

TRAFFORD COUNCIL

Report to: Executive
Date: 19th December 2017
Report for: Discussion
Report of: Executive Member for Adult Social Services and Community Wellbeing

Report Title

An update on the next phase of integration between Trafford Council and Trafford NHS CCG.

Summary

The integration of health and social care is progressing across Greater Manchester as a central benefit of devolution. Trafford Council has a positive history of integrated commissioning with Trafford CCG and this paper outlines the next natural and progressive phase of the relationship and the potential benefit.

Recommendation(s)

That Executive note the content of the report.

Contact person for access to background papers and further information:

Name: Jill Colbert
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Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	<i>The developing integration programme is fully in keeping with the Council's future vision to 2013 for a financially viable borough offer to its residents.</i>
Financial	<i>The Council and the CCG have taken full account of the investment required for the programme and of the potential benefits of sharing capacity in the future.</i>
Legal Implications:	<i>Specialist legal advice is being commissioned to support the programme.</i>
Equality/Diversity Implications	<i>A full equality impact assessment will be produced as part of the programme.</i>
Sustainability Implications	<i>The future sustainability of both organisations is fully considered in the overarching ambition for the future integrated model.</i>
Resource Implications e.g. Staffing / ICT / Assets	<i>Staff are being appropriately engaged in the design of joint teams and all other resource implications are considered in the overarching programme plan.</i>
Risk Management Implications	<i>see guidance note overleaf</i>
Health & Wellbeing Implications	<i>Maximising the benefit of an integrated approach to commissioning population health and social care is intended to improve outcomes for residents.</i>
Health and Safety Implications	<i>None</i>

1.0 Background

The purpose of this report is to provide an update on progress made on integration with Trafford CCG to date and on the proposed direction of travel.

Both organisations have been working on integration for some time now, which is expressed in the Trafford Locality Plan as a high level set of ambitions, but is now becoming a refined and detailed plan by virtue of the pace and energy which has been dedicated to it.

Nationally Government has set out its intention through the 5 Year Forward View for the commissioning arm of the NHS, that is clinical commissioning groups, to integrate far more comprehensively with Local Authorities and partners in order to ensure a sustainable system for the future. The current costs and demands in the NHS are well understood as being unsustainable in the future, particularly in the light of a growing aging population. This ambition and mandate for integration is further directed in the recent NHS England publication 'Procedures for clinical commissioning groups to apply for constitutional change, merger or dissolution' (NHSE 3.11.16) which gives the permissions for CCGs to merge with Local Authorities.

As a result of this direction of travel CCG has been working with its governing body on the case for change for integration and on ensuring it is fit for purpose as an organisation to deliver the level and scale of integration desired with Trafford Council.

Similarly the Council has also engaged Executive Members in the continually developing joint plan and a Joint Commissioning Board has been in place in Trafford

for some time now, chaired by the Leader of the Council, with membership of the Deputy Leader and the CCG Chair amongst other senior officers/managers, to provide the forum for the Council and the CCG to discuss and consider the developing integration plan.

Over recent months other CCGs and Councils across Greater Manchester, through the mandate provided through GM Health and Social Care devolution, have developed integration models and solutions for their own areas which has been helpful in appraising the relative merits of different approaches, whilst recognising that Trafford has a solid platform to build on.

2. Current Position

Both the CCG and Trafford Council continue to review existing structures, services and opportunities for increased synergy in preparation for integration. This includes a review of leadership skills and comparison of roles, responsibilities and remuneration levels. Detailed work is taking place through a number of Transformation and HR working groups to ensure understanding of the current status before integration, and to shape the proposed delivery models and staffing structures for the new organisational form.

Integration of the two separate organisations with multiple services will require a clear vision, strong leadership and clear accountability from the top, supported by both community and staff engagement.

As part of the readiness exercise the CCG has taken itself through internal restructuring to ensure a strong leadership team is in place to carry the changes forward. To that end confirmation has been received that Gina Lawrence will act as Accountable Officer for an interim period of 6 months. They have also reduced the Associate Director team by 2 posts in preparation for integration.

The priority areas for transformation have been strengthened with the teams working together across both organisations to deliver on the five pillars.

The Locality Plan Transformation Pillars are;

- Optimisation of the TCC
- Single Intelligent Commissioning
- Integration of Health & Social Care Provision and Delivery
- New Models of Care
- Care Complex

Optimisation of the TCC and New Models of Care are both well developed in terms of the scope, benefits, and timeline in readiness for the Transformation Bid timelines. The Transformation Bid is our submission to the Greater Manchester Health and Social Care Partnership for investment from the Transformation Fund. The Fund totals 450 million over a 4 year period and is a critical part of the devolution deal. Trafford will submit a bid that seeks to pump prime the transformation of our health and social care system as per our locality plan.

2.1 Optimisation of the TCC

Optimisation of the TCC continues to be developed and significant progress has been made in moving the TCC into a fully integrated health and social care service available to residents of Trafford.

Pennine Care's Community Enhanced Care Team and Stroke and Neuro teams now refer all patients into Care Co-ordination. Existing patients in these services prior to 1 November 2016 will also be enrolled over the coming months to be supported by the clinical team in TCC delivering Care Co-ordination.

The Stabilise and Make Safe (SAMS) service (commissioned by Trafford Council for adults with a social care need) has also, from the 1 November, referred all patients accessing their service into TCC and TCC can also directly refer into the service. Additionally the SAMS social work assessor, who reviews and discharges service users, has been co-located in the TCC from the 1 November 2016.

The Home Brokerage (commissioning) Team from Trafford Council has been co-located from the 1 November 2016 with the TCC clinical team, lifting them out of Trafford Town Hall and UHSM to be part of the single gateway that is the TCC.

It is planned that Pennine Care's Single Point of Access team will be co-locating in the TCC from the 1 April 2017.

A single care plan for Trafford is being developed with both health and social care leads. It is proposed that one care plan will be used across all providers of health and social care for all residents in Trafford. A workshop with key stakeholders to develop the care plan took place on the 22 November 2016.

TCC currently have access to Liquid Logic (TMBC), EMIS Community (Pennine) UHSM Outpatient information. Over the coming months TCC will have access to Salford Royal FT, Central Manchester FT, University Hospital South Manchester A&E and inpatient data and EMIS Web which will then be viewed through the Clinical Portal. The timeframe for full integration is March 2017.

Optimisation of the TCC and working towards greater integration will enhance direct care, support Trafford residents, and ensure the patient's health is maintained in the community and their wellbeing for daily living and socialisation 'seeing support for the person as a whole'.

2.2 New Models of Care

Trafford New Models of Care is a whole of Trafford, single new model of primary care service provision that will be delivered through our 4 neighbourhoods, providing care to the highest common standards and outcomes with enhanced access to a wider range of services.

The system will ensure a reduced reliance on hospital based services ensuring care delivery closer to patients' homes supported by an integrated community and social care service enabled by the TCC.

3. Current Financial Position

Both Trafford Council and Trafford CCG are facing unprecedented pressures on their demand led budgets.

In the Council's Period 6 monitoring report (presented to the Executive on 15th November 2016) a small overspend of £214k was forecast as the year end position. This Council wide figure was the position after taking forecast underspends in non-social care related areas into account.

Budget Monitoring results by Service	2016/17 Budget (£000's)	Forecast Outturn (£000's)	Forecast Variance (£000's)	Percent-age
Children's Services	29,911	32,233	2,322	7.8%
Adult Services (Inc. Public Health)	46,652	46,910	258	0.6%
Economic Growth, Environment & Infrastructure	32,198	31,919	(279)	(0.9)%
Transformation & Resources	16,939	16,239	(700)	(4.1)%
Total Service Budgets	125,700	127,301	1,601	1.3%
Council-wide budgets	21,620	20,233	(1,387)	(6.4)%
Forecast outturn (period 6)	147,320	147,534	214	0.1%
Dedicated Schools Grant	119,428	120,595	1,167	1.0%
Public Health	13,334	13,414	80	0.6%

The

Trafford CCG Period 7 monitoring report is forecasting a breakeven budget position. The breakeven position has been achieved by the application of in-year reserves, contingencies and anticipated in-year savings.

However, due to the NHS obligation on all CCGs to deliver a 1% surplus at year end, the CCG's in year position is £3.05 million behind target; requiring a mitigation plan and full recovery programme.

Trafford CCG - Budget monitoring by service area				
	2016/17 budget	Forecast outturn	Forecast year-end variance	Percentage
	£000s	£000s	£000s	%
CCG Commissioned Services				
NHS Providers - Acute	160,485	163,285	2,800	1.74
Prescribing	37,187	38,587	1,400	3.76
CHC/FNC	13,307	14,607	1,300	9.77
Other primary care	34,044	33,370	(674)	-1.98
Other budgets	82,049	82,629	580	0.71
Sub -total of Commissioned services	327,072	332,478	5,406	1.65
In year reserves, contingencies and anticipated savings applied	4441	(965)	(5406)	
System risk reserve	3200	3200	0	
Total	334,713	334,713	0	n/a
Further savings (Recovery Plan) required to deliver business rules , surplus of 1%		(3,050)	(3,050)	
Required to deliver business rules	334,713	331,663	(3,050)	-0.91

The integration of the two organisations and the combining of the budgets will not, on its own, resolve this financial deficit position. However, combining budgets with a single set of objectives and shared targets will remove wastage and will encourage system wide view of costs resulting in a real opportunity to maximise the effectiveness of decision making and to gain maximum value from the Trafford pound.

4. HR/OD and Workforce Development

Clarity of the allocation of existing resources and current work activity in line with agreed strategic priorities is under review, alongside a planned review of the Administrative and support posts in the CCG. We are also mapping existing

structures against identified areas for early integration such as joint commissioning and undertaking due diligence in terms of impact of proposed integration.

There will be a review of existing skill sets to ensure the workforce is fit for purpose – including assessment of competency and staff assets.

5. Due Diligence

Specific areas of due diligence have been identified and work is about to commence. Due diligence allows the Council and CCG to create a transparent approach to existing incumbent services with clarity around position and benchmarking with the first 2 due diligence areas to be complete by December 2016.

- Estates – Joint working commenced on 1 November 2016
- Finances – Appointment made of independent finance advisor to consider due diligence commencing with the CCG early November 2016 and will report into the CCG by the first week in January 2017.

There is increasing pressure to accelerate progress towards integration and the proposed senior level structure. A number of work areas have been identified for early integration. These are set out in Phase 1 below and have been agreed in principle across both organisations.

6. Phase 1 Integration - 1 November 2016 to 31 March 2017

The following activity areas and lead officers have been jointly agreed for early integration and work will begin to enable this in November, subject to joint agreement of this paper. It is intended for these services to be fully integrated by 31 March 2017.

Activity	Lead Officer/Org
Safeguarding	Catherine Randall - CCG
Public Health*	Jill Colbert - TMBC
Commissioning	Karen Ahmed - TMBC
TCC	Cathy O'Driscoll - CCG
BI/CSC	–Peter Forrester
Integrated finance function **	Gina Lawrence - CCG / Theresa Grant - TMBC
Assurance and Leadership	Gina Lawrence – CCG Theresa Grant - TMBC
Corporate – governance/committees support	Mike Taylor - CCG / Peter Forrester- TMBC
Legal	Mike Taylor - CCG
Estates	Helen Jones - TMBC
HR	Heather Rutherford – CCG Angela Beadsworth - TMBC
Complaints and patient experience	Catherine Randall CCG
PMO	TBA

* Note Senior appointment to be a Clinical Lead

** Subject to external advice/support

The integration work will be overseen by a single Integration Programme Director, Deb Sutton, working closely with the Corporate Director, resources (Trafford Council) reporting jointly to the COO of the CCG and the Chief Executive of the Council with effect from the second week in November. The Integration Programme Director will report to the Shadow Form Joint Commissioning Board (SFJCB) on progress and updates.

Defining the scope, location(s), staffing structure and skills requirement for each of the services will determine the impact of integrating these services and the impact of the proposed changes. This will undoubtedly require staff consultation within both organisations due to the extent of the proposed change.

Leadership of the organisations takes some considerable thought and as the two organisations begin to come together to form a combined health and social care offer, it becomes extremely important to think about clear lines of reporting and accountability. It has been made clear through the GM Health & Social Care Partnership that each locality within Greater Manchester will require one lead position (CEO) for the integrated model. In order to align, Trafford Council and the CCG need to merge leadership roles and create strength through the integration of senior roles. The expectation would be that a melded senior management team arrangement would be put in place with health and social care integration under COO/AO line management, this structure would hold responsibility for the operational delivery of health and social care. This senior structure would remain focused around clinical leadership and the voice of the GP's who form the membership organisation. Protected senior roles of lead GPs, Chief Nurse and a clinical Public Health Lead will help to strengthen this. This structure would then sit within a wider council leadership arrangement with the CEO of Trafford Council holding overall responsibility for the melded organisational structure.

This new entity will need to have a new form constitutionally that allows social care and health care to integrate. (It will follow the newly published guidance "procedures for clinical commissioning groups to apply for constitutional change, merger or dissolution" 3rd November 2016).

Further consideration of the roles of the Governing Body and the Council of Members in the CCG is required to ensure that health and social care integration remains strengthened by the clinical membership and lay member scrutiny. Strategy and planning for health will continue to be led through the Governing Body and the Council of Members but with clear routes up to the Joint Commissioning Board for oversight.

The Joint Commissioning Board Exec (JCBE) will be accountable for bringing the two organisations together and will hold the Integration Programme Director responsible for the Locality Plan and related submissions. The Integration Programme Director will oversee all integration activities and transformation bid submissions through agreed work stream leads.

The JCBE will be responsible for determining appropriate governance and delegated authorities required to ensure effective due diligence, financial probity, effective risk management, implementation planning and key joint appointments. It will be necessary to develop effective proposals in order to agree the basis of terms and conditions of employment pertaining to newly created integrated posts, HR processes, methodology and timelines for achieving key milestones in the Integration Plan.

Effective workforce planning will ensure that we have a workforce of the right size with the right attitudes, values and skills, organised in the right way to deliver joined up services across the borough.

Consideration of the best use of office facility's and estate will be worked through to ensure that teams are able to work together.

Each work stream will have an individual plan detailing finances, key steps and milestones, risks and mitigation, Governance, HR/workforce implications and benefits to be realised. They will also identify any pan-Trafford reference or working groups, stakeholders, consultation and communications proposals.

7. Phase 2 from 1 April 2017 to 1 August 2017

The focus for Phase 2 will be to realise the benefits from Phase 1 and to further enable the alignment of services. This is expected to include;

- IM&T
- Back Office support
- New Models of Care
- Prescribing services
- Continuing Health Care (CHC)
- Mental Health
- Transition from JCBE to LCO
- Further OD and workforce development

8. Phase 3 April 2018 - New Provider and commissioner offer for Trafford

Phase 1 of the development is to have a single commissioning function which will be supported by the TCC in ensuring the rich real time data allows for intelligent commissioning. Initially this will be through the integration of health and social care but remains open to other public sector commissioners and voluntary sector organisations integrating into this system.

The commissioners will support a provider development of a local care organisation (LCO) in Trafford that will bring all providers of service together. Initially this will be through a provider alliance but has the opportunity to move to a lead provider model over time.

It is expected in Phase 2 that the LCO will begin to become self-commissioning with integration of the TCC into the LCO at a future date.

The JCBE is likely to become the focus for the development of the strategy and oversee the outcome based contract for the LCO for the newly formed organisation through due governance. The JCBE will seek assurance on the LCO performance quality and outcomes.

9. Communication and Engagement

Such a wide scale change will require far reaching and skilled communication. This will include staff consultation and wider stakeholder engagement. Regular communication will be required with clear plans, timelines and a branded identity of the new melded organisational structure. A communication resource has now been identified to ensure clear strategic communication is in place that will report directly into the COO of the CCG and the Chief Executive of the Council. This resource will work closely with the Integration Programme Director to ensure all messages are in line with the programme development.

10. Summary

This report sets out the current progress across the Council and CCG on integrating health and social care. It makes clear that there is considerable further work to do, building on solid foundations created through a history of integrated commissioning and service delivery in Trafford. It seeks to explain the next stage of the integration plan, which will be delivered as outlined in this report. A further update report outlining progress and the next phase of work will be provided to Executive in due course.

Finance Officer Clearance (type in initials)...NB.....

Legal Officer Clearance (type in initials).....JLF.....



[CORPORATE] DIRECTOR'S SIGNATURE (electronic).....

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.