Report to: HEALTH AND WELLBEING BOARD

Date: 19 January 2017

Board Member / Reporting

Officer:

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

November 2016

Recommendations: The Health and Wellbeing Board is asked to note the

progress of the Care Together Programme including the strategic and operational aspects; and receive a further

update at the next meeting.

**Links to Community 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. The healthcare system in Tameside & Glossop has a projected £70m financial gap by 2020/21 which the Care Together

Programme is designed to address.

**Financial Implications:** 

(Authorised by the Section 151

Officer))

The Finance Economy Wide Group meets fortnightly to ensure effective tracking of the locality finances and projections, reporting through to the Care Together Programme Board for further review. It is essential that the approved GM Health and Social Care Partnership funding 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 Integrated Care Organisation FT. 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.

Access to Information:

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

Director, by:

Telephone: 0161 304 5342 e-mail: jessicawilliams1@nhs.net

### 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;
  - Organisational updates;
  - Recommendations.

#### 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 four financial years.
- 2.2 Work commenced with the Greater Manchester Health and Social Care Partnership (GMHCP) thereafter to develop our investment agreement. Inclusion in this was 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.
- 2.3 The full suite of documentation for the Investment Agreement was submitted, reviewed and refined over three weeks, with final submission taking place on 2 December.
- 2.4 The Investment Agreement was formally signed on 16 December by:
  - Councillor Kieran Quinn Executive Leader TMBC
  - Karen James Chief Executive Tameside and Glossop Integrated Care Foundation Trust)
  - Lord Peter Smith Chair Greater Manchester Health and Social Care Strategic Partnership Board)
  - Dr Alan Dow Chair Tameside and Glossop Single Commissioning Board
  - Steven Pleasant Chief Executive Tameside MBC and Accountable Officer of Tameside and Glossop CCG.
- 2.5 Of the full £23.226m awarded, £5.2m is allocated to this financial year. £2.6m will be released for Q3 by NHS England to the CCG, and subject to further clarity on milestones and progress towards achieving the national must do's, the £2.6m for Q4 will be released in February 2017.
- 2.6 Monitoring of the Investment Agreement within the locality will take place on a monthly basis, with progress updates provided to Greater Manchester on a quarterly basis.
- 2.7 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 The new Care Together (CT) programme structure will be implemented from January 2017 and will see the CT Programme Board move to quarterly meetings instead of monthly.
- 3.2 Priority programmes of work, such as the potential transfer of Adult Social Care services into the Integrated Care Organisation Foundation Trust (ICFT) require dedicated

resources, and as such, resources from the Care Together Programme have been deployed to work on this.

- 3.3 In addition, as the programme moves towards implementation phase, the Care Together Programme Support Office will need to be enhanced to provide the necessary system assurance. As this is needed quickly, it was proposed to procure some management consultancy support to set up the necessary systems which inspire confidence across the system.
- 3.4 A specification for acquiring additional support for the Care Together Programme has been developed and agreed, and the procurement process will formally commence towards the end of December.

### **Adult Social Care Transaction**

- 3.5 The Adult Social Care Transaction Board continues to meet monthly, a full business case and due diligence process is being developed to ensure organisational and regulatory approval for the transfer. The business case is due to be signed off in February.
- 3.6 Workstreams have been agreed and will be established by mid-January.

### **Integrated Neighbourhoods**

- 3.7 Three Integrated Neighbourhood managers have now been appointed. This is a significant milestone towards achieving our vision for the neighbourhoods, overseeing multi-disciplinary teams working jointly across health and social care to ensure the best possible outcomes for our local people.
- 3.8 The Integrated Neighbourhood Managers will be taking up post (dates to be agreed) in the first three months of 2017.

#### **Savings Assurance**

- 3.9 In November, the Locality Executive Group (LEG) discussed the importance of aligning the financial work across the locality to provide a holistic view of progress against the financial gap.
- 3.10 To facilitate the in-depth support and challenge required, it was agreed to set up 2-3 half day sessions in January to test the robustness of action plans in each scheme. It is anticipated that these sessions will:
  - Confirm the Senior Responsible Officer and accountability for each scheme, key team leads and savings target for 17/18 and out to 20/21;
  - Review the action plans of each scheme;
  - Agree on the level of savings achievable in 17/18;
  - Confirm if any additional support is required to ensure delivery of targets.

# Operational plans and new contract

3.11 The contract for the Integrated Care Foundation Trust has now been agreed, and is due to be submitted to NHS England on 23 December, along with finalised Operational and Activity plans for the next two years.

### 4. ORGANISATIONAL UPDATE

### **Single Commissioning Function**

4.1 As part of the drive to improve efficiency and reduce the costs of commissioning, New Century House is on track to 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(s).

4.2 Regular briefings have been scheduled to support staff through the process, with an indication of where they may be re-located to, and the ability to ask any questions to the Directors face to face, as well as full FAQ's on the intranet.

# **Integrated Care Organisation**

- 4.3 The governance of the models of care is currently being reviewed and revised within the Integrated Care Foundation Trust to take into account a move towards implementation phase.
- 4.4 As such, a new Joint Management Team has been established in Tameside and Glossop Integrated Care NHS Foundation Trust to lead the implementation work, standing down the Models of Care Steering Group. It met for the first time on 21 December. Chaired by the Trust's Chief Executive, Karen James, it will bring together the Trust's executive team and clinical directors with the clinical GP leads for the five neighbourhoods and the lead directors for public health and social services.

# 5. NEXT STEPS

- 5.1 As well as the continuation of all work above, the notable next steps are as follows;
  - Monitoring and reporting of the Investment Agreement;
  - Agree financial sustainability plan for the economy;
  - Procurement of additional Programme Support
  - Development and sign off of the business case for the transaction of adult social care into the Integrated Care Organisation;
  - First round of savings assurance meetings held in January;
  - Continued discussions to determine options for aligning primary care outcomes alongside those of the Integrated Care Organisation and therefore for the whole population;
  - Continue review of Mental Health Contract for the locality, to be completed by the end of the financial year.
  - 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.

#### 6. RECOMMENDATIONS

6.1 As set out on the front of the report.