice and Primary Care.
- One of the posts will need to be elected by the Governing Body membership as Clinical Vice-chair.
- An additional clinical role is created as a Post-CCT Fellowship to cement Tameside and Glossop as an innovative place for training and development and also to aid succession planning within the strategic clinical commissioning leadership. The specific responsibilities for the post will be agreed with the successful candidate and according to their interests.
- The role of Chair of the Single Commissioning Board/Clinical Commissioning Group Governing Body moves to 6 sessions per week.
- Four GP clinical leadership posts at three sessions per week with the Fellowship currently costed as two days per week.
- Each of the leadership clinicians will need to take specific commissioning responsibility for a Neighbourhood and link to the corresponding Integrated Care Foundation Trust Neighbourhood Leads.

- An advert to be drafted to recruit three Governing Body GPs (from 1 April 2018) and to be employed by the Clinical Commissioning Group subject to clarification of the Employment Status of the Governing Body GPs.
- The Chair ensures clarity on the deliverables required in each leadership area on an annual basis.
- Each lead will be a formal attendee of the Single Commissioning Board and of the Clinical Commissioning Group Governing Body. Other statutory committees will not require representation from all and, collectively, the GP clinical leads will allocate responsibilities and determine best coverage and use of time
- The previous five Clinical Commissioning Group Neighbourhood Leads posts transferred to the Integrated Care Foundation Trust on 1 April 2017. This arrangement needs to be formalised to provide the Integrated Care Foundation Trust with £228,150 to support these sessions. Should the Integrated Care Foundation Trust wish to increase the number of sessions, the additional funding will be a matter for the Trust.
- The Named GP for Children's Safeguarding remains with one session per week to ensure the continued focus in this area.
- The Chief Finance Officer, Lay Members, and Governing Body Nurse costs all remain as agreed in the opening budget for 2017/18.
- All other posts within the commissioning clinical leadership structures will be reviewed to determine future need for these roles and, if clear objectives remain, whether it is more appropriately a Single Commission or Integrated Care Foundation Trust role.

3.5 The Governing Body was of the opinion that these recommendations strengthen the clinical leadership within the Strategic Commission and Clinical Commissioning Group, reduce some capacity back into the system through a reduction in the frequency of some meetings, and represent good value for the public purse. It is noted that the introduction of the post-CCT Fellowship Governing Body role is highly innovative and will help to evidence how Tameside and Glossop is a dynamic place in which to work as a GP.

3.6 In line with the Clinical Commissioning Group's Constitution these recommendations were put to the wider GP membership of Tameside and Glossop by an email from Dr Alan Dow on 7 August 2017. The feedback received by the stated deadline of 31 August 2017 was overwhelmingly positive.

3.7 The key next steps taking place during September 2017 are as follows:

- The five GP Neighbourhood Groups are minuting from their September meetings that they have reviewed and supported the recommendations. This will provide useful evidence of the Clinical Commissioning Group's membership support when applying to NHS England for the Constitution changes.
- Dr Alan Dow has been invited to the 11 September meeting of the Local Medical Committee to explain the proposals to this GP representative group.
- At its meeting on 27 September the Governing Body meeting will receive a report summarising the membership responses and seeking formal support to approach NHS England in order to make the formal changes to the Constitution.
- From October 2017 work will be undertaken in preparation for the anticipated approval from NHS England.

3.8 The new Governance Structure is attached at **Appendix A** and the new Clinical Leadership Structure at **Appendix B**.

3.9 The Single Commission has launched a consultation on proposals for Intermediate Care. This will be explored in detail under a separate agenda item.

Integrated Care Foundation Trust

3.10 Work continues to determine the full remit for the Integrated Care Foundation Trust and to align services accordingly. As well as the transformation and transaction of Integrated

Neighbourhoods, discussions regarding mental health, how to optimise working with a variety of voluntary, community and faith sector groups and potentially, the alignment of primary care are being discussed.

3.11 Key in the development of the Integrated Care Foundation Trust is the transformation and management of Adult Social Care. The agreed timetable for the Adult Social Care transaction process will be brought to the next Health and Wellbeing Board.

4. RECOMMENDATIONS

4.1 As stated on the front of the report.