Report to: HEALTH AND WELLBEING BOARD

Date: 1 October 2015

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

Jessica Williams, Programme Director for Integration, Tameside and Glossop CCG / Tameside MBC

Subject: MAKING PROGRESS ON THE INTEGRATED CARE SYSTEM ACROSS TAMESIDE ANDGLOSSOP

Report Summary:
Monitor, the regulator for health services in England, published a report on the 17.09.15 outlining options for the future of Health and Social Care in Tameside and Glossop endorsing our current work, known as ‘Care Together’, which has been taking place locally to develop better health and care services for local people. This now gives us a mandate to take forward nationally significant plans. These plans will place Tameside at the forefront of a new era in health and social care. We will be the first in the country to deliver health and social care services via an Integrated Care Organisation (ICO) bringing together services from Tameside Council, Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Hospital.

We know that the future of health care services in Tameside needs to look very different, particularly given our reducing budgets. Integrating preventative and proactive care, GP’s, Social Care and the services provided in the hospital will deliver better service for local people. Those in need of support will receive it in a more co-ordinated way, without having to work their way through a complex system of multiple organisations and teams, as anyone who has care of an elderly relative will know. Care will, wherever possible, be provided closer to home (preferably in their own homes) and we will do all that we can to keep people out of hospital especially where early support can prevent an unnecessary stay in hospital.

Although a lot of the detail of how the ICO will work is yet to be decided and will be shaped as the programme progresses, staff will be at the forefront of this as we co-design the new services and ways of working going forward. The ICO will provide new opportunities for our workforce and their experience, knowledge and skills will play a vital part in ensuring we have a future care organisation that is fit for purpose and holds the needs of the person central to the health and care it provides. Staff will receive briefings throughout this process. The attached report sets out the initial commitments of all the parties to make progress on delivering the new ICO.

Recommendations: This Health and Wellbeing Board is asked to note the contents of this report.
**Links to Community Strategy:** Meets all objectives.

**Policy Implications:** In line with Council policy.

**Financial Implications:**

(Authorised by the Section 151 Officer)

The report of PwC confirms previous estimates made of the future funding gap in the local health economy and calculates this gap to be c£69m (see page 26 of appendix e to this report). The anticipated improvement to this position that can be made by creating the Integrated Care Organisation is c£28m. This is a significant level of cost reduction and represents a vital component of achieving financial sustainability in the local health economy. In due course it will also provide a significant contribution to the financial sustainability of the Council. Further work is in hand to address the residual gap of c£42m (also set out in appendix e to this report). No direct financial implications arise from this report. Further decisions will be taken which will enable the steps required to deliver the ICO and secure the anticipated spending reductions.

**Legal Implications :**

(Authorised by the Borough Solicitor)

There are some significant financial, organisational and legal risks to be addressed throughout this process and kept under review. However, those risks and the benefits outweigh the significant consequences of doing nothing both in terms of care, impact on the local economy and the Council’s budget. There would appear to be no other options or alternatives and this has been endorsed by PwC who drafted the report and undertook the CPT with Monitor over some 9 months.

**Risk Management :**

These are set out in the CPT report but a proper risk register will be required for this programme.

**Access to Information :**

Appendix A – Board to Board report.

Appendix B - Joint key stakeholder briefing from the three parent organisations summarising the CPT report.

Appendix C - Joint press statement from the three parent organisations in response to the CPT report.

Appendix D - Tameside Hospital NHS Foundation Trust contingency planning team: an overview.


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

📞 Telephone:0161 304 5342

✉️ e-mail: jessicawilliams1@nhs.net
**REPORT TO:**

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<td>JOINT BOARD MEETING OF THE TAMESIDE AND GLOSSOP CLINICAL COMMISSIONING GROUP (&quot;THE CCG&quot;), TAMESIDE METROPOLITAN BOROUGH COUNCIL (&quot;TMBC&quot;) AND TAMESIDE HOSPITAL FOUNDATION TRUST (&quot;THFT&quot;)</td>
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**DATE:**

23 September 2015

**REPORT OF:**

Karen James, Chief Executive - Tameside Hospital Foundation Trust  
Steve Allinson – Chief Operating Officer - Tameside and Glossop Clinical Commissioning Group  
Steven Pleasant – Chief Executive - Tameside Metropolitan Borough Council  
Chris Mellor – Independent Chair  
Jess Williams – Programme Director for Integration

**SUBJECT MATTER:**

INTEGRATED CARE SYSTEM ACROSS TAMESIDE AND GLOSSOP

**REPORT SUMMARY:**

Following the publication by Monitor of the Contingency Planning Team (CPT) report on 17 September 2015, the three “parent” organisational Boards are meeting collectively on 23 September 2015 to formally accept the CPT report and to determine how they wish to work together to deliver the anticipated benefits for the people of Tameside and Glossop.

This report sets out recommendations which each organisation needs to sign up to and adopt in order to deliver the benefits of an integrated care system across Tameside and Glossop. Appendices to this report for information are:

- The Contingency Planning Report as published by Monitor on 17 September 2015 (Appendix A)
- Tameside Hospital NHS Foundation Trust contingency planning team: an overview (Appendix B)
- Joint press statement from the three parent organisations in response to the CPT report (Appendix C)
- Joint key stakeholder briefing from the three parent organisations summarising the CPT report (Appendix D).

**RECOMMENDATIONS:**

Tameside and Glossop Clinical Commissioning Group ("the CCG"), Tameside Metropolitan Borough Council ("TMBC") and Tameside Hospital Foundation Trust ("THFT") agree the following and to ensure that any organisation governance process will be
undertaken to give effect to the following:

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 and to ensure collective financial sustainability.

2. We welcome the Contingency Planning Team's ('CPT') final report of 28 July 2015 and the assurances it provides as to the new model of care that the Tameside and Glossop Clinical Commissioning Group ('the CCG'), Tameside Metropolitan Borough Council ('TMBC') and Tameside Hospital Foundation Trust ('THFT') have jointly agreed to develop and operate to create a new integrated system of health and social care in Tameside and Glossop.

3. We acknowledge that creating a ICO will not resolve the significant budget challenges facing all organisations but it goes someway to reducing it and it will be necessary to continue to work closely together with all stakeholders to manage the deficit set out in the CPT report.

4. We agree that a Tameside & Glossop Locality Plan setting out our vision to work together to reform health and social care services to improve the health outcomes of our residents and reduce health inequalities as quickly as possible, be considered and approved in due course at the statutory Health and Wellbeing Board, and that the model of care, which is as outlined in the CPT creating a new integrated system of health and social care in Tameside and Glossop report is a key component of that Plan.

5. We agree that THFT represents 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 to be constituted by the 1 April 2017. Such an organisation will need to be appropriately representative of all three bodies and other stakeholders including primary care and the voluntary sector, which will be reflected in its constitution. We agree to work together to support the THFT in this transformation with a view to be in the ICFT shadow form from the 1 April 2016.

6. We agree that in working together to reform health and social care services to improve health outcomes for residents as quickly as possible and enable system wide change to take place transparently and clearly, robust and inclusive governance structures need to be developed and agreed. The key principles of any governance arrangements include:

   a) The objective of providing governance arrangements which aim to provide streamlined decision making; excellent co-ordination of services for the residents of Tameside & Glossop; mutual co-operation; partnering arrangements, and added value in the provision of shared services.

   b) an acknowledgement that the arrangement does not affect the sovereignty of any party and the exercise and accountability for their statutory functions.

   c) A commitment to open and transparent working and
proper scrutiny and challenge of the work of the Programme Board and any party to the joint working arrangements.

d) A commitment to ensure that any decisions, proposals, actions whether agreed or considered at the Programme Board carry with them an obligation for the representative at the Programme Board to report these to their own constituent bodies.

7. Each organization will effect the necessary authority to its representatives at the programme Board to implement the recommendations of the CPT report, which will be binding on the organization.

8. We agree to develop a Memorandum of Understanding, the Programme Board Terms of Reference, and a detailed Scheme of Delegation for consideration and ratification at a future meeting.

9. To provide mutual assurance to the constituent bodies, we agree that there will be regular reports from the Programme Board to the Boards of the constituent bodies.

10. We agree to the formation of a Programme Management Office to manage the implementation of the new Model of Care and will jointly look to resource this as appropriate.

11. The Commissioners agree to deliver a joint commissioning function, to be in place by 1 January 2016.

12. We agree that the governance arrangements will be kept under regular review and be revised from time to time to reflect the changing status of the integrated care delivery vehicle.

13. That any decision affecting the statutory duties of an organisation will be referred through that organisation’s governing processes.

**ACCESS TO INFORMATION**

This report does not contain information which warrants its consideration in the absence of the Press or members of the public

**REFERENCE DOCUMENTS:**

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

Landline: 0161 304 5342

Email: jessicawilliams1@nhs.net
Briefing on the publication of the Monitor Contingency Planning Team Report

In November 2014, Monitor appointed PwC as a Contingency Planning Team (CPT) to assess the sustainability of the Foundation Trust following a number of critical reports. The Contingency Planning Team report is to be published by Monitor on the 17th September. NHS Tameside and Glossop Clinical Commissioning Group, Tameside Metropolitan Borough Council and Tameside Hospital NHS Foundation Trust have worked closely with the CPT on developing a model of integrated care, the principles of which were already well established.

Key Points

- The publication of this report from Monitor feeds directly into our work around developing integrated health and social care in Tameside and Glossop.

- Monitor has tied the release of the report into the decision to remove the Hospital from special measures, although the two are not directly related.

- This represents the next stage in our journey and gives us access to levers of national significance in terms of creating an integrated care organisation. Tameside and Glossop have an opportunity to be at the forefront of the national drive to integrate health and social care, allowing us to collectively deliver better outcomes for our residents. The plan could see Tameside and Glossop deliver a national first.

- The CPT report concludes that Tameside Hospital NHS Foundation Trust (THFT) could become the delivery vehicle for the integrated health and social care system. Local organisations need to consider this recommendation in more detail and we are clear that if this were the case, THFT would need to be a very different organisation in the future.

- The CPT estimate that the proposed model could save £28 million a year across health and social care, but will still leave a deficit of around £42 million.

- We do know that in the future health care services in Tameside and Glossop are likely to look very different. Integrating preventative and pro-active care, GPs, social care and the services provided in the hospital will deliver better health and social care service for local people. Those in need of support will receive it in a more co-ordinated way, without having to work their way through a complex system of multiple organisations and teams. Care will, wherever possible, be provided closer to home (or even in people’s homes) and we will do all we can to keep people out of hospital where effective, early support could have prevented a stay in hospital.
The CPT report proposes a model of care in four parts: preventative and proactive care; urgent care; elective care; and specialist input. All of which have been designed through Care Design Groups (CDGs) which involved input from clinical and management staff, patient representation and the public.

The CPT propose the creation of Locality Community Care Teams (LCCTs) in each of the five localities. We support this and believe that they will be a really important element of the new local approach, bringing together delivery across primary care (GPs), mental health, community care, social care, secondary care and the 3rd sector. They will coordinate care through individual care plans and the sharing of expertise. The locations of these community care teams will be:

- Ashton
- Denton, Droylsden, Audenshaw
- Hyde, Hollingworth and Longdendale
- Stalybridge, Dukinfield, Mossley
- Glossop

Tameside could also benefit from a new best practice Urgent Integrated Care Service ('UICS'). The UICS will have unequivocal responsibility for looking after local people who are in social crisis, or who are seriously unwell. There is a range of services sitting under the UICS including A&E, rapid response team, discharge team and intermediate care.

The report proposes Tameside Hospital as an elective surgical centre with an A&E (as part of the UICS), maternity services and a reduction in medical beds and overall activity by c18%.

The report also introduces the possibility of using 12 extensivists. Extensivists are hospital-based specialists who would focus on a cohort of high-risk patients. Extensivists are trained and experienced in looking after patients with complex medical conditions.

The report represents a significant step forward but does not provide us with all of the answers. The report is supportive of maternity services locally but does not provide a recommendation on this issue, referring to the need to wait for the output from the Cumberledge Report.

Currently the proposals are unfunded (and are modelled to be around £48 million of one-off costs) and discussions are taking place around how funding could be brought to Tameside and Glossop to deliver this ambitious programme.

Local organisations are working up a fuller response to the publication of the report and face to face briefings with interested parties will be arranged.

Staff briefings for all affected workforce are taking place following the publication of the report.
Contingency Planning Team (CPT) Locality Press Release

NHS Tameside and Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council and Tameside Hospital NHS Foundation Trust welcome the publication of the Contingency Planning Team (CPT) report from Monitor, the sector regulator for health services in England, outlining options for the future of health and social care in Tameside and Glossop.

Monitor’s report builds on the exciting work which has been going on to develop better health and care services for local people and gives us a mandate to take forward nationally significant plans. These plans put Tameside and Glossop at the forefront of a new era in health and social care as we will be the first area in the country to deliver health and social care services via an integrated care organisation (ICO). This will be an organisation designed to deliver integrated health and social care enabling the provision of seamless health and social care services for the people of Tameside and Glossop.

This new way of working will place a greater emphasis on prevention rather than cure and keeping people as healthy and independent as possible. It will also mean that when people do need hospital treatment or to receive care services, these are provided safely, promptly and efficiently. As they work together in one organisation. Health and care staff will have the ability to share information to reduce duplication and work around the individual’s needs in an effective way.

Chris Mellor, the Independent Chair of the Care Together Programme in Tameside and Glossop, said: “I welcome the publication of this report. Partners locally can now work hard to implement our plans to improve health and social care services for people in Tameside and Glossop.

“I look forward to establishing the first truly integrated care organisation in the country. The news that the hospital trust has been taken out of special measures is also great news for local people and gives us an excellent platform to move forward.”

Health and social care services will be provided through five local community care teams (LCCTs). These will support residents in choosing healthy lifestyles, encouraging them to take more control and responsibility for their own health. They will also enable care to be given in the community, and where possible in residents’ homes and people will get a named staff member to co-ordinate their support.

These plans, alongside the Greater Manchester wide Healthier Together programme and Greater Manchester Health and Social Care Devolution will ensure that local people have access to some of the best health and social care services available.

For more information on the Monitor CPT report, please contact;

kirk.millis-ward@monitor.gov.uk
Note: Care Together is the name of the Tameside and Glossop integrated care programme. GPs, health and social care providers, hospital clinicians, the community and voluntary sector are coming together to deliver much more joined up health and social care services for people in Tameside and Glossop.

By improving how these different services work together we believe we will optimise the quality of care, empower power and improve their experiences.
Improving joined-up care for patients puts Tameside Hospital NHS Foundation Trust back on a sound clinical and financial footing
Monitor, the health sector regulator, has accepted the findings and recommendations of an independent report into Tameside Hospital NHS Foundation Trust. The report confirms that an innovative, more joined-up approach to delivering health and social care across Tameside and Glossop will improve the care patients receive. The report states that improving the way services are currently delivered, in line with its recommendations, will put Tameside NHS Foundation Trust back on a sound clinical and financial footing and protect services for the long term. The recommendations require action by commissioners, the trust and the local authority.

In November 2014 Monitor brought in a Contingency Planning Team (CPT), a team of experts from PwC, to review and develop further a joint plan by Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group to better join up health and social care across the area. The CPT was employed to find out if the integrated care solution would solve the long-standing problems at the trust, and either find an alternative or create a plan for taking it forward.

The CPT report suggests the new care model could close the trust’s annual cash shortfall of £23 million a year, within five years, if their recommendations are accepted, leaving the trust with no deficit. However, this is not the end of the story as this new care model is based on the wider health and social care system, where financial problems would still remain and need to be tackled.

At the same time as the CPT report is being published, Monitor has brought the trust out of special measures following a recommendation from the Care Quality Commission noting significant improvements. Monitor has agreed with the trust a set of actions it must continue to pursue based on the findings and recommendations of the CPT.

Local health and care partners have already said that the current system often doesn’t make life easy for many patients, keeping some stuck in hospital when they could be at home and with patients having to repeat their story multiple times to different services.

The proposed new model of health and social care in Tameside and Glossop has been developed jointly by the CPT and the local health and care system, including doctors, nurses, patients, social care professionals, the voluntary sector and others. It would mean a radically new way of health and care professionals working together for the patient and a single care professional who would co-ordinate patient care.

It should not be underestimated how new and radical this approach is and the local partners in Tameside and Glossop would be leading the way. The report suggests a number of innovations, such as the development of new care professionals called ‘extensivists’. Extensivists are specialists who focus on the patients most likely to require NHS services. In addition to specific training they will have extensive experience in looking after patients with complex medical conditions which will
complement GP expertise. They will, however, work alongside GPs to support existing primary care activities.

There are five key elements of the new care model, designed to deliver high quality care and experience for patients. These formed the basis of workshops held with patients and staff to create the new model and will be used to inform its implementation if the CPT recommendations (below) are fully adopted by the local health and care system:

- **Preventative and proactive care**: keeping people well and independent for as long as possible. Setting this goal allows the development of services that help people to stay well and manage their illness better. It will be delivered through five locality community care teams (LCCTs) that bring together GPs, mental health, community care, social care, hospital doctors and the voluntary sector.

- **Integrated urgent care service**: the development of a single service to deal with people who are in social crisis or seriously unwell. It will create a single point of access for patients and mean that the service has unequivocal responsibility for each patient using it. This approach strives to get the patient well and into the most appropriate care setting as quickly as possible.

- **Planned care**: making sure community and hospital services are more joined up. This is done through sharing budgets and having a single management team. It means that responsibility for the wellbeing of the patient is shared by a single team, from home to hospital and back home again.

- **Maternity care**: the report recognises the national work being done by the Cumberlege Review of maternity services and notes the high quality of local mother and baby services. It suggests local partners take another look at the service in light of the Review when it is published.

- **Hospital specification**: a view of what the hospital will look like in the new care model. In the new model every resource, including the hospital, is brought together around the four elements of care above. The hospital will be a key resource in keeping people well and not just treating them when they get sick.

The CPT estimates the proposed changes will contribute £28 million in total to the local health and care system each year, but there would still be an overall deficit of £42 million – reduced from the forecast deficit of around £70 million. There would also be one-off costs for implementing the changes of around £48 million, so more work needs to be done by the local partners together and with national organisations.
to address these challenges. Commissioners will also need to decide how services are delivered and by whom.

Monitor has shared the CPT report with the local partners and tried to ensure that the new care model is compatible with the Healthier Together programme, part of Greater Manchester devolution. However the CPT report states, “The programme will need to be well-planned and well-led, and it will only succeed if several major risks are managed effectively”. To that end the CPT worked closely with the local chief executives and their teams to develop an implementation plan. Where appropriate, this work is moving forward.