

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	8 March 2018
<b>Executive Member / Reporting Officer:</b>	Councillor Brenda Warrington, Executive Leader Jessica Williams, Interim Director of Commissioning and Programme Director, Tameside and Glossop Care Together
<b>Subject:</b>	<b>INTEGRATION REPORT – UPDATE</b>
<b>Report Summary:</b>	This report provides Tameside Health and Wellbeing Board with progress on the implementation of the Care Together Programme and includes developments since the last presentation in January 2018.
<b>Recommendations:</b>	The Health and Wellbeing Board is asked: <ol style="list-style-type: none"> <li>1. To note the updates as outlined within this report.</li> <li>2. To receive a further update at the next meeting.</li> </ol>
<b>Links to Health and Wellbeing Strategy:</b>	Integration has been identified as one of the six principles agreed locally to achieve the priorities identified in the Health and Wellbeing Board Strategy
<b>Policy Implications:</b>	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.
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer)</b>	<p>The financial position of the Tameside and Glossop health and social care economy is reported monthly to the Strategic Commissioning Board. It is acknowledged there is a clear urgency to implement associated strategies to ensure the economy funding gap is addressed and closed on a recurrent basis. It is also important to note that the locality funding gap is subject to ongoing revision, the details of which will be reported to future Health and Wellbeing Board meetings as appropriate.</p> <p>The approved Greater Manchester Health and Social Care Partnership funding of £23.2 million referred to within section 1 of the report is monitored and expended in accordance with the investment agreement. Recurrent cashable efficiency savings subsequently realised across the economy as a result of this investment will contribute towards the reduction of the estimated locality funding gap.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	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 delivered jointly under the Single Commissioning Board together with the Integrated Care Foundation Trust. 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 is to provide confidence and oversight of delivery. We need to ensure any recommendations of the Care Together

Programme Board are considered / approved by the constituent bodies to ensure that the necessary transparent governance is in place.

**Risk Management :**

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a Programme Management Office

**Access to Information :**

The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, Tameside and Glossop Care Together



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## 1. INTRODUCTION

- 1.1 This report provides Tameside Health and Wellbeing Board with an outline of the developments within the Care Together Programme since the last presentation in January 2018.
- 1.2 The report covers:
- Care Together Programme Assurance;
  - Care Together Structure and Objectives 2018/19;
  - Care Together Funding – detailed information;
  - Greater Manchester Health and Social Care Partnership Reporting.

## 2. CARE TOGETHER PROGRAMME ASSURANCE

- 2.1 The Care Together Programme Management Office tracks health and social care transformational schemes. These currently fit into three groups:
- **GM Transformation schemes (GM TF):** £23.2m to be invested over 2016/17 – 2019/20 with a target £17.2m recurrent benefit agreed in the Cost Benefit Analysis (CBA).
  - **Transformational QIPP:** those QIPP targets where a change in ways of working is required that needs project planning and support.
  - **Adult Social Care transformation schemes:** Additional Adult Social Care funding has been received via Better Care Fund to be invested over 2017/18 – 2019/20
- 2.2 Transformation schemes are monitored through regular meetings with the Programme Management Office and formally approved by the Gateway process. The Gateway process ensures that senior managers from cross the economy can review and approve a schemes' progress against plan.
- 2.3 Greater confidence has been gained in many of the schemes although there remain some areas of concern:
- Eight schemes are behind schedule in terms of benefit realisation and are currently being examined to ensure that they progress or, if applicable, get closed down.
  - Additional schemes are being considered as compensation for any under performing
  - Greater vision required on how the separate schemes tie together.
  - Changes in National Prescribing during 2017/18 has caused a £1.5million drop in expected savings.
- 2.4 All of these issues are being progressed and in addition, existing schemes are being examined to identify further efficiencies. It must be noted that even if the Greater Manchester Transformation Funded schemes are completely successful there will still be a significant economy wide health deficit.
- 2.5 The £23m funded by Greater Manchester Health and Social Care Partnership was on the basis of releasing recurrent annual savings of £17m by 2020/21. Currently, it is estimated that £16m worth of benefit has been identified. An updated formula for calculating the return on investment is currently being discussed and once authorised, will be used within the evaluation process to ensure a consistent understanding of how successful the schemes are.
- 2.6 It must be noted that the £17m return on investment target was also based on the assumption that capital spend would be made available to the estates and IM&T schemes. This has still not occurred despite continual submissions and the impact of this is still being assessed.
- 2.7 The Programme Management Office is currently working with teams across Tameside and Glossop to identify resource requirements for GM Transformation Funded schemes continuing

into 2018/19. Once identified, this will be approved through the Strategic Commissioning Board.

- 2.8 Additional Programme Management Office duties include:
- Ensuring consistency of understanding of finances and risk and reporting thereof to the Greater Manchester Health and Social Care Partnership;
  - Providing more detailed assistance and input to specific schemes and initiatives;
  - Analysing options to reduce the current economy wide finance gap by 2020/21;
  - Identifying new schemes that will benefit patients and/or reduce the anticipated 2020/21 finance deficit;
  - Leading on the evaluation process across the partnership for Greater Manchester Transformation Funded schemes;
  - Assisting with the Adult and Social Care Transaction.
- 2.9 On 4 January 2018, the Care Together programme was peer reviewed by the Greater Manchester Health and Social Care Partnership. Received feedback was very positive.

### **3. CARE TOGETHER STRUCTURE AND OBJECTIVES FOR 2018/19**

- 3.1 The Merseyside Internal Audit Agency review of the Care Together Programme Governance structure has been largely positive. Some issues have been highlighted around the communications between the Care Together Programme Board and partner organisations senior boards and this is currently being addressed.
- 3.2 The Care Together Programme Board in January approved the latest version of the Care Together Principles and also the objectives for delivery in the 2018/2019. These are included in **Appendix A** and **Appendix B** respectively.

### **4. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP REPORTING**

#### **Highlight reporting**

- 4.1 The January monthly highlight report submitted to Greater Manchester Health and Social Care Partnership is attached as **Appendix C**. The programme continues to make progress, however, the main risks highlighted are:
- The lack of expected capital funding being made available to support Estates and IM&T schemes will impact on our ability to transform services;
  - There is an ongoing concern over Information Governance and the potential General Data Protection Regulations.

#### **Risk Register**

- 4.2 The high scoring risks have been identified above.
- 4.3 New procedures have been put in place to ensure that the Risk Registers are regularly reviewed by senior members across the Care Together programme before being approved for use at Boards and in reports to Greater Manchester Health and Social Care Partnership.

### **5. RECOMMENDATIONS**

- 5.1 As set out on the front of the report.

# APPENDIX A

## CARE TOGETHER PRINCIPLES

1. We agree that an integrated system of health and social care is the best way to ensure optimum health and care outcomes for our population whilst ensuring collective financial sustainability.
2. We will, at all times, consider and promote ways of working that release the most benefit to the population we serve rather than protect the interest of any one organisation.
3. We will work together to identify opportunities to integrate further services and develop collaborative arrangements with other providers and commissioners to benefit the people of Tameside and Glossop.
4. We are committed to prevention, of early intervention, and of people being treated within the most appropriate setting (ideally their homes or in the community where it is clinically appropriate to do so). We remain committed to the direction of the Contingency Planning Team's final report of 28 July 2015 and we will work collaboratively to achieve these aims.
5. We agree that the Integrated Care Foundation Trust continues to represent the best legal delivery vehicle for the integrated care system subject to an amended Foundation Trust licence and constitution to enable a new legal entity of an Integrated Care Foundation Trust. Such an organisation will be appropriately representative of all stakeholders including primary care and the voluntary sector, which will be reflected in its constitution.
6. We will uphold a robust governance structure that ensures representation, involvement, and transparency between all parties involved in the provision of effective and efficient health and social care services. This will include representation from other local councils, NHS Organisations, regulators, voluntary, charities, and faith providers. This governance will be focussed on the Care Together Programme Board with consistent outward reporting and liaison to all other relevant boards to ensure inclusion.
7. We acknowledge that integrating health and social care will not resolve the significant budget challenges facing us all but it goes some way to reducing these. We are committed to continuing to work closely together to address the Locality deficit as far as possible and we will involve other stakeholders in this.
8. We agree that the economy budget deficit is our joint responsibility regardless of where the deficit may lie. Our priority is that we work collaboratively to reduce the total health and social care deficit rather than focus on the financial position of any one of our organisations.
9. We agree that the Tameside and Glossop updated Locality Plan, as approved by the Tameside Health and Wellbeing Board in October 2015 and by Derbyshire County Council Health and Wellbeing Board in April 2016, outlines how we will work together to drive up the health and social care outcomes and eliminate health inequalities for our population. We agree the successful delivery of a new integrated health and social care model is a key component of this plan.
10. We agree that strong and effective Integrated Neighbourhoods, encompassing the wider public sector, are central to delivery and achievement of improved Healthy Life Expectancy. We will work as an economy to support the emerging, innovative model of care to deliver improved quality of Tameside and Glossop Provision.
11. We agree to support the Programme Management Office to manage the implementation of the new Model of Care and will resource this as appropriate.

## APPENDIX B

### Delivery Objectives 2018/19

Care Together Work Programmes 2018/19	Start Date	Completion Date	Organisational Responsibility
<b>Strategic Development</b>			
Scope of ambition/scale for Integrated Neighbourhoods agreed	In progress	1.4.18	Collective
Future commissioning intentions for Intermediate and Urgent Care clarified post public consultation	In progress	1.4.18	Strategic Commission
Population health plan agreed focussed on early intervention <ul style="list-style-type: none"> <li>Corresponding implementation plan</li> <li>Clarity of metrics to measure success</li> </ul>	In progress	Q1 Q2 Q2	Strategic Commission
Identified mechanism to further integrate and develop Mental Health services within neighbourhoods	Q1	Q4	Collective
Health & Wellbeing Board approved engagement strategy focussed on co-production and co-design with the Voluntary Community and Faith Sector	In progress	1.4.18	Strategic Commission
New model and investment plan developed to tackle homelessness	Q1	Q1	Strategic Commission
Ageing Well Plan (including End of Life) developed and approved	In progress	Q1	Strategic Commission
Agreed strategic direction for General Practice and clarity of approach for incentivising change	Q1	Q4	Strategic Commission
Clarity on future Care Together journey (e.g.; ACO, mental health)	Q3	Q4	Collective
Evaluate Living Wage Foundation as an economy leading to accreditation	Q1	Q3	Collective
<b>Transformation</b>			
Further development of 5 Integrated Neighbourhoods	In progress	On-going	ICFT
Locality wide Data Sharing Agreement in place	Q1	Q1	Collective / GM HSCP
Asset Based approaches rolled out at pace across the economy using learning from Nesta 100 day challenge <ul style="list-style-type: none"> <li>Learning from cohorts and scaling up across populations and new disease pathways</li> <li>Rolling out principles of 100 day challenge methodology</li> </ul>	In progress	Q3	ICFT
Service transformation of specific pathways; <ul style="list-style-type: none"> <li>CHD</li> <li>Diabetes</li> <li>COPD</li> </ul>	In progress	On-going	ICFT

Roll out of IM&T Delivery Plan	Subject to capital funding	On-going	Collective / GM HSCP
Roll out of GM Work and Health Programme	Q1	Q4	Strategic Commission
Roll out of workforce plan	In progress	On-going	ICFT
Social care transformation including 1st phase of support at home model implemented	Q1	Q2	Strategic Commission
Clarity on model and implementation of Integrated Children's services	In progress	Q4	Strategic Commission
Development of high quality Integrated Neighbourhood hubs <ul style="list-style-type: none"> <li>• Co-location</li> <li>• Identification of optimum service provision</li> <li>• Delivery of fit for purpose hubs</li> </ul>	In progress Q1 Subject to capital	On-going	Collective
Roll out of digital health model to support people living at home	In progress	Q3	ICFT
Delivery of an Urgent Treatment Centre co-located at Accident & Emergency	Q2	Q3	ICFT
New residential and nursing contract in place with improved quality and market able to flex to appropriate demand	In progress	Q3	Strategic Commission
Roll out of Strategic Estates plan	In progress	On-going	Collective
<b>Assurance of progress</b>			
Agreed, collective financial plan & benefits realisation for 2018/19	In progress	1.4.18	Collective
Evidence of shifting demand and activity from acute to community	In progress	On-going	ICFT
Continual improvements in key health and social care outcomes	In progress	On-going	ICFT
PMO widely acknowledged as adding value and delivering progress	In progress	Q2	Collective
Recognition of improving Children's Services	In progress	On-going	Strategic Commission
All of current inadequate care homes rated at least "requires improvement"	In progress	Q3	Strategic Commission
Economy wide Performance/Assurance process in place	In progress	Q2	Collective
Adult Social Care transaction complete	In progress	Q4	Collective
Evaluation underway focussed on lived experience of our transformation programme	Q1	On-going	Collective

# APPENDIX C

## January Greater Manchester Report

Tameside and Glossop Care Together : SRO – Stephen Pleasant and Karen James      Programme Director - Jessica Williams

### High level description of the programme and the key projects within it.

Whole Locality focus on improving healthy life expectancy and a determination to reduce inequalities. By creating a single approach to health and social care, deliver significant improvements in population outcomes, patient experience, key performance targets and professional/financial sustainability.

- Strategic Commissioning Function; single strategy, budget, management team and decision making process. Aim to drive improvements to health and social care outcomes through developing a whole place based approach to public sector reform
- Integrated Care Organisation; building on FT license to create a lead integrator of local services including acute, community, social care and aligned mental health, primary care and the voluntary sector

### Progress summary (this month) *(high level and by exception)*

- Following public consultation, Strategic Commissioning Board decision on preferred approach to Intermediate Care
- Concluded Urgent Care public consultation and analysis underway
- LCO GM peer review held with positive feedback received
- Board to Board meeting confirmed updated principles of working in partnership and high level objectives for 2018
- Review of NHSE Capped Expenditure Process to identify additional potential saving schemes
- Further development of Adult Social Care Transaction business case
- Increased Derbyshire role within Care Together

### Outlook summary (next month)

- Collective financial plan & benefits realisation agreed for 2018/19
- Population health priorities agreed and implementation plans developed
- Agreed new non medical model for Children's Integrated services focussed on Early Need
- Analysis of the NESTA 100 day challenge and identified next steps
- Process agreed on how T&G will develop a new model for mental health "Living Well" hubs based on the Lambeth model
- Restructure of Strategic Commissioning function commenced to align around the life course
- T&G transformation evaluation programme agreed

### Any parts of the programme off track, why. Is resolution at programme or TPB level?

Lack of Information Governance/Data Sharing protocols now preventing improved multi-disciplinary working. Less than anticipated IM&T capital funding has resulted in significant re-planning of IM&T strategy and potential for benefit realisation. Continued challenges in recruiting additional staff for the integrated neighbourhoods has caused some slippage in releasing benefits. Whilst T&G aims to resolve these issues as far as possible at programme level, GM HSCP support may well be required.

### Any changes to programme and rationale *(confirm approved within programme governance)*

Not applicable this month

### Key challenges / issues for resolution (identify if locality or TPB)

- As above, concerns over information governance/data sharing and lack of sufficient capital to support our Estates and IM&T ambitions are our key issues.
- Significant financial challenge for 2018/19 with the potential to cause tension between Care Together partners.

### Achievements to highlight / good practice to share (identify if locality or GM (relevant theme/programme))

- T&G NESTA 100 day challenge initial results are positive e.g. in Denton – the diabetic prevention programme had a 49% reduction in retested patients being diagnosed as pre-diabetic.

Development funding proposal submitted Y

Transformation Fund proposal submitted Y

TF Investment Agreement in place Y