Business Plan (2017/18)

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A reminder

The vision of the GM HSCP is to ‘deliver the ‘greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester’

We have four objectives to help us deliver the vision:
• transform the health and social care system to help more people stay well and take better care of those who are ill
• align our health and social care system to wider public services such as education, skills, work and housing
• create a financially balanced and sustainable system
• make sure our services are clinically safe throughout
Reflections and lessons learned on our first year

• Through our collective effort we have maintained the spirit of partnership working – governance, ownership and connectivity important to this

• We have owned problems within GM – solving issues ourselves rather than blaming regulators. Pennine Acute Improvement Board as an example

• Cultivated positive relationships with national bodies

• Delivery in 2016/17 reflects continued commitment across the system to working in partnership – with each organisation playing a role
• Working to ensure Partnership moves closer to both the public and front-line workforce and we will need to clarify what our narrative is.

• The current model we operate under – delegation rather than full devolution – is not sustainable.

• Keep learning from within and outside of GM to keep improving – work on employment and health in South Yorkshire as an example.
Taking Charge - Year 2

This is the year when new models of delivery will really take hold across GM. Our plans are set out in the Business Plan.

Already in 2017/18 we have…..

• Made a major investment in Mental Health and Well-being

• Completed the first stage of the merger of trusts into the Manchester Single Hospital Service

• Launched the GM Tobacco Control Strategy

• Finalised new GM Strategies on Digital and Workforce

• Refreshed the GM Moving Strategy

• Commenced a new Housing and Health programme
Taking Charge - Year 2

There is still a lot more to do this year. This includes:

- All localities moving towards a ‘go live’ date for their transformed community model (LCO) – supported by the LCO Development Framework

- An agreed plan in each locality for the establishment of a Single Commissioning Functions (SCF)

- The development of a GM-wide Hospital Services Strategy

- The agreement of our investment plan for Population Health

- Put in place a new model for Urgent and Out of Hours Primary Care

- Continuing to develop positive relationships with the Mayor’s office

We must deliver this transformation at the same time as ensuring strong system performance.
Taking Charge – our journey....

Moving in year 1 from planning to implementing the model and the key changes in year 2 and beyond

Focus on Infrastructure Development

Focus on System/Clinical Development

Focus on Project Outcomes/Sustainability

We are here

D0 Y1 Y2 Y3 Y4 Y5

Q1|Q2|Q3|Q4 Q1|Q2|Q3|Q4 Q1|Q2|Q3|Q4 Q1|Q2|Q3|Q4 Q1|Q2|Q3|Q4

• TF Operating Model and first Investment Agreements in place
• Thematic, cross cutting and enabler work programmes in place
• All Locality Plans in active TF process
• Delivered national planning requirements in December
• Agreed GM financial control total
• LCO network established
• Partnership team in place

• Evaluation framework agreed and operating cross localities & themes
• LCO Mobilisation & Theme 4 delivery
• Hospital Based Clinical Service Strategy developed – April 2018
• Single Hospital Service transaction completed
• Approaches for Incentivising reform agreed
• TF Fund fully committed and impacts clarified
• Manchester / Wigan LCO go live
• Capital funding confirmed
• Digital Fund agreed
• Local maternity system established.

GM Mayor takes office – May 2017.

• Capitation & Risk contract and payment models established universally or 19/20 contracting Round
• Theme 3 Consultation and implementation
• Evaluation findings for Y1 and 2 applied to model correction
• 7 day access to services
• Further integrated commissioning approaches across GM.
• GM Accountable Care System approach agreed and implementation commenced.
• Integrated and shared records
• Workforce strategy implementation

• Services incentivised to deliver outcomes
• New care models fully operational within localities and across hospitals
• Evaluation findings for Y2 and 3 applied to model correction
• Agree approach for the next 5 years aligned to the GM strategy.
• Benefits of Y1 and 2 programmes realised and applied to next phases.

• Evaluation findings for Y3 and Y4 applied to model correction.

• ACS operational
• Improved resident outcomes
• 10 LCOs / 1 Group / 3 MH
• Empowered residents.
BOLTON
- LCO form being informed by commissioning and provider function. Work underway to begin integrating some functions
- Aligned incentives contract in place between FT and CCG.
- LCO model to be in place by April 2018

WIGNAN
- Integrated governance and programmes of work commenced
- Agreement to have Alliance in place by April 2018

SALFORD
- ICO in place hosted by SRFT
- Integrated commissioning in development
- Hospital group governance (shadow) in development

TRAFFORD
- LCO scoping & development activity underway; focus on function ahead of form
- All age health & social care community services & governance operational in 4 neighbourhoods

BURY
- LCO in place by April 19
- Integrated Neighbourhood teams by April 19
- LCO – 5 providers and starting to operate joint services

MANCHESTER
- Establish Community Health and care Organisation (April 2018)
- PIN notice issued, Manchester Providers responded and in development
- Contract form and governance in development
- Neighbourhood development of service model (Oct 2017)
- City wide commissioning strategy (Oct 2017)

ROCHDALE
- LCO in place by April 2018
- LCO model, behaviours, risks in development
- Integrated commissioning commenced through joint management

OLDHAM
- Shadow ICO and tranche 1 services go live – 01.04.18
- Establishment of an Alliance contract
- CCG/LA alignment (SCF and MCO in the ICO)

BURY
- LCO in place by April 19
- Integrated Neighbourhood teams by April 19
- LCO – 5 providers and starting to operate joint services

TAMESIDE & GLOSSOP
- ICFT established using FT licence, now includes community services & GP neighbourhood leads
- ASC/some operational commissioning being transferred into ICFT on 1.4.18

STOCKPORT
- Provider Board and Alliance Agreement in place
- Form – not yet agreed
- Progressing through ISAP
- Joint interim management structure in place
- Procurement in process
**2017/18 Priorities**

**Population Health**
- We aim to **reduce smoking at a pace** and scale greater than any other global city; implement the **GM Early Years model** delivering significant improvement in **school readiness**; support the **GM Air Quality Action Plan**; contribute to a refresh of **GM Moving**;

**Homelessness**
- We will work with other portfolio holders to do this and ensure there is a **coherent offer across health and care** – including primary care, mental health and tackling addiction;

**Mental Health & Well-Being**
- Finalise the **investment proposition** for the Mental Health strategy to support improvements in access to talking therapies, more capacity and better services for children and young people, better crisis care, and improved support for people with serious mental illness;
- It will also complement our existing plans to **reduce suicide** and improve care and support for people living with **dementia**.

*Drawn from GM H&SC Partnership Business Plan – and manifesto of new GM Mayor*
Local Care Organisations

• In 2017/18 continue to put in place **LCOs in each of the 10 localities** to drive integration of health and social care, and alignment with wider public services;
• LCOs will increasingly become **delivery point for Taking Charge** – to be supported by GM Maturity Framework in 2017/18 setting out key functions, capabilities and outcomes to be delivered.

Primary Care

• Primary care operating as part of place-based hubs serving populations of 30k to 50k;
• Reviewing all **Out of Hours GP Provision in 17/18**
Challenges include **mobilising change** across multiple **independent providers** across GM.

Adult Social Care

• A signature ‘living conditions’ commitment to front-line care workers; **market stabilisation measures** and roll-out of innovative ‘well-being’ teams for Care at Home;
• A structured programme to support ‘Shared Lives’ for carers’, increased employability opportunities and a revised, **ethical commissioning approach** to high-cost/high-need people with Learning Disabilities;
• A new **GM quality programme to ensure ‘care excellence’**, remodelling of primary and community-resources to support independence and a **unique new partnership with the CQC** to maintain a bespoke GM quality standard.
Acute & Specialist Care

• Manchester Single Hospital Service and Salford-Pennine Group are moving forward at pace;
• GM Strategy for Hospital based services to be in place by April 2018.
• Key challenge is to synchronise delivery of LCOs and acute reform to ensure smooth flow of patients;

Public engagement crucial in acute reform programme.

IM&T

• Allocate 10M of digital transformation funding to support locality transformation plans.
• Move forward at pace with the IM&T implementation plan including;
  – Completing a GM wide assessment of technology assets
  – Initiating cloud first strategies for organisations and GM.
  – Implementing a GM public sector wifi standard
  – Initiating an N3 network replacement strategy.
  – Extending our GM wide H&SC docman solution into new areas.

Workforce

• Agree a set of principles to pro-actively invest in nurturing the skills and competencies of our workforce
• Establish and develop a range of initiatives to ensure we ‘grow our own’ workforce in GM.
• Agree approach to developing a GM employment brand and nurture a vibrant employment environment that attracts Health & Social Care professionals to GM
• Provide targeted support (workforce planning and hard to fill priority groups) and address skills shortages in localities and across the system.
Commissioning

- Commissioning review—recommends a **Single Commissioning Function** in each locality and to move to this at pace in **17/18**; the SCF must deliver an **integrated pooled budget** across health, social care and other public services.

Finance

- 2017/18 is likely to be even more challenging, and it is therefore crucial that we begin to realise the financial impact of transformational change this year.

Performance

- **In referral to treatment times**, GM has consistently performed above national standards. Strengthening collaboration between providers is key to maintaining this;
- **Performance against cancer standards** has been strong – reflecting collaborative work through the cancer network;
- **In mental health** – good performance against IAPT and EIP standards;
- Most challenging area is **Urgent Care** – however improvements being made in Delayed Transfers of Care – and Urgent Care Plan for GM in development.
The challenges for 17-18

• Pace and scale of transformation, whilst delivering services in a complex environment (operational and financial challenges)

• Development of locality models vital to delivery – a lot to do in a short time

• Residents need to start to feel the impact of devolution and the integration of delivery

• As a partnership we are clear on what we want to achieve, we need to continue working together to do that

• Alignment of the work between the GM HSCP and the GMCA

• Managing the expectations of national bodies and regulators