ITEM NO: 7

Report to: HEALTH AND WELLBEING BOARD

Date: 11 December 2014

Executive Member / Reporting Officer: Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing)

Doreen Hounslea, Programme Director - Integration

Subject: CARE TOGETHER UPDATE

Report Summary: The report provides an update for the Health and Wellbeing Board on the progress and developments within the Care Together Programme since the last meeting.

Recommendations: The Health and Wellbeing Board is asked:

1. To note the progress of the Care Together Programme;
2. To receive a verbal report from Monitor in respect of their role within economy going forward;
3. To receive a short presentation from Damien Ashford, PwC, outlining the proposed approach to their work programme;
4. To note the appointment of the Consultation Institute to provide an independent assessment of the programme’s engagement with the public;
5. To receive a further update at the next Health and Wellbeing Board meeting.

Links to Health and Wellbeing Strategy: Integration has been identified as one of the six principles that have been agreed locally that 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 Borough Treasurer) It is essential the new care pathways are implemented on schedule to ensure the maximum levels of efficiency savings are delivered within the borough and for each organisation integral to the care together programme. There is a clear risk that the levels of annual efficiency savings required will increase where implementation timescales are delayed.

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. 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.

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

Access to Information:
The background papers relating to this report can be inspected by contacting Doreen Hounselea, Programme Director Integration

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1. INTRODUCTION

1.1 This report provides an update for the Health and Wellbeing Board on the progress and developments within the Care Together Programme since the last meeting.

1.2 There continues to be steady progress with the programme overall together with a number of notable milestones having been met. The report covers:

(i) Update on process with Monitor and the appointment of an external team;
(ii) Ongoing engagement events;
(iii) Operational Progress; and
(iv) Next Steps.

2. UPDATE ON PROCESS WITH MONITOR

2.1 As colleagues are aware from the previous meeting Monitor were in the process of formally appointing an external team of experts to support the economy and to “stress test” our proposals in respect of a whole system integrated care model. The appointment has now taken place and a press release was issued by Monitor on 5 November confirming PricewaterhouseCoopers (PwC) have been appointed. The team commenced work in the economy on Monday 10 November.

2.2 Monitor are in attendance at the meeting so the background and role of Monitor during the reassessment phase of the work programme will be explained by Marianne Loynes, Enforcement Director and lead point of contact for the economy during this period. In addition, Damien Ashford, Director from PwC and Programme Director for the “Contingency Planning Team” (CPT) – the formal name for the appointed team, is also in attendance. Damien will provide a short presentation following this report to explain their role, the approach to the work programme and its timeframe.

2.3 In addition to the appointment of PwC the economy continues to work with colleagues in Monitor around Choice and Competition and Regulation. This is an extremely busy period for the Care Together Programme and all three organisations are actively supporting this work providing information and attendance at a range of meetings. This is a significant investment by Monitor into the local care community; we see this as a positive move by the regulator to work with us in addressing the issues of the care community.

2.4 Going forward both Monitor and PwC are now members of the Transition Board. Wherever possible the existing governance arrangements of the Care Together Programme are being used to embed the work of PwC into the community. There will be additional working groups and meetings required that will include a much broader representation of the care sector, this will be explained further as part of Damien Ashford’s presentation.

3. ENGAGEMENT EVENTS

3.1 Following the development of the nine Outline Business Cases it was agreed a series of patient engagement events would take place across Tameside and Glossop. Tameside CVAT and High Peak CVS led and coordinated three events supported by the CCG and Tameside MBC staff. The events took place in Bradbury House, Glossop, Hyde Town Hall and Dukinfield Town Hall. All were very informative and successful in gaining direct patient feedback with more events being planned for the coming months.

3.2 Prior to any formal public consultation NHS commissioners have to pass through four gateways set down by NHS England. The Communications Teams from the three organisations together with colleagues from Monitor and PwC are actively working on
proposals to ensure our work is clearly communicated to patients, staff and wider public. Whilst we can talk about our governance processes and tripartite working it will mean little if we do not deliver sustainable change across integrated pathways that patients can understand and experience first-hand.

3.3 As reported previously we wish to ensure our approach and engagement of the public is of the highest order. To this end the Consultation Institute has been appointed to conduct an independent assessment of our approach and process across the Care Together Programme. A member of the Institute attended the public meeting at Dukinfield Town Hall and this will be followed up by a workshop facilitated by the Institute to share their approach to assessment and to gain a greater understanding of the scope of the programme.

3.4 A presentation was given to the 9 Tameside Training Consortium event on 15 October attended by carers, Care Home and Nursing Home providers together with commissioners. This was an excellent event attended by over 100 people hearing a first-hand patient story; the legal requirements of staff training and development; the complexity of the Mental Capacity Act as well as the development and aspiration of the Care Together Programme. It is clear that when developing pathways we have to engage and consider the breadth of providers in the care sector and the implications of patient choice.

3.5 Tameside NHS Foundation Trust organised a “round table” event hosted by the Kings Fund on 29 October. Senior leaders from all three organisations took the opportunity for some reflective learning and discussion around the common ground and vision they shared together with agreeing actions going forward. This very much links to the work with PwC and providers a platform from which to take the care community to the next stage of development.

3.6 There have also been discussions with Derbyshire County Council in respect of our proposals as from a health perspective this includes the citizens of Glossopdale. This was a very positive meeting with a follow up session planned in December involving both Tameside MBC and Tameside and Glossop CCG.

3.7 In addition, a presentation was given to Tameside Councillors at Dukinfield Town Hall on 13 November introduced by Councillor Brenda Warrington. It was an excellent turnout that councillors reported finding very informative; they took the opportunity to ask questions and welcomed the overall direction of travel – the proposal of having joined up care for citizens within their homes and communities was positively received.

4. OPERATIONAL PROCESSES

4.1 The Outline Business Cases (OBCs) are now managed via the Delivery Unit. Working groups established to develop the OBCs are still meeting in various forms and are eager to progress to the next stage of implementation. There are several aspects to this and in the first instance they have been asked to progress all “quick wins” and to ensure the changes that do not require contractual negotiations are implemented. Examples include the development of joint policies and protocols; combined staff training; removal of duplicated processes and the agreed introduction to the use of “step up” beds as part of the Community, Home and Hospital Enhanced Care Team (CHHECT) OBC from 3 November 2014. This will dovetail into the Resilience planning led by the Transformation Directorate within the CCG for the winter months and the work of PwC.

4.2 Two Project Managers have been appointed to drive the delivery of the CHHECT business case and to support the enabling workstreams, in particular the Information Management and Technology workstream and Estates and Transport. Both Project Managers commenced mid-October and are busy mapping and identifying the critical success factors
and barriers to change. All of this work will feed in to the overall project timeline being revised with PwC linked to the clinical modelling.

4.3 The Location Specific Services (LSS) Task and Finish Group established to review the commissioning implications of the proposals is in the final stages of the work. This piece of work is commissioner led and incorporates the proposals from the OBCs. It involves the completion of an extremely detailed multi-layered spreadsheet to look at commissioning decisions on a line by line, service by services basis. The output from this work will feed into the PwC process.

5. **NEXT STEPS**

5.1 As can be seen from the above the detail surrounding the mobilisation of the programme is well underway. Decisions in respect of commissioning models and timescales will be subject to ongoing discussions. The arrival of PwC has brought a renewed focus to the delivery timeline, which is currently under review. This must take into account the local implications as well as the wider context of the devolution discussions that are taking placed across the whole of Greater Manchester.

5.2 As we come to the end of the calendar year and the work of the programme becomes “mainstream” it may be timely to review the governance structure of the programme in the New Year. This was raised at the Transition Board as although we have been careful not to cut across the sovereignty of each organisation’s internal governance structure this is not always easy and we may inadvertently cut across a timeline. This will be discussed with the appropriate governance lead form each organisation with any proposed changes coming back to each Board. The work of PwC will also inform this review.

5.3 As part of our forward plan to put in place the necessary steps and building blocks that will result in system reform the CCG has arranged for COBIC, a market leader in outcome based commissioning, to facilitate two workshops that will inform commissioner thinking and planning on how to get the best from outcome based commissioning, this will be open to staff from the three Tameside and Glossop organisations.

5.4 The development of primary care and the role that it has in the future provision of care services in Tameside and Glossop cannot be underestimated. This is an important aspect of the Care Together Programme and linked to the clinical model in the hospital; out of hospital care is critical to the overall success of our plans; it is reflected in national policy and has gained greater emphasis with the publication of NHS England’s Five Year Forward View.

5.5 This is being taken forward within the CCG and over the coming weeks and months the outputs from this work must be dovetailed into the overall plan and timetable for Care Together. It is acknowledged that change is also taking place within Primary Care with the development of GP Federations; groups of practices coming together to further the development of Primary Care both in the delivery and bidding for services. The outcome and success of these proposals locally will have a fundamental bearing on the Care Together Programme.

5.6 This is a marathon not a sprint and we must continue to demonstrate our progress to our community and partners. The Transition Board and Delivery Unit are fully aware of the scale of the challenge and their agendas will reflect this.

5.7 The recommendations are set out at the front of the report.