

Report to:	HEALTH AND WELLBEING BOARD
Date:	21 January 2016
Executive Member / Reporting Officer:	Cllr Brenda Warrington, Executive Member Adult Social Care and Wellbeing Chris Mellor, Chair, Care Together Programme Board 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 meeting.
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; 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 that have been agreed locally that will help to achieve the priorities identified in the Health and Wellbeing 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. This meets the requirements of the NHS Constitution.
Financial Implications: (Authorised by the Section 151 Officer)	The Tameside Locality Plan was submitted to Greater Manchester Devolution in October 2015. The plan provides a supporting analysis of the estimated £69 million funding gap which is projected to arise within the economy by 2019/2020. The plan also explains the strategies required to deliver this projected gap. A supporting transformation fund business case is scheduled for submission to GM Devolution/Department of Health by end of January 2016. The business case will request a combination of revenue (£36 million) and capital (£13 million) funding (subject to revision prior to submission deadline) which is profiled over a five year period. The transformation fund will support the necessary transition within the economy towards the implementation of the new care delivery model. It is essential that the estimated funding gap is continually reviewed and updated to ensure additional savings strategies are implemented as appropriate.
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. 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 report is to provide confidence and oversight of delivery.

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 by:



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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:
- Strategic Issues; External and Tameside and Glossop specific;
 - Operational Progress;
 - Next Steps;
 - Recommendation.

2. STRATEGIC ISSUES

External Developments - National

- 2.1 Monitor has reported the combined deficit for Hospital Trusts in the six months to 30 September 2015 was £1.6bn with 182 out of the 241 Trusts in deficit at the end of Quarter 2. The projected full year deficit is now put at £2.2bn, which is the worst for many years. Social Care funding has fallen to its lowest level for 20 years and the Local Government Association in predicting a £2.9bn annual gap by 2020.
- 2.2 This evidence of severe demand side problems has caused the Chancellor in his Autumn statement to announce a £6bn (inflation + £3.8bn) cash injection into the NHS in 2016/17 and powers for Local Authorities to levy a 2% "Social Care Precept" in Council Tax next year.
- 2.3 The Kings Fund published a paper on 12 November 2015 entitled "Place-based Systems of Care" in which they said "NHS organisations need to move away from a "fortress mentality", whereby they act to secure their own individual interests and future, and instead establish placed based systems of care in which they collaborate with other NHS organisations to address the challenges and improve the health of the populations they serve". This validates the direction of the Care Together programme as it aims to deliver precisely this but goes further by also including integration with social care.

External Developments – GM Devolution

- 2.4 Discussions have taken place with the Greater Manchester Devolution team to confirm the plans for Tameside and Glossop are in line with those of the Greater Manchester work. This is borne out by the GM Strategic Plan published just prior to Christmas which includes significant reference to Place Based Commissioning and Place Based Care. Our developing plans to implement local community health and social care models and an evidence based standardised approach to population health prevention as reflected by the CPT report and the Tameside and Glossop Locality plan are all within the GM plans.
- 2.5 GM Devolution continue to receive invitations to the Care Together Programme Board and are interested to see the detailed delivery plans over the next 2-3 months as models for integrated care are developed across GM. Our progress is of course subject to obtaining the transitional funding identified in the CPT report and we are preparing a detailed Business Case, which will follow the Treasury/Department of Health protocols, for consideration at the end of January 2016.

3. OPERATIONAL PROGRESS

Model of Care

- 3.1 The initial Steering group to deliver the detailed model of care has been chaired by Karen James and terms of reference agreed for this and the four workstreams beneath it; Healthy

Lives, Locality Development, Urgent Care and Planned Care. Over the next few months, there will be a significant engagement programme with public, staff, voluntary, community groups as well as statutory bodies to ensure the detailed model of care in all workstream areas meet the needs for Tameside and Glossop and also, is widely understood and supported. This engagement programme will be presented for approval at the February Care Together and Health and Well Being Boards.

3.2 As outlined in the Locality Plan, the approach to integrated care is not limited to the Integrated Care Organisation model set out in the CPT report. This is evidenced by the “Healthy Lives” workstream, chaired by Angela Hardman, Director of Public Health which will take forward work focused on prevention and pro-active support for people to self-care and self-manage in their own communities, drawing on social models of support as well as statutory health and care services.

3.3 In doing this, we are adopting the underlying principles of Asset-Based Community Development in strengthening community capacity and capability, and developing a more structured and sustainable partnership with the voluntary / community / social enterprise sector. We have put ourselves forward to link with the GM Devolution Team, where there are particularly strong links with the themes of Prevention and Community Services.

Transfer of Community Services

3.4 This extensive and important project continues at pace as Community Services for Tameside and Glossop will transfer from Stockport Foundation Trust to Tameside Hospital Foundation Trust on 1 April 2016. This is a contract value of approximately £25m and involves approximately 600 staff all of whom remain committed to providing their high quality service through the transition. There remain some high level risks to the project, mainly due to the limited remaining life of the current IM&T system used but are being mitigated where possible.

Single Commissioning Function

3.5 Another vital and exciting project where Tameside and Glossop are leading the way to develop co-ordinated, integrated and effective outcome based commissioning for health and social care. The two commissioning teams in Tameside MBC and Tameside and Glossop CCG have agreed to work together under one leadership to determine their clinically led priorities, will have one decision making structure, one pooled budget and will be co-located to start to develop new ways of working together for the benefit of all residents.

3.6 The initial Shadow Single Commissioning Board, chaired by Alan Dow will be held on 12 January and will agree terms of reference, integrated and residual governance arrangements and the approach to the 2016/17 contract negotiations.

Programme Support Office and Programme Development

3.7 The revised structure to focus the Care Together programme on delivery has been implemented and communicated to staff. Administrative support is in place and project management recruitment is underway. The November Care Together Budget shows slippage against the planned year end financial position. This has been reviewed in depth to ensure a realistic financial outturn is projected which will be discussed at the Programme Board in January 2016.

3.8 PwC have been commissioned to develop a business case to be submitted to GM Devolution. This is fixed price contract and will build on the detailed work already carried out by PwC within the CPT process. The business case aims to secure the necessary transitional funding to enable our health and social care system to change to a financially and clinically sustainable model.

4. NEXT STEPS

- 4.1 As well as the continuation of all work above and especially the focus on the model of care, notable next steps are detailed below.

Primary Care

- 4.2 GM Devolution are seeking neighbourhoods / localities who wish to pilot the new national voluntary contract and develop integrated health and social care services. Tameside and Glossop has expressed an interest in working with GM Devolution to see how this potential new contract could stimulate discussions with a wide range of primary care practitioners on how to align health and social care pathways and services in the future.

Organisational form for the ICO

- 4.3 Terms of Reference for this workstream are currently being developed and will be presented at the Programme Board later in January 2016. A high level programme of work including timescales will also be described.

Single Commissioning Function Co-location

- 4.4 The aim is to bring the two commissioning teams in one building in February 2016 and start developing new ways of working, effective issue solving and foster relationships. The location will be New Century House, location of Tameside and Glossop CCG as well as some community services and detailed planning is underway to move and build the relevant teams.

Communications Strategy

- 4.5 Effectively communicating our vision and how those interested can become involved in its design and delivery is essential to the success of implementation and long term delivery of a clinically and financially sustainable system which dramatically improves healthy life expectancy across Tameside and Glossop. A communications strategy to demonstrate how we will do this is currently being developed and will be brought for discussion at the next Health and Wellbeing Board.

5. RECOMMENDATIONS

- 5.1 The Health and Wellbeing Board is asked:-
1. To note the progress of the Care Together Programme to date including the strategic and operational aspects in all areas and;
 2. To receive a further update at the next meeting.