Developing Place Based Commissioning to drive population health and care improvements

Jessica Williams, Director of Commissioning

Debbie Watson, Assistant Director of Population Health
Greater Manchester
Aims

• Drive up Healthy Life Expectancy (HLE)
• Improve quality of provision and access
• Reduce variation and inequality
• Improve workforce satisfaction, recruitment and retention
• Services as close to population as possible (development of Neighbourhoods)
• Improve financial sustainability
• Transform services at pace and with minimal transaction costs
• Align to GM HSCP vision and objectives
Key decisions

- Care Together Programme; agreed principles for collective sustainability
- Development of Strategic Commission to maximise population health outcomes
- Build not Buy
- Establishment of Integrated Care NHS Foundation Trust including Community Services, GP leadership
- Place Based Care; development of 5 neighbourhoods
- Significant neighbourhood investment; GM transformation funding, Commissioning Improvement Scheme
- PCNs aligned to neighbourhoods
• Aligned political, clinical and managerial leadership – essential to

- Council
- Adult Social Care
- District General Hospital
- Walk In Services
- CCG
- General Practice
- Community Services
- GP Leadership
- Strategic Commission
- Neighbourhood development
- Integrated Care NHS FT
Development of Strategic Commissioning

January 2016
- Agreed vision and objectives
- Shadow Single Commissioning Board (SCB)
- Co-location of commissioning teams
- Staff engagement

April 2016
- Aligned governance structure
- Integrated fund of £447m
- Interim senior management team
- 5 year commissioning strategy approved

Sept 2016
- Council CX appointed also as CCG Accountable Officer
- Senior management consultation process
- Reduction in transaction costs

Autumn 2017
- Joint CFO appointed
- Substantive management structure
- New clinical leadership arrangements
- Strategic Commissioning Board

April 2018
- Aligned governance
- Integrated Financial Reporting
- ICF increased to £942m
- Life Course Delivery model
Integrated Commissioning Fund (ICF)

- Integrated Commissioning Fund (ICF) established 1st April 2016 underpinned by robust Financial Framework
- Development of Single Commissioning Board
- Included Council services: Adults, Children and Public Health but excluded other Council services
- Included total resource allocation for CCG including delegated primary care co-commissioned budgets
- Expansion to single ICF in 2018-19 including all Council and CCG resource totalling ~ £1billion gross (£0.581m net)
Benefits of Integrated Care Fund

• Streamlined governance and decision making
• Strengthening of budget leadership
• Single Strategic Commission budget resource reporting
• Single accountable body for Section 75 element of ICF
• Rationalisation of any existing joint funding arrangements between the Council and CCG
• Alignment to Strategic Leadership structure
• All health and Council service resource decisions intrinsically linked to corporate priorities
Development of Integrated Care NHS FT

- September 15 - Contingency Planning Report recommended development of ICO using the flexibilities within FT licence
- April 16 – Community Services transaction
- October 16 – new FT name and governance arrangements
- January 17 – Transformation Fund schemes commence
- April 17 - GP Clinical Director neighbourhood leads
- October 18 – Responsible for commissioning IAPT +
- April 19 – Responsibility for whole Dementia pathway
- October 19 – staff consultation for Adult Social Care Transaction process
Integrated Care Trust Strategic Plan

**Strategic Plan**

**From Patient Care to Population Health**

**Our Vision**
To improve health outcomes for our population and influence wider determinants of health, through collaboration with our health and care partners.

**Aims**
- Population Health: Tackle causes of ill-health, Support lifestyle/health changes, Grow our partnerships with community
- High Quality Services: Continue to improve quality, Integrate health & care services, Care closer to home, Embracing technology
- Workforce: Rewarded talent, Develop workforce for the future, Living the values and behaviour
- Sustainability: Innovation, Integration of services, Effective use of resources, Develop partnership working

**The Challenge**
- Transforming Picture in a: Focus on population health prevention, Developing Local Health Organisations, Standards for Acute/Specialist care at GM and national levels.
- Local Care Needs: Local population have poorer health outcomes than GM and national averages
- Tameside ranked 142/150 for premature deaths for heart disease
- Finance: Trust deficit of £25.3m in 2017/2018, funding gap for Tameside & Glossop if we don't transform

**Our Plans**
- Strategic Change: Moving from just hospital care to also providing community, health and well-being care, Work with our communities to develop person-centred care and support
- Service Transformation: Encouraging and helping people to look after their health and well-being, Provide high quality care in your neighbourhood, Maintain local hospital services and where required work with partners to deliver specialist treatment
- Innovation: Innovative use of emerging technologies, Development of future transformation from population data, Learning organisation focused on continued improvement, Use up to date technology to deliver high quality care

**Outcomes**
- Bringing Life Expectancy Up to the National Average by 2025: 82.8 years for males, 80.9 years for females
- Integrated Services that Deliver High Quality Care
- Tameside & Glossop Integrated Care NHS Foundation Trust Financially & Clinically Sustainable
We have long standing, deep rooted Challenges

Our people die almost two years earlier...

Male life expectancy 77.8 compared to England average of 79.5
Female life expectancy 83.1 compared to England average of 79.5
17,200 preventable deaths between 2015-17 – with all local areas above the national average rate

Together this creates significant additional demand for our public services:

£7bn gap between annual income and expenditure

Many residents are unable to contribute to or benefit from our economic growth:

236,000 residents are out of work
150,000 of these are out of work for health reasons

Deprivation and inequalities are widespread:
Over 1 million of our residents live in areas among the 20% most deprived in England

That's 36.3% of the population, compared to an England average of 20.2%

Tameside Metropolitan Borough

Tameside and Glossop Integrated Care NHS Foundation Trust

Tameside and Glossop Clinical Commissioning Group
But through our initial actions, the tide is starting to turn

- Innovative services improving outcomes
- Performance has gone from strength to strength
- CCG “Outstanding”, ICFT “Good with outstanding aspects”

**Early years:**
In 2018, 200 more children started school with a good level of development, compared to 2017

**Smokefree pregnancy:**
An additional 250 smoke-free babies were delivered in the first year of our programme

**Person and community centred approaches:**
Over 8,000 people have already benefitted from holistic, area-wide social prescribing programmes in our first five boroughs where they were introduced
Recent achievements

• Saved £88 million while continuing to invest in priorities e.g; Mental Health, General Practice
• Reduced GP referrals
• Achievement of control total for CCG in 17/18 when had biggest QIPP in North West
• Achievement of control total for ICFT 18/19
• Delivered a 24% saving in CCG running costs
• PCNs aligned to neighbourhoods
Key service developments

• Social prescribing and asset based approaches established
• Digital Health/Community Response Service offer and Quality Support Team for Care Homes
• New Support at Home model
• Interconnectivity/remote access for community services and Primary Care
• Organisational development programme with multi disciplinary, neighbourhood based teams
• Consolidation of Intermediate Care
• Urgent Treatment Centre and Primary Care Access Service
Working together to create a Population Health System

A Greater Manchester Population Health System

Behaviours and lifestyles

Wider determinants of health

One public service

A system where the overlaps are shaped to improve health and stimulate inclusive economic growth
Transforming Tameside & Glossop

Our People - Our Place - Our Plan

For everyone every day

Starting Well

Living Well

Ageing Well

Priorities

1. Very best start in life where children are ready to learn and encourage

   - Reduce rate of smoking at time of delivery
   - Reduce the number of children born with low birth weight
   - Improve school readiness
   - Children attending ‘Good’ and ‘Outstanding’ Early Years settings
   - Take up nursery at 2yrs
   - Promote good parent infant mental health

2. Aspiration and hope through learning and moving with confidence from childhood to adulthood

   - Reading / writing / maths at Key Stage 2
   - Attainment 8 and Progress 8 at Key Stage 4
   - Young people going onto higher education
   - Children attending ‘Good’ and ‘Outstanding’ schools
   - Number of 16-19 year olds in employment or educated
   - Proportion of children with good reading skills
   - Promote a whole system approach and improving wellbeing and resilience

3. Resilient families and supportive networks to protect and grow our young people

   - Early Help Intervention
   - Increase median resident earnings
   - Reduce the number of first time entrants into Youth Justice
   - Increase levels of fostering and adoption
   - Improve the quality of social care practice
   - Improve the placement stability for our looked after children
   - Reduce the impact of adverse childhood experiences

4. Opportunities for people to fulfil their potential through work, skills and enterprise

   - Increase participation in cultural events
   - Increase the number of net additional dwellings
   - Increase the number of affordable homes
   - Digital inclusion - average download speeds
   - Reduce the number of first time entrants into Youth Justice
   - Increase the number of people earning above the Living Wage
   - Increase the working age population in employment
   - Increased levels of social prescribing
   - Improve the number of enterprises / business start ups
   - Increase number of apprenticeships delivered
   - Reduce the number of first time entrants into Youth Justice
   - Improve air quality
   - Increase the number of people helped to live at home

5. Modern infrastructure and a sustainable environment that works for all generations and future generations

   - Modern infrastructure and a sustainable environment that works for all generations and future generations
   - Increase median resident earnings
   - Reduce drug and alcohol related harm
   - ‘Good’ and ‘Outstanding’ GPs practices
   - Reduce victims of domestic abuse
   - Reduce the number of rough sleepers / homelessness
   - Improve satisfaction with local community
   - Reduce hospital admissions due to falls
   - Increase levels of self-care / social prescribing
   - ‘Good’ and ‘Outstanding’ social care settings
   - Prevention support outside the care system

6. Resilient families and supportive networks to protect and grow our young people

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Great Place Vibrant Economy

For everyone every day
Delivering the vision, aims and priorities of the Corporate Plan will be supported by a number of enablers and ways of working:

A **new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.

An **asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.

**Behaviour change in our communities that builds independence and supports residents to be in control**

A **place based approach that redefines services** and places individuals, families, communities at the heart

A **stronger prioritisation of well being, prevention and early intervention**

An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.
Next Steps

• Public Services Reform Board with Starting Well, Living Well, Ageing Well and Vibrant Tameside Boards to drive population health gain and support transformation
• Integrated plan to reduce demand in Children’s services
• Finalise Adult Social Care transaction
• Development of cohesive, effective Primary Care Networks
• Living Life Well programme and further alignment of mental health services
• Discretionary GP payments paid on neighbourhood basis
• Integrated health and social care neighbourhood hubs to enhance patient flow and experience
Some Local Reflections

- System wide vision and approach is crucial
- Relationships (and trust) are everything
- System/Place not institutional leadership
- Concentrate on the things that bind you
- Flexibility essential
- Never waste a crisis
- Share risk where possible
- Choppy waters inevitable but keep going!