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| Report to: | HEALTH AND WELLBEING BOARD |
| Date: | 22 September 2016 |
| Executive Member / Reporting Officer: | Cllr Brenda Warrington, Executive Member, Adult Social Care and Wellbeing 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 March 2016. |
| Recommendations: | The Health and Wellbeing Board is asked:- 1. To note the progress of the Care Together Programme including the strategic and operational aspects; and 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 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. |
| Financial Implications: (Authorised by the Section 151 Officer) | The Care Together Economy has a projected year end deficit of £32.1m at the period ending 31 July 2016 (£14.8m within the Integrated Commissioning Fund and £17.3m Tameside Hospital Foundation Trust) – agenda item 4 provides the associated details. There is therefore a clear urgency to implement associated strategies to ensure the current year projected funding gap is addressed and closed on a recurrent basis across the whole economy. It should be noted that each constituent organisation will be responsible for the financing of their resulting deficit at 31 March 2017 It is also essential for the economy that the GM Health and Social Care Partnership funding bid referred to in section 2 of the report is approved, as this funding will support transformational initiatives which will deliver recurrent efficiency savings 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 Hospital. 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.

Risk Management :

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a project support office.

Access to Information :

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



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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:
- GM Health and Social Care Partnership (previously GM Devolution);
 - Operational Progress;
 - Next Steps;
 - Recommendation.

2. GM HEALTH AND SOCIAL CARE PARTNERSHIP

- 2.1 Following our submission for transformational funds in January 2016, the GM Devolution instigated a process to ensure transparency and rigour of funding decisions. This process determined in May 2016 that Tameside and Glossop alongside Salford and Stockport would be invited to submit the initial funding applications for consideration by the GM Health and Social Care Partnership Strategic Programme Board Executive.
- 2.2 Tameside and Glossop therefore submitted a comprehensive application on 15 June 2016. This included:
- Summary of descriptor of transformational schemes (**Appendix 1**)
 - Cost benefit analysis
 - Financial Roll Up (summary of the whole financial challenge to the economy by 20/21)
 - Narrative to support this.

The financial request was for £30.068M over 3 years.

- 2.3 Our submission was independently reviewed by CarnallFarrar and PwC and their feedback was presented to the GM Health and Social Care Partnership Transformational Funding Oversight Group (TFOG). The recommendation which subsequently came out of this meeting was an offer of £1M to help us develop our plans further and return for future consideration at TFOG in the autumn. This offer was rejected on the basis of incomplete understanding of our economy financial position and the overriding need to move into the delivery stage.
- 2.4 Since this time, considerable work has taken place between the economy finance team and the GM Health and Social Care Partnership team to ensure that the plans within Tameside and Glossop are widely understood and will satisfy TFOG at the next iteration. We resubmitted our application for funding on 18 August 2016 and look forward to hearing a favourable result in the near future.
- 2.5 In the meantime, we continue to develop the implementation plans for the schemes and work up a draft "Investment Agreement" which will be required between the economy and GM Health and Social Care Partnership. This is a detailed document which will describe the key milestones for the economy including national requirements and delivery of standards. Our aim is to ensure this is signed by the end of September which would then bring us back into the same trajectory as Salford and Stockport.
- 2.6 GM Health and Social Care Partnership continues to receive invitations to and attend the Care Together Programme Board.

3. OPERATIONAL PROGRESS

Transfer of Community Services

- 3.1 The transfer of community services from Stockport Foundation Trust into Tameside Hospital Foundation Trust (THT) successfully occurred on 1 April 2016. 734 staff and approximately £24M moved into THT which is the first important step of towards and Integrated care Organisation and enables closer working between core health and social care services.
- 3.2 Work is developing at pace to design a new and integrated community offer and change ways of working to ensure a focus on prevention and increasing independence. As part of this and to signify the changing nature of the Foundation Trust, the name of the Trust will change to Tameside and Glossop Integrated Care NHS Foundation Trust on 1 September 2016.

Single Commissioning Function

- 3.2 On 1 April 2016, the two commissioning teams came together under one single leadership, governance and management structure. Commissioning staff have been co-located in the CCG building, one medium term strategy has been agreed and team building continues. Steven Pleasant, Chief Executive, Tameside MBC has been appointed on an interim basis, the Single Accountable Officer for this single commissioning function.
- 3.3 A jointly managed budget of £442M has been developed to enable money to flow according to strategic commissioning decisions.
- 3.4 A substantive management structure to deliver strategic health and social care commissioning. The senior level of this has now been agreed following an independent review (Deloitte) and the next steps for this will be to understand the role of commissioning going forwards and develop a organisational structure to ensure this is delivered.
- 3.5 The Single Commissioning Board is operational, meets monthly and is chaired by Dr. Alan Dow, Chair, CCG. This is supported by a professional reference group made up of a wide range of health and social care clinical and professional colleagues to ensure the delivery of high quality services is optimised at all times.

Model of Care

- 3.6 The Model of Care Steering Group continues to work at pace to agree the process for determining the detailed model of integrated care under the leadership of Karen James, Chief Executive, Tameside Hospital Trust. This work has focussed on the development of the transformational schemes and ensuring emerging plans in all work stream areas meet the needs for Tameside and Glossop and also, are widely understood and supported.
- 3.11 Work also continues apace in many of the enabling task and finish groups to support the model of integrated care. This includes a strategic estates plan, a comprehensive programme to radically overhaul current IM&T and drive benefits in the future, the organisational development programme and development of the organisational governance arrangements.

Programme Support Office and Programme Development

- 3.12 A high level programme plan has been created and is summarised by the Care Together Programme Board Forward Plan (attached as **Appendix 2**). The Programme Support Office will be working with the identified leads to ensure they receive the support they need to hit these milestones.

4. NEXT STEPS

- 4.1 As well as the continuation of all work above and especially the focus on the model of care, notable next steps are as follows:
- Securing the transformational funding and moving rapidly to the delivery of schemes;

- Creating a plan to deliver financial sustainability for the economy;
- Determining scope and potential milestones for the transfer of social care into the ICO;
- Aligning primary care outcomes alongside the ICO;
- Developing and implementing a measurement framework which accurately ensures our planned transformational schemes are improving the healthy life expectancy of the T&G population.

4.2 In order to ensure timeliness of information provided to Health and Wellbeing Board, the next steps will be expanded in the presentation provided for discussion.

5. RECOMMENDATIONS

5.1 The Health and Wellbeing Board is asked:-

- note the progress of the Care Together Programme including the strategic and operational aspects; and
- To receive a further update at the next meeting.