Report to: **HEALTH AND WELLBEING BOARD**

Date: 12 November 2015

Executive Member / Reporting Officer:

Steven Pleasant. Chief Executive Tameside Council

Steve Allinson, Chief Operating Officer Tameside and Glossop

Clinical Commissioning Group

TAMESIDE AND GLOSSOP LOCALITY PLAN Subject:

In 2015/16, GM Devolution is submitting a five year comprehensive Strategic Sustainability Plan for health and social care in partnership with NHS England and other national partners. Each of the GM areas has been asked to submit a

development of the GM Plan.

The GM Strategic Sustainability Plan will be based on the following objectives to:

Locality Plan to provide a "bottom up" approach to the

improve health and wellbeing of all residents of Greater Manchester, with a focus on prevention and public health, and providing care closer to home;

- make fast progress on addressing health inequalities;
- promote integration of health and social care as a key component of public sector reform;
- contribute to growth, in particular through support employment and early years services;
- build partnerships between health, social care, universities, science and knowledge sectors for the benefit of the population.

As such, the Tameside and Glossop Locality Plan addresses how we locally will meet these objectives.

Recommendations: The Health and Wellbeing Board are asked to note and

endorse the Tameside and Glossop Locality Plan.

Integration has been identified as one of the six principles that have been agreed locally that will help to achieve the priorities identified in the Health and Wellbeing Strategy.

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. This meets the requirements of the NHS

Constitution.

Financial Implications: Section 5 of the Locality Plan provides details of the financial

challenge to the Tameside Economy during the next five year (Authorised by the Section 151 period together with the associated proposals to finance the Officer) estimated £69 million gap.

> It is recognised that there is an estimated sum of £53 million transition funding (revenue £27m and capital £26m) required (phased over the five year period) to support the implementation of a financially sustainable integrated health

Report Summary:

Strategy:

Policy Implications:

Links to Health and Wellbeing

and social care provision within the borough.

A supporting business case to request the transition funding is currently in development in advance of submission to GM Devolution prior to the end of this calendar year. It is essential this sum is received over the timeline requested to ensure the projected financial gap is addressed.

In addition the Tameside Hospital Foundation Trust will require £71 million PDC funding over the five year period. This sum is being requested via the Department of Health.

Legal Implications:
(Authorised by the Borough Solicitor)

Public Service Reform (PSR) principles are at the heart of the Plan. The scale of public services will reduce over the next five years and current service provision will not be achievable. Making services, especially hospitals, more efficient will be insufficient without reducing or deflecting demand. The two actions must be considered together. It will be important to work on preventing demand and ensuring that the right intervention is made at the earliest possible stage. The public have a key role in taking more responsibility for their own health care, including more emphasis on prevention. PSR provides the backdrop to the changes by developing new approaches to investing and aligning priorities from a range of partners, and across a wide number of services. Increased use of evidence and evaluation underpins the move to reducing demand and focusing resources in the most effective interventions. The Locality Plan aims to connect health and social care transformation with the intention of reducing complex dependency and enhancing services to children and early years. **Devolution** provides the opportunity to remove barriers to reform. It allows Tameside & Glossop to be innovative in closing the financial gap and to be flexible in delivery. There are four key ways identified in the Locality Plan which devolution can make a difference

- Radical scaling up of shared priorities across the acute sector at a GM level
- Integrating primary, secondary, community and social services to take demand away from hospital/ residential care into care at or near people's homes
- Adoption of different payment methods and incentives so that resources can be moved around the system.
- Utilising the estate in a more effective way

A key role of the Locality Plan is to influence the CSR process and the impact on transforming health and social care in Tameside & Glossop and Greater Manchester.

Risk Management:

Continuing work will take place to strengthen the document and the financial plan. The aim is for the Tameside & Glossop Plan to be an independent document which accurately covers our ambitions and can effectively influence the CSR discussions. Identifying and agreeing the financial gap for the new arrangements will be essential. This will ensure that the best services are provided, key opportunities for revised commissioning and service provision are embraced and that the negotiations with Central Government clearly articulate the

"ask" for Tameside & Glossop and Greater Manchester. Work is underway to assess reducing demand, creation of sustainable finance system and impact on activity. The Investment "ask" will be identified, together with those services to be decommissioned and where disinvestment can take place.

Access to Information:

The background papers relating to this report can be inspected by contacting Jessica Williams by:

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