

Report to:	HEALTH AND WELLBEING BOARD
Date:	20 September 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington, Executive Leader Jessica Williams, Interim Director of Commissioning and Programme Director, Tameside and Glossop Care Together
Subject:	INTEGRATION REPORT – UPDATE
Report Summary:	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 on 28 June 2018.
Recommendations:	The Health and Wellbeing Board is asked: <ol style="list-style-type: none"> 1. To note the updates as outlined within this report. 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 to achieve the priorities identified in the Health and Wellbeing Board 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.
Financial Implications: (Authorised by the Section 151 Officer)	<p>The financial position of the Tameside and Glossop health and social care economy is reported monthly to the Strategic Commissioning Board and the Council's Executive Cabinet. 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 review, 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 the report 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>
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 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



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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. This funding is provided to release savings and ensure the ongoing financial sustainability and reduce demand on hospital services. Expected metric targets are defined in the Investment Agreement (IA). Details on released savings can be found in Section 4 and Appendix A.
- **Transformational Targeted Efficiency Programme (TEP) schemes:** 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 The GM Transformation schemes are currently expected to release £15.3m of recurrent benefit per year by 2020/21; this is £1.6m short of the agreed target. However, considering some of the funded transformation schemes initially experienced recruitment or IM&T issues, it is believed the remaining recurrent benefits will be forthcoming as projected. Further detail is available in **Appendix A**.

- 2.3 The GM Transformation schemes are monitored against Key Performance Indicators (KPIs) defined in the GM Health and Social Care Partnership Investment Agreement with Tameside and Glossop. Main areas of achievement include A&E attendances at the Integrated Care Foundation Trust (whether for Tameside and Glossop registered patients or not) and Elective admissions, both of which have achieved 2018/18 Q1 targets. Further work continues with Non Elective Admissions and Outpatient Attendances. It remains expected that we will collectively achieve all KPIs as outlined in the Investment Agreement.

- 2.4 The Finance Departments and Programme Management Office are working collaboratively to implement a new process to support the progression of new and current Targeted Efficiency Programme schemes. These will report to the STAR Chambers, led by Steven Pleasant and Kathy Roe, scheduled for the autumn. In addition, Care Together has gained some assistance from GM Health and Social Care Partnership to ensure national best practice can be adopted locally. This involves up to 20 days of free management consultancy support and initially, this will focus on understanding additional opportunities to improve quality, experience and reduce cost for the ageing population.

- 2.5 A cross partnership meeting to explore progress and understand future developments of the agreed Integrated Neighbourhood model has been held. This was clinically led, well supported and highlighted areas for future focus whilst acknowledging the significant achievements (both financial and qualitative benefits) already achieved.

- 2.6 The timescales for the procurement of an evaluation partner to monitor the impact of the GM Transformation Fund schemes have been extended due to the need to ensure the widest possible number of applicants. Further information will be provided to the next Health and Wellbeing Board.

3. CARE TOGETHER TRANSITION FUND

- 3.1 As previously reported, the Care Together Transition budget is significantly depleted for 2018/19 due to the need to fund enabling IM&T solutions. The only on-going costs currently against these budgets are for the Programme Management Office so this is now being reviewed to understand future options to gain most benefit in the future.

4. UPDATES TO GM HEALTH AND SOCIAL CARE PARTNERSHIP

- 4.1 The Programme Management Office submit highlight reports to GM Health and Social Care Partnership to update on progress against our transformation plan. These reports are now submitted bi-monthly and are attached at **Appendix B**.
- 4.2 All updates stress our significant issue of a lack of access to capital to further our agreed Estates and IM&T developments.

5. CARE TOGETHER ADULT SOCIAL CARE

- 5.1 The Outline Business Case for the Adult Social Care Transaction has been authorised by Boards at the Integrated Care Foundation Trust and Council. Work is progressing on the Full Business Case and the partnership remains confident of a transaction date of 1 April 2019.
- 5.2 The Strategic Commission has committed £3m of £9.6m iBCF funding, over three years, to the Integrated Care Foundation Trust to assist with the reduction in Delayed Transfer of Care (DTC) with the remaining £6.6m committed to schemes to address unmet need and support transformation projects to deliver improved quality and outcomes across the wider health and social care system. The majority of these schemes have now been implemented and the Care Together Programme Management Office will support the assessment of their impact.

6. CARE TOGETHER ESTATE STRATEGY

- 6.1 A draft transformational strategy for an Estates offering across the five neighbourhood hubs has been developed. This has reviewed the existing Estate and identified opportunities to support more and easier access to integrated services, in more convenient locations to better support the locality health and care needs whilst benefiting and developing the local economy. In addition, this should achieve cash releasing benefits through moving services into more modern facilities to support integrated working and enable closure of inappropriate or excess buildings. A range of options for each neighbourhood will now be considered in greater detail. Most of the opportunities identified to date relate to NHS leasehold properties.
- 6.2 Identified benefits are not limited to cash savings and access to new facilities. Additional benefits include:
- backlog maintenance mitigation;
 - reduction in reliance on private landlords;
 - regeneration opportunity;
 - greater links to housing objectives;
 - repurpose of key strategic existing estate;
 - greater support for One Public Estate initiative.

- 6.3 Funding for these changes needs to be identified and agreed (as captured in the Care Together Risk and Issue Log approved capital funding from the GM Health and Social Care Partnership has not been forthcoming) and work is progressing on developing a detailed business case. Any changes to the estates proposals will be communicated to interested stakeholders and be approved through the formal governance structures of the Care Together partnership. Further information on the Estates Strategy is available on request.

7. RECOMMENDATIONS

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

APPENDIX A – BENEFIT RELEASE OF GMHSCP FUNDED TRANSFORMATION BY INDIVIDUAL SCHEME (POSITION AT MONTH 4)

Savings £000's	Org.	Recurrent Savings Posted 17/18	Recurrent Savings Posted 18/19	Total Recurrent Savings posted	Green	Amber	Red	Total Planned Savings	Opening Target	Expected Savings excluding reds	Post bias Variance
Integrated Neighbourhoods (Stopping the Growth)	SCB	2,790	827	3,617	1,653	0	0	5,270	5,270	5,270	0
Integrated Neighbourhoods (Stopping the Growth)	ICFT	0	0	0	0	4,828	0	4,828	4,828	4,828	0
System Wide Self Care	ICFT	0	0	0	0	0	0	0	0	0	0
Support at Home	SCB	0	0	0	0	0	0	0	0	0	0
GP Prescribing	SCB	1,185	802	1,987	1,018	0	0	2,500	2,500	3,005	505
Wheelchairs	SCB	551	0	551	0	0	0	551	250	551	301
Home First	ICFT	0	0	0	0	0	1,199	1,199	1,199	0	(1,199)
Digital Health	ICFT	0	0	0	0	0	1,343	1,343	1,343	0	(1,343)
Flexible Community Beds	ICFT	686	0	686	0	0	0	686	705	686	(19)
Flexible Community Beds Glossop	ICFT	0	0	0	0	0	0	0	0	0	0
Estates	SCB	712	0	712	225	0	0	937	750	937	187
Evaluation	SCB	0	0	0	0	0	0	0	0	0	0
Performance Management	SCB	0	0	0	0	0	0	0	0	0	0
Organisational Development	ICFT	0	0	0	0	0	0	0	0	0	0
Total		5,924	1,629	7,553	2,896	4,828	2,542	17,314	16,845	15,277	(1,568)
Savings posted since started of Transformation Programme				Amber Planned to be delivered in future years							
Green Forecast to be delivered this year				Red not currently forecast to be delivered							

APPENDIX B – GREATER MANCHESTER HIGHLIGHT REPORTS

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

- 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