GM TRANSFORMATION FUND FULL PROPOSAL FORM
RESUBMISSION

SECTION 1: INFORMATION ABOUT THE LOCALITY/GM INITIATIVE LEAD		
1.1	**Lead organisation name**	Tameside and Glossop Health and Social Care Economy
1.2	**Primary contact details**	Name: Jessica Williams Position: Programme Director, Care Together Email: jessicawilliams1@nhs.net Tel: 07985 276263

SECTION 2: INVESTMENT CASE INFORMATION		
2.1	**Programme title**	Driving up health, wellbeing and prosperity across Tameside & Glossop and creating a financially and clinically sustainable health and social care economy.
2.2	**Duration of fund request** (*months*)	40 months incorporating the phasing of different elements of the schemes.
2.3	**Anticipated Programme start date** (*month and year)*	Already commenced. Increases in scale and pace dependent on investment levels and timing.
2.4	**Total programme budget?**	The whole programme budget will be a mix of revenue (£23.2m from GM, £6m from the local economy) and capital funds (£48m although still to be finalised).
2.5	**How much funding are you requesting from the GM transformation fund?**	2016/17 £5.174m 2017/18 £7.928m 2018/19 £6.880m 2019/20 £3.224m **Total Funding Request £23.226m** **Including revenue for enabling schemes of £2.1m**
2.6	**What other sources of financing are you requesting?**	Additional support has been sought through; • £6M Transformation programme pump priming received in 2015/16 from TMBC/CCG (£1.3m remaining in 2016/17) • NHS England licences to deliver the Patient Activation Measure. Awarded. • Part of NHS England Health as a Social Movement Programme with Stockport and Oldham. Awarded. • £500,000 from Health Foundation to fund evaluation research. Application in progress

SECTION 3: INVESTMENT CASE OUTLINE

3.1 What is the proposed programme and vision?

Please keep your answer to 500 words or less

Please cover the following topics:

- *Type of scheme(s)*
- *Programme vision (population served and programme objectives)*
- *Alignment with at least one of the GM transformation initiatives*

3.1.1 Overview

Care Together is our transformational approach to significantly improving the health and wellbeing of the 250,000 residents of Tameside and Glossop. The programme comprises three key elements:

- Establishment of a Single Commissioning Function to ensure resources are aligned and distributed in a way which facilitates integration and most effectively meets need;
- Development of an Integrated Care Organisation to eliminate traditional organisational silos and boundaries;
- A new model of care to drive forwards at pace and scale the changes to achieve our ambitions in terms of improved outcomes for our population and a financially and clinically sustainable health and care system.

We aim to develop a sustainable economy by improving the healthy life expectancy (HLE) of our population. In doing this, our programme has three key ambitions which are wholly in line with both GM and national policy:

1. To support local people to remain well by tackling the causes of ill health, supporting behaviour and lifestyle change and maximising the role played by local communities;
2. To ensure that those receiving support are equipped with the knowledge, skills and confidence to enable them to take greater control over their own care needs and the services they receive;
3. When illness or crisis occurs, to provide high quality, integrated services designed around the needs of the individual and, where appropriate, provided as close to home as possible.

We have the economy wide leadership in place to deliver our integration agenda. We have a coherent and ambitious strategy, comprehensive governance arrangements and have already delivered a single commissioning function and shadow Integrated Care Organisation. Implementation plans are developed to move at pace to transform to our new model of care and start to deliver the significant financial savings required.

This transformation funding proposition comprises 6 interdependent transformation schemes to drive down cost across our health and social care economy by reducing acute activity and stemming the growth in demand for health and social care services. Funding is required over three years to enable the double running of services to safely transition to the new model of care for Tameside and Glossop.

A separate funding request for capital is being prepared for submission to the Department of Health / NHSI to facilitate key enabling schemes. These enabling schemes together with current financial management programmes, GM programmes and the proposed transformational funding schemes, will deliver a financially sustainable economy.

3.1.2 Background

Tameside and Glossop economy has experienced significant clinical and financially sustainability challenges for a number of years. Three significant external reviews have been conducted (Ernst & Young 2012, McKinsey 2013/4 and PwC via Monitor's CBT process in 2015) and all concluded that improved population outcomes at reduced cost could be achieved through integration of health and social care services. As the financial challenge continues, we have continued to develop and implement plans to maintain/increase service provision but at reduced cost.

In November 2014, Monitor appointed Price Waterhouse Cooper (PwC) as a Contingency Planning Team (CPT) to test the financial and clinical sustainability of Tameside Hospital NHS Foundation Trust (THFT) following a number of critical reports. The CPT report was supported and published by Monitor in September 2015 and fed directly into the on-going work across the economy. The CPT process provided considerable assurance on our plans as it concluded that THFT should become an Integrated Care Organisation (ICO) as the delivery vehicle for providing an integrated health and social care system.

The CPT however, did not provide a solution for the whole economy financial challenge due to being primarily focussed on the financial sustainability of the acute Trust. It outlined a potential saving of £28m per annum once integration had occurred but that substantial transformational revenue and capital funding would be required to ensure delivery. Since the publication of the CPT report, the focus has been on developing an economy solution, including the creation of an ICO, to the whole £70m financial challenge. The detail of this can be found within the Tameside and Glossop Locality Plan and subsequent implementation plans (See Section 5) and this transformational funding application to GM Health and Social Care Partnership is the result of this process. Details of the funding request are contained in section 4.3 of this document.

On the basis of the Locality Plan which shows a balanced NHS Foundation Trust and whole economy by 2020/21, Tameside FT has secured significant cash support from NHSI (PDC distress support). This is effectively a cash loan. Upon delivery of the 20/21 plan, this is likely to be converted into a non-repayable loan. Although funding is only confirmed by NHSI annually, its receipt until 20/21 is believed to be low risk. It should be noted that the requirement for PDC support will be greater than currently planned should the ICO proposal not be implemented.

3.1.3 Transforming our model of care

Transformational funding is required in Tameside and Glossop to enable the development of a new model of care, largely based on the development of neighbourhood based services. New services need to be safe and operational before significant funds can be released from the traditional model of health and social care.

6 specific schemes have been developed for the economy to stem the growth in demand for all health and social care services and also to reduce acute activity. These schemes are complimentary both to the NHS Standards and the GM wide programmes e.g.; Healthier Together as shown in Diagram 1 (at the end of this section).

The resources required to implement these schemes at scale form the majority of the input into the CBA Model and therefore only the benefits expected from these schemes have been included within the outputs. This is to ensure transparency for GM H&SCP and guard against the inflating financial

benefits across the economy.

The schemes broadly fall into two categories; demand reduction/absorbing growth and reduction in acute activity. The reduction in acute non-elective activity is approximately 35% when compared against a Do Nothing option. The schemes are described in brief below.

Demand Reduction/Absorbing Growth

1) Development of Integrated Neighbourhoods (INs)
Building upon the introduction of place based public sector hubs in Tameside, we will develop health and social care teams to deliver a wide range of services that not only treat illness but promote wellness and behaviour change. This will involve a comprehensive response from community services, social and primary care, outreach from hospital specialists, mental health and support from public health and preventative services.

Input from the voluntary and community sector will be central to the success of this approach.

There will be five INs across the Tameside and Glossop CCG footprint.

2) A System Wide Approach to Self-Care
One of the key approaches to creating a sustainable economy will be supporting the population to manage their health more effectively, adopt healthier behaviours and choose appropriately when accessing support from health and social care. We will adopt a system wide approach to self-care and supported self-management, where self-care becomes our default and something promoted by all parts of the health system.

Underpinned by a proactive risk stratification approach and the use of the Patient Activation Measure, we will identify people who are at greatest risk of poor health and high levels of unplanned activity. We will focus on the development of social prescribing at scale and combine it with an asset based community development approach seeking to unlock the potential of communities and individuals.

3) Help to support people at home service
Using a holistic approach to service delivery, we will redesign the current homecare model to ensure it is focused on individual strengths and capabilities. The workforce and providers delivering this service will form an integral part of the INs. We will place an emphasis on moving away from time and task, to high quality contact with people that utilises a wide range of community assets, technology and the range of community and primary health available to remain safe, secure and independent at home.

The new service will deliver a sustainable care home market with significant more capacity and which pays its staff at levels commensurate with the expected role.

Acute Activity Reduction

4) Home First

'Home First' is the urgent care response to ensuring that wherever possible, people can receive care in their own home. Home First will ensure that people, over the age of 18, are supported in the environment most appropriate for them and most likely to achieve the best outcomes.

The Integrated Urgent Care Team (IUCT) is the operational team that underpins the delivery of the model. The team will consist of a range of integrated health, social care and voluntary and community sector professionals to support people through their journey to recovery.

5) Flexible Community Bed Base

When people cannot be supported at home, the flexible community beds base will offer:

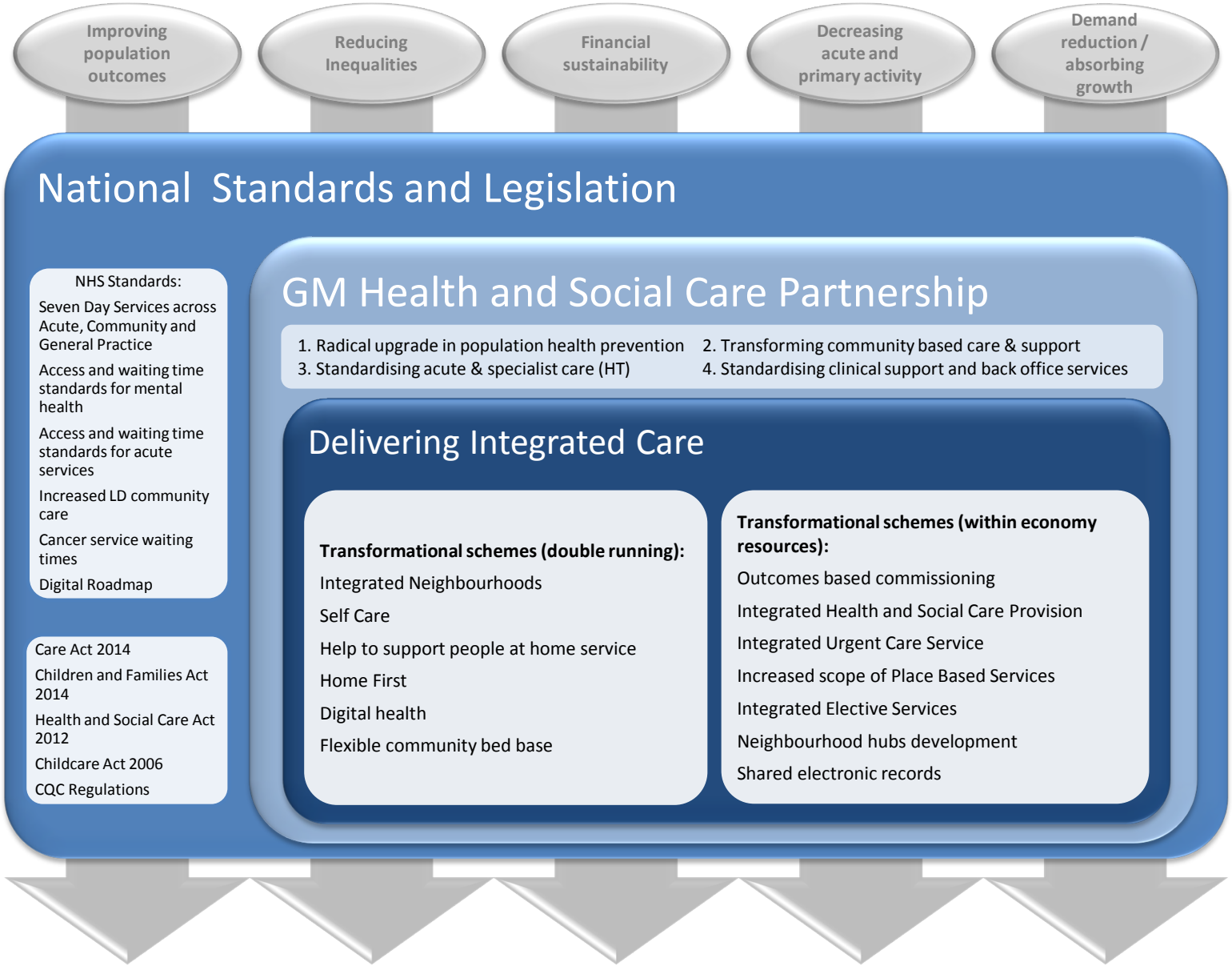
- Step down capacity for discharge to assess (including complex assessments)
- Step up capacity
- Intermediate care capacity
- Recuperation beds that offer an opportunity to re-stabilise prior to undertaking rehab
- Specialist assessment and rehab for people who have dementia or delirium

6) Digital Health

Enhancing technology in care homes will offer the ability alongside a highly skilled workforce to deliver clinical consultations to occur in the person's place of residence without the need to transfer a resident to hospital. It will support both residents and care home professionals to engage in "skype" conversation with health and social care professionals leading to a personalised response with "home" as the default position.

All these specific schemes within our overall programme of health and social care reform support the GM Transformation themes. This is explored in more detail in Section 4.1 below.

Diagram 1


Improving population outcomes
Reducing Inequalities
Financial sustainability
Decreasing acute and primary activity
Demand reduction / absorbing growth
National Standards and Legislation
NHS Standards:
Seven Day Services across Acute, Community and General Practice
Access and waiting time standards for mental health
Access and waiting time standards for acute services
Increased LD community care
Cancer service waiting times
Digital Roadmap
Care Act 2014
Children and Families Act 2014
Health and Social Care Act 2012
Childcare Act 2006
CQC Regulations
GM Health and Social Care Partnership
1. Radical upgrade in population health prevention
2. Transforming community based care & support
3. Standardising acute & specialist care (HT)
4. Standardising clinical support and back office services
Delivering Integrated Care
Transformational schemes (double running):
Integrated Neighbourhoods
Self Care
Help to support people at home service
Home First
Digital health
Flexible community bed base
Transformational schemes (within economy resources):
Outcomes based commissioning
Integrated Health and Social Care Provision
Integrated Urgent Care Service
Increased scope of Place Based Services
Integrated Elective Services
Neighbourhood hubs development
Shared electronic records

SECTION 4: ALIGNMENT TO TRANSFORMATION FUND CRITERIA

Please keep your answer to section 4 to 4-5 pages or less or attach relevant documents (where possible, you should highlight where this information can be found in existing documents such as your Locality Plan or CBA output)

4.1 **How will the proposal align to the GM strategy?**

Please cover the following topics:

- *How does the programme and your Locality Plan align to the short and long term GM vision & strategy? In particular, discuss how your programme will deliver part of the how your plan will help to close the financial gap by improving outcomes for the locality population, increase independence and reduce demand on public services.*
- *Which of the transformation initiatives does it align to and why?*
- *How will the programme contribute to wider transformation across GM?*
- *Is there any cross-collaboration with other localities or GM transformation initiatives?*

Our Locality Plan describes how health and social care services will contribute towards our whole system ambition of improving health, wellbeing and prosperity. This is congruent with the aims for Greater Manchester Health and Social Care Partnership.

Through strong leadership, pooling our resources and redesigning how our health and social care provision works collectively, Tameside and Glossop aim to deliver financial sustainability within five years. This will be achieved by a simultaneous focus on:

- Reducing growth in health and social care demand;
- Avoiding unplanned admissions;
- Efficiency and unlocking the potential of enabling workstreams.

Whilst having an impact across all four GM objectives, the transformation schemes detailed in this proposition place a particular emphasis on:

- Radical upgrade in population health prevention
- Transforming community based care and support
- Standardising acute and specialist care

GM Health and Social Care Partnership Objective 1 - Radical upgrade in population health prevention

More people managing health, looking after themselves and each other

Self-care and supported self-management are key to our transformational plans. In any health and social care economy, approximately 20% of the population uses approximately 80% of the available resource. Key to financial and clinical sustainability is supporting people to avoid illness by adopting healthy lifestyle choices, and when they do experience a long term condition(s) to manage them as effectively as possible.

We don't believe that self-care is driven by a series of interventions, but instead is likely to be promoted by developing a system where self-care becomes our system default and we create a paradigm shift moving away from medical model treatment of disease towards a system that recognises, promotes and utilises the assets of individuals and communities. We will implement the

Patient Activation Measure (a validated measure of people's knowledge, skills and confidence to manage their long term condition) with 12,000 people in Tameside and Glossop, aligning traditional risk stratification approaches with an understanding of people's knowledge, skills and confidence and tailor self-management approaches to address this.

In addition to this, our work developing asset based approaches in communities and our partnership with Stockport and Oldham on the delivery of the Health as a Social Movement Programme will contribute significantly to supporting the development of communities, empowered to look after their own health and to support people around them.

Increasing early intervention, finding the missing thousands

The Integrated Neighbourhood approach is predicated on proactive risk identification and alignment with public health approaches and emphasis on the wider determinants of health. By combining proactive risk stratification with the adoption of a place based approach, we will identify people at risk of ill health and work with agencies across the population to intervene early and holistically.

Ageing well

Supporting people to age well is a theme that traverses all our transformational programmes. We will place an emphasis on supporting people to remain at home and independent as possible for as long as possible. When people do need support, our default will be for this to be at home, or at their place of residence. At end of life, we will support people to die in the place of their choice.

GM Health and Social Care Partnership Objective 2 - Transforming Community Based Support

Enable conditions to be managed at home and in the community

- INs will ensure that where people have ongoing care and support needs, they are proactively and holistically cared for and managed in the community. Through risk stratification and proactive case management, we will prevent as many people as possible from experiencing unplanned care, and ensure they are supported at home, or as close to home as possible when additional support is required.
- Home First will ensure that individuals who attend A&E but can be managed outside acute secondary care provision are discharged back home, with wrap around care as required.
- The links with Integrated Neighbourhoods will ensure that wherever possible, people at risk of A&E attendance are proactively identified and supported to avoid admission where clinically appropriate. Where admission is necessary, they will be safely transferred back into the care of INs who will then resume proactive and ongoing management and support.

Provide alternatives to A&E when crises occur

Home First will provide the following alternatives to A&E when a crisis occurs:

- Co-ordinated health and social care support including access to equipment around an individual at home;
- A flexible community bed base whereby individuals can be stepped up to community capacity rather than attending A&E;
- Digital Health in care home will provide an alternative to attendance at A&E through the use of technology to complete virtual clinical consultations and monitor the person remotely.

Support effective discharge from hospital
Home First through the integration of health and social care team's assessment of peoples' needs in their place of residence negates the need for assessment under the Care Act 2014 to be carried out in the hospital setting. The ambition is to discharge people as soon as they are medically stable through a personalised plan of care in their own place of residence. The flexible community bed base will provide an alternative setting to step down for assessment when home is not deemed safe.

GM Health and Social Care Partnership Objective 3 – Standardising Acute and Specialist Care

All our plans aim to standardise acute and specialist care. By supporting more people to receive care closer to home and outside the hospital environment, we will deliver efficiency savings. Our transformation schemes will reduce unplanned admissions, support more efficient and effective delivery of planned care services, which will in turn relieve pressure on acute capacity. We are also actively engaged in the GM programme of work associated with Healthier Together.

Contribution to Wider Transformation Across GM

The projects proposed within this business case will be delivered at both pace and scale and be backed up with the organisational infrastructure to remove many of the traditional barriers to integration. The combination of a single commissioning function with an integrated care organisation will accelerate an integrated approach and provide learning for other areas.

All our programmes will be robustly evaluated and learning shared across GM. However specifically we are in the process of forming a bid to the Health Foundation to investigate the economic impact of improving the population of people with long term conditions to manage their health more effectively – using the Patient Activation Measure as a key metric.

Cross GM Working

We are working collaboratively with colleagues in Stockport and Tameside to share resources on our combined investment. We have identified together the following areas as those where collaboration could both reduce costs and provide specific support to the GM system more broadly.

- Outcomes Framework and Population health analytics (segmentation and stratification)
- Development of our IM&T solutions
- Capitation and funding models
- Evaluation
- Replication (supporting spread across GM through the development of tools and 'how to')

We continue to share our learning with NHS England New Care Models Team and National Vanguards sites. We are also working closely with the Stockport Vanguard and Oldham on the development of social movements in health as part of the NHS England national programme. This is also backed up by additional resource from NESTA.

We aim to link with Salford University on a large scale research programme linked to the economic impact of a system wide approach to self-care pending the outcome of a bid to the Health Foundation.

4.5	**Does the proposal provide a foundation for further transformation?** *Please cover the following topics:* • *How will progress be evaluated and learning provided to other localities?* • *How will this programme build on or support other elements of your Locality Plan?*
	Our Care Together will deliver transformation of the whole health and social care economy over the next five years. The overall approach lays the foundation for us to deliver our overarching vision for care in Tameside and Glossop. The key development of INs provides the basis of place-based, integrated care as set out in our Locality Plan. This will act as the catalyst and bedrock of movement of resource from acute setting into the community, providing the basis for further transformation. We are developing an economy wide Quality and Outcomes Framework to transform the way we measure success and be more congruous with an integrated approach. It will also place an emphasis on measuring our success based on the things that matter most to people. Monitoring, evaluation and, where necessary, modification of the model is essential not only to ensure that the key strategic aims of improving outcomes for the population are delivered, but also that the shift and reduction in funding is achieved. The local indicators will be transferrable to other local economies, enabling comparisons and benchmarking to ensure maximum impact from the integrated system. The Plan, Do, Study, Act (PDSA) methodology will be used to capture all learning from the operational roll out of Home First. This methodology will enable us to be responsive as a system by continually monitoring the change process and assess the impact to ensure that we deliver against our objectives. The Locality is fully committed to the wider GM transformation programme and will provide regular feedback into the wider economy to show learning and support the development of wider programmes of reform. Our programme will be fully evaluated, using mixed methodology, with key 'check points' to assess trajectory and effectiveness. This will enable us to build upon what works, and also to share learning with GM more widely and further afield.

5 Appendices

The following documents **are available on request** to support the information within this business case but have not been embedded in the document given their size.

Document	Description	Approval Process
Business Propositions	Detailed business propositions for each of the transformation schemes detailed in this business case: • Integrated Neighbourhoods; • Self-Care • Supporting people at home • Home First • Digital Health • Intermediate Care (Flexible Community Bed Base)	Approved by: Care Together Programme Board Independent Chairman, Chris Mellor Date: 9th June 2016
Enabler Schemes	Detailed proposals to cover: • IM&T • Estates • Organisational Development • Medium term Single Commissioning Strategy	Approved by: Care Together Programme Board Independent Chairman, Chris Mellor Dates: • IM&T: 11th February 2016 • Estates: 14th April 2016 • Organisational Development: 12th May 2016
Participation and Engagement	• Communication and Engagement Plan • Engagement Toolkit • Care Together Engagement Reports • Equality and Diversity	Approved by: Care Together Programme Board Independent Chairman, Chris Mellor Date: • Plan and Toolkit: 12th May 2016 • E&D: 9th June 2016
Governance Documents	• Memorandum of Understanding outlining partnership between Tameside MBC, Tameside and Glossop CCG and Tameside Hospital NHS Foundation Trust • Terms of reference for Programme Board and key workstreams • Locality Plan • Programme plan (implementation proposals)	Approved by: Care Together Programme Board Independent Chairman, Chris Mellor • Memorandum of Understanding: 13th October 2016 • Terms of Referenced (revised & updated): 14th April 2016 • Locality Plan approved by: Health & Wellbeing Board 12th November 2015