Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee -1 October 2015

Subject: Locality Plan

Report of: Strategic Director, Adult Social services

Summary

The attached paper shows the latest iteration of Manchester's Locality Plan. This paper went to Health and Wellbeing Board 16th September 2015

Recommendations

Health Scrutiny Committee to note and comment on the Draft Locality Plan

---

Wards Affected: All

Contact Officers:

Name: Hazel Summers
Position: Strategic director, Adult Social Services
Telephone: 0161 234 3952
Email: h.summers@manchester.gov.uk

Background documents (available for public inspection):

Living Longer Living Better

Manchester Health and Wellbeing Board
Report for Resolution

Report to: Health and Wellbeing Board - 16 September 2015

Subject: Manchester Health and Social Care Locality Plan

Report of: Caroline Kurzeja, Joanne Newton and Geoff Little

Summary

The Manchester Locality Plan sets out the five year vision for improving health and social outcomes across Manchester. It covers the ambition for a clinically and financially sustainable future and how the transformation will be achieved. The Locality Plan will become part of the Greater Manchester Strategic Plan for health and social care and part of the CSR submission. The Health and Wellbeing Board has a key role in ensuring that the document reflects Manchester's aspirations

Recommendations

The Board is invited to consider and comment on the draft Manchester Locality Plan .

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Manchester Locality Plan aims to support the Health and Wellbeing Strategy by identifying the most effective and sustainable way to improve the health and social are of Manchester people. By inputting to the CSR, it will influence the resources available to Manchester, and Greater Manchester.
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

Lead board member: Hazel Summers, Martin Whiting, Mike Eeckelaers, Bill Tamkin

Contact Officers:

Name: Geoff Little

Position: Deputy Chief Executive
Telephone: 0161 324 3280
E-mail: g.little@manchester.gov.uk

Name: Joanne Newton
Position: Director of Finance, Manchester Clinical Commissioning Groups
Telephone: 0161 765 4201
E-mail: joanne.newton6@nhs.net

Name: Caroline Kurzeja
Position: Chief Officer, South Manchester Clinical Commissioning Group
Telephone: 0161 765 4051
E-mail: caroline.kurzeja@nhs.net

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The draft Manchester Locality Plan

Introduction

Manchester partners have produced a draft Locality Plan outlining the vision and proposals for health and social care integration in the city. The Plan has a number of key purposes:

- To contribute towards the overall Greater Manchester " ask" of Central Government to help deliver effective and sustainable integration
- To support the Devolution priorities
- To aid the CSR discussion with Central Government
- To identify how Manchester and Greater Manchester will address the financial gap to ensure financial and clinical sustainability by 2020
- To articulate Manchester's proposals and provide a shared blueprint for the city's health and social care integration

Manchester Locality Plan

Public Service Reform (PSR) principles are at the heart of the Plan. The scale of public services will reduce over the next five years and current service provision will not be achievable. Making services, especially hospitals, more efficient will be insufficient without reducing or deflecting demand. The two actions must be considered together. It will be important to work on preventing demand and ensuring that the right intervention is made at the earliest possible stage. The public have a key role in taking more responsibility for their own health care, including more emphasis on prevention.

PSR provides the backdrop to the changes by developing new approaches to investing and aligning priorities from a range of partners, and across a wide number of services. Increased use of evidence and evaluation underpins the move to reducing demand and focusing resources in the most effective interventions. The Locality Plan aims to connect health and social care transformation with the intention of reducing complex dependency and enhancing services to children and early years

Devolution provides the opportunity to remove barriers to reform. It allows Manchester to be innovative in closing the financial gap and to be flexible in delivery. There are four key ways identified in the Locality Plan which devolution can make a difference

- Radical scaling up of shared priorities across the acute sector at a GM level
- Integrating primary, secondary, community and social services to take demand away from hospital/ residential care into care at or near peoples homes
- Adoption of different payment methods and incentives so that resources can be moved around the system.
- Utilising the estate in a more effective way

A key role of the Locality Plan is to influence the CSR process and the impact on transforming health and social care in Manchester and Greater Manchester. More work is needed to strengthen the financial model.

Proposed next steps

Significant work is needed to strengthen the document and the financial plan. The aim is for the Manchester Plan to be an independent document which accurately covers the city's ambitions and can effectively influence the CSR discussions .The key actions and milestones are

- Health and Wellbeing Board Meeting on 16 September, including a presentation on the Locality Plan

- The Manchester Locality Plan has to be submitted to GM Central team by 30 October including the financial details. Work is underway with PWC to strengthen the financial modelling and assessment. The Plan will be brought to the November H&WB Board meeting

- The Greater Manchester Locality Plan to be finalised by December 2015.

Identifying and agreeing the financial gap for the new arrangements will be essential. This will ensure that the best services are provided, key opportunities for revised commissioning and service provision are embraced and that the negotiations with Central Government clearly articulate the "ask" for Manchester and Greater Manchester. Work is underway to assess reducing demand, creation of sustainable finance system and impact on activity . The Investment "ask" will be identified, together with those services to be decommissioned and where disinvestment can take place.

Conclusion

The H&W Board is asked to consider the Locality Plan and to make any comments on the plan

Greater Manchester Devolution of Health and Social Care

DRAFT

Manchester Locality Plan

28 August 2015

Contents **Page**

To be added.

1. Context: Manchester Place Based Plan for Devolution

1.1 The Manchester Locality Plan sets out the five year vision for improving health and care outcomes across Manchester. It is place based plan that supports the growth of the city and identifies how sustainable change will be delivered.

1.2 The plan sets out the vision for Health and Care across Manchester to achieve a clinically and financially sustainable future. It builds on the Manchester Strategy which sets a long term 10 year vision for Manchester's future and how it will be achieved. The Manchester Strategy is underpinned by the Joint Health and Well Being Strategy, the city's overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. The Locality Plan sets out how the transformation will be delivered. The plan will be supported by growth, development of skills, education, early years, improved housing and employment. Partners working across Manchester, in the public sector, in businesses, in the voluntary sector and communities, all have a role to play in making Manchester the best it can be. There is still more work to be done to finalise the plan before the final draft is submitted to Greater Manchester central team in October 2015. The Manchester Health and Well Being Board will be engaged with the development of the Manchester plan prior to the approval of the final GM plan in December 2015.

1.3 The ambition is to continue to grow, build and invest in the city through increasing productivity, getting more people into work and taking advantage of all the opportunities offered by Manchester's transformation to a world class city. Through this Manchester will:

- Create 43,000 new jobs accessible to Manchester residents. Health and social care services will both benefit as more Manchester people get good jobs and become healthier and continue as major employers.
- Ensure that everyone is paid at least a real Living Wage. This will be particularly important in social care where many jobs in home care and residential care are currently paid at or near the minimum wage.
- Reduce the gap between residents' wages and the average earned in the city.
- Increase school results so that they are significantly higher than the UK average. Proposals in this plan to improve the health of Manchester's children will support this ambition.
- Improve the health of the people who live in the city and have more active adults and children. The Locality Plan and the Health and Wellbeing Strategy which it fits into, encapsulates the way this ambition will be realised.
- Build 25,000 well designed and sustainable homes constructed with a diverse mix of ownership and rent options that meet the needs of the people who live in the city. Housing for those who require health and social care at home will be key to this.

- Be a city recognised for its high quality of life with improved green spaces and access to world class sports, leisure and cultural facilities. This will be a key contribution to Manchester peopling living longer, healthier lives and so making fewer demands on health and social care services.
- Encourage a strong sense of citizenship and pride in the city. The social movement for change, Age Friendly Manchester and plans for more are described in section 5.8 of this Plan will contribute to this.
- Increase productivity for the benefit of the city and the UK as a whole. Increasing the proportion of lives lived in good health will have a direct impact on productivity because more will stay healthy enough to stay in jobs for longer as they get older.

1.4 The ambitions for Manchester set out above have to be achieved within the financial reality of reductions in public spending which will continue over the next five years. Simply continuing with business as usual is not an option as the system will face increased demand. Coupled with the increases in demand associated with an ageing population, it is clear that the city's health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken. The Locality Plan aims to manage and control increased demand by identifying deliverable and sustainable change. The devolution of health and social care to GM as part of the wider growth and public service reform priorities for GM is the opportunity to make the radical and urgent changes happen

1.5 The Manchester health and social care system will be unable to achieve financial sustainability to continue to operate within the standard national framework. Being part of GM Health and Social Care Devolution fundamentally alters the prospects for Manchester closing the gap. GM Devolution will make a difference in the following ways:-

- Radical **scaling up of shared services across the acute sector** can only be achieved by collaboration at a GM level. Most of GM's highly specialised tertiary services are located within Manchester or Salford. These serve the whole of GM population and beyond. GM Devolution creates the framework within which these services can be organised on a much more efficient and effective basis. Furthermore, the opportunities for sharing back office, diagnostic and clinical support services, as well as many clinical services across hospital sites are going to be large part of the answer to closing the financial gap. Again, these opportunities can only be successfully delivered through a strong collaborative approach across GM.

- Alongside efficiencies within and between hospitals, the other significant contribution to closing the gap will come from converting demand away from hospital and residential care services and into care at or near people's homes. This can only be achieved by integrating primary,

secondary, community and social care services. Although Manchester, along with all other districts in GM, are making progress on integrated services, the key to unlocking the rapid movement to scale is to create **multi agency co-ordination of centres** which identify patients who are most likely to be successfully diverted away from hospital and residential care provision. The GM Devolution will enable us to adopt a standardised approach for such centres. They will provide multi agency tracking of patients. This will utilise real time demand data to support proactive care planning. Moreover, it will generate total patient costing information so that the integration of services around individual people and their families can be connected to the reduction in total costs across the health and social care system.

- Thirdly, GM Devolution will enable us to adopt **different payment mechanisms and incentives** so that the data on how integrated services are reducing costs is then translated into movement of financial resources across the system. It will not be enough to have good evidence that integrated care has reduced costs in the acute sector and residential care, we will need different payment methods to turn that evidence into different ways of commissioning so that the money moves across organisational boundaries thus providing the necessary funding for scaled up integrated out of hospital services.

- Finally, we know that there are significant efficiencies to be found if the **estate** across health and social care services, including primary care, could be used in a much more joined up way. Until now, this has been impossible to achieve given the restrictions of estate ownership and management within the NHS. GM Devolution allows us to take a place based approach to estate management using the GM Land Commission. This will not only unlock significant savings, but allow for the modernisation of key parts of the estate, not least North Manchester General Hospital.

1.6 This Locality Plan therefore forms part of the Greater Manchester (GM) Strategic Plan for Health and Social Care which is being developed as part of the Devolution Agreement with the Government. Early drafts of this plan, particularly the financial section and the section on the devolution "asks" have been used to help develop the GM submission into the 2015 CSR. It does not necessarily cover all the priorities for health and social care across the city

1.7 Devolution will enable the delivery of the Locality Plan at scale and at pace. The ‘asks’ and opportunities that devolution will bring are wide ranging covering regulation, finance, estate, GM population health, a flavour of which are summarised in the box below.

The Devolution 'Asks'

Finance and contracting

- Capital investment and transitional funding
- Ability to plan capital and revenue spend across a CSR settlement period of 5 years
- More flexible financial rules and regulations in key areas, for example, council tax and business rates, or a reduced need to deliver annual surpluses
- Pooled budget flexibilities
- Greater freedom from national arrangements and flexibility's requiring changes to legislation – i.e. ability to contract for and price services in a different way and support for different models of contracting
- Significant flexibilities with possible changes to legislation / formal guidance needed (contracting and funding mechanisms) to move from commissioning on a tariff-based or block contracting approach to commissioning for outcomes
- Greater flexibility on payment schemes and support for different models of contracting

Regulation

- Influencing current regulation e.g.competition and choice. This is required to enable GM to take bold decisions on decommissioning services as demand is reduced or met in new ways.
- Development of local targets, responsive to local need

Capital and estate

- Ability to own and transfer assets locally
- Capital flexibilities and bringing ownership of Estate back

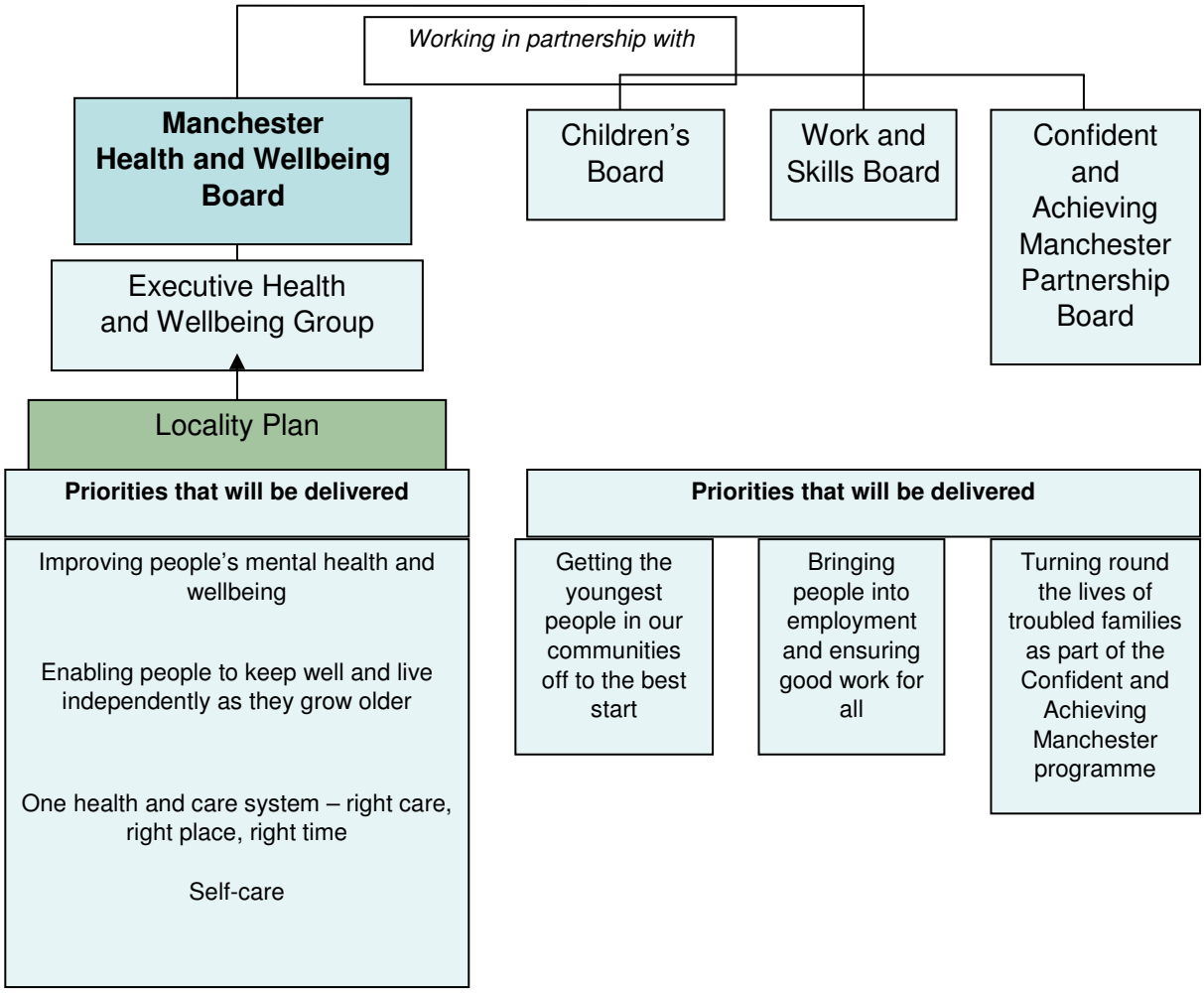
Public Health

Implementation of the GM wide framework for action and new leadership

1.8 The problem of additional health and social care costs as people live longer is well known. On current estimates by 2020/21, there will be a funding gap of £313m in Manchester's health and social care system. Even if we successfully deliver all of our current plans to become more efficient, there will still be a gap estimated at £84m. This Plan sets out how we will go further than the existing efficiency programmes to radically transform the system as a whole over the next five years using the opportunity of GM Devolution. Section 7 of the Plan sets out the financial analysis of where we will be if nothing changes together with initial proposals for investment in the transformation programmes set out in this Plan which will reduce costs by meeting needs differently.

1.9 This Locality Plan describes how the transformed system will be achieved. The Health and Wellbeing Strategy will provide the vision for the health and wellbeing in the city. The Locality Plan outlines how we will deliver aspects of the H&WB strategy as well as links to other programmes of work. The Plan will be owned by Manchester's Health and Wellbeing Board. The relationship of this Plan to the Health and Wellbeing Strategy is shown below:-

Delivering the Health and Wellbeing Strategy



1.10 Through the delivery of the Locality Plan, by 2020, people in Manchester will have a transformed integrated health and social care system with:

- Improved health and wellbeing outcomes
- High quality, safe and clinically effective services meeting NHS constitutional standards
- A balanced budget during the five years to 2020 and a strong footing for long term financial sustainability
- A social movement to self-care

1.11 Six principles of change underpin the Locality Plan:

Principle one - People and place of Manchester will have priority above organisational interests.

Principle two - Commissioners and providers will work together on reform and strategic change.

Principle three – Costs will be reduced by better co-ordinated proactive care which keeps people well enough not to need acute or long term care.

Principle four – Waste will be reduced, duplication avoided and activities stopped which have limited or no value.

Principle five – The health and social care system is made up of many independent and interdependent parts which can positively or adversely affect each other. Strong working relationships will be developed within the system with clear aims and a shared vision for the future

Principle six- There will be partnership with the people of Manchester, the workforce, voluntary and community organisations.

1.12 The partnership will work to safeguard children, young people and adults, enhancing their health and well-being and protecting the rights of those in the most vulnerable situations.

1.13 Manchester has embraced the approach of preventative measures, recognising complex dependencies, offering early intervention at the right time. Using Health Visitors to assess all childcare at different stages between 0-5 is at the heart of prevention and early intervention. This will identify these children and families who most need the evidence based interventions we know to work. Similar approaches to prevention and early intervention are embedded throughout the Plan. This will ensure that when children, young people, adults and their families face challenges and need help, they can easily access the support before the issue escalates.

1.14 The engagement and involvement of patients, carers and the public will be regularly reviewed. The voluntary sector and social enterprise organisations will need to be involved in co-designing the transformations described in this Plan. This should include members of the Manchester Provider Group. The voluntary and community sector will be central to this. There will be links to GM Devolution programme to exploit the benefits, and use the results, of GM-wide engagement work when relevant.

2. Context: Growth and Place

2.1 Over the last decade Manchester has been the fastest-growing city in the UK. The City Councils forecasting model predicts population growth in Manchester to rise to between 543,100 and 577,800 by 2021.

2.2 In contrast to the national picture, Manchester has a comparatively young population. Currently, nearly two-fifths (39%) of the population are aged under 25 compared with around 31% in England as a whole. In contrast, just 10% of the population is aged 65 and over compared with 17% in England. Data from the 2011 Census also shows that the population of Manchester has become more diverse in the last decade, with a reduction in the proportion of residents classifying themselves as coming from a 'White' ethnic group (from 81% in 2001 to 66.6% in 2011).

2.3 Although Manchester has recovered faster than most places from the economic downturn, it started from a low base following decades of decline in the previous century and continues to suffer from deprivation with a disproportionately large number of residents in low paid and part-time jobs. Manchester also has one of the highest rates of child poverty in the country with over 30% of children aged under 16 living in poverty. Although the trend is reversing, with a decrease in child poverty while the population of children is increasing, there remain significant numbers of families that are dependent on public services.

2.4 The NHS and social care providers have a key role to play as employers of Manchester residents and families. The scale and value of employment offered by the sector is wide ranging and expansive – ranging from highly skilled roles in research and academia to apprenticeships. Multi disciplinary teams with more flexible roles will provide opportunities for frontline staff, for example in homecare and residential care, to develop new skills and to find new career ladders.

2.5 Health and social care services and the role of health sciences and academia are hugely important to economic growth in Manchester and indeed GM. The development of Medipark in Wythenshawe and City Labs on the Oxford Road corridor and the partnership between CMFT, UHSM and Manchester University will be a significant driver of growth and new jobs.

2.6 The UHSM, CMFT and North Manchester General Hospital (NMGH) sites are very significant features in the physical fabric of the city. Investment has taken place in CMFT, YHSM and Withington. This has been key to improving the structure of the buildings, as well as enhancing the ability to deliver different systems from the estate. Investment into the NMGH site is a key gap which needs to be addressed .The physical development of the city will need to accommodate new models of delivery, such as extra care housing and supported accommodation incorporating telehealth and telecare to transform productivity.

3. Context: Partnership with Manchester people

3.1 Manchester is becoming a world class city with an even more competitive economy. Manchester people will become increasingly highly skilled, aspirational, resilient, connected to growth and therefore increasingly productive. Encouraging and supporting Manchester residents to be resilient and active is central to this Plan. The strengths of our sporting legacy will enable the city to be a place where making the healthy choice is an easy choice. People will be able to look after their own health and be active. By bringing together health providers, the city Council, community and voluntary sectors, the experience and outcomes of people will be transformed by putting them at the centre of the services.

3.2 Manchester is committed to maintaining its successful approach to ensuring equality for its citizens. The ongoing commitment to Communities of Interest including Lesbian, Gay, Bisexual and Transgender will remain as part of ensuring that the health and social care integration respects the needs and wishes of all parts of the Manchester Community. Manchester has one of the most ethnically diverse populations in the Country. Health and social care delivery will respect the variety in peoples care needs and cultural differences. The voluntary and community sector will be central to this commitment.

3.3 Keeping people safe is intrinsic to the six principles of the Locality Plan. Living a life that is free from harm and abuse is a fundamental right of every person. Consequently, the emphasis is an integrated, partnership response for all the people who use our services, their families and carers. We will work in partnership to safeguard children, young people and adults, enhancing their health and well-being and protecting the rights of those in the most vulnerable situations.

3.4 Within Manchester there is an absolute commitment to ensure that common processes and thresholds are applied and that they are robust and consistently quality assured across the partnership.

3.5 Manchester has embraced the approach of preventative measures, recognising complex dependencies, offering early Intervention at the right time and Making Safeguarding Personal to our population. This will ensure that when children, young people, adults and their families face challenges and need help; they can easily access the support before the issue escalates. The focus and new approaches are embedded throughout the Locality Plan.

3.6 With an expanding and youthful population, Manchester has enormous potential to create clear routes for young people to develop the right skills to take up key employment and education as well as being able to lead safe, healthy and fulfilled lives.

3.7 The Age-friendly Manchester programme recognises the importance of supporting people to live healthy, active and independent lives as they move into older age. The city's voluntary and community sector and local networks are an important element of enabling older people to play a full part in the life of the city.

3.8 A key aim of Manchester's Locality Plan is to 'add years to life and life to years'. Work is needed to bridge the gap between our vision for a healthy, self-reliant population and the existing health of Manchester's population. The Care Act will enable individuals, families and carers to make the right decisions which suit them best. (Drafting note: need to explain why the Care Act will do this.) By planning for the future, they will be in a strong position to become increasingly independent.

3.9 Statistics relating to Manchester population's life expectancy are stark. Healthy Life Expectancy in Manchester is significantly lower than the England average for both men and women. Approximately two-thirds of the life expectancy gap between Manchester and England as a whole is due to three broad causes of death: circulatory diseases, cancers and respiratory diseases. These, in turn, can be linked in part to poor lifestyle. The role of the voluntary and community sector in providing opportunities for activity and support within communities is central to reducing reliance on statutory services health outcomes

3.10 Poor mental health and wellbeing has a significant impact on individuals, families and communities in the city. Low mental wellbeing among people living in Manchester is associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. Suicide rates in Manchester remain higher than the national average.

4. Context: Public service reform

4.1 The level and scale of public services will shrink over the next five years . The cost and extent of services currently provided will no longer be sustainable or deliverable. We can and will make services, particularly hospital services, more efficient. But, on its own this will be insufficient. It will also be necessary for the public to be more informed about their health and to take a greater responsibility for their own health care. It will also be necessary to reduce or deflect demand on expensive hospital and residential care services by integrating services in the community. This is why health and social care services are at the heart of public service reform. Greater emphasis will be placed on prevention and ensuring that the right intervention is made as early as possible to minimise the call on public services.

4.2 Public service reform in Manchester is based on the following principles:

- Using evidence-based interventions to improve outcomes
- Integration and coordination of public services

- Whole-family / whole-person approach to changing behaviour
- Developing new approaches to investing and aligning resources from a range of partners on joint priorities, and
- Robust evaluation of what works to reduce demand on public services

4.3 The Healthier Together initiative has made a start on making the provision of health and social care more effieicnt and meeting the changing needs of residents. We now need to go much further. The Devolution Agreement is a significant opportunity to overcome some of the barriers to integrating public services in the city, particularly for those groups of residents and communities who can most benefit from an integrated reponse from public services. Devolution is enabling us to drive reform at greater pace and scale to reduce the demand for expensive, reactive services. Health and Social Care integration in Manchester is based on better integration of public services for those cohorts of people who place the greatest pressure on the health and social care systems.

4.4 The three reform priorities for Manchester are:

- complex dependency to employment, 'Confident and Achieving Manchester'
- health and social care integration
- improving early years and school readiness

4.5 The fundamental review of services to children announced as part of the latest package of devolution to GM in the summer 2015 budget creates the platform to transform health and social care services (e.g., Child and Adolescent Mental Health Services).

4.6 The purpose of this Plan is not only to show how the priority of health and social care integration will be delivered, it is also to connect that reform to the reforms to reduce complex dependency (including low skills and worklessness) and the reform of services to children and early years.

4.7 The financial challenge explained in section 1.6 (and in more detail in section 7) will only be met if we reform to meet rising demand in radically different ways. Efficiency programmes are necessary, but on their own will be insufficient. This plan therefore focuses on taking reform into the transformation of how services are delivered.

5. Transformation: Sustainable future for NHS and Social care services

5.1 The family is the primary context in which health and care takes place. Strengthening all generations of the family, leading to active residents with responsibility for their own health needs is central to a sustainable future for the NHS. Our ambition is for the people of Manchester to keep themselves as happy and healthy as possible so that they get full benefit from the opportunities provided by the city's growth.

5.2 When health needs arise we aim to provide the highest quality care as efficiently as possible. Whilst most people do not regularly use services, those with long term, complex conditions do frequently need care, and ensuring that these people receive the right interventions, in the right order, at the right time is central to the integration health and social care.

5.3 Services will be integrated to enable people to become, and remain, healthy. This Locality Plan outlines the major programmes of change that will deliver the four types of sustainability: outcomes for Manchester People, high quality services, a balanced budget and movement towards self-care.

5.4 These programmes focus on public health, cancer, primary care, integrated community based care (Living longer living better), mental health, dementia, learning disability shared services across the acute sector, children and young people, housing and assistive living technology. .

Transformation 1: Public Health

5.5 The reform programme will adopt a life course and place-based focus on the causes of ill health. Tackling lifestyle factors such as poor diet, physical inactivity, smoking, excess alcohol and drug misuse will fail unless public health intervention on drugs and alcohol are targeted at the same individuals and families who are receiving targeted interventions for employment, housing, mental health, family functioning and domestic violence. This integration of targeted interventions is central to the "Confident and Achieving Manchester" programme which is addressing complex dependency.

5.6 Poor lifestyle factors increase the likelihood of chronic diseases. Identifying and intervening at an early stage will reduce demand for services and improve quality of life. Wellbeing services will be critical, taking a whole family approach and working with all other public services to prevent mental ill health and to promote emotional resistance. Similarly the focus on prevention and early help will reduce future demands on more expensive public services. The resource available for investment in public health will reduce over the next 5 years, so it will be crucial to target the spend where it will have the greatest impact for our population.

5.7 Manchester people will be engaged using non traditional methods as these have had limited success to date. New digital interventions and platforms will be used to engage across Manchester and Greater Manchester. A completely new approach will be adopted, the details of which have not yet been devised. The ambition is to be introduce an innovative and groundbreaking engagement plan using cutting edge technology and methods. Proactive work with key experts will be undertaken to ensure a cutting edge approach to engagement. Providers will be fully involved to ensure that their advice and interventions support the engagement.

5.8 The transformational public health programmes of work include:

(i) Starting Well - The aim is for children to get the best start in life: The Early Years Delivery Model will support early identification of child and family need through a structured eight stage assessment process. This will identify children and families most in need of intervention so that children arrive at primary school ready and able to learn. .

(ii) Living Well and Working Well: Increasing the number of people of working age who are in employment and have career progression is key to improving health outcomes for Manchester people. The redesigned Wellbeing Service and the expanded Working Well programme linked to the Early Help Hubs, will support people towards employment. The Manchester Health and Work Programme will be expanded to the 32,000 residents claiming a health related benefit in the city, as well as those at risk of falling out of the labour market because of poor health.

(iii) Ageing Well – Enabling people to keep well and live independently as they grow older is critical to improving healthy life expectancy and reducing demand on public services. The Age-friendly Manchester programme is recognised by the World Health Organisation, and takes a holistic approach to ageing, working in partnership with public, private, voluntary and community and academic partners. Key priorities for the programme include developing age-friendly neighbourhoods and reducing social isolation and loneliness.

(iv) identification of chronic disease at scale: Around two-thirds of the life expectancy gap between Manchester and England as a whole is due to three broad causes of death: circulatory diseases, cancers and respiratory diseases. We will take an integrated approach to identifying, and managing these diseases at scale; fewer people will develop chronic diseases and, where they do, the conditions will be identified earlier and managed better.

(v) Social Movement of change: a fundamentally different relationship between public services, residents and local communities will be embedded across the city to enable people to make their own informed lifestyle choices. This will build on the established age-friendly approach by working at a

neighbourhood level to bring together public services, community agencies and local businesses in networks which will co-design and invest in local solutions. Over the next five years the age-friendly approach will be scaled up to work with other groups.

(vi) Self Care: Enabling self care will become mainstream, with a coordinated and consistent approach across the system. The benefits will be wide ranging. People will know more about their own health conditions and how to improve their own health outcomes. This is essential if we are to control the use of health and social care resources.

Transformation 2: Cancer Care across Manchester

5.9 The Macmillan Cancer Improvement Partnership (MCIP) is a key transformational programme across Manchester to improve cancer outcomes £3.45m has been committed from Macmillan Cancer Support for investment in two phases (1) , targeted improvements in primary, community and palliative care across all tumour groups, and(2) focused improvements in breast and lung cancer pathways.

5.10 Building on the new National Cancer Strategy and the local Manchester CCGs Cancer Commissioning Strategy has identified several priorities for delivery:

- Patient Experience: Improving the use of high quality information for patients and carers to ensure that patients can report good experience of their care.
- Prevention: Working with public health in the commissioning of primary prevention programmes e.g. for cancer and other long term conditions (smoking cessation, healthy eating, physical activity, alcohol consumption, exposure to UV radiation) to support the reduction in premature mortality, by reducing the number of people diagnosed with cancer.
- Early Detection: Commissioning of cancer services in Manchester will focus on prevention and early detection in order to reduce incidence, detect cancer at an earlier stage through symptom recognition and take up of the national cancer screening programmes.
- Diagnostics: Meeting the new standard of diagnosis within 4 weeks of GP referral for suspected cancer
- Treatment: Co-ordinated timed pathways to meet Cancer Waiting Times Standards.
- Survivorship: The provision of high quality cost effective supportive services for patients to improve wellbeing, reduce the risk of recurrence or manage consequences of treatment or disease progression.
- End of Life Care**:** Better co-ordination of care for people at end of life.

Transformation 3: Primary Care

5.11 The vision for Primary Care in Manchester is 'Consistent, high quality care for all'. The strategy is to improve the health and well-being of Manchester people through the provision of excellent and continually improving primary care

5.12 Whilst Manchester's Primary care services are generally of high quality, with many examples of excellent practice, there is variation in capacity and practice, and the current primary care system is facing significant challenges and pressures. Currently Primary Medical Care is delivered by 92 GP Practices across the city; with variations in quality, capacity and size.

5.13 In Manchester the funding for Primary Care is amongst the lowest in the country, at around £102 per head of population, against an average of £116 in Greater Manchester and £136 in the country as a whole. We also have major workforce pressures as increasing numbers of Primary care professionals – approach retirement. The quality and provision of our estates for primary care is also variable across the city, with some areas of significant need.

5.14 The transformation of primary care will deliver a system which can provide the co-ordinated and proactive care in the community which is required to deliver the 20% shift of care out of hospital by 2020.

5.15 In particular, the primary care of the future will be working as a whole sector of care, greater than the sum of its individual constituent parts or practices. Primary care will be an integral part of 'One Team' - community place based care which is outlined in " Transformation 4: Living Longer Living Better". GPs will provide the leadership and co-ordination needed to enable lead workers with integrated teams to integrate services around the bespoke needs of individual patients and their families and careers. The ambition is for all practices to work to explicit agreed standards. including keeping people well and avoiding ill-health , diagnosing people sooner that have a condition or an illness to identify their treatment plans, using the LLLB programme and supporting palliative care Poor quality care will be decommissioned to ensure that resources are focused on the most effective interventions which have the maximum impact.

5.16 Key elements of the offer include the following:-

- Access – The highest priority for patients and the public. Patients will be able to access their GP practice in core hours, and be seen on the same day if needed, and access local primary care services in extended hours into the evenings and at weekends.

- Proactive care for patients with Long term conditions - Vulnerable and at risk patients will be identified and their conditions effectively managed services which are integrated by the LLLB programme. In this way, unplanned attendance and admission to hospital will be reduced, and health outcomes improved.

- Patient voice – Primary care will ensure that patients are at the heart of their care, that they are involved in every stage and in key decisions. Patients will have access to their care records, and be supported to self-care where they can. Patients nearing the end of life will also be supported to die in the place they choose.

- Specialist services in primary care –The range and scope of services provided in primary care will be increased. The establishment of federations and increased collective working by practices working in localities and neighbourhoods provides for enhanced opportunities to use and develop the skill mix and competencies required to meet the changing level and needs of care outside hospital.

5.17 Over the next 5 years, resources will be shifted into primary care; with an understanding that this increased resource is focussed on the standards, resulting in quality improvement and consistent offer.

5.18 The development of GP Federations across Manchester has given the opportunity to commission differently, and for primary care to operate more as a collective integrated and unified sector of provision .This enhances our ability to deliver the LLLB programme.

5.19 Integrated services will be commissioned for priority cohorts on a neighbourhood basis; through services working together as One Team (see Transformation 4 : Living Longer Living Better) in new integrated models. Options for organisational form across all provider organisations will be assessed over the next six months. Detailed risk stratification will take place to ensure that the integrated services are provided for those who are most likely to be diverted from acute and residential services.

5.20 Similarly, to deliver the transformation required, investment in estate is needed. Much of the primary and community based estate is no longer fit for purpose, and does not support our plans for transformed primary and community based care. There are major opportunities for improved utilisation of the estate, and for co-location to support more integrated ways of working

5.21 Devolution will enable us to commission primary care on a population basis, improving access, proactively managing long term conditions, and eliminating variation across the city through the implementation of standards and an integrated whole system model of care. The flexibility and freedom through Devolution should to enable us to:

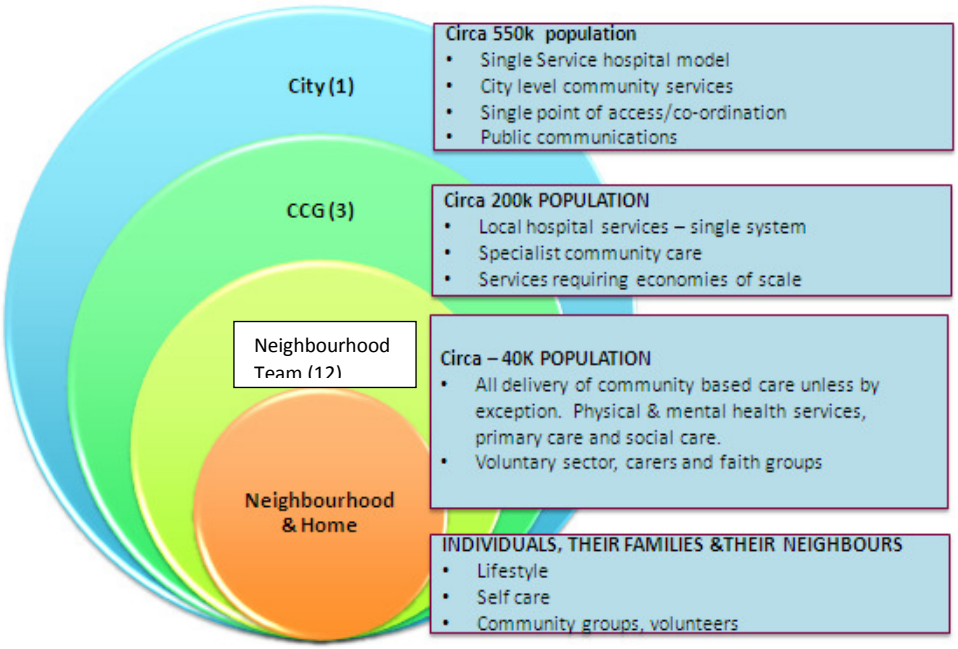
- Make decisions locally on use of capital priorities, and use of asset disposals across all public services.
- Use locally all primary care resources over and above core contract to deliver the at scale transformation which our plans require. (Drafting note: not clear what this means.)

Transformation 4: Living Longer Living Better

5.22 Living longer, living better (LLLB) is Manchester's transformation of community based care. This is an ambitious programme for implementation by 2020 which has in scope all health and care services that are, and could be delivered in the community. This includes in the first instance, local district general hospital services, community health services, social care services, GP primary care services, community mental health services and ambulance services. As the programme is rolls out over the next 5 years and beyond, other elements such as wider primary care and services provided by the third sector will be incorporated.

5.23 The delivery of LLLB will be through 'One Team – Place Based Care Model'. All services will be based upon a 12/3/1 model of provision. Most services should be delivered at the place based neighbourhood level (12) unless they require economies of scale at a specialist local level (3), or a single citywide level (1).

One Team – Place Based Care



5.24 The key transformation will be the establishment of 12 Neighbourhood Teams across the city. These teams will be based on geographical area as opposed to organisation, and formed through existing services, populated with existing practitioners. The Teams will focus on the place and people that they serve, centred around the ethos that 'The best bed is your own bed' where ever possible and care should be closer to home rather than delivered within a hospital or care home.

5.25 Working in this way, One Team will enable shift the focus from:-

- Organisation to place
- Disease to person
- Service to system
- Reactive to proactive care
- An unaffordable system to progressive upstream investment

.5.26 Commissioners in Manchester have worked collectively to build the One Team Specification. In response, the 11 NHS and social care statutory providers (including all GP organisations in the city, all acute and integrated community trusts in the city, the Mental Health Trust, the Council and the ambulance service) have come together as a Manchester Provider Group to provide a collective provider response to the One Team Placed Based Care Model.

5.27 A wide range of services will be delivered in the future in a place based model in either 12 hubs, three localities or across the city. These include intermediate care and reablement, care management, urgent care first response, DGH functions, Community mental health, primary care, residential, nursing and home care.

5.28 Integrated working across North, Central and South Manchester localities has already improved patients' experience of their care. For example an integrated health and social care discharge team (including those from neighbouring authorities) working under single management has been in place at North Manchester General Hospital for over two years. The team has been effective in reducing hospital lengths of stay, particularly for patients with complex needs.

5.29 North Manchester is an early implementer site for integrated community health and social care services beginning with intermediate care and reablement services. Reablement services (including bed and patients' own home based intermediate care, crisis response and reablement) will be integrated into a new Community Assessment and Support Service from September 2015.

5.30 A fundamental element of the One Team approach is the integration of social care within the 12 neighbourhood teams. This will integrate social care with:-

- Home care will be more integrated into the new delivery models, combining elements of the current social care service with health support.
- Wraparound service offers for mitigating and responding to crises.
- 7 day working to support current models such as reablement.
- Online offer for self assessment.
- A fresh approach to support.

- Stronger links between adult services and wider city services providing an integrated whole family offer Manchester people.
- More innovative use of ICT to share data between providers and to facilitate new ways of working such as a telemedicine and shared records.
- Better integration of physical and mental services assisting a wide range of patients including those with dementia.

5.31 The initial priorities are to integrate the following services from early 2016/17:-

- Reablement and intermediate care, using the North Manchester Community Support and Ambulatory Services as a model.
- A single point of access to adult social care and community health services.
- Staff from adult social care and community health integrated into neighbourhood teams to jointly run assessment, case panning and case management.

5.32 The integration of homecare and residential care will be delivered by commissioning these services on the basis of providers who share the values and priorities of this Plan. We will seek partnerships with providers who can not only provide value for money, but also staff and services able to be part of the integrated teams of the LLLB One Team approach. This will also provide an opportunity to create new skill mixes and new career ladders for front line staff linked to the move towards a Living Wage.

5.33 Urgent Care First response (UCFR) is a citywide approach, in response to the One Team specification, designed to reform the whole urgent care system in Manchester. It will bring together the different components of urgent care into a single unified system, which will operate with three core components (1) First Contact - people with a need for urgent care will be directed to the most appropriate part of the urgent care system, (2) providing urgent care to patients with complex needs through the 12 neighbourhood teams, and (3) developing Urgent Day Care hospital / ambulatory care facilities.

Transformation of District General Hospital Services

5.34 The implementation of LLLB, (and the wider system changes across Greater Manchester through devolution) will drive the significant shift in emphasis and activity out of acute hospitals and into the community. In Manchester, we want a system which keeps patients well in the community, ideally at home, and only admits them to hospital when absolutely essential to receive care which can only be delivered in an acute hospital. To this end, through LLLB, will transform District General Hospital services for our population.

5.35 With the exception of some independent sector hospitals, integrated hospital and community care for adults in Manchester is mainly provided by three NHS trusts, operating from four main sites:

Trust	Site
Pennine Acute Hospitals NHS Trust	North Manchester General Hospital
Central Manchester University Hospitals NHS Foundation Trust	Oxford Road Campus
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital Withington Community Hospital

5.36 Many district general hospital services, particularly those related to urgent care and management of long term conditions will be part of LLLB and integrated into One Team, facilitating seamless transfer of care between hospital, community, primary and social care.

5.37 Radically different models of care will focus on providing safe and effective care without admission to hospital; e.g. emphasis on ambulatory care, outpatient and day case treatments, and “one-stop shop”. Services will be provided 7 days a week.

5.38 DGH services for children will be provided through a linked up system in which the secondary care offer to the Manchester population Royal Manchester Children’s Hospital and Wythenshawe Hospital’s paediatric service is clearly defined. It will be supported by a network of children’s community nurses and primary care providers, skilled in paediatric care.

5.39 Key enablers of this approach will be:

- Workforce: able to move between settings and organisations, recognising the wider contribution of volunteers, carers and the third sector.
- improved estate utilisation: community teams operating from a single location in each locality.
- interoperable IT systems: enabling DGH services to share electronic information with primary care, community and social services securely.

5.40 Two significant hospital programmes, focusing on LLLB integration and the transformation of community/DGH services are in Withington (The Withington Strategy) and North Manchester General hospitals.

5.41 PLACE HOLDER for investment required for Withington and more detail around the Crumpsall Site> work in place to detail deliverability of estates proposals and redesign to facilitate transformation of services

The Withington Strategy

Withington Hospital, in the North part of South Manchester, currently provides a range of services including daycase surgery, cataract surgery, audiology, sexual health, therapies and outpatient clinics. It is co-located with Buccleuch Lodge which provides intermediate care beds, a day hospital and a base for community services staff. The hospital is under-utilised and currently does not generate enough income to be financial viable in its own right'. UHSM has developed a new strategy for Withington to create an integrated care campus in 3 phases (with some elements delivered in parallel): increasing outpatients and diagnostic activity; co-locating primary, community and acute services; and developing fully integrated services. Once complete Withington Hospital will provide integrated services in which organisational boundaries are broken down and the patient becomes the focus. To cater for busy, time-poor workers and families, patient pathways will be highly efficient with clear referral guidelines, GP access to consultant advice, one-stop shops and extended opening hours. Services at Withington will be closely integrated with primary care and focus on secondary care and long-term conditions. The intention is to co-locate general practice into Withington Hospital and, in the longer term, potentially build a new primary care centre on the site in which general practice, dentistry, optometry, pharmacy and wellness services could be brought together. The site also offers an ideal location for the One Team integrated health and social care neighbourhood team for this part of South Manchester to be based. Building on the recent partnership agreement with CMFT, the two trusts will explore the potential to both offer complementary services from Withington.

North Manchester General Hospital

NMGH is based in the community, surrounded by houses, with a main bus route through its grounds. Under" Healthier Together "it is a District General or Local Hospital site. Given the population growth predicted in North Manchester area of over 20,000 predominantly young people with young children over the coming 7 years, the need to keep a DGH site is vital. The age of some of the estate means that much of this is not fit for purpose in the 21st century. Hence capital is required to remove these, re-provide facilities for support services, construct a new energy centre and alterations to the site infrastructure. Plans are to make this a local hospital that provides A&E services, maternity and paediatric services, a range of outpatient services (ideally around Long term condition management) (making better use of the good building stock and co-locating relevant services), along with diagnostics that all operate 24/7. Plans are in development to establish a neighbourhood centre as part of the redevelopment of the site that will contain as a minimum a GP practice, a pharmacy, a base for social workers and rehabilitation teams as well as voluntary groups, that can assist in reducing A&E admissions. NMGH capital work on a 24 bedded intermediate care centre will commence in September 2015. This will allow step up and step down from EMA, hospital wards and primary care to allow better flow through and less dependency on hospital beds stock. As part of this work, the need for extra care housing to be based nearby this intermediate care centre will allow patients to gain independence in a safe environment before returning home or remain as a tenant. This could be extended to provide dementia based services as the population is living longer and

to an older age in North Manchester and this facility would allow residents to stay close to their families in a safe and supported environment.

Transformation 5: Mental Health

5.42 The mental health of citizens in Manchester is integral to its success as the effects of poor mental health and wellbeing are to the detriment of individuals, the social cohesion of their communities and the economic growth of the city.

5.43 The overarching approach to good mental health and wellbeing must take account of the needs of people, at their different stages of life and ensure that the services and support available to them is:

- Preventative, ideally avoiding the need for intervention form specialist practitioners by effective public health programmes in communities and workplaces
- Accessible at the times needed to prevent worsening of symptoms and especially to intervene early in crises.
- Integrated into the needs arising from and affecting physical health
- Responsive to need and 'recovery' focussed ensuring people are supported and encouraged to return to active working lives, where relevant
- Clear in its pathways of care for all users of services through children's transition to adult services and pathways to more intensive and restrictive settings where necessary

5.44 The 'system' then, needs to ensure that it is effective, efficient, based on 'best practice' and outcome focussed so that services are sustainable and provided as close to the users community as possible. These principles drive the ambition of the city in its development of mental health services which require close collaboration between all stakeholders including health and social care providers, the third sector, Police services, housing and the Department of Work and Pensions (DWP). The role of carers cannot be underestimated and their full engagement in all our plans is crucial to their success.

5.45 The costs to the health care system of our current approaches are significant – poor mental health makes physical illness worse and raises total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem. This suggests that between 12 per cent and 18 per cent of all NHS or GM expenditure, between £420m and £1.08bn. The more conservative of these figures equates to around £1 in every £8 spent on long-term conditions.

5.46 Our plans which are in the process of implementation are at a neighbourhood, locality and city-wide level. The opportunities arising from the Devolution Agreement add a new dimension and could allow us to make even greater improvement for our citizens and ensure that Manchester can contribute more fully to the Greater Manchester conurbation.

Neighbourhood, Locality and City

5.47 The City's **Living Longer, Living Better programme** operates at the community level its concept is the 'One team, Place Based Care' model which has mental health services fully integrated in the future arrangements for the provision of community services. Currently there is a multiplicity of providers and this fragmentation in the mental health system impacts negatively for people. Therefore, commissioners and providers wish to be bold in order to change the reactive way of working and to focus on prevention and early intervention.

5.48 Furthermore, many people with physical health conditions also have mental health problems. Currently physical and mental health treatments tend to be delivered, as separate health services. Care for large numbers of people with long-term conditions will be improved by integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. This will also allow us to provide MH training and awareness to all neighbourhood teams and community services to ensure the chance of stigma is reduced.

Supporting Complex Dependency and Worklessness

5.49 We are supporting people with a range of complex needs by working collaboratively across local services to deliver the right support at the right time. The provision of mental health support as part of packages of support through the expansion of Working Well, the Troubled Families Programme and complex dependency will strengthen our ability to ensure all residents are able to benefit from the conurbation's economic potential.

5.50 The links between employment, wellbeing and mental health are well established therefore, access to therapeutic interventions at the right time are critical to keep people in or return to work. The urgent care response for young people in crisis is an area for further development and improvement in Manchester. This applies too for those with learning disability where there are associated mental health problems.

Children and Young People's Mental Health

5.51 The numbers of children in the UK affected by mental illness has risen particularly fast in the past 10 years. An estimated one in 10 children and young people suffer from a diagnosable mental health disorder. These problems are a significant personal, social and economic burden not only on the children and young people themselves, but also their families, carers and the community.

5.52 The early detection of mental health problems through all stages of a child's life is crucial. The antenatal period and early years represent vital development stages when problems with child development, speech and behaviour can arise. We will ensure that there is:

- Intervention to make a difference both for individuals and populations at this time will help to avoid social and health problems in later years.
- Access to appropriate support in teenage years is a priority, with access to appropriately resourced and trained staff in education settings and wherever young people may seek help.
- Development of pathways of care through a common point of access for all agencies supporting children and young people in Manchester will help all children access the right support in the quickest way possible.

5.53 For those young people already in receipt of CAMHS services and approaching adulthood we must ensure a timely appropriate and planned transition to adult mental health services through integrated pathways. Bringing the parts of peoples care together without them noticing the join.

The Greater Manchester opportunities

5.54 There are great benefit to be achieved by looking beyond the city boundaries for future change and improvement to mental health services. These relate largely to:

- the ability to collaborate between organisations and agencies, providing for example GM wide AMHP services and crisis response
- the integration of services which are highly specialised and require greater critical mass than available in separate economies. This could apply to:
    - CAMHS
    - Learning disability services
    - Psychosexual services
    - Autistic Spectrum Disorder (ASD) services
    - Crisis response
- It is recognised that there is also opportunity to re-consider the 'footprints of delivery' for NHS Trusts across greater Manchester which could result in a reduced number of organisations and a greater economy of scale for corporate and support services, allowing a higher proportion of spend to be directed to direct patient care.
- The offer to be developed for the city through the Mental Health Improvement programme (MHIP) will be rooted firmly in the emergent GM Mental Health Strategy, Greater Manchester will develop a Specialist Mental Health Provision System that can combine critical mass, expertise and development opportunity with the ability to be flexible in local delivery to address the differing needs of local populations in relation to health and social care integration. This may lead to the restructuring of the current "footprints of delivery" of the 4 existing Trusts and/or organisational change that reduces the number of organisations. To

ensure these are provided on a cost effective and sustainable basis. At a GM Level we will ensure that the devolvement of NHS England budgets relating to Specialist Mental Health Services be used to break the current paralysis of strategic planning and opportunities. We will also tap into our academic assets through the MAHSC and AHSN to support the spread of evidence based practice.

5.55 At a GM Level we will also ensure that the devolvement of NHS England budgets relating to Specialist Mental Health Services be used to break the current paralysis of strategic planning and opportunities. We will also tap into our academic assets through the MAHSC and AHSN to support the spread of evidence based practice.

Transformation 6: Dementia

5.56 Dementia care in Manchester continues to be a high priority. Manchester is proud to be the 1st Age-Friendly city in the UK. The Devolution Agreement provides a unique opportunity to significant transform the health and care landscape around the GM pilot priorities including:

- More people with dementia helped to remain living well at home
- Unnecessary delay and poor treatment avoided and stress reduced for the people living with dementia and their carers
- Preventable admission to hospital reduced and safe, sustainable and quick discharge to care and home increased
- Create England's best evidence base for dementia care, by bringing together data on the financial benefits to the acute sector of better and more integrated services for people with dementia in the community
- New innovative relationships with the digital, media and assistive technology industries

5.57 Building on this opportunity, a city wide transformational programme on dementia is being developed and will be implemented over the next 5 years. This will incorporate the range of existing programmes, such as on LLLB, the provision of Age friendly housing and the work that is ongoing with MHSCT about the redevelopment of all of their later life services. The ambition is to standardise care and keep people living at home as independently as possible

Transformation 7 : Learning Disability

5.58 A transformation of services for LD people is required to reduce reliance on inpatient and hospital care by reducing the factors that lead to emergency and crisis admissions and prevent unnecessary admissions. This will require the development of a new delivery model for specialist care, universal service and community support and a new approach to what should be developed at GM level and what should be delivered locally. This will be across GM, citywide

and at a local level. The priority is to support people to live independently in the community with appropriate step up and step down wrap around health and social care services and investment will be required to develop a new residential estate.

5.59 The targets for learning disability are to

a) Through commissioning mechanisms, map the national service model against current pathways and service footprints and agree a local plan to close the gaps
b) Work with Manchester City Council & other partners in stimulating the supported living sector to provide appropriate accommodation stock & resettlement pathways for those leaving institutional care.
c) Integrate diagnostics and interventions for those with autism into the existing local community service offer.
d) Build robust transition pathways for young people identified with learning disabilities so that they remain within a supportive system.
e) Prevent premature deaths by promoting health & wellbeing for those with learning disabilities through regular health screening, support & access to targeted training & employment.
f) To develop a new Resource Allocation System (RAS) for LD people to demonstrate an equitable and transparent allocation of social care resources, support consistent decision making, provide a new way of measuring severity of need and support transparent care package decision making
g) To develop a new conversation with service users which is based around the individual and their family

5.60 *Universal Offer*

- Strengthen and develop community learning disabilities health & social care teams to be responsive in supporting mainstream provision to manage those with mild & moderate learning disabilities and conditions, as well as supporting those with complex & challenging behaviours through tailored community support.
- Build integrated pathways between health, social care, accommodation, education, vocation & employment agencies so that bespoke rehabilitation programmes are a fundamental element of care and support plans and people with LD are actively encouraged, trained and supported.
- Work with Manchester City Council and other GM CCG/Local Authority footprints to build robust transition and early intervention pathways with appropriate services for Children & Young People identified with learning difficulties and burgeoning disabilities, including looked after children, so that a life-course approach can be developed for each child, to reduce crises and acute episodes developing in the future.

5.61 *Primary Care Strategy*

- Develop and train clinical "champions" for LD across the primary care sector developing subject matter expertise across professional footprints, including GPs, practice nurses, school nurses, dentistry, and sexual health services.
- Ensure LD register information is correct and up to date and people with LD as well as their carers receive a full annual health assessment and review.
- Work with IAPT providers to develop a specific intervention for those with LD experiencing anxiety, depression and phobias.
- Train staff from the Community Health LD team in IAPT compliant interventions for those with mild/moderate LD
- Integrate diagnostics and interventions for those with autism into the existing local community service offer.

5.62 *Community Offer*

- Redesign & reshape the Community Health LD team (formerly known as MLDP) for compliance with the national service specification including establishing specialist consultants to provide clinical leadership.
- Integrate LD social care staff including forensic staff to form a Community Health & Social Care LD team as a core element of the new national service delivery model.
- Build an on-call liaison service for Accident and Emergency presentations to support Emergency Department and Mental Health liaison staff, reduce breaches and prevent unnecessary admissions, but where admission is required, it is timely and appropriately managed.
- Develop a crisis management and outreach service as part of the redesigned integrated community team that works closely with GPs, community mental health services, and social care.
- To develop a community assets approach to service delivery

5.63 *Residential offer*

- Commission a specialist residential crisis intervention service that provides respite for people with LD in order at an earlier stage and as part of an integrated community package.
- Manchester City Council and CCGs to work together to stimulate the accommodation market in Manchester to develop "step-down" residential rehabilitation for those coming out of hospital supported by community staff.
- Ensure all care plans and support plans include recovery and rehabilitation as part of the drive towards independent living for people with LD
- To replace the supported accommodation estate across the city for people with a learning disability so they can live independent, supported lives in a locality of their choice in good quality apartment style provision
- To develop a new estate for young people with a learning disability in transition from children's to adults status, supported to live as independent life as possible to the maximum of their own ability. To promote choice about where this is located and to build a wrap around health and care model that is community based, light touch with step up levels of support when required

- To develop more shared lives schemes and extra care facilities for people with a learning disability

Transformation 8: Shared Services across the Acute Sector

5.64 Greater Manchester needs shared service models for many specialised services if the Devolution plan is to achieve financial and clinical sustainability by 2020. Consistent high quality care across Greater Manchester is the ambition. Given that two of the three tertiary acute providers are within the Manchester locality, we will have a key role in this. Building on the integration of DGH services into One Team, we will create seamless pathways for patients requiring specialised services.

5.65 The size of the financial gap will require bold decisions to share services across hospitals over the next five years. This will not be restricted to specialist tertiary services, it will need to include back office and clinical support services.

5.66 It is recognised that the population in South and Central Manchester have significantly higher rates of tertiary activity than areas where the local hospital is not also a tertiary centre .This variation will be addressed, with clear referral and acceptance criteria.

5.67 Manchester City Council, the University of Manchester and both CMFT and UHSM recognise the importance and benefits of maintaining and developing the Trusts' strengths, as university teaching hospitals, in research, education and tertiary services. The recent partnership agreement between the Trusts offers the opportunity to set a new vision for collaboration between the two organisations in this area.

Transformation 9: Health and Social Care for Children and Young People.

5.68 Health and Social care for children and young people will put the individual and family at the heart of everything they do and provide health and social care support at the time when most needed, offering intervention at a local level to those children, young people and families with additional and complex needs. This will be is linked to a reduction in demand and a focus on early and earlier intervention and prevention to enable families, children and young people to become self-sustaining and to secure improved outcomes. Where interventions are necessary these will be based on three core principles:

- Use of evidence based interventions
- Integration and co-ordination of delivery of those interventions with all other public services so that families receive the right support in the most effective sequence based on the needs
- A family approach to changing behaviours

5.69 Continued investment in early and earlier intervention and prevention (including early years) will lead to reduced demand in later years. There is an opportunity to re-profile commissioning intentions and pathways to represent Manchester and Greater Manchester which will be consolidated in Manchester through our Early Help Strategy and locality hubs delivery model to get the youngest people in our communities to the best start and to turn round the lives of troubled families within the city.

.

5.70 This activity will be aligned and integrated where appropriate with the LLLB programme of work and will include a focus on the three populations identified within that programme for children:

- Children with long term conditions
- Children at the end of life and palliative care
- Early Years implementation

5.71 This transformation programme will have an impact on:

- reduction in attendance of children in A&E
- health improvements associated with improved take up of immunisation, reduction of obesity, reduction of dental work
- improved mental health services targeted on children and adolescents
- reduction in Looked After Children and children subject to child protection plans
- Reduce the current fragmentation between services
- Focus on person-centred outcomes across all sectors
- Improved access to services and avoid duplication
- avoid admission to hospital and facilitate faster discharge

Children and Young People's Mental Health

5.72 The GM fundamental review of the way Children's Services are delivered will include Child and Adolescent Mental Health Services (CAHMS). An estimated one in 10 children and young people suffer from a diagnosable mental health disorder. These problems are a significant personal, social and economic burden not only on the children and young people themselves, but also their families, carers and the community. The emphasis will be on the prevention and emergence or escalation of mental ill health by

- active health promotion/support and early intervention within the community
- access to the right age appropriate support in the right place at the right time by an appropriately skilled and informed workforce delivering evidence-based interventions
- ensure the early detection and on-going treatment of physical health problems, through GP screening; in addition to the mental health support available to all our children and young people

5.73 The early detection of mental health problems through all stages of a child's life is crucial. The Early Years Delivery Model will provide the means of intervening during the antenatal period and the early years represent vital

development stages when problems with child development, speech and behaviour can arise. We will ensure that there is:

- Intervention to make a difference both for individuals and populations at this time will help to avoid social and health problems in later years.
- Access to appropriate support in teenage years is a priority, with access to appropriately resourced and trained staff in education settings and wherever young people may seek help.
- Development of pathways of care through a common point of access for all agencies supporting children and young people in Manchester will help all children access the right support in the quickest way possible.

5.74 For those young people already in receipt of CAMHS services and approaching adulthood we must ensure a timely appropriate and planned transition to adult mental health services through integrated pathways. Bringing the parts of peoples care together without them noticing the join.

Transformation 10: Housing and Assistive Living Technology

5.75 Manchester is developing a strategic approach to meeting housing needs to maintain good health and extend independence.

5.76 The Housing for an Age Friendly Manchester Strategy links care and health services for our older population. Innovation, creativity and making best use of technology will increase housing provision and choices for older people. The plan is to offer older people the advice and guidance they need to make informed decisions. This is currently being tested in North Manchester. By offering Housing Options to residents approaching retirement they can be informed about lifestyle choices.

5.77 Extra Care housing is a type of housing for older people which offers an independent tenancy (or outright/shared ownership) within a communal setting. Onsite care is the critical feature of extra care and is strictly managed to ensure extra care housing remains a balanced community where the more active, independent older people help people who are more infirm. The ambition in Manchester is to scale up future provision from the current 297 units and to provide mixed tenure options across the city. A Housing Needs Assessment has compared the forecasts of numbers of older people across the city's neighbourhoods against the locations of our existing stock and numbers of units already in a funded development pipeline. This has helped us to identify where we need to locate new developments and the numbers we need to accommodate. Our ambitions are to develop an additional four new schemes over the next five years: two new schemes in the south of the city, one in the Newton Heath area and one in Gorton (already the subject of a funding bid). Subject to investment funding being available to deliver these schemes, this would provide approximately 400 additional units. We also intend to upscale some existing sheltered schemes to provide Extra Care Lite accommodation. This would bring our total extra care stock to over 1000 units. The benefits from this kind of accommodation are significant and

include reduced hospital stays, reduced expenditure on adaptations in larger homes and employment and apprenticeship opportunities for the construction industry

.

5.78 The Council's Supported Accommodation Service looks after and supports learning disabled adults and learning disabled young people in transition to adulthood. The ambition is to replace or significantly improve the current estate. The design of new accommodation, tailored to the needs of each cohort will ensure better quality of care and improved lifestyle outcomes.

5.79 Advances in assistive technology, and tailored equipment packages will support greater independence and deliver more cost efficient packages of care. Assistive Living Technology (ALT) includes both telecare and telehealth/telemedicine. The ambition in Manchester is to roll out ALT across the whole city to other cohorts as a prevention tool to reduce unplanned hospital admissions and as a way of shifting the appropriate delivery of care from acute hospitals to community settings, particularly people's homes. There is a real opportunity to involve private sector expertise and investment.

5.80 There are clear advantages for supported living arrangements that offer choice and independence. This can also maximise opportunities to link to education and employment and to develop independent living skills. Investing in appropriate accommodation and services will enable young people to live inclusive lives within their communities. Ideally people will be able to live more independently without 24 hour support, reducing care costs further.

5.81 Improvements to the city's aids and adaptations services will be essential if our LLLB programme is to work. People need suitably adapted homes to return to following a stay in hospital. To improve these services, we will:-

- Develop a social care cluster of equipment related services in one centre of excellence across local authority and health budgets
- Develop a partnership approach across the local authority, health, housing providers and the third sector for adaptations to people's homes so that they can continue to live in them for longer, delaying costly placements in residential and nursing homes.
- Develop a unified approach to rehousing people.

6 . Enablers

Health and social care estate transformation

6.1 A city wide estate strategy is crucial to deliver efficiencies, to provide the right buildings for integrated care and to enable the city to plan its wider land use to facilitate growth and housing for an expanding population. GM devolution of health and social care, coupled with the proposal for a GM Land

Commission announced as part of the devolution package in the July 2015 budget create the opportunity for a radically different way of managing property and other assets. Within Manchester this will involve a portfolio of well located, high quality accommodation that could be coordinated and utilised more flexibly.

6.2 The current estates provision across health and social care is extremely complex. The complex nature of financial arrangements for NHS estates needs to be addressed at a GM and citywide level. Key to this will be releasing resources from existing properties to re-invest in accommodation for the new hub based delivery of community services across Manchester.

6.3 A citywide Integrated Estates Development Board is in place which comprises of members from the health and social care system across Manchester This board will develop the city wide estates strategy, assess current estates provision and develop an estates portfolio which will support the health and social care transformation programmes across the city.

6.4 In line with the delivery of One Team, the vision has been developed to provide 12 multi-disciplinary Place Based Hubs throughout Manchester. The hub and spoke model will be operated with the hubs being at the centre of a network of community assets or spokes. The hubs will provide accommodation for teams working beyond organisational boundaries to deliver public services designed around people and place not organisation and team, a focal point and facility for the community, increasing access to service provision, and having a role to improve health, wellbeing and quality of life within the area in which they are based.

6.5 There will need to be some investment in the community based estate, to support implementation of the model and some limited new build where required; but there are also major opportunities to develop efficiencies through better utilisation and more integrated working.

Information Management and Technology – Shared Records and digital wellbeing

6.6 To deliver the ambition set out in section 1.5, a radical approach to identifying patients and tracking them through the system, sharing electronic records and adopting a digital approach to wellbeing is essential. There are 5 key areas of work to be done:

- There are some immediate tactical solutions that are required to support the initial integration of community health and social care
- A longer term strategic approach to deflection from hospital admissions and residential care placements through the development of a citywide Patient Co-ordination Centre and electronic system

- To develop a wider Digital Wellbeing approach to integration with a scaling up of approaches such as telemedicine to deflect hospital and residential care admissions
- To develop significant IMT partnerships with the private sector including the promotion of Manchester as a centre for inward commercial development and a test bed for IMT innovation
- To scope out and recruit a delivery team for the work led by UHSM

6.7 Tactically, solutions are required for the three community health services to procure electronic case management systems that are interoperable with social care, primary care and other hospital sectors. The PDT requires solutions to enable them to share files across organisational systems and there is potential for teams to adopt the NHS email platform. Integrated estates require wifi options so staff can connect in as they work in between buildings and sites. North Manchester has developed a tactical approach to interoperability between Community Services and Social Care for referrals and workflow and there are similar requirements across the rest of the city.

6.8 The social care record system will be upgraded to enable further inter operability and compliance with the Care Act which will include provision for a citizen portal, electronic marketplace, commissioning directory of services and resident facing electronic care accounts and social care support plans

6.9 Strategically, work is required to drive the urgent need to identify people early who are at risk from a hospital or residential care admission. An electronic patient co-ordination system to support risk stratification and patient tracking is required citywide which will work across all parts of the model including primary care, social care, community health, public health, hospitals and ambulances. This needs underpinning through access to electronic records and work is needed to decide whether to further develop the common feed into The Manchester Care Record or to look for a new solution. In the short term, we will incorporate into the MCR the mental health record, add an application to support end of life care and extend access to ambulance services and A&E departments in the event of emergency.

6.10 A wider Digital Wellbeing Strategy will be developed alongside the Self Care Strategy to include developing digital health solutions to deliver technology first services arising from the risk stratification work. E.g. telemedicine hub for residential and nursing cohort, heart monitors for circulatory disease, gps locators for people with dementia, falls monitors for frail older people etc. The telemedicine work could be applied at scale across GM.

6.11 There are opportunities arsing to develop strategic relationships with private sector IMT companies who will see Manchester as a test bed site for new innovative solutions. Opportunities will be sounded out at the Sept Expo and

trade fair supporting the Tory Conference in October. Early meetings with Cisco Systems have already taken place

6.12 To deliver such an ambitious programme of work, a delivery team will be required. UHSM have agreed to lead this and work is underway to scope out the business requirements and secondment requests from the Manchester providers.

Workforce Transformation

6.12 We have made significant progress against our ambitions for health and social care reform in recent years within Manchester. An increase in people benefiting from extended access to primary care, models of integrated neighbourhood working between health and social care are coming to life across all parts of Manchester.

6.13 We are re-imagining health and care and pursuing entirely new possibilities for specialist care, integrated care, primary care, early intervention, prevention and wellbeing services.

6.14 The scale of change we propose will impact significantly on our way of working, challenging traditional roles, introducing new relationships, new teams and indeed new professions. Whilst the vision for integrated care delivery is clear in Manchester through the Living longer Living better programme with early pilots generating confidence in the potential for the new models, delivery of the road map will require very significant cultural change and involvement of the workforce across many organisations.

Strategic Workforce Aims

6.15 Future care models such as those outlined on the NHS 5 Year Forward view and as described in recent King's Fund reports all emphasise the centrality of primary and community care, and a more adaptable and multidisciplinary work force. We need a workforce for the future that:

- Is empowered and flexible
- Will work across both organisational and geographical boundaries
- Is fit for purpose
- Is sufficient and capable of providing high quality care at the point of need

6.16 A strategic workforce plan for Manchester will be put in place providing the basis for specific long, medium and short term objectives in relation to:-

- Communication of strategic vision/intent.

- Education and commissioning to include the development of partnership working arrangements between Health Education Northwest, Skills for Health and Skills for Care and the GM Academic Health Science Network in order to ensure one Manchester health and social care workforce plan. This will inform the commissioning of new education programmes to support new models of care.
- Workforce profiling and future planning including role re-design and competency based planning within multiagency, multi-disciplinary environments with a focus on people, place and outcomes.
- Terms and Conditions of employment across partner organisations to:-;
    - increase recruitment from local communities and progress further work to ensure that workforces reflect the communities they serve
    - incentivise employment conditions which promote good health e.g. payment of living wage opportunity for home care and residential care home staff, organisations providing a healthy workplace
- Cultural change and organisational development with programmes designed to shift control from doing to people and supporting them to be active participants in managing their own care.
- Development of joint working with NHS and City Council / trade unions and a single TU consultation and negotiation strategy to deliver Health and Social Care reform across Manchester
- Development of a Manchester Workforce Leadership Group to secure partnership working and system leadership across health and social care
- Alignment with other key NHS and Social care strategic organisational changes for example, Healthier Together, Placed Based Care, Primary Care Transformation

6.17 The scale of change within Manchester will impact significantly on the workforce. Workforce planning is important because of the complex skill-mix required. We need a workforce that is fit for purpose, able to adapt to changing demographics and the new models of care. Building a more flexible workforce with a breadth of skills and knowledge allows for greater adaptability.

6.18 Although it is vital to get the workforce of the future right, there also needs to be a clear plan for how the current workforce can meet the challenges ahead. This will involve a more integrated approach to managing the existing workforce.

7. Financial plan

7.1 The financial information reflected in the Manchester Locality Plan is based upon locally developed strategic financial planning assumptions across the partners within the health and care economy. The Manchester Locality Plan reflects high-level financial analysis for the years 2015/16 to 2020/21, based upon 2015/16 baseline budgets and financial assumptions. Figures included represent health and social care spend for the Manchester population.

7.2 The financial data disclosed in this plan will not be static, as detailed plans for the local health and care system are still in development and there will be a need for greater consistency with planning assumptions across Greater Manchester over the next few months as the plan is finalised.

7.3 Organisations in Manchester have agreed to the principle that the delivery of transformation programmes to enable the shifts in resources between settings will be analysed during each phase of implementation and delivery in order to establish:-

- a definition of patient/client populations affected, together with detail of how people meeting that definition will be identified
- an estimate of the numbers of the people within the cohort within the city over the next five years
- a systematic evaluation of the costs and benefits of the new service models, in comparison to the existing arrangements
- an overall assessment of the financial implications of these changes for the various partners organisations and the supporting mechanisms required to move funding around the system

7.4 Providers and commissioners will work together to develop and implement a monitoring and evaluation process to track actual costs and financial benefits in real time. This will track the impact of investment to reductions in activity levels, including where and when those reductions lead to savings in other parts of the system. This monitoring and evaluation process will be used to manage risk and ensure that the agreed shifts in resources are achieved over the five year period.

WITHIN THIS SECTION THERE IS A PLACE HOLDER FOR THE COST BENEFIT ANALYSIS WORK: This will cover a fuller explanation of the way in which we define and identify cohorts for Cost benefit analysis. It will also describe how we will create a system by which investment is tracked to impact on demand and how that demand is turned into cashable savings which is then used to reimburse the investment

7.5 Table 1 details the projected health and social care spend for the Manchester population in 2015/16:

TABLE 1 Budget	**2015/16 Opening Plan £'000**
NHS	
Acute	374,371
Mental Health	104,312
Community Health	66,793
Continuing Care	36,732
Primary Care	8,816
Prescribing	90,999
Other Programme	50,446
Other	17,520
Total – CCG	**750,039**
Specialised services	220,528
Primary care	138,701
Total - NHS England	**359,229**
Total NHS	**1,109,268**
Social care	
Adult Social Care	127,200
Early Years & Children's Health	17,044
Public health	48,303
Total MCC	**192,547**
Total	**1,301,815**

For the purpose of this initial plan specialist services and primary care services currently commissioned by NHSE are considered out of scope, resulting in an 'in scope' commissioning budget of £943m. Children's social services and education are currently excluded from the financial modelling.

7.6 The opening allocations shown above have been adjusted for a share of provider 2015/16 deficits and modelled forward to 2020/21 using assumptions consistent to those included within the Five Year Forward View for demographic non demographic and price increases. Table 2 details these and shows a 'do nothing' gap of £298m and £314m after investment to deliver new care models.

7.7 Along with assumptions on growth in allocations of approximately 1.7%, it has been assumed that the economy will receive a share of the £8bn additional funding indicated in the Five Year Forward View and that CCGs' allocations will be increased to target (represented via the blue bars on the bridge diagram below).

7.8 Partners' existing combined 'Cost Improvement Programmes' (CIPs) for providers, savings programme for the Council and CCG efficiency schemes are expected to reduce costs. In addition to this the modelling assumes:

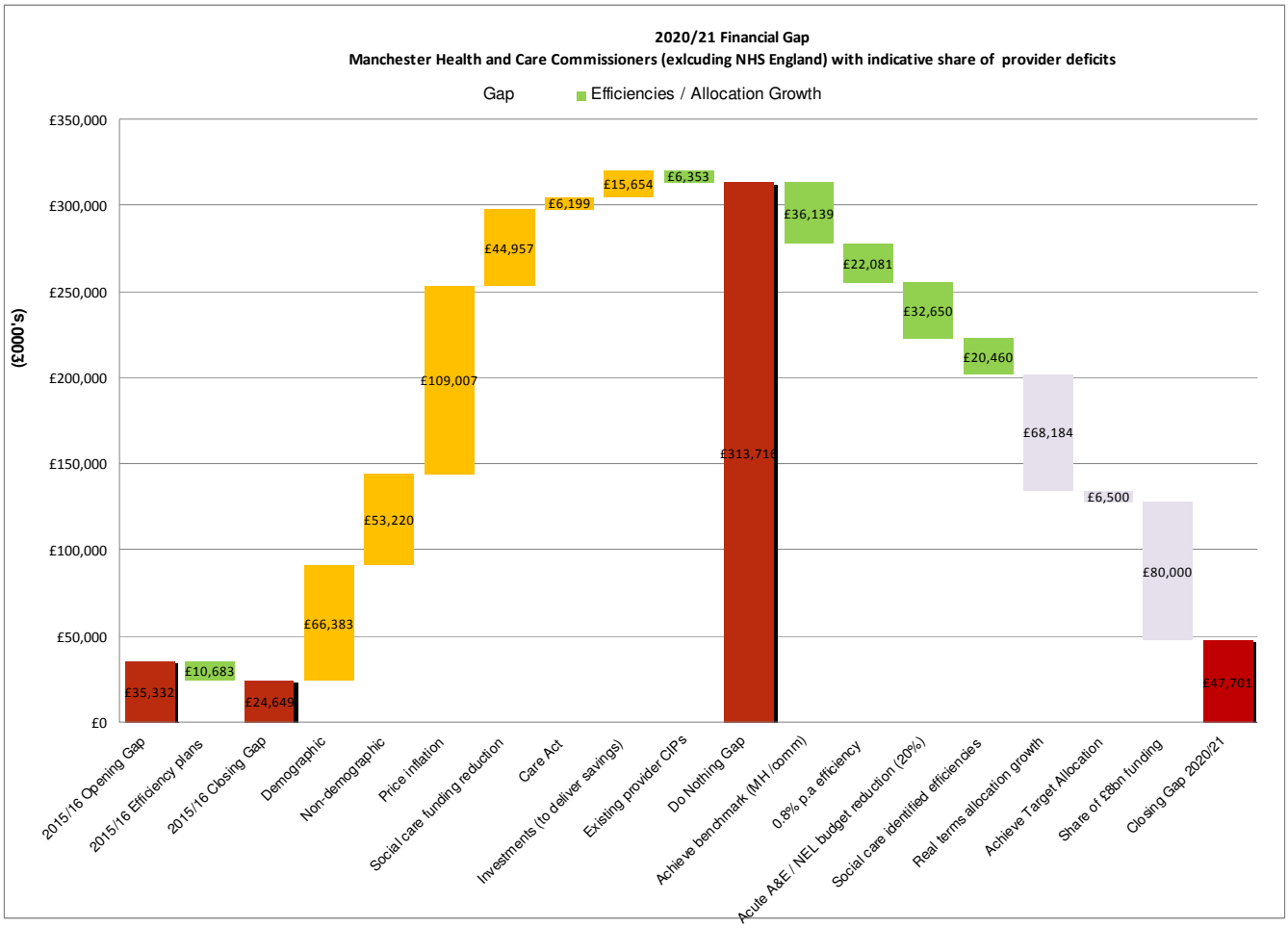
- Productivity/efficiency savings estimated at 0.8% per annum for CCGs/Providers
- Efficiency savings of 2% per annum for the city Council over the next five years.
- Agreed 20% reduction in urgent and unplanned care in acute budgets.
- Further efficiency targets to achieve £37.2m against benchmarks for non-acute commissioned services

7.9 When this is taken into account it reduces the estimated financial gap from £313.7m to £47.5m

TABLE 2	**£m**	**£m**
Projected 2015/16 Closing Efficiency Gap c/f		24.6
Demographic pressures	55.0	
Non-demographic pressures	64.6	
Inflation	109.0	
Social care funding reductions	45.0	
Care Act implementation	6.2	
Provider efficiency plans	-6.4	
		273.4
Do nothing gap		**298.0**
Investments to deliver savings		15.7
Funding and savings requirement		**313.7**
Additional funding assumed:		
CCG allocation growth	-68.2	
CCG target allocation	-6.5	
Share of £8bn	-80.0	
Total additional funding assumed		**-154.7**
Efficiencies:		
0.8% efficiency	-22.1	
Move to benchmark levels mental health and social care	-36.2	
Reduce Acute A&E and NEL expenditure (20%)	-32.7	
Social care	-20.5	
Efficiencies		**-111.5**
Closing gap		**47.5**

7.10 The bridge diagram at table 3 below provides an alternative view of this analysis

TABLE 3



7.11 To support delivery of plans additional investment both capital and revenue will be required from any transformational funds secured by the Greater Manchester devolution programme. Table 4 includes an initial indication of funds required which will be subject to further refinement as transformational schemes are developed

TABLE 4	16/17	17/18	18/19	19/20	20/21	TOTAL
	£m	£m	£m	£m	£m	£m
Recurrent revenue:						
Primary care achievement of standards	3.3	3.3	3.4			10.0
Subtotal - Recurrent Revenue	**3.3**	**3.3**	**3.4**	**0.0**	**0.0**	**10.0**
Non-recurrent transitional revenue costs:						
Double running pre new care models					112.4	112.4
Support for Extra Care and LD Accommodation					2.8	2.8
Support redesign of hospital care	16.0	8.0	4.0			28.0
Subtotal - Non-Recurrent Revenue	**16.0**	**8.0**	**4.0**	**0.0**	**115.2**	**143.2**
Capital:						
Capital - Extra Care Housing					36.3	36.3
Capital – Four new hubs (£4m each)		4.0	8.0	4.0		16.0
Capital – PAHT Crumpsall site		4.0				4.0
Capital – Refurbishment		2.0	6.0			8.0
Capital – Intermediate Care Beds	5.0	5.0				10.0
IT		1.0	3.0	2.0		6.0
Subtotal - Capital	**5.0**	**16.0**	**17.0**	**6.0**	**36.3**	**80.3**
Total cash requirement	**24.3**	**27.3**	**24.4**	**6**	**151.5**	**233.5**

7.12 The revenue implications of the above capital funding requirements are not included in the Locality Plan at this stage but would need to be considered beyond 2020/21. A high level annual depreciation estimate based on the outline investment above would be in the region of £3m per year across the economy (assuming no impairments and a 25 year depreciation period).

7.13 Whilst efficiency targets have been identified in the tables above, a significant amount of work is required to define how the Locality's transformational schemes and other programmes of work will deliver the savings required. This must focus upon describing, in financial terms, how the new models of care will be different to the current health and care model. The models must be shared and 'owned' by all partners in the economy. The work to deliver a robust financial model will therefore need to be jointly produced by both commissioners and providers. Assumptions must be agreed and replaced / validated as more experience of the new models becomes available.

7.14 Commissioners and providers will need to understand the changes proposed within the new models, including the health and care interventions and,

fundamentally, the financial impact upon the finite resources within Manchester in the longer term.

7.15 In particular the following plans require further development to enable financial modelling to be undertaken:

- Healthier Together for GM - implementation of single service models for Manchester
- Transformation programmes as described in this plan, with cost reductions resulting from:
    - Estates strategy
    - Demand management to reduce further high cost and unplanned health and care services and re-provide services in a more financially sustainable way
    - Productivity savings delivered through transformation of the workforce and models to deliver care
- Long term certainty of additional funding from Government for the impact of the Care Act 2014, based on the Department of Health model and local modelling, currently estimated to be £8m over the period up to 2020/21.

7.16 Partners are committed to achieving and demonstrating clinical sustainability and improved quality outcomes from the future health and care system, whilst managing patient and resident needs within available resources.

7.17 The efficiency challenge is of such a magnitude that significant transitional, capital and revenue investment funds will be required to secure success. The complexities of the Manchester locality, comprising several distinct commissioners and providers, mean that collaboration between partners will be essential to better estimate the elements of investment funding needed to implement the programmes described in this plan.

7.18 Organisations will develop proposals for additional investment (capital and revenue) in the first year or two of the five year programme to achieve financial sustainability at the end of the five years. The additional investment will fund increases in the speed of scaling up implementation of transformation programmes in the Locality Plan.

7.19 The proposals being developed by providers will be included in a Cost Benefit Analysis (CBA) in order to set out clearly what interventions will be carried out, the activity and the expected outcome in the form of a reduction in demand. The CBA will require workstream leads to estimate the cohort and likely outcomes so that it can be compared to what is being provided at the moment. The current position 'Business as usual' will be compared to the outcomes expected in the future 'New Delivery Models'.

Table 5 shows the initial work programmes and leads which will be subject to a Cost Benefit Analysis as transformational schemes are developed:

TABLE 5 Programme	Programme Leads	Finance Lead - MCC	Finance Lead - CCG	Provider Lead
Mental Health Improvement Programme	Craig Harris / Jane Thorpe/Hazel Summers	Rachel Rosewell/ Karen Riley	Francis Moore	Paul Allison
One Team - Urgent Care First Response / Single Point of Access	Helen Speed / Stef Cain	Rachel Rosewell/ Karen Riley	Joanne Downs / Michael Kelly	Lee Rowlands / Liela Thorogood / Gareth Davies
One Team - Community Assessment and Support Service (CASS) - Integrated Health and Social Care Intermediate Tier	Nicky Parker / Helen Speed	Rachel Rosewell/ Karen Riley	Joanne Downs / Laura Hadfield	Craig Carter
One Team - Integration of Adult Social Care with Community Providers	Claudette Elliott / Joanne Royal/ Hazel Summers	Rachel Rosewell / Karen Riley	Joanne Downs / John Pegington	Lee Rowlands / Liela Thorogood / Gareth Davies
Learning disabilities		Rachel Rosewell/ Karen Riley	Kaye Abbott	
Primary Care Standards/7 day access/chronic disease	Tony Ullman / Jaki Heslop	Rachel Rosewell/ Karen Riley	Joanne Downs / Hazel Johnson	

7.20 It should be noted that these are the initial programmes which have been identified as a priority within the programme for cost benefit analysis to be undertaken. For the avoidance of doubt financial work will be undertaken to support the development and implementation of all of the transformational programmes referred to in this document and in addition to other areas of spend where further efficiencies can be made

7.21 A key element of this plan will be describing (1) how investment + (2) the ability to do things differently through devolution + (3) delivering the transformational = closure of the financial gap described.

7.22 Further information around the detail of how this will be done e.g. with multi-year budgets, new contracting models, single patient records, property vehicle etc.) will be provided in the next iteration of the plan.