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| Report to: | HEALTH AND WELLBEING BOARD |
| Date: | 25 January 2018 |
| Executive Member / Reporting Officer: | Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) Jessica Williams, Interim Director of Commissioning and 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 September 2017. |
| Recommendations: | The Health and Wellbeing Board is asked: <ol style="list-style-type: none"> 1. To note the updates as outlined within this report. 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) | <p>The financial position of the Tameside and Glossop health and social care economy is reported monthly to the Strategic Commissioning Board. It is acknowledged there is a clear urgency to implement associated strategies to ensure the economy funding gap is addressed and closed on a recurrent basis. It is also important to note that the locality funding gap is subject to ongoing revision, the details of which will be reported to future Health and Wellbeing Board meetings as appropriate.</p> <p>The approved Greater Manchester Health and Social Care Partnership funding of £23.2 million referred to within section 2.4 of the report is monitored and expended in accordance with the investment agreement. Recurrent cashable efficiency savings subsequently realised across the economy as a result of this investment will contribute towards the reduction of the estimated locality funding gap.</p> |
| 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 Programme Management 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 Tameside Health and Wellbeing Board with an outline of the developments within the Care Together Programme since the last presentation in September 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 Our Care Together Programme Management Office is well represented throughout the governance and operational structures at the Greater Manchester Health and Social Care Partnership. We ensure we are 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.
- 2.2 A key focus for Greater Manchester Health and Social Care Partnership is the development of Local Care Organisations as this is likely to be the delivery vehicle for much of Theme 1 (Radical upgrade in Population Health/Prevention) and Theme 2 (Transforming care in Localities) of the Greater Manchester Health and Social Care Partnership work programme. In most areas of Greater Manchester, Local Care Organisations are being developed through bringing together General Practice, other primary care services, community services and moving some secondary care activity out of hospital and into the community. In some cases, mental health services are also included. In Tameside and Glossop, we are following a different model with the development of an Integrated Care Foundation Trust but the aims of reducing duplication, improving outcomes, managing care closer to home and improving efficiency remain the same.
- 2.3 As such, a programme of peer review visits have been arranged across Greater Manchester and ours takes place on 4 January 2018. We have prepared a multi-disciplinary and organisation team and look forward to a positive discussion with the Partnership on our developments.
- 2.4 Of the original £23.226m transformational funding award, £7.9m has been allocated within 2017/18. We also received the additional requested £995k programme support in December 2017. Transformational programmes are being implemented at pace across the economy but there has been some slippage in our expected rate of expenditure. This is likely to result in an underspend this financial year but in conjunction with Greater Manchester Health and Social Care Partnership, we aim to carry this forward to 2018/19 in order to realise the long term financial benefits.
- 2.5 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 monthly returns and the transformation programmes are examined in the bi-annual a self-assessment process is being undertaken.
- 2.6 Tameside and Glossop were not as successful as hoped with the Greater Manchester Digital Fund. This is likely to present a considerable challenge and is a key risk as without the necessary funding to ensure interconnectivity between operating systems and the

strategic developments required, it is unlikely the full financial benefits for our transformation will be seen. We continue to work with Greater Manchester Health and Social Care Partnership as well as exploring other avenues to increase capital funding for IM&T and aim to maximise and prioritise the funding received to date.

- 2.7 David Lewis, Head of Finance, Care Together Programme Management Office leads on the collation, monitoring and assurance of these funds on behalf of the economy. The latest financial position for all of these streams of funding is attached at **Appendix A**.

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. We have also commissioned the Clinical Commissioning Group Internal Audit function to audit the effectiveness of systems and processes in place for Care Together governance and expect to receive Significant Assurance in the new few weeks.
- 3.2 Due to the secondment in September 2017 of Clare Watson, Tameside and Glossop Director of Commissioning, to become Accountable Officer for two Clinical Commissioning Groups in Cheshire, Jessica Williams, Programme Director for Care Together has also taken on the Director of Commissioning role. This proved challenging initially with the Programme Management Office team only being fully established in October but the team is now working well to support the economy.
- 3.3 The third Board to Board to Board meeting involving the three key partners in Care Together took place on 12 December 2017, chaired by Councillor Kieran Quinn. This meeting reflected on the previous year, defined what we want to see in the future and also confirmed the key milestones for 2018.
- 3.4 The benefits defined for our future care system included:
- Improved Urgent Care Service;
 - Improved Primary Care Service;
 - Better mental health;
 - Supported families;
 - Reduced homelessness.
- 3.5 Key objectives for 2018 included:
- Defined objectives (“what good looks like”) for Neighbourhoods;
 - Population health plan in place focussed on early intervention;
 - Social prescribing roll out complete;
 - Growth of Voluntary Community and Faith Sector;
 - Agreed, collective financial plan & benefits realisation for 2018/19;
 - GM Work and Health Programme operational throughout Tameside;
 - Recognition of improving Children’s Services;
 - Evaluate Living Wage Foundation as an economy;
 - Increasing numbers of people receiving care at home e.g. digital health;
 - New residential and nursing contract in place with improved quality;
 - Improved services targeted at Carers;
 - Identified mechanism for new Mental Health contract;
 - Clarity on model and implementation of Integrated Children’s services;
 - Adult Social Care transaction complete;
 - Urgent Treatment Centre in place;
 - Agreed strategic direction for General Practice and clarity of how to incentivise change;
 - Evidence of shifting demand from acute to community and improving financial stability.

- 3.6 Progress against these objectives will be monitored by the Care Together Programme Board as well as by future Board to Board to Board meetings.

4. OPERATIONAL PROGRESS

- 4.1 At the last Health and Wellbeing Board in September, the Board heard about plans to revise governance arrangements for the Strategic Commission. This has now been approved by Council as well as by the Clinical Commissioning Group Governing Body and has therefore moved to implementation. The agreed Governance Structure is attached at **Appendix B**.
- 4.2 The consultation regarding Intermediate Care concluded at the end of November. This consultation generated significant interest and responses and a report including a recommendation will be presented for decision to the Strategic Commissioning Board on 30 January 2018.
- 4.3 A further consultation on urgent care is currently underway and is due to conclude on 26 January 2018. This aims to understand the impact on people with the relocation of the current Walk In Centre in Ashton Primary Care Centre to the main hospital site to be located alongside A&E. It also asks for views on whether there should be three neighbourhood hubs for evening and weekend GP appointments or whether five operating at weekdays is preferable. A decision is likely to be made on this at the Strategic Commissioning Board in March 2018.
- 4.4 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.
- 4.5 Key in the development of the Integrated Care Foundation Trust is the continued transformation of Adult Social Care. The transformation programme is currently being refreshed to take into account the additional funding agreed in the recent Budget. This as well as 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.

APPENDIX A

PMO Report - Section 2 - Finance

Month 8

09/01/18

Key facts for GM CBA schemes in year



1. 17/18 Forecast Expenditure Variance (£000s)

Allocation 17/18 £7,973

2. Forecast Savings Variance (£000s)

| | | | 2017/18 FINANCE UPDATE GM Funding Spend £000 | | | | | | 2017/18 FINANCE UPDATE Savings £000 | | | | | |
|---------------------------------|------------|-----------------------|---|---------------|--------------|-----------------------|---------------------|----------------|--|---------------|----------------|------------------------|---------------------|----------------|
| Theme/ Scheme | Org. | SRO | YTD Budget | YTD Actual | YTD Var | Original Approved CBA | FY Forecast outturn | Var | YTD Budget | YTD Actual | YTD Var | FY T&G Planned Schemes | FY Forecast outturn | Var |
| Integrated Neighbourhoods | All | Trish Cavanagh | £1,151 | £1,090 | -£62 | £2,750 | £2,089 | -£661 | £1,860 | £1,860 | £0 | £2,790 | £2,790 | £0 |
| System wide self care | ICFT | Trish Cavanagh | £868 | £356 | -£512 | £1,707 | £1,578 | -£129 | £0 | £0 | £0 | £0 | £0 | £0 |
| Support at Home | All | Stephanie Butterv | £0 | £11 | £11 | £1,044 | £322 | -£722 | £0 | £0 | £0 | £0 | £0 | £0 |
| Subtotal Neighbourhood | All | Trish Cavanagh | £2,019 | £1,456 | -£563 | £5,501 | £3,990 | -£1,511 | £1,860 | £1,860 | £0 | £2,790 | £2,790 | £0 |
| GP Prescribing | SCB | Jessica Williams | £0 | £0 | £0 | £0 | £0 | £0 | £1,678 | £424 | -£1,254 | £2,516 | £1,074 | -£1,442 |
| Wheelchairs | SCB | Jessica Williams | £0 | £0 | £0 | £0 | £0 | £0 | £550 | £551 | £1 | £550 | £551 | £1 |
| Neighbourhoods CBA | All | Trish Cavanagh | £2,019 | £1,456 | -£563 | £5,501 | £3,990 | -£1,511 | £4,088 | £2,835 | -£1,253 | £5,856 | £4,415 | -£1,441 |
| Home First | ICFT | Trish Cavanagh | £203 | £194 | -£9 | £580 | £491 | -£89 | £0 | £0 | £0 | £294 | £0 | -£294 |
| Digital Health | ICFT | Trish Cavanagh | £199 | £171 | -£27 | £393 | £290 | -£103 | £0 | £0 | £0 | £0 | £0 | £0 |
| Flexible Community Beds | ICFT | Trish Cavanagh | £921 | £918 | -£3 | £244 | £1,200 | £956 | £0 | £453 | £453 | £453 | £1,000 | £547 |
| Estates | ICFT | Robin Monk | £13 | £22 | £9 | £400 | £152 | -£248 | £509 | £524 | £15 | £763 | £657 | -£106 |
| IM&T | All | Peter Nuttall | £0 | £0 | £0 | £0 | £0 | £0 | £0 | £0 | £0 | £0 | £0 | £0 |
| Evaluation | All | Jessica Williams | £0 | £0 | £0 | £200 | £0 | -£200 | £0 | £0 | £0 | £0 | £0 | £0 |
| Performance Management | All | Jessica Williams | £0 | £0 | £0 | £50 | £50 | £0 | £0 | £0 | £0 | £0 | £0 | £0 |
| Organisational Development | All | Amanda Bromley | £107 | £90 | -£17 | £560 | £336 | -£224 | £0 | £0 | £0 | £0 | £0 | £0 |
| Total GM funding schemes | | | £3,462 | £2,853 | -£609 | £7,928 | £6,509 | -£1,419 | £4,596 | £3,812 | -£784 | £7,367 | £6,072 | -£1,295 |

APPENDIX B

REVISED GOVERNANCE STRUCTURE

