Report to:	**STRAQTEGIC COMMISSIONING BOARD**
Date:	26 June 2019
Reporting Member / Officer of Strategic Commissioning Board	Dr Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) Jessica Williams, Care Together Programme Director, Interim Director of Commissioning
Subject:	**INITIAL EVALUATION OF FOUR GREATER MANCHESTER (GM) FUNDED TRANSFORMATION SCHEMES**
Report Summary:	An initial evaluation has been performed on four specific transformation schemes, which have received funding from the Greater Manchester Health and Social Care Partnership (GMHSCP). These are; Extensive Care Service, Community IV Therapy, Integrated Neighbourhood Pharmacy and Support at Home. The results from the initial evaluation are broadly positive. All are implemented across the Locality and are supporting the development of the neighbourhood model. It is recognised that the schemes experienced delay in being rolled out fully and therefore it is too early to quantify conclusively the financial benefit to the Locality.
Recommendations:	The Strategic Commissioning Board is requested to: (a) Note the evaluation of these four schemes is the initial part of an overall evaluation for Tameside and Glossop Transformation programme. (b) Note the progress of all four schemes to date and recognise that further embedding of the services is required before an accurate evaluation can take place. (c) Approve continuation of all four schemes as currently funded for the final year of the GM transformation programme. (d) Request the full evaluation of GM transformation programme to come for Strategic Commissioning Board consideration in due course.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	SCB
Organisation and Directorate	CCG
Budget Allocation	£ 23.2million
Evaluation of the transformation funded schemes was a condition of the investment agreement signed with GMH&SCP under the Taking Charge strategy and is being closely monitored by both GM and within Tameside and Glossop. The four schemes referenced above have already demonstrated notional cost avoidance savings but	

	the key issue of recurrent investment still stands. This evaluation is therefore crucial to inform decisions as to whether the scheme represents value for money and should continue. However, regardless of this proposed evaluation taking place in the short term, any long-term recurrent funding available via GM still remains uncertain.
Legal Implications: **(Authorised by the Borough Solicitor)**	Members of the Board need to ensure they understand the four schemes and what they are intended to achieve, and consider that they represent value for money before approval. It will be important to have clear evaluation criteria and continuous monitoring arrangements including, cost, avoidable spent and any real cash savings in addition to deliverables.
How do proposals align with Health & Wellbeing Strategy?	Informed commissioning decisions will ensure alignment with the Health and Wellbeing Strategy
How do proposals align with Locality Plan?	Informed commissioning decisions will ensure alignment with the Locality Plan
How do proposals align with the Commissioning Strategy?	Informed commissioning decisions will ensure alignment with the Commissioning Strategy
Recommendations / views of the Health and Care Advisory Group:	Whilst the Health and Care Advisory Group has discussed the transformation schemes, specific reference to this Evaluation has not been required. HCAG will be involved with the full evaluation programme.
Public and Patient Implications:	The evaluation process has ensured that the relevant services are providing a positive impact on those people who access and use these services.
Quality Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The evaluation process will help to ensure that our standards of quality are high.
How do the proposals help to reduce health inequalities?	Patient care and outcomes may improve through the recommendation of continuing the specific schemes. Improved outcomes for the public and patients should reduce health inequalities across the economy.
What are the Equality and Diversity implications?	Equality and Diversity considerations will be included in the evaluation of all schemes.
What are the safeguarding implications?	Safeguarding considerations will be included in the evaluation of all schemes.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	No privacy impact assessment has currently been performed.

Risk Management:	No risks currently identified.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer: Jessica Williams, by:

Telephone: 0161 342 5511

e-mail: Jessicawilliams1@nhs.net

1. INTRODUCTION

1.1 Following a procurement process, The University of Manchester has been selected as an independent evaluation partner with a remit to analyse the success of the Care Together programme and specifically, the transformation schemes funded by the Health and Social Care Partnership.

1.2 The Care Together partnership requested that due to some of the Greater Manchester Transformation Schemes not being reviewed since being commissioned by the Strategic Commissioning Board, an interim evaluation was carried out on the following; Extensive Care Service, Integrated Neighbourhood Pharmacy, Community IV Therapy and Support at Home.

1.3 The University of Manchester liaised with representatives from across the partnership and have developed interim evaluation outcomes. These have been reviewed by each of the partnership organisations.

1.4 The scope of the selected schemes has changed over the period of evaluation to ensure responsiveness to need. The results of these changes will not have been fully captured by the initial evaluation due to being too early for the full impact of some of these schemes to have been fully realised.

2. NOTED PROGRESS

2.1 The evaluation noted that considerable progress has been realised collectively on the schemes and evidence of significant benefits is already being realised. Feedback was also noted on each of the schemes individually which is summarised in turn below:

2.2 **Support at Home:** The need for the transformation scheme was driven by the home care market not being sustainable due to significant financial pressure, exacerbated by high staff turnover. The format of 'Time and Task' provision and funding arrangements was not conducive to driving improvement in outcomes and developing an individual's independence.

2.3 The transformation scheme aims to develop services focusing on outcomes and considering a range of assets available to the individual and facilitate the staff being upskilled and better remunerated. Good progress has been made in both with the new model being rolled out across the Locality and all staff are on the new remuneration and training model. Digital Health access is being rolled out imminently.

2.4 The initial evaluation process has highlighted:

- Hours contracted appear to have fallen (meaning that the service is likely more efficient)
- This is likely to help absorb increasing demand in future
- Gross costs for homecare are expected to rise by £1.8million above transformational funding. This is due to increased pay for workers (which should help with recruitment and retention).
- Support at Home accounts for 76.48% of contracted hours.
- Numerous qualitative benefits have been noted (the flexibility in the allocation of time has led to the ability to provide support in line with user's needs, flexibility in delivery has enabled staff to visit service users in hospital thereby supporting continuity of care, and there has been an increased ability to support users attend social events with the attendant decrease in social isolation).
- KPMG are currently conducting an evaluation of the cost compared to Home Care across Greater Manchester.

Currently, the new model is still in its infancy and therefore the evaluation has been limited to qualitative evidence. As the scheme progresses, the evaluation will need to focus on the improved outcomes and experience of the service, improved recruitment and retention, release of capacity and how the cost benefit analysis.

2.5 **Integrated Neighbourhood Pharmacy**: Scheme was largely driven by the need to increase capacity in general practice although also aimed to respond to quality issues evidenced by inconsistent adherence to medication schedules and the need to support neighbourhoods with increased medication management and optimization.

2.6 Progress has been slow on this scheme due to difficulties in recruitment. The scope of work has therefore been amended to focus on providing support for the transition between hospital and community services, targeted medical reviews in general practice and any quality issues.

2.7 Activity analysis has been possible from Dec 2017 – Dec 2018. This covered 5784 consultations and 3616 medicine reviews. Notional cost savings of £354,606 have been identified to date and this is being tested through new budget setting arrangements within general practice.

2.8 **Community IV Therapy**: 80% of Inpatients require some form of IV access and treatment and therefore the transformation scheme aimed to determine whether by the investment in and introduction of a community IV team, if bed occupancy rates would reduce. IV Therapy delivered outside of the hospital could prevent also admissions and facilitate early discharge whilst improving patient safety and choice.

2.9 The service has been running for 18 months, being expanded on three different occasions. There have been 273 referrals (19 from GP, 254 from hospitals) and this has resulted in an estimated 3783 bed days have been avoided across the economy (of which 2118 have been avoided at the ICFT). A small qualitative survey had positive feedback (95.8% recommend the service) with specific reference from patients who appreciated hospital avoidance and improved comfort through being able to access the service from home. Additionally, there was a reduction in adverse events and zero line bacteraemia in comparison to inpatient hospital stays.

2.10 The service has been recognised nationally – being shortlisted for a prestigious HSJ Value award under the category of ‘Community Health Service Redesign’.

2.11 **Extensive Care Service**: This service was implemented as a response to the need a more proactive support for the patients at risk of multiple hospital admissions. The aim was to implement a holistic approach to complex patients to reduce their use in the local health and social care system through improving their overall health and well-being.

2.12 The service is live and has been accepting referrals since July 2017. The eligibility for support through the Extensive Care Service was expanded in Nov 2018 to cover a minimum age of 18 with 1 or more A+E admission or unplanned admissions with the aim of increasing GP referrals to the service.

2.13 The service has supported 509 patients since July 2017. Although there are some notional cost savings, these currently do not outweigh the levels of investment. However, as this does not reflect the service operating at full capacity, it is felt that the initial evaluation does not take into account full potential benefits.

3. CONCLUSION

3.1 Good progress has been made in implementing all the schemes across the Locality. All are constantly reviewed by the service managers and there is evidence of the transformation schemes being refined as they develop. Due to the length of time to gain full roll out of the schemes, it is not possible for the interim evaluation to accurately assess all qualitative or quantitative benefits. It is therefore recommended that the schemes continue to facilitate appropriate evaluation and learning.

3.2 There has been significant learning within the Care Together partnership about how to ensure effective evaluation of the whole transformation programme. It is clear that the full evaluation will need to understand and include the wider impacts of specific transformation schemes and potentially view transformation as a whole rather than as individual schemes.

3.3 The schemes have, to varying degrees, sought to understand impacts on patients and service users via patient questionnaires or alternative qualitative approaches. However, health and well-being outcomes have not been quantitatively assessed. Schemes are actively trying to address this (for example, Support at Home are currently investigating how best to capture outcomes and Integrated Neighbourhood Pharmacy evaluate expected events avoided).

3.4 The workforce impacts have not been assessed in the initial evaluation but will need to be within the full evaluation. This will be important given the stated aims of many of the transformation schemes including the requirement for an upskilling of the workforce.

3.5 Impacts beyond secondary care need to be captured. With schemes working to assist and support individual's to better manage their health and well-being, there may be impacts on the demands these patients or service users place on in other areas within the system. Without including benefits or costs in for example, general practice and adult social care, the evaluation is likely to focus on secondary care and therefore prove expensive.

3.6 The identified gaps mean that the evaluation to assess quantitative benefits to date are only partially effective. Two of the schemes (IV Therapy and Integrated Neighbourhood Pharmacy) are currently releasing financial benefit but the other two schemes are not currently able to demonstrate this. In the Support at Home scheme, this is due to increasing pay to meet the aim of ensuring all staff employed in the care sector are paid the Living Wage and it is not possible yet to understand how this is translating into a more efficient model of care and reductions in demand. The Extensive Care Service is unable to currently evidence benefits on the wider system and also has not had sufficient time to reflect the change in referral criteria.

4. RECOMMENDATIONS

4.1 As stated on the front cover of the report