

Leading on Integrated Care

Steven Pleasant MBE

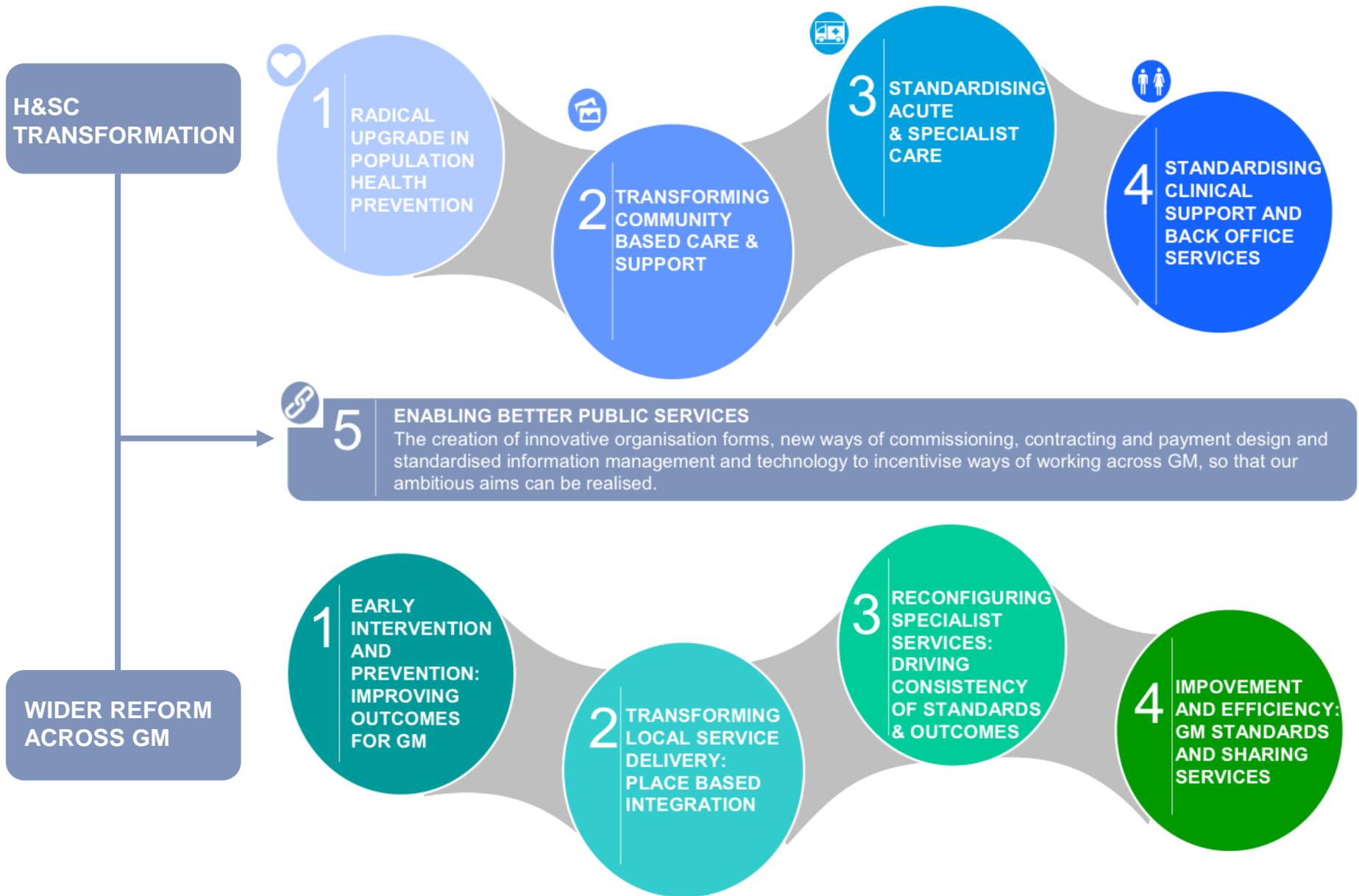
Chief Executive, Tameside Metropolitan Borough Council and
Accountable Officer, NHS Tameside and Glossop Clinical Commissioning Group

Karen James

Chief Executive, Tameside and Glossop Integrated Care NHS Foundation Trust

Wednesday 31st January 2018

GM Strategic Plan



Tameside & Glossop

- 255,000 population & 6,000 businesses
- Systemic challenges; skills, productivity, work, health, housing, inequality
- 90% Council Tax Bands A, B, C
- Financially challenged economy with significant challenges in NHS Trust, CCG and Council
- Increasing pressures on workforce and recruitment challenges
Across a variety of professional groups
- Glossop is 3% of Derbyshire County Council
- Significant issues of quality and capacity; concerns over the future
- Part of Greater Manchester STP
- KEY CHARACTERISTIC TO DRIVE CHANGE = Aligned political, clinical and managerial leadership

Vision for Integrated Care

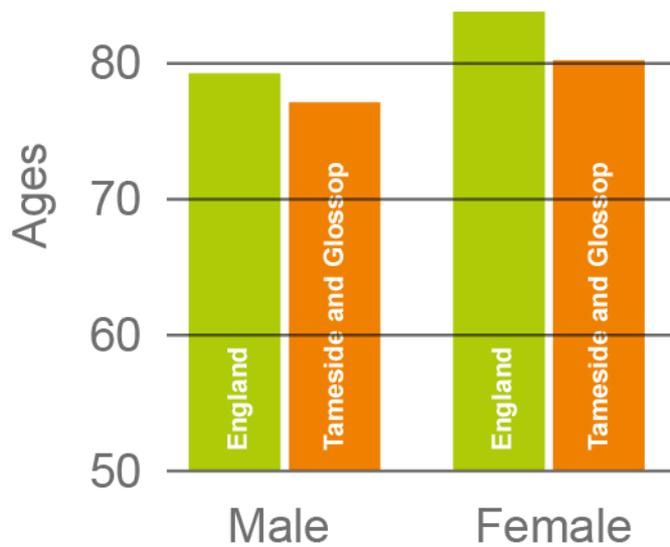
“To significantly raise healthy life expectancy in Tameside and Glossop through a place-based approach to better prosperity, health and wellbeing and to deliver a clinically and financially sustainable health and social care economy within 5 years”

Tameside and Glossop Locality Plan – October 2015

Our Care Together Programme

- Collective approach to improving health and care outcomes
- Driving up Healthy Life Expectancy (HLE), reducing inequalities and creating financial sustainability
- Improving quality and access and reducing variation
- Initial stakeholders are CCG, TMBC and ICFT; now bringing in mental health provider, third and voluntary sector
- Aligned to GM HSCP vision and objectives
- Two main programmes within Care Together;
 - Development of a strategic, place based commissioner focused on public sector and health and well being outcomes
 - Creation of an Integrated Care Organisation using the FT licence (ICFT)
- Build, not buy

Life Expectancy at Birth



Age

| 79.5 | 77.3 |

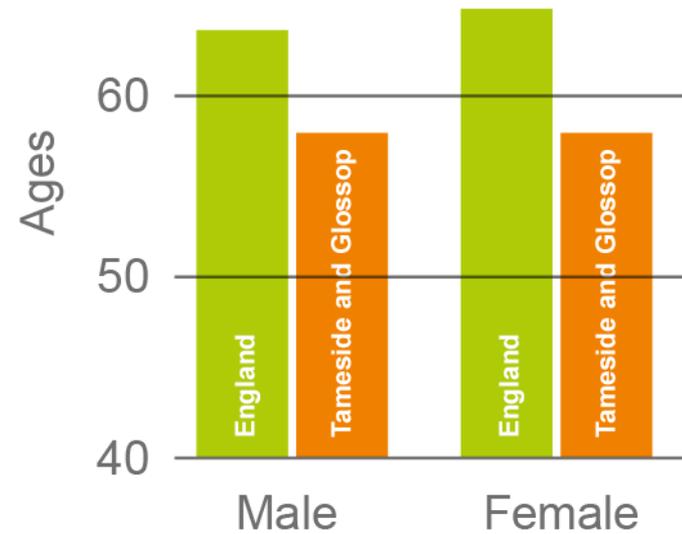
| 83.2 | 80.6 |

Difference

-2.2 years

-2.6 years

Healthy Life Expectancy



Age

| 63.4 | 58.8 |

| 64.0 | 58.8 |

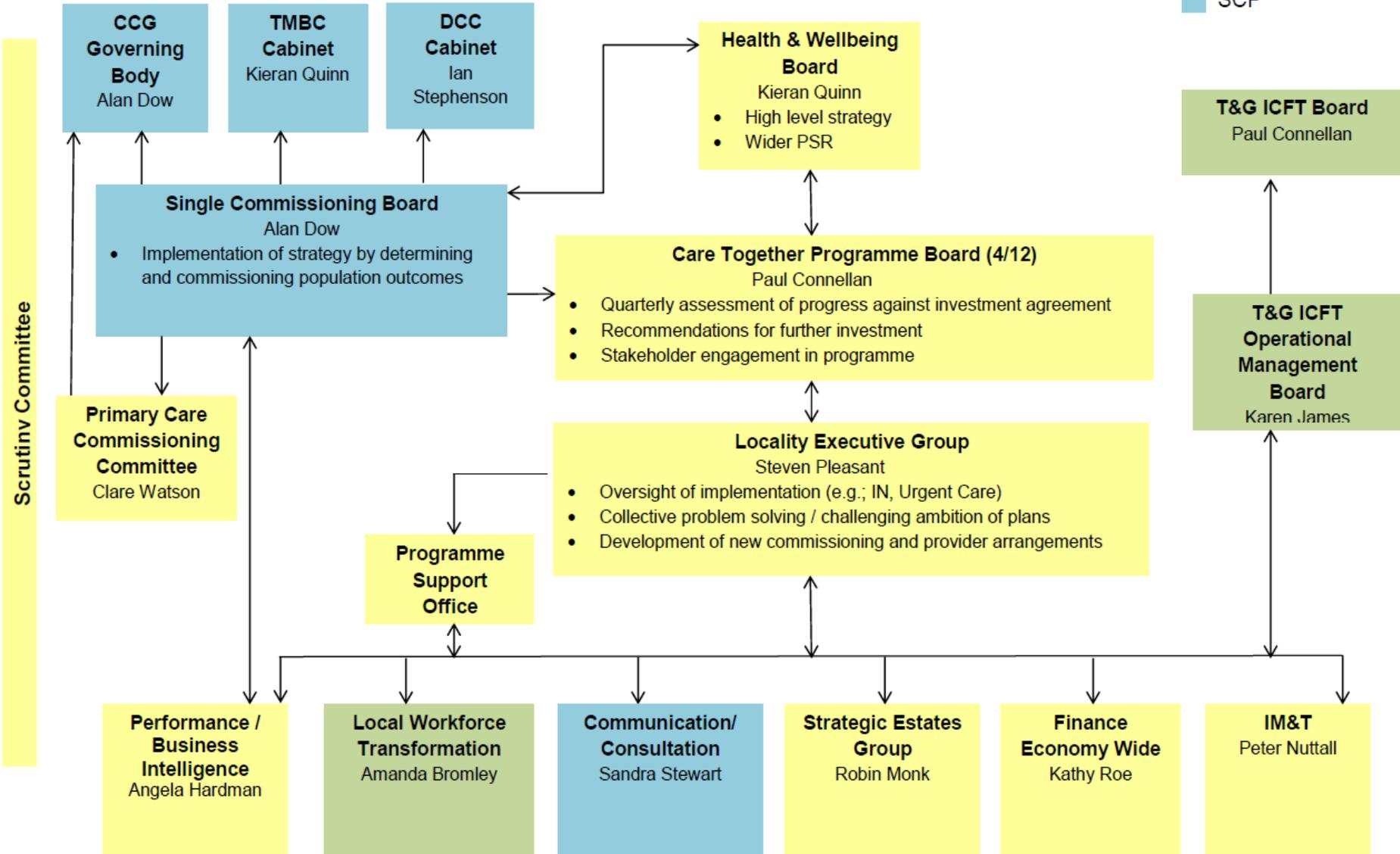
Difference

-4.6 years

-5.2 years

Care Together Programme Delivery Structure

- Economy Wide
- T&G ICFT
- SCF



Our Journey so far

- Cohesive, consistent and positive leadership of health and social care system
- Clarity of vision for raising healthy life expectancy, reducing inequalities and creating professional/financial sustainability
- Well established programme governance and management arrangements
- GM Transformation Funds of £23.4m over 4 years
- Strategic Commissioning function in place
- Community services transferred into ICFT
- 5 x Integrated Neighbourhoods established, being developed at pace with strong Primary Care clinical leadership
- Extensive and innovative organisational development programme in place

Strategic Commissioning

- Aligned governance structure facilitating single, clinically led commissioning decision making for health and social care
- CX TMBC substantive CCG Accountable Officer
- Integrated Commissioning Fund of £477m in 17/18 with one Director of Resources (previously CCG DoF)
- Single management structure in place
- Clinical leadership restructure to focus on life course
- Co-location of commissioning teams
- Approved 5 year Single Commissioning Strategy
- Clear commitment to commission new model of care incorporating wider public sector around life course
- Formal move to Strategic Commissioning in December 2017

Move to Strategic Commissioning

January 2016

- Agreed vision and objectives
- Shadow Single Commissioning Board (SCB) formulated
- Co-location of commissioning teams
- Staff engagement

April 2016

- Aligned governance structure
- Integrated commissioning fund of £447m
- Interim senior management team established
- Approved 5 year commissioning strategy

September 2016

- Council CX appointed CCG Accountable Officer
- Senior management consultation process
- Reduction in transaction costs
- Strategic Estates Plan

Autumn 2017

- Substantive management structure focussed on life course
- New clinical leadership arrangements
- Building capacity & capability
- Corporate Delivery Plan

Our delivery priorities 2018

- Defined “what good looks like” for Neighbourhoods
- Locality wide Data Sharing Agreement in place
- Population health plan in place focussed on early intervention
- Agreed, collective financial plan & benefits realisation for 2018/19
- GM Work and Health Programme starts 29 January 2018
- Social prescribing roll out complete
- Recognition of improving Children’s Services
- Evaluate Living Wage Foundation as an economy
- New Performance/Assurance process in place (“one version of the truth”)

Our delivery priorities 2018 (2)

- New residential and nursing contract in place with improved quality and market able to flex to appropriate demand
- Identified mechanism for new Mental Health contract
- Clarity on model and implementation of Integrated Children's services
- Adult Social Care Transaction
- Outcome based contract agreed for ICFT and other providers from 2019
- Clear responsibilities for GM vs Locality in commissioning
- Urgent Treatment Centre in place
- Improved services targeted at Carers
- The Homelessness Prevention Strategy concludes in 2018; new strategy within T&G developed

Integrated Care Foundation Trust

- Organisational form developed using FT Trust licence
- Significant improvement in key metrics; Good CQC rating
- Community Services embedded
- New name agreed and implemented
- Comprehensive IM&T strategy and interconnectivity delivery plan (subject to capital funding)
- GPs in Neighbourhood clinical leadership positions and within ICFT governance structures
- Due Diligence process underway for Adult Social Care transaction
- Initial discussions commenced about ICFT managing additional services or contracts traditionally procured by CCG/Council

Transformation

- Establishment of neighbourhood management teams
- Co-locating District Nurses and Adult Social Care
- Interconnectivity and remote access between community services and General Practice
- Co-location of Intermediate Tier
- Successful implementation of digital health into Care Homes
- Social prescribing and asset based approaches being rolled out at pace
- Consultation on new models of Intermediate Care and Urgent Care
- Commissioning intentions providing clarity on wider public sector reform and role for health and social care



**Skype used in residential
care homes and by
Community Response**

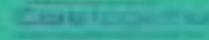
INTERMEDIATE CARE

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

WWW.TAMESIDEANDGLOSSOPCCG.ORG/INTERMEDIATECARE



Have YOUR say



URGENT CARE

The right treatment, in the right place, at the right time

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Have YOUR say

Tameside Wellness
Centre



NESTA – emerging evidence

- Nesta - a national innovation charity. The 100 day challenge is a rapid improvement methodology which brings teams of frontline staff together to respond to a shared goal.
- System leaders give ‘permission’ to teams to innovate and test, creating space and confidence for teams to begin owning and experimenting around tricky issues.
- When system leaders step back to become facilitators and enablers of frontline innovation and leadership then exciting and cost effective outcomes happen.
- Teams operated with no hierarchy, from a position of mutual respect and trust. Operated as an ‘integrated team’ with a common goal, without organisational boundaries.
- Flexibility in how we work and in giving permission to staff to work differently can lead to achievement of the same outcomes, but more quickly and more cost effectively.
- Fantastic outcomes for pre-diabetes and end of life care realised – next step = sustain and scale.

What is materially different so far?

NEWSDESK: 0161 331 2575/2574 f t

PIONEERING HEALTH SCHEME FOR ELDERLY

The frail elderly, care home residents and people over 18 with complex medical conditions living in Tameside and Glossop have been chosen as the first in Greater Manchester to benefit from a pioneering new approach to healthcare.

The new Extensive Care Service brings everyone together under one roof as part of an integrated team, in a scheme which is already proving successful in America and Sweden.

This means all the doctors, nurses, care co-ordinators and other health professionals will all be in the same place, meaning less time for people having to travel from appointment to appointment between different organisations within the local healthcare system.

The hope is that this unique trial - a partnership between the local hospital, council, GPs, social health professionals and the voluntary sector - will improve the general health and wellbeing of patients, and reduce the need for hospital admissions.

This service is for people who are registered with a GP within Tameside and Glossop, have multiple long-term conditions and who have had regular unplanned visits or admissions to A&E within the last three months.

Initially, the pilot study will focus on about 150 patients, who will be treated at home and



IN CHARGE: Dr Helen Bain

wrapped around the patient with a single point of access.

"We believe this approach will feel very different. It will help give people more confidence and knowledge to help them make informed decisions on how best to manage their conditions. And it should mean fewer planned and unplanned hospital admissions."

Karen James, who is Chief Executive of Tameside and Glossop Integrated Care NHS Foundation Trust, which runs Tameside Hospital, believes the Extensive Care approach, which is working well in Stockholm and Texas and is being trialled in Blackpool, could help in the vision to raise healthy life expectancy in Tameside and Glossop within the next five years.

"Our five neighbourhoods cover a registered population of 244,771 across 41 GP practices. Together they have been telling us of the need for improved support for the 'at risk' frail elderly, care home residents and people with complex needs," she said.

"This pioneering approach is designed to provide personalised care to patients who are at highest risk of relapse and hospital readmission.

"Once we are sure the service works we hope to extend it to about 400 patients across all neighbourhoods," she added.

- More stable institutions
- Improving key performance indicators
- New neighbourhoods e.g.;
- Wider team working
- All GPs & Community services on same IT system, social care & acute to follow
- Extensivists
- Risk Stratification
- Digital hub
- Social prescribing e.g. debt advice

Aims by Mid 2019

- Increasing numbers of people receiving care at home as a result of numerous place based initiatives e.g.; Digital Health
- Evidence of the shift in demand from acute to community improving financial stability of ICFT and economy
- Stable key performance indicators across economy
- Growth of Voluntary, Community and Faith Sector
- Agreed strategic direction for General Practice and clarity of approach for incentivising change
- Adult Social Care staff embedded within ICFT
- Clarity on future Care Together journey (e.g.; ACO, mental health)

Some reflections:

- Never waste a crisis
- Concentrate on the things that bind you
- Relationships (and trust) are everything
- System/Place not institutional leadership
- Get the basics right
- Share your partners' risk
- Build don't buy

Discussion and Feedback