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| <b>Report to:</b>   | <b>HEALTH AND WELLBEING BOARD</b>   |
| <b>Date:</b>  | 15 September 2022   |
| <b>Reporting Officer:</b>   | Martin Ashton - Assistant Director of Integration (Tameside),<br>NHS Greater Manchester Integrated Care   |
| <b>Subject:</b>   | <b>DESIGN, DELIVERY AND ASSURANCE: THE TAMESIDE INTEGRATED CARE SYSTEM</b>  |
| <b>Report Summary:</b>  | This report gives an overview of the local response to the Health and Care Bill and formation of an Integrated Care System.   |
| <b>Recommendations:</b>   | Board members are asked to note and discuss: <ul style="list-style-type: none"> <li>• The content of the report</li> <li>• The role of the Health and Wellbeing Board within the Tameside Integrated Care System.</li> </ul>  |
| <b>Links to Health and Wellbeing Strategy:</b>  | The ambitions of the care system remain consistent with the strategy and corporate plan.  |
| <b>Policy Implications:</b>   | Health and Care Bill – National policy  |
| <b>Financial Implications:</b><br>(Authorised by the Section 151 Officer and Chief Finance Officer) | There are no financial implications.  |
| <b>Legal Implications:</b><br>(Authorised by the Borough Solicitor)                                 | The system is still evolving it is important that we understand the legal and national policy framework as well as how it is intended the GM model works so we can align ourselves locally to deliver the best outcomes for the borough. We need to be sighted and be prepared to be flexible.  |
| <b>Risk Management:</b>   | This report provides an update on recent structural changes however, it is important that the Health and Wellbeing Board are sighted and engaged in this process to ensure it continues to deliver on its statutory duties. The report details how relevant risks in the health and care system are managed via relevant accountable partnerships, particularly the Tameside Strategic Partnership Board and the Tameside System Quality Group. |
| <b>Access to Information:</b>   | All papers relating to this report can be obtained by contacting: Martin Ashton, Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care   |



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## 1. INTRODUCTION

- 1.1 For many years, partners in Tameside and Glossop have made significant progress towards establishing a comprehensive integrated Health and Social Care system. The next stage of this transformation needs to respond to the White Paper and subsequent Health and Care Bill to develop Integrated Care Systems (ICS).
- 1.2 The White Paper builds on the ambition of the NHS Long Term Plan and intends to remove the barriers that stop the system from being truly integrated. It seeks to drive increased NHS Provider collaboration alongside increased partnership between wider systems including NHS, local authority, social care, public health and the voluntary sector.

## 2. THE CLOSE-DOWN OF TAMESIDE AND GLOSSOP CCG AND TRANSITION TO ICS

- 2.1 A significant change outlined in the Health and Care Bill was the abolition of Clinical Commissioning Groups (CCGs) from June 2022 alongside the the intention for ICS boundaries to be coterminous with Local Authority boundaries to support integration. In July 2021, the Secretary of State confirmed the decision to change the existing boundary and incorporate the Glossop area into the Derbyshire ICS.
- 2.2 Following the closure of Tameside and Glossop CCG, all statutory functions for Tameside transferred to Greater Manchester Integrated Care (GMIC) with Glossop functions transferring to 'Joined Up Care Derbyshire'. Delegated responsibilities from GMIC are passed to the Place Based Lead for Tameside who is also the Chief Executive of Tameside Council.

## 3. GREATER MANCHESTER OPERATING MODEL

- 3.1 The operating model for Greater Manchester incorporates three main elements as follows:
  - 1) **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance to jointly plan and deliver health, social care and public health services alongside other services that promote health and wellbeing in a defined place.
  - 2) **GM Provider Collaboratives** – providers working at scale across multiple places, with a shared purpose and effective decision-making arrangements to: Reduce unwarranted variation and inequality in health outcomes, access to services and experience; improve resilience by, for example, providing mutual aid; and ensure that specialisation and consolidation occur where this will provide better outcomes and value.
  - 3) The establishment of **GM Integrated Care and the GM Integrated Care Partnership** – bringing the contributions together through effective system working, planning and governance.

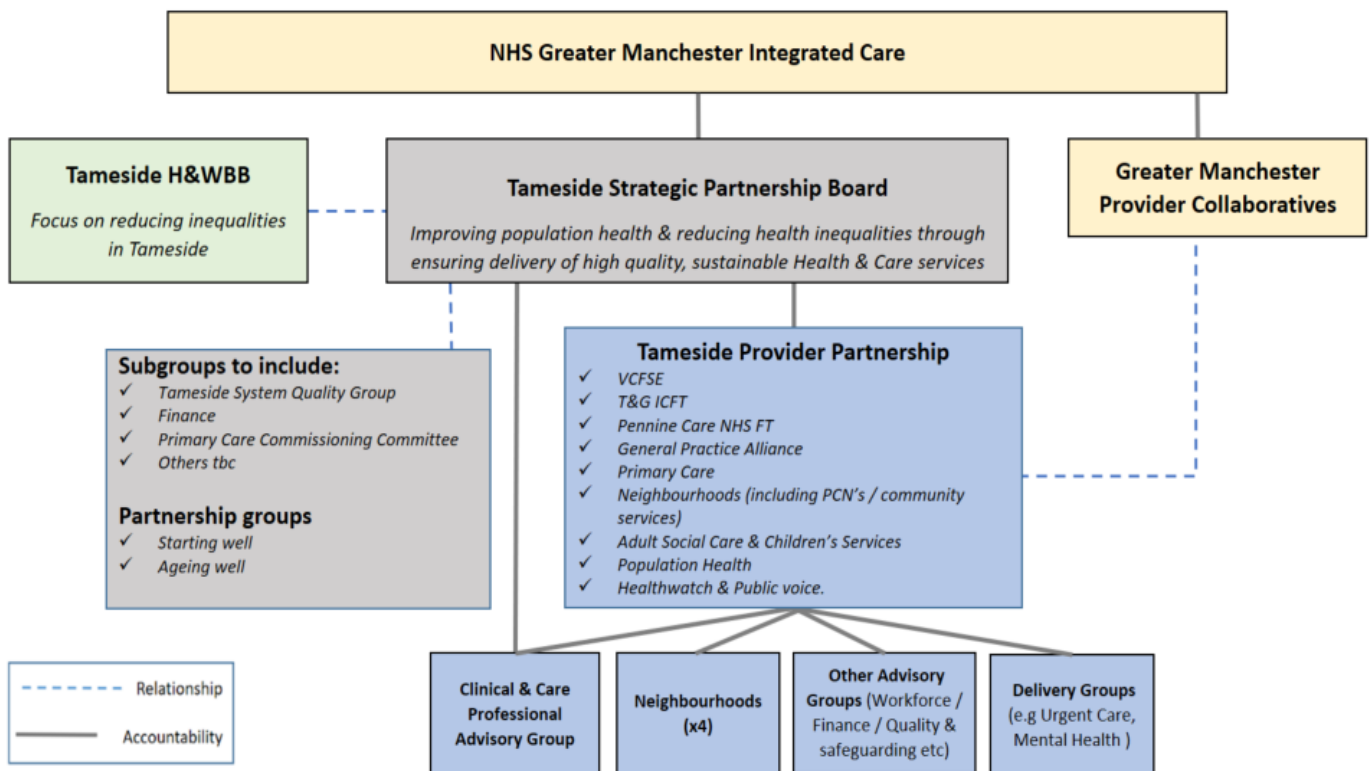
## 4. INTEGRATED CARE PRINCIPLES

- 4.1 Partners in Tameside continue to work across the system to design and implement changes needed locally in response to the formation of the GMICS. Local delivery models, following several years of integrated working are strong and the system remains committed to retaining these where they continue to add value. Partners will work to the following place-based principles to support integration and collaboration at all levels.

| <b>Principles</b>        | <b>We will...</b>   |
|--------------------------|---|
| <b>Partnership</b>       | <ul style="list-style-type: none"> <li>✓ We will be accountable to the local population and to each other.</li> <li>✓ We will co-design and co-produce services with residents and community partners.</li> </ul>   |
| <b>Powered by people</b> | <ul style="list-style-type: none"> <li>✓ We will empower our population and support them to take responsibility for their own health and wellbeing.</li> <li>✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership.</li> <li>✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.</li> </ul> |
| <b>Person-centred</b>    | <ul style="list-style-type: none"> <li>✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community.</li> <li>✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.</li> </ul>   |
| <b>Productive</b>        | <ul style="list-style-type: none"> <li>✓ We will implement ways of working that support collaboration not competition.</li> <li>✓ We will work together to make best use of financial, workforce, estate and other resources.</li> <li>✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.</li> </ul>   |
| <b>Progressive</b>       | <ul style="list-style-type: none"> <li>✓ We will create a 'can do' culture with a focus on innovation and continuous improvement.</li> <li>✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.</li> </ul>   |

## **5. TAMESIDE LOCALITY MODEL: DESIGN, DELIVERY, ASSURANCE**

- 5.1 There are three principle components to our proposed local integrated care system; design, delivery and assurance at every level. This will be supported by integrated governance built around a Tameside Strategic Partnership Board, a Tameside Provider Partnership and 4 x neighbourhood partnerships.
- 5.2 Working together system partners will deliver the triple aim of the NHS:
- Better health and wellbeing for everyone with a system-level focus on reducing inequalities
  - Better quality of health services
  - Sustainable use of NHS resources



## 6. STRATEGIC DESIGN: TAMESIDE STRATEGIC PARTNERSHIP BOARD

- 6.1 The Tameside Strategic Partnership Board (TSPB) will provide a single strategic entity, which provides a forum for decisions and investment in Tameside within delegated limits. Tameside has operated a joint Strategic Commissioning Board for many years and the TSPB will take the learning from that approach and apply it the formation of the new locality board. The final Strategic Commissioning Board was June 2022.
- 6.2 Membership of the board will include TMBC Councillors, Tameside GMIC, TMBC executives, Tameside Provider Partnership chair (and T&G ICFT representative), VCFSE representative (and deputy Provider Partnership chair), Pennine Care NHS FT and Tameside GP Alliance.
- 6.3 The TSPB will:
- Foster a shared common purpose across the health and care system in Tameside to improve the health and wellbeing of the population.
  - Develop strategy to improve outcomes and reduce inequalities in collaboration with a revamped Tameside Health and Wellbeing Board and life-course partnerships aligned to the Tameside Corporate Plan.
  - Cultivate a population health system in partnership with our communities and neighbourhoods.
  - Maintain the commitment to an equal partnership with the Voluntary, Community, Faith and Social Enterprise sector.
  - Identify and agree shared outcomes for the system and oversee implementation and delivery of shared priorities.
  - Provide a forum for strategic clinical, professional, managerial, voluntary and resident oversight.
  - Manage shared risk.
  - Address unwarranted variation in performance and outcomes.

## **7. DESIGN & DELIVERY: TAMESIDE PROVIDER PARTNERSHIP**

7.1 Tameside Provider Partnership (TPP) is a collaborative partnership formed from the core health, care and voluntary, community, faith and social enterprise (VCFSE) providers within the Tameside locality. The TPP will design, oversee, deliver and transform health and care services, which meet the strategic priorities agreed with the TSPB. Working together the TPP will be stronger, more efficient and more resilient providing improved outcomes for Tameside residents.

7.2 The Provider Partnership will:

- Work as one system to address system-wide issues, acknowledging unintended consequences and remaining organisationally agnostic.
- Work collaboratively as a group of Providers to invest the 'Tameside £1' realising system-wide efficiencies.
- Maintain the commitment to an equal partnership with the VCFSE.
- Embed co-design and co-production in design & delivery models.
- Provide a forum for operational clinical, professional, managerial, voluntary and resident oversight.
- Identify and agree a set of priority programmes for the Provider partnership and for neighbourhoods and hold each other to account.
- Design, provide, sub-contract and commission services via a culture of collaboration not competition to deliver the strategic priorities of the GMICB and TSPB
- Develop and provide (where beneficial) a single provider infrastructure to support the TPP & neighbourhoods, including but not limited to financial services, management, estates, workforce, IM&T etc
- Harness knowledge, skills and expertise including clinical, VCFSE, commissioning, managerial, administrative etc to provide resilience and continuous improvement
- Work collaboratively to address inequalities
- Work together to implement H&C Strategy as set by TSPB.
- Create a unified view of Provider performance and hold each other to account for progress.

## **8. DELIVERY: INTEGRATED NEIGHBOURHOOD PARTNERSHIPS**

8.1 Integrated neighbourhood working provides the biggest opportunity to improve the lives of our residents and remains the principal building block for the delivery model; our primary objective is to integrate services around local people, creating a system of multi-agency professionals from all public services working together as one integrated public service neighbourhood team. Delivery will remain person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community.

8.2 The Tameside and Glossop Provider collaborative will be accountable for integrated neighbourhood delivery, which will drive public service reform. The neighbourhood partnership will support the interface with wider public sector and VCFSE partners.

## **9. ASSURANCE: TAMESIDE SYSTEM QUALITY GROUP**

9.1 The Tameside System Quality Group (TSQG) will provide the TSPB, TPP and wider partners within the ICS with a strategic mechanism to routinely and systematically share and triangulate intelligence, insight and learning on quality matters across Tameside. The group will identify quality concerns and opportunities for improvement and learning, test new ideas and celebrate best practice.

9.2 The TSQG will support the strategic priorities of Tameside regarding quality, including:

- Ensuring that quality is central to system planning, decision-making and delivery, and that there is a credible and focused strategy to improve quality across the place.
- Ensuring that inequalities are embedded in all discussions to improve quality
- Supporting a culture for quality management based on transparency, open sharing of information and learning, collective ownership of actions and issues.
- Ensuring a shared view of risks to quality and a shared approach to measurement, learning and improvement.
- Supporting place-based and provider collaborative engagement, intelligence and quality improvement.

## **10. RECOMMENDATIONS**

10.1 As set out at the front of the report.

## System on a page

### Vision for an Integrated Care System at every level in Tameside: Design, Delivery, Assurance

| ORGANISATIONAL FORM   | OVERVIEW   |
|---|--|
| <b>DELIVERY:</b><br><b>4 x Tameside Neighbourhood Partnerships</b><br><i>*Integrated neighbourhood delivery model</i>   | <ul style="list-style-type: none"> <li>*Clinical, managerial and VCFSE leadership provided by multi-agency partners.</li> <li>*Central role for PCNs.</li> <li>*Development of cross-system neighbourhood priorities.</li> <li>*Multi-agency neighbourhood collaboration recognising wider determinants of health.</li> <li>*Proactive and preventative approach, intervening early and responding to the person in the context of their community.</li> </ul>   |
| <b>DESIGN &amp; DELIVERY:</b><br><b>Tameside Provider Partnership</b><br><i>*Includes health and care delivery partners</i><br><i>*Mutually accountable to Tameside Strategic Partnership Board for the delivery of services and outcomes.</i>                                | <ul style="list-style-type: none"> <li>*Collaborative of Tameside services, principally based in communities.</li> <li>*Identifies and agrees priorities for neighbourhood partnerships and holds them to account.</li> <li>*Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure.</li> <li>*Drives proactive and preventative approaches to the wider determinants of health &amp; Public Sector Reform.</li> <li>*Provides, sub-contracts and commissions services with partners</li> <li>*Collaboration not competition; build not buy.</li> <li>*Vehicle for receiving funding, transforming and delivering services.</li> </ul>  |
| <b>STRATEGIC DESIGN:</b><br><b>Tameside Strategic Partnership Board</b><br><i>*System design board to address all determinants of health</i><br><i>*Integrated governance holds system to account</i><br><i>*Strategic direction for locality, ensures local sovereignty.</i> | <ul style="list-style-type: none"> <li>*Strategic partnership board includes political, clinical, managerial and VCFSE leadership.</li> <li>*Bring together place-based investment to further strategic priorities and ensure system financial sustainability.</li> <li>*Implement collective investment models with a visible commitment to investment in earlier intervention, prevention and proactive care.</li> <li>*Population health management.</li> <li>*Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc.</li> <li>*Incorporates integrated strategic commissioning function including Quality, assurance and policy development.</li> </ul> |
| <b>STRATEGIC DESIGN:</b><br><b>Greater Manchester Integrated Care</b>   | <p><b>Greater Manchester Integrated Care Board:</b> Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality.</p> <p><b>Greater Manchester Integrated Care Partnership:</b> Wider system integration.</p>  |

ASSURANCE

