

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	28 June 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 March 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: (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 below is monitored and expended in accordance with the investment agreement. Recurrent cashable efficiency savings 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: (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 Strategic 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 the 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



Telephone: 0161 304 5389



e-mail: [jessicawilliams1@nhs.net](mailto:jessicawilliams1@nhs.net)

## 1. INTRODUCTION

- 1.1 The focus of this report is the continued development and management of the overarching Care Together programme plan and provides details on progress.

## 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 £16.8m recurrent benefit agreed in the Cost Benefit Analysis (CBA).
  - **Transformational QIPP:** Savings largely from Commissioning budgets which have an element of transformational change
  - **Adult Social Care transformation schemes:** IBCF funded schemes transforming ways of working within Adult and Social Care
- 2.2 Clarity on the expected Return of Investment (RoI) for Greater Manchester Transformation Schemes (GM TF) has been gained from the GM Health and Social Care Partnership. It has been agreed that the target for RoI (£16.8m) can exclude the cost of running the schemes (i.e. the RoI calculation is purely based on the financial benefits released by the schemes regardless of the cost required to gain this total).
- 2.3 The Investment Agreement for the GM TF is currently being refreshed in discussion with representatives from GM Health and Social Care Partnership. This refresh is not intended to amend the RoI target or how it is calculated and is focussed more on the types of indicators that localities could report on.
- 2.4 It must be noted that the £16.8m RoI target was based on the assumption that capital spend would be made available to support estates and IM&T schemes. This capital has not been forthcoming which presents a critical risk to the overall transformation.
- 2.5 Tameside MBC Policy and Performance Directorate is leading on development of Neighbourhood Scorecards to highlight progress made in the Integrated Neighbourhood model and identify areas requiring further intervention. This will also be supported by an external Evaluation partner (currently in procurement) and further detail on this will be presented to the next Health and Wellbeing Board.

## 3. CARE TOGETHER TRANSITION FUND

- 3.1 Due to the lack of capital funding available to support the essential IM&T investment during 2017/18, the Care Together Programme Board made the decision to use the Care Together Transition Fund (made up primarily from TMBC and CCG revenue allocations) to support the continued implementation of our IM&T interconnectivity strategy. This has altered the position as previously reported and resulted in significantly reduced funds for 2018/19.

**Table 1: Transition fund position**

	2015/16 £000's	2016/17 £000's	2017/18 £000's	Total £000's
£6m Local Transition Fund - Opening Balances:	6,377	4,668	1,278	<b>6,377</b>
Economy Expenditure Grand Total	1,709	2,087	560	<b>4,355</b>
	<b>4,668</b>	<b>2,582</b>	<b>717</b>	<b>2,021</b>

	EMIS	1,304	658	1,962
<b>£6m Local Transition Fund -</b>	<b>4,668</b>	<b>1,278</b>	<b>59</b>	<b>59</b>
<b>Closing Balances:</b>				

- 3.2 2018/19 was always planned as the final year of the transition fund and the impact of the reduced funding this year is being explored with the future requirements for the PMO. An options appraisal will be discussed at the Care Together Programme Board in September. These recommendations will take account of substantial progress made in whole system monitoring which should help identify both areas of success and challenge.

#### **4. CARE TOGETHER TRANSFORMATION FUND**

- 4.1 Transformation schemes achieved savings of £5.924m savings in 17/18. The economy aims to achieve the £16.8million target from the GM Transformational schemes (see **Appendix A** for full benefits by scheme).

#### **5. TAMESIDE AND GLOSSOP UPDATES TO GM HEALTH AND SOCIAL CARE PARTNERSHIP**

- 5.1 The Programme Management Office submit highlight reports to GM Health and Social Care Partnership to update on progress against our transformation plan. The format for these reports changed at the end of last financial year and an update was not required in April.
- 5.2 Updates for February and March in the previous format as well as the recent May submission in the new format are attached at **Appendix B**.
- 5.3 All updates stress the key risk is a lack of access to capital for agreed Estates and IM&T developments.

#### **6. STRATEGIC COMMISSIONING FUND ASSURANCE**

- 6.1 On 3 May 2018, a review of the Strategic Commissioning Function was undertaken by GM Health and Social Care Partnership. Upcoming milestones discussed included the intention to have an longer term, outcome based contract with Integrated Care Foundation Trust (ICFT) by March 2019, the transaction of part of Adult Social Care into the ICFT by 1 April 2019 and an agreed approach to the future of mental health commissioning. In addition, GM Health and Social Care Partnership noted the creation of a single budget for CCG and Council from April 2018 which showed considerable maturity within the Tameside and Glossop economy.
- 6.2 Feedback received was positive and GM Health and Social Care Partnership stated their intention to share learning from their visit with other localities.

#### **7. CARE TOGETHER COMMISSIONING UPDATE**

- 7.1 The Integrated Neighbourhood vision is being further developed with the Commissioning Improvement Scheme (CIS) now being paid out on a neighbourhood level rather than at individual GP lists. This is a significant step forward to providing equitable neighbourhood services and enabling practices to consider new ways of working.
- 7.2 The Commissioning team, in alignment with Finance and supported by the Programme Management Office, have identified a number of commissioning schemes to enhance quality, improve patient experience and reduce the economy financial gap. This are largely

initiatives focussed on health but the aim is to work closer with the wider public sector to drive improved prevention strategies and provide increase resource into neighbourhoods as a result of the transformation of services.

## **8. CARE TOGETHER ADULT SOCIAL CARE**

- 8.1 The Outline Business Case for the Adult Social Care Transaction is currently being considered by Boards at the ICFT and Council. Should this be approved by both parties, the process of due diligence, planning and staff consultation will commence with a transaction date of 1 April 2019.
- 8.2 The Council has committed £3m iBCF funding, over three years, to the ICFT to assist with the reduction in Delayed Transfer of Care (DTOC) (this also incurred stranded costs of £650k). The remaining £6.6m has been committed to schemes that address unmet need and support transformation projects to deliver improved quality and outcomes across the wider health and social care system.

## **9. RECOMMENDATIONS**

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

## APPENDIX A – BENEFIT RELEASE OF GMHSCP FUNDED TRANSFORMATION BY INDIVIDUAL SCHEME

Planned Savings (as per IA)			17/18 Plan	18/19 Plan	19/20 Plan	20/21 Plan	Total
Original CBA			3,990	6,500	2,763	3,862	17,115
Less IM&T			-52	-218	0	0	-270
Planned Savings (as per IA)			3,938	6,282	2,763	3,862	16,845

Savings	Org.	Opening Target	17/18 Actual	18/19 Plan	19/20 Plan	20/21 Plan	Total	Variance from original Target
Integrated Neighbourhoods	SCB	5,270	2,790	2,480	0	0	5,270	0
Integrated Neighbourhoods	ICFT	4,828	0	0	2,160	2,668	4,828	0
System Wide Self Care	ICFT	0	0	0	0	0	0	0
Support at Home	SCB	0	0	0	0	0	0	0
GP Prescribing	SCB	2,500	1,185	500	500	315	2,500	0
Wheelchairs	SCB	250	551	0	0	0	551	301
Home First	ICFT	1,199	0	1,199	0	0	1,199	0
Digital Health	ICFT	1,343	0	1,240	103	0	1,343	0
Flexible Community Beds	ICFT	705	686	19	0	0	705	0
Flexible Community Beds Glossop	ICFT			-250	0	0	-250	-250
Estates	SCB	750	712	39	0	0	750	0
Evaluation	SCB	0	0	0	0	0	0	0
Performance Management	SCB	0	0	0	0	0	0	0
Organisational Development	ICFT	0	0	0	0	0	0	0
<b>Total GM Planned Savings</b>		<b>16,845</b>	<b>5,924</b>	<b>5,227</b>	<b>2,763</b>	<b>2,983</b>	<b>16,896</b>	<b>51</b>

# APPENDIX B – GREATER MANCHESTER HIGHLIGHT REPORTS

Tameside and Glossop Care Together : SRO – Stephen Pleasant and Karen James      Programme Director - Jessica Williams      February 2018

## 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 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

**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)*

- Population health priorities agreed, financial profile confirmed and implementation plans developed
- Spend profile for funded schemes agreed across partnership and submitted to GM
- Key outcomes agreed for ICFT contract
- Locality approach to public engagement agreed and launched
- Process agreed for developing an improved approach to neighbourhood mental health “Living Well” hubs
- Support at Home model roll out started
- Evaluation approach and timescales agreed with GMHSCP

**Outlook summary (next month)**

- Extensions to successful social prescribing schemes start the implementation of next stage of asset based approaches/social prescribing schemes
- Completion of co-location of services (Intermediate Tier team)
- Finalise financial savings schemes to support overall economy challenge
- Agree approach to develop model for Integrated Children’s Services
- Develop an approach for the future model of general practice in conjunction with our aspirations for Integrated Neighbourhoods
- Implementation plans for Intermediate and Urgent Care
- Procurement for Primary Care Access Service

**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 associated benefit realisation.

Continued challenges in recruiting additional staff for the Integrated Neighbourhoods will potentially result in less than anticipated future 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 key risks.
- 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))**

- Social Prescribing has over 300 referrals to date with the rate due to increase significantly

Development funding proposal submitted Y

Transformation Fund proposal submitted Y

TF Investment Agreement in place Y