

Purpose of this presentation

To set out an approach to taking forward the development of integrated care across the city of Manchester.

The McKinsey report set out the context

- Rising demand for healthcare in the city
- Severe pressure on finances
- High hospitalisation of Manchester residents (40% above national average)
- High spend per head but an unhealthy population
- Substantial performance variation across the city
- The proposed review of hospital services in Greater Manchester , the 'Healthier Together' initiative
- Changes at national and regional level in the way the NHS is organised and managed

What we mean by Integrated Care

- Co-ordinating the services provided from health, social, and voluntary care sectors to help people live healthier more independent lives
- And thereby reducing the need for people to be admitted to hospitals, nursing homes or residential care

Links To Health and Well Being Priorities

2. Educating, informing and involving the community in improving their own health and well being
3. Moving more health provision into the community
4. Providing the best treatment we can to people in the right place and at the right time
6. Improving peoples mental health and well being
8. Enabling older people to keep well and live independently in their community

The scale of the challenge

- Requires changing the work practises of a large number of professionals in different organisations
- Requires up front investment in community, primary and social care services before we can make savings in hospital
- Significant implications for the health and social care estate in Manchester

Where we are now

- Integrated care initiatives are organised separately in each CCG in the City, and are being tailored to meet local circumstances.
- Good working relationships have been established between health and social care professionals in each of these localities, and a number of integrated care initiatives have started.
- A city wide group has been established to share learning across the city .
- There is great enthusiasm from all involved to accelerate the roll out of this initiative. It is generally accepted that we should progress to coverage of at least 20% of the most at risk people living in Manchester.
- There is an opportunity to work with national leaders to develop new ways of working to facilitate the development of the integrated care initiative

Where we are now

- There are factors that are limiting the pace of implementation:
- Workforce changes. Integrated care requires a large number of clinical and social care staff to operate in new ways. This is a massive workforce redesign challenge
- Information issues. To work effectively integrated care requires patient /client information to be shared across institutions. We need the right protocols and technology to make this happen
- Finance. In theory integrated care will be self financing in the longer term. However this has yet to be proved in practise on a large scale in the UK. All the indicators suggest it will require pump priming money to get it started.
- Aligned Incentives. Integrated care requires separate statutory bodies to work together in the best interests of the patient and in the most overall cost effective manner. We need to design a financial and commissioning framework which allows this to happen
- Impact on Health and Social Care estate. The development of more community focused healthcare has significant implications for the size and configuration of our three acute hospitals, and highlights the need for investment in primary, community and social care facilities across the city

Fast Tracking Integrated care in the City

- Day to Day operational management should remain at locality level
- To help clear the path for local development we need to address some issues on a city wide basis.
- We will establish a 'Blueprint Group' of key people drawn from the major stakeholders in the city to do a concentrated piece of work to map the way forward for Integrated Care in Manchester for the next five years, advising on what can usefully be done on a Manchester wide basis

Fast Tracking Integrated Care in the City- short term resolution

- Establishing an agreed definition for integrated care across the city and what our core service offer to the public of Manchester means
- Making sure all the key stakeholders are fully involved in the initiative
- Identifying all the barriers to progress, and what can be done to remove them
- Establishing a robust framework for the evaluation and appraisal of Integrated care initiatives

Fast tracking integrated care in the city- longer term issues

- Developing Information access and technology
- Redesign of the workforce, including retraining of staff, changes to working practise, and renegotiation of terms of employment
- Financial issues, including developing a risk share framework between commissioners and providers, and between providers themselves, and developing a longer term financial model for the roll out of Integrated care
- The impact of all these changes on the hospital, primary, community and social care estate in the city

City wide initiatives to facilitate the roll out of Integrated care

1. Establishing what Integrated care means in Manchester

There is a general consensus across the city that the purpose of integrated care is to reduce the amount of care delivered in our hospitals, either by preventing admissions or by reducing the lengths of stay. However we have not agreed upon a uniform 'service offer' which explains to the public exactly what they can expect integrated care to deliver to them.

- It is proposed therefore that we develop a pan Manchester service specification for integrated care. This would specify the details of the service being provided, including such issues as levels of access, maximum waiting times, eligibility criteria.
- It would be the role of the Health and Wellbeing Board to agree these standards and to monitor their achievement, but the local Teams would remain responsible for the delivery of those standards.

City wide initiatives to facilitate roll out

2. Deciding the scope and pace of implementation

Determining the pace of change that is deliverable is a challenge. The McKinsey report suggested that we aim to target the top 20% most at risk people in the city in terms of assessing their needs. This seems a reasonable overall target and is supported by the professionals involved in the work across the city. However this does not address how quickly we can achieve this. Progress in the three parts of the city to date has not been uniform. In agreeing targets and milestones it will be necessary to accept that although we working towards the same overall objective some parts of the city will arrive there before others.

City wide initiatives to facilitate roll out

3. Ensuring the involvement of key stakeholders

Whilst all the statutory health and social care bodies involved in the delivery of integrated care in Manchester are represented on the HWB, there are other partners such as the North West Ambulance service, local pharmacists, and voluntary sector organisations who have a key role to play in delivery. The Integrated Care Reference Group should review its membership to ensure all appropriate bodies are involved

4. Developing Information access and technology

We need to work with colleagues across Greater Manchester to ensure we have the necessary protocols and systems in place to facilitate the information sharing across organisations necessary to make integrated care work effectively

City Wide initiatives to facilitate roll out

5. Workforce Re-design

The integrated care initiative will involve changing the working practises of large numbers of clinical and care staff. Whilst much of this work will be handled at a local level there is recognised to be a need to take a pan Manchester approach to many of these initiatives. Other aspects of this task may involve fundamental changes in the contractual terms of the workforce. This will need to be explored through the City's link with national leadership

City Wide initiatives to facilitate the roll out

6. Developing a Financial Framework

The interdependent nature of developing integrated care creates some very complex funding challenges to ensure all the financial incentives for the organisations involved are aligned. This was well illustrated in the McKinsey report. Co-locating community and acute services in Manchester helps, as does the 'block' contracts we have established for urgent care.

The most cost effective way of delivering integrated care will involve patients being cared for in the most appropriate way regardless of which organisation picks up the cost. However real accountability for finance will continue to lie with the separate statutory bodies that are involved in this programme. There is real scope for tension here and further work still needs to be done to develop the optimum funding framework for this.

Developing integrated care will also require significant pump priming funding. We will need to explore not only the potential of organisations within the city to identify funds but also look for regional and national support

City wide initiatives to facilitate the roll out

7. Impact on Acute hospital configuration

If Integrated care takes off as we hope it will this will have major implications for the size and make up of our three main acute hospitals. We would expect to see a significant reduction in the number of general acute medical beds. This will have different implications depending on a whole range of factors such as the scope for filling the space with other more specialist work, the age, type and ownership arrangements of their fabric, and other factors which will emerge from the current review of acute services taking place across Greater Manchester. This will understandably cause anxiety both within the institutions themselves and amongst the populations they serve. To allay those concerns as much as possible we will need to develop a clear strategic plan for the future of these institutions which recognises the impact of the development of integrated care alongside the other changes taking place in the conurbation.

City wide initiatives to facilitate roll out

8. Appraisal and Evaluation

Whilst there is a general consensus that we must develop integrated care across the city, this remains a high risk venture, particularly as we accelerate the programme. The proposal is predicated on an assumption that caring for people outside of hospital is not only better for them, but more cost efficient. This remains to be proved. There is also the danger inherent in this approach that we simply meet previously unmet need, or that in financially challenged times money that is saved is spent on other things rather than being invested as it needs to be to insure the original savings are sustainable. The programme also requires close joint working over a number of agencies with different constituencies they are responsible to.

All of this means that a robust and impartial appraisal and evaluation process needs to be put in place to ensure that all parties are alerted at the first opportunity of any problems that are emerging.

We need to commission a reputable body as soon as possible to carry out this important piece of work

City wide initiatives to facilitate the roll out

9. Resourcing the Project

The initiatives outlined above need to be progressed at pace if we want to accelerate the development of integrated care across the city. This will require significant resourcing. This can be done either by releasing people already working across the city (and where necessary back filling their present role), or buying in outside help. It should be noted that it is the view of the Integrated care reference group that we should adopt the former approach. Either way there is a significant cost involved. There is general agreement that the appraisal and evaluation work should be bought in. Whilst more detailed work needs to be done on assessing the work involved it is unlikely that the cost of this project over the next 12 months would be less than £0.5m, and significantly more depending on how much outside support is required.

A decision needs to be made as to how the city wide management of this project is to be taken forward and financed.