

Report to:	HEALTH AND WELLBEING BOARD
Date:	10 March 2016
Executive Member / Reporting Officer:	Cllr Brenda Warrington, Executive Member Adult Social Care and Wellbeing Jessica Williams, Programme Director, Tameside & 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:- 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 which 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)	Section 3.9 of the report explains the proposals for a single commissioning pooled fund from 1 April 2016. The Council and Health partners will be responsible for the delivery of a balanced budget during the 2016/17 financial year and beyond within the economy. There is clearly an urgency to implement associated strategies to ensure this is delivered. It is essential that the GM Transformation fund bid (as explained in section 2 of the report) also receives approval as soon as possible to commence implementation of service transformation within the economy. The update of the five year economy financial strategy is currently in progress in response to the recent financial settlement for both the Council and the CCG. Details will be provided within a report to the Executive Cabinet on 23 March 2016 and the Governing Body of the CCG on the same date. This report will also include the supporting analysis of the economy single commissioning pooled fund for the 2016/17 financial year.
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 now to be delivered jointly under the Single Commissioning Board. 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:
 - GM Devolution;
 - Operational Progress;
 - Next Steps;
 - Recommendation.

2. GM DEVOLUTION

- 2.1 At the end of January a submission for consideration for GM Devolution transformational support was submitted to GM Devolution. This had been requested by Ian Williamson, Chief Operating Officer and aimed to show how the Tameside & Glossop plans for transformation were developing in line with the emerging GM Devolution workstreams. The request was an early draft to show the level of funding likely to be required in Years 1 – 3 and with the areas for efficiencies highlighted. The Tameside and Glossop request for 2016/17 is £12M.
- 2.2 This submission was not a formal business case as the GM Devolution arrangements for the distribution of funds are not as yet agreed. However, it clearly set out the level of funding required over the next three years to transform the health and social care system across Tameside and Glossop. It did not contain sufficient detail about implementation plans or provide the necessary assurance around efficiency gains but both of these will be addressed by the next submission in March 2016.
- 2.3 The informal feedback to date has been largely positive; GM Devolution agree that the economy has ambitious, well developed and tested plans for the future of health and social care which are in line with the GM Devolution agenda. There have been some questions regarding the depth of implementation planning, cross economy financial planning and the level of GP engagement but these are acknowledged locally and work continues accordingly.
- 2.4 The GM Devolution team have agreed to run the Tameside and Glossop request through their initial governance processes to check on direction, ambition and deliverability. The Tameside and Glossop submission will be assessed in parallel with the two GM Vanguards (Salford and Stockport) and will involve a paper based assessment by PwC as well as scrutiny from Carnall Farrar. Following this, the Tameside and Glossop economy will be invited to a Question and Answer session with Sir Howard Bernstein and Ian Williamson to agree the next steps.
- 2.5 GM Devolution have requested a high level implementation plan and colleagues across the economy are working together to develop this within a template provided by GM Devolution. It is hoped that by the end of March, the economy will understand what is required further to gain access to the necessary transformational funds to move to implementation of the Locality Plan at scale and pace.
- 2.6 GM Devolution continues to receive invitations to and attend the Care Together Programme Board.

3. OPERATIONAL PROGRESS

Transfer of Community Services

- 3.1 This extensive and important project continues at pace with the imminent Due Diligence and Board Certification deadlines to ensure the transfer of service, staff and contract takes place safely and effectively on 1 April 2016.

- 3.2 A comprehensive risk register has been developed and is updated on a fortnightly basis. There are no risks remaining as “Red” on the critical path although significant amber risks remain within the IM&T area and the teams continue to work hard to address these. The March Health and Well Being Board will be presented with a comprehensive update outlining any remaining risks to the project before the transaction date.
- 3.3 The transaction is critical but perhaps even more so is how the approximate additional 600 staff, as well as all those staff already employed by the Trust, develop new behaviours and a culture based on integrated working. A significant organisational development programme is therefore being finalised for approval by the Care Together Programme Board in March which will begin this exciting work.
- 3.4 Part of the organisational development is the change of name currently being discussed with staff and members of the Foundation Trust. This process should be concluded in April 2016 and will be a powerful message of a changing organisation and one which will deliver improved outcomes for the residents of Tameside and Glossop.

Single Commissioning Function

- 3.5 Significant work continues to bring the two commissioning teams together under one single leadership, governance and management structure. As well as 3 development sessions for the senior management taking place, 2 sessions for the full staff team currently involved in commissioning (approx. 160 staff) have also been delivered focussing on team building, understanding the Integrated Care Organisation and co-location.
- 3.6 There is no doubt that staff across both organisations are finding this change process challenging. There remain questions for staff on the priorities for the economy and whether some roles should be in commissioning or in providing. All of these are valid questions and will be addressed through further half day sessions which are planned until September 2016, monthly Frequently Asked Questions (FAQs) and a programme of change management /resilience events for staff.
- 3.7 How the single commissioning function understands its priorities will be addressed through the creation of a single commissioning strategy which is due to be completed and will be presented for approval at the March Health and Wellbeing Board. It is also clear that although an interim leadership structure has been established, a substantive structure is required to set the direction in the near future. External support will be procured to ensure a structure which can develop and deliver single commissioning, provide a clear line of sight for GM Devolution, reduce cost if appropriate and ensure a fair and transparent process should any recruitment be required.
- 3.8 The initial Shadow Single Commissioning Board, chaired by Alan Dow held on 12 January agreed terms of reference and the approach to the 2016/17 contract negotiations. The plan to collocate the two commissioning teams is well underway with the Public Health team moving into New Century House as planned at the beginning of February. All moves are likely to complete by the beginning of March enabling the two commissioning teams to start developing new ways of working, effective issue solving and fostering relationships.
- 3.9 Creating a “pooled” budget by 1 April 2016 is a significant challenge. The cultural approach to setting and managing budgets differs greatly between the two organisations as does the way ledgers operate, audit occurs and commissioning decisions are made. However, both the Council’s Executive Cabinet and Clinical Commissioning Group Governing Body are determined to drive this forward and will be scrutinising proposals also in March and in advance of the new financial year.

Model of Care

- 3.10 The Model of Care Steering group continues to work at pace to agree the process for determining the detailed model of care under the leadership of Karen James, Chief Executive, Tameside Hospital. The most recent group received a high level programme plan

for each workstream to identify outcomes, investment propositions and priorities. This work will continue to identify benefits and then from beginning of April 2016, will launch a significant engagement programme with public, staff, voluntary, community groups to ensure the emerging plans in all workstream areas meet the needs for Tameside and Glossop and also, is widely understood and supported.

- 3.11 Work also continues apace in many of the enabling task and finish groups which support the workstreams by focussing on what is required to ensure the model of care can be delivered. This includes a strategic estates plan, a comprehensive programme to radically overhaul current IM&T and drive benefits in the future, the organisational development programme and development of the organisational governance arrangements.

Programme Support Office and Programme Development

- 3.12 Reyhana Khan, has been recruited as Programme Manager to provide additional support for the Programme Director, Programme Support Office and ensuring all aspects of this extensive programme remain on target. Reyhana will be starting on 1 April 2016.
- 3.13 A high level programme plan has been created and is summarised by the Care Together Programme Board Forward Plan (attached as **Appendix 1**). The Programme Support Office will be working with the identified leads to ensure they receive the support they need to hit these milestones.

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 as follows.

Primary Care

- 4.2 Tameside and Glossop is presenting their plans for aligning primary care to GM Devolution on 23 February. This aims to secure Tameside and Glossop as a pilot for neighbourhoods/localities wishing to work with GM Devolution to develop new ways of working and the new national voluntary contract.

Communications Strategy

- 4.3 As previously stated, work to develop a comprehensive communication and engagement strategy continues at pace and will be presented at the next Health and Wellbeing Board. Engaging effectively with the residents of Tameside and Glossop and our stakeholders is essential to the success of implementation and long term delivery of a clinically and financially sustainable system which dramatically improves healthy life expectancy.
- 4.4 This strategy will be divided into three key areas; Communications, Engagement and Consultation. Communications is about the overall coordination of Care Together communications including developing an easily accessible and affordable website for use through the period of change, ensuring consistency of message, raising awareness of what we are setting out to achieve by when and the benefits including the expected benefits for people. The Engagement section will focus on generating enthusiasm, collective buy in, gaining feedback and ideas with staff, stakeholders and importantly, the public.
- 4.5 The final section on consultation is a matter for the Overview and Scrutiny Committee and Commissioners in accordance with legislation about any proposed material changes in services. This will clearly need to link to the GM Devolution continued discussions with the public.

5. RECOMMENDATIONS

- 5.1 As detailed on the front of the report.