Report to: HEALTH AND WELLBEING BOARD

Date: 10 November 2016

Executive Member / Reporting Officer:

Councillor 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 presentation in

September 2016.

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)

The Care Together Economy has a projected 2016/2017 year end deficit of £23.9m at the period ending 30 September 2016 (£6.6m within the Integrated Commissioning Fund and £17.3m Tameside Hospital Foundation Trust).

There is therefore a clear urgency to implement associated strategies to ensure the current year projected funding gap is addressed and closed on a recurrent basis across the whole economy.

It should be noted that each constituent organisation will be responsible for the financing of their resulting deficit at 31 March 2017.

It is essential that the approved GM Health and Social Care Partnership funding referred to in section 2 of the report is expended in accordance with the investment agreement and recurrent efficiency savings are subsequently realised across the economy.

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 together with the Hospital. 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:

- Greater Manchester Health and Social Care Partnership;
- Operational Progress;
- Next Steps;
- Recommendation.

2. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP

- 2.1 On 30 September, the Partnership Strategic Partnership Board ratified the full transformational funding award of £23.226m to Tameside and Glossop economy over 4 financial years. Confirmation of the terms of this award is attached at **Appendix 1.**
- 2.2 This is clearly extremely positive and enables the move of the Care Together programme into delivery mode. The next step is to work with the Greater Manchester Health and Social Care Partnership to develop our investment agreement including implementation and delivery milestones to measure progress against the national "must do's" and our transformation priorities as outlined in the Cost Benefit Analysis submission. We aim to have concluded these discussions and be in a position to sign the Investment Agreement on 18 November 2016.
- 2.3 The transformational funding award unfortunately does not include any capital for IM&T and Estates. The Programme Support Office continues to liaise with Greater Manchester Health and Social Care Partnership and NHS Improvement to understand the potential for funding bids and progress will be continually provided to this Board.

3. OPERATIONAL PROGRESS

Programme Management

- 3.1 To reflect the move from design to implementation of Care Together, the governance arrangements have been updated. **Appendix 2** shows the new structure, approved by the Care Together Programme Board for implementation from January 2017.
- 3.2 Significant changes include the Programme Board moving to quarterly which will enable the assurance of economy of progress against the Investment Agreement with the addition of a joint senior leadership team monthly meeting to ensure oversight of implementation and collective problem solving. The new arrangements also importantly bring the "enabling programmes" e.g.; IM&T, Local Workforce Transformation and Estates into sharp focus of the Programme Board.
- 3.3 An additional Project Board to manage the transaction of adult social care from Tameside MBC to the Integrated Care Organisation Foundation Trust has also been added to the structure following approval of the proposed scope of transfer by the Programme Board. A full business case and due diligence process will now be developed to ensure organisational and regulatory approval for the transfer. It should be stressed however that this is just for the transaction; the transformational work continues apace through the Integrated Neighbourhood organisational developments.
- 3.4 The scope and responsibilities for the Programme Support Office are currently being reviewed. This may result in the need for increased resource from transformational funds to

ensure dynamic, effective programme management and provide the necessary assurance to the Partnership on spend and delivery of transformational [plans.

Single Commissioning Function

- 3.5 As previously reported, on 1 April 2016, the two commissioning teams came together under one single leadership, governance and management structure. After a short period as interim chief accountable officer for Tameside and Glossop CCG, Steven Pleasant, Chief Executive Tameside MBC has now been appointed substantively by Simon Stevens, Chief Executive, NHS England.
- 3.6 As part of the drive to improve efficiency and reduce the costs of commissioning, New Century House will be vacated at the end of the financial year. Plans are in place to move the whole Single Commissioning team to a new Council owned location.

Integrated Care Organisation

3.7 The Model of Care Steering Group continues to work under the leadership of Karen James, Chief Executive, Integrated Care Organisation Foundation Trust, and has largely focussed on the development of Integrated Neighbourhoods and Urgent Care. The schemes arising from these are the basis of the transformational funding bid and following a programme of engagement (summary report attached at **Appendix 3**), implementation planning is now underway.

4. NEXT STEPS

- 4.1 As well as the continuation of all work above, the notable next steps are as follows;
 - Finalising the Investment Agreement with the Partnership;
 - Final implementation planning for the transformational schemes;
 - Development of a comprehensive programme management plan to ensure delivery of schemes and the resulting improvements in healthy life expectancy and reductions in costs:
 - Developing and implementing a measurement framework which accurately ensures our planned transformational schemes are improving the healthy life expectancy of the Tameside and Glossop population;
 - Finalising the financial sustainability plan for the economy;
 - Developing the business case for the transaction of adult social care into the Integrated Care Organisation;
 - Continued discussions to determine options for aligning primary care outcomes alongside those of the Integrated Care Organisation and therefore for the whole population.
- 4.2 In order to ensure timeliness of information provided to Health and Wellbeing Board, the next steps will be expanded in the presentation provided for discussion.

5. RECOMMENDATIONS

- 5.1 The Health and Wellbeing Board is asked:
 - Note the progress of the Care Together Programme; and
 - To receive a further update at the next meeting.