**Manchester Health and Wellbeing Board**
**Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 18 January 2017

**Subject:** Manchester's Locality Plan – Investment Planning and Reform Update

**Report of:** Lorraine Butcher, Joint Director Health & Social Care Integration

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## Summary

This report is set in the context of steps being taken to close the 'do nothing' funding gap of £134m to the health and care system, which will materialise if the status quo on delivery health and care remains in its current form until 2021

Its purpose it to update the Board on progress in securing investment from the Greater Manchester Transformation Fund to support implementation of the Locality Plan as a key driver for securing clinical and financial sustainability of health and care services in Manchester.

## Recommendations

The Board is asked to:

- Note the update and progress; and
- Note the engagement with Greater Manchester Health and Care Team regarding investment requirements; and
- Note the commissioner proposals, developed with providers, for the prioritisation areas for investment in the integrated out of hospital services models of care;
- Note that an update on the prioritisation areas for investment will be presented to the next meeting of the Board; and
- A report on the updated financial model behind the Locality Plan is considered at the next meeting of the Board.

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## 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 |
| Improving people's mental health and wellbeing | |
| Bringing people into employment and ensuring good work for all | |
| Enabling people to keep well and live independently as they grow older | |

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|---|---|
| Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme | |
| One health and care system – right care, right place, right time | |
| Self-care | |

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**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 Manchester Locality Plan (April 2016)

Locality Plan – Financial Report – Closing the Funding Gap 2017/21 (Report to Council Executive and CCG's Boards, January 2017)

## 1. Background

1.1 The HWBB will be aware from previous reports of the pressures upon the health and care system in Manchester and the funding gap of £134m which will materialise if no changes are made to how health and care services are delivered within the City.

1.2 Additionally the Board will be aware of the steps being taken to identify the investment requirements to support implementation of the Manchester's Locality Plan as one of the means to secure clinical and financial sustainability.

## 2. The Financial Challenge

2.1 At a locality level and based upon 2016/17 opening budgets, Manchester spends a total of £1.137bn on health and social care services, excluding specialist services. This includes circa £907m on adults' health and care, £119m on children's health and care and £111m on the other services. Spending is projected to increase to £1.204bn by 2020/21. Of note, £57m of City Council services relating primarily to children's social care and safeguarding has been deemed out of scope from the Locality Plan reform pillars, leaving £1.080bn in scope.

2.2 Financial modelling has been undertaken to calculate a five year health and care financial plan for Manchester for the years 2016/17 to 2020/21 which is detailed in the Locality Plan. Taking account of pressures and demographic changes over the period, together with the estimated changes in resources for health and social care, the whole economy 'do nothing' gap rises from £47m 2017/18 to £134m 2020/21. This position also assumes full delivery of 2016/17 efficiency requirements (which if undelivered, will increase future savings requirements).

2.3 A detailed Financial Report on the Locality Plan is due to be considered by the Council Executive on the 11 January and CCG Boards throughout January. Additionally the financial model behind the Plan is currently in the process of being updated and will be available at the end of January. It is proposed that a further report on the funding model is considered by the HWBB at its next meeting in March.

## 3. Investment and Reform – the Transformation Fund

3.1 Securing investment in new service models and the delivery of a reformed health and care system is currently underway with the evaluation of Manchester's submission for substantial transformation funding being undertaken throughout December and into the New Year. Investment is required to enable the whole health and care system to act more effectively and efficiently and will be key to levering the remodelling of the system that is required to improve health and care outcomes and close the funding gap.

3.2 Within the context of integrated health and care services in the community, investment is sought to support a strengthened approach to prevention, wellbeing and self-care; to secure a strengthened and a standardised offer of care support for all communities across the City through integrated neighbourhood teams; supporting people to be independent and live in their own homes and communities for longer; and improving access to appropriate services, to prevent recourse to costly acute sector support ahead of when it is needed. In short the local strategy aims to reduce demand for acute and residential services by implementing the new models of integrated care within communities and then capture cashable savings from that reduced demand. This way the new model of services within the communities will become sustainable financially. Critically, through the process of negotiating the investment requirements, an Investment Agreement will be confirmed with the GM Team, detailing the activity shifts from the acute sector to the community models.

3.3 The Transformation Fund provides the opportunity to enhance the developing neighbourhood teams. This will strengthen our community based infrastructure, through standardisation, and consistency in service provision. It equally enables our system to connect people, services and local assets through non traditional services delivered by non statutory organisations.

3.4 To date Manchester has submitted two investment proposals to the GM team to enable the required transformation and reform of the health and care system to enable that sustainability to achieved by 2021.

The investment submissions made are as follows:

Phase 1 (June 2016) – Initial investment to support the development work for the Single Hospital Service;

Phase 2 (October 2017) – whole system investment ask covering the 3 ‘pillars’ and enabling support functions (workforce, estates, information management (IMT), communications and engagement). This submission seeks ‘in principle’ agreement to draw down an identified sum of investment over the four years to 2020/21. Draw down would be subject to production of a clear overall milestone plan, and specific business plans linked to benefit generation being submitted to GM for approval.

3.5 To date approximately £4.8m has been secured from the GM Transformation Fund to support the following:

- Development work associated with preparation and due diligence for NHS I and the Competition and Markets Authority of the proposal to develop a Single Hospital Service with the first stage proposed merger of CMFT and UHSM, and the second stage to include NMGH; and
- Development of the models of care to support primary care led integrated out of hospital care within the community; and
- Early stage development costs associated with identifying and developing the workforce needs for the future health and care system in the city, the

requirements for a joined up management information system, the development and delivery of a single estates strategy, and support costs enabling greater engagement with the public and other stakeholders regarding the transformation programme being shaped.

3.6 Assessment and engagement is underway regarding the totality of the investment requirement for Manchester beyond the initial allocation identified above. This includes:

- For the development and delivery of integrated out of hospital care and the care models (see para 3.8 below) workshops with GM assessors are currently being held to understand the proposed models of care, the financial requirements that support them, and the expected benefits for benefits in terms of clinical outcomes as well as future financial sustainability;
- For the development of the single hospital service the benefits of a single acute sector to residents in both the city and beyond; and
- Importantly the combined benefits of the integrated out of hospital models of care with the single hospital service – their added value –working collaboratively with the necessary interdependencies and care pathways, and enabled by the single commissioning function, commissioning differently.

3.7 Given both the complexity and scale of Manchester's transformation programme, the GM team are assessing the submission in stages, with the immediate focus being upon the integrated out of hospital models of care and investment ask. The evaluation of this aspect of this submission is anticipated to conclude at the end of January with recommendations to be considered by the Strategic Partnership Board Executive in early February.

3.8 In order to identify the models of care requiring investment ongoing development work between commissioners and providers has been underway over many months. As a consequence of that collaborative work commissioners have proposed areas for priority investment in the out of hospital integrated model in 17/18 and these are outlined below, with further detail included in the Appendix. Discussions are progressing with the providers to confirm or amend the priority areas for investment in order that plans can be made to mobilise implementation, subject to positive outcome of the investment discussions with GM.

**(i) Front Door**

- Primary Care Referral Pathways
- Enhanced Contact Officer Roles
- Assistive Technology

**(ii) Neighbourhood Teams**

- Carer's Support
- Reablement

- Community Urgent Care
- Extra Care

**(iii) Acute Discharge**

- Home from Hospital

**(iv) High Impact Primary Care**

- Enhanced GP appointments
- Specialist Clinical Input

**(v) Locality Delivery**

- 7 Day GP Access
- Housing Options for Older People
- Early Help Hubs
- Homecare Residential and Nursing Care

3.9 The investment requirements for the Single Hospital Service, along with the whole system benefits assessment will be evaluated throughout February and early March with an outcome expected shortly afterwards.

## 4. Conclusion

Considerable work is underway to drive change within Manchester's health and care system. Partner agencies are working collaboratively and at pace to secure the changes required to improve health and care outcomes for residents as well as making the system more efficient and affordable in the longer term. This report is inevitably a staging post giving a progress update at a particular point in time. Further reports will continue to be presented to update on progress towards implementing the radical ambition contained in Manchester's Locality Plan.

## Appendix

## Primary Care Led Integrated Out of Hospital Care - Commissioner proposals for prioritised investment in 17/18

The model is based on the following key elements:

- An Enhanced Front Door. (EFD)
- A High Impact Primary Care Offer (HIPC)
- 12 Integrated Neighbourhood Teams (INTs)
- Locality and citywide services
- Acute Discharge

Underpinned with a number of key enablers such as shared ICT systems, a significant focus on workforce and a shared estate (see section 3 above).

### Enhanced Front Door

Social care referrals and referrals from Primary Care to Social Care are managed through a recently improved and streamlined contact centre. In line with requirements of the new Care Act, further development work is underway to develop a Citizen's Portal to enable online self assessment, purchase of services through an e-marketplace and the development of e-financial accounts. The intention is to develop this into a wider Virtual Front Door across health and social care.

The evidence base from Calderdale shows that by adding some enhanced contact officer roles at the front door, up to 70% of requests and referrals can be dealt with, triaged and managed away from the High Impact primary Care Teams (HIPC) and Integrated neighbourhood Teams (INTs). When equipment and assistive technology is added to the mix, the potential to manage and reduce demand through an enhanced front door is increased further.

### High Impact Primary Care offer

Recent data analysis of the registered population in Manchester shows that there are approximately 11,000 people who are living with frailty and other long term conditions who are considered to be at relatively high risk of an unplanned hospital admission. Currently the quality and access to health and care services is too reactive, variable and too many people end up in hospital based services for episodic care.

Evidence from around the world shows pro-active intensive primary care led support for older people with frailty and other long term conditions shows a significant reduction in admissions to hospital, out patient attendances and better patient satisfaction.

The High Impact Primary Care (HIPC) offer will establish dedicated and co-located multi-disciplinary teams, led by general practice. The team will work with neighbourhood health and care colleagues to case find those people in

the local area who are recognised as frail and / or living with complex long term conditions and who are at risk of hospital admissions and delayed transfers of care. The HIPC team will proactively support people identified through assignment of key workers, establishment and implementation of patient and carer led care plans. Each HIPC team will support c1000 patients with pro-active care meetings on a monthly basis with each person being supported through this service. Local delivery of clinical, mental and social care services will be supported by rapid access to specialist advice, diagnostics and opinion from the wider health and care system.

**Integrated Neighbourhood Teams**

The Integrated Neighbourhood Team development to date has focussed primarily on the integration of Social Care staff including, Social Work and Primary Assessors, District Nursing, ACMs, Reablement and Intermediate Care. The teams will be using the multidisciplinary case. management method piloted successfully in the city over the last two years.

Some examples of the core offer are include, but are not limited to:

- Single Trusted Assessment;
- Person-Centred care using the strength based approach focusing on what each individual wants to achieve;
- Personalised and Collaborative Care Planning; and
- Multi-specialty decision making to reduce unnecessary duplication and patient hand-offs.

All 12 Integrated Neighbourhood Teams will have gone live by April 2017 and be focussed on reducing acute readmissions, reducing reliance on emergency social care services and reducing duplication and hand-offs. Work has already begun with Primary Care colleagues to integrate with the Integrated Neighbourhood Teams to help manage demand on higher acuity services.

**Locality and Community Services**

The model also recognises the importance of locality based deflection teams such as intermediate care, urgent community response services and reablement and proposes some enhanced new services such as reablement for people with complex needs and a citywide discharge to assess model. There is evidence of excellent practice that has been tested in pockets of the City and this now needs standardising across the City and rolling out City-wide. Examples include the work with Care Homes in the South, the new integrated Community Assessment and Support Service (CASS) in the North and the potential to create a single citywide community intravenous therapy team.

The role of the primary care, voluntary and community sector, the use of local community networks and assets and the wider Our Manchester approach are vital components of the new whole system approach, e.g. a Home from Hospital Service and a new model for Homecare.

**Acute Discharge**

The three Manchester CCGs already commission a post discharge support service where patients are contacted by telephone to ensure they are safe and well. In North Manchester, this offer has been increased to include an enhanced offer to patients to take them home, ensure the house is warm, prepare a meal and take medication. The service links closely with health and social care services. It is proposed to extend this across the City. The service, available 7 days a week would take home approx 4-5 patients per day, per site and the impact is expected to increase the number of patients whose discharge is safe and effective and reduce the no of patients being readmitted to hospital.