

Integrated Care Value Case

Manchester, England



November 2013

This Value Case has been commissioned by the Local Government Association with support from the national partners on the integrated care and support collaborative

Guiding principles for the value case:

The overall goal of this work is to develop value cases which are:

- Aimed at Health & Wellbeing Boards

And incorporate:

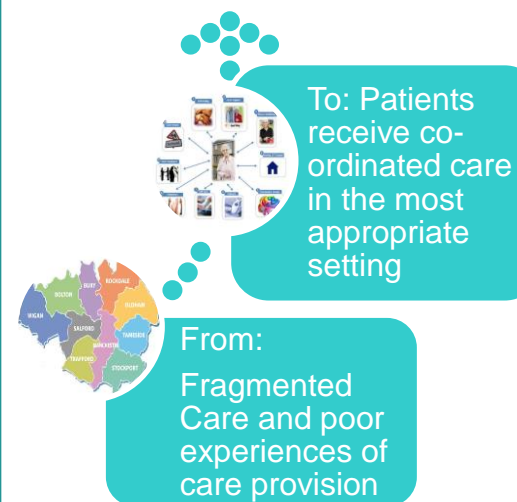
- Service user stories, capturing changes to the service user's journey
- Features of the model, including enablers (e.g. technology initiatives to support the model)
- Costs of the model
- Evidence of benefit, including to activity, spend and outcomes

We recognise that the information contained in the value case may prompt further questions, in which case we recommend you use the contact details at the end of the value case to follow up with a direct contact.

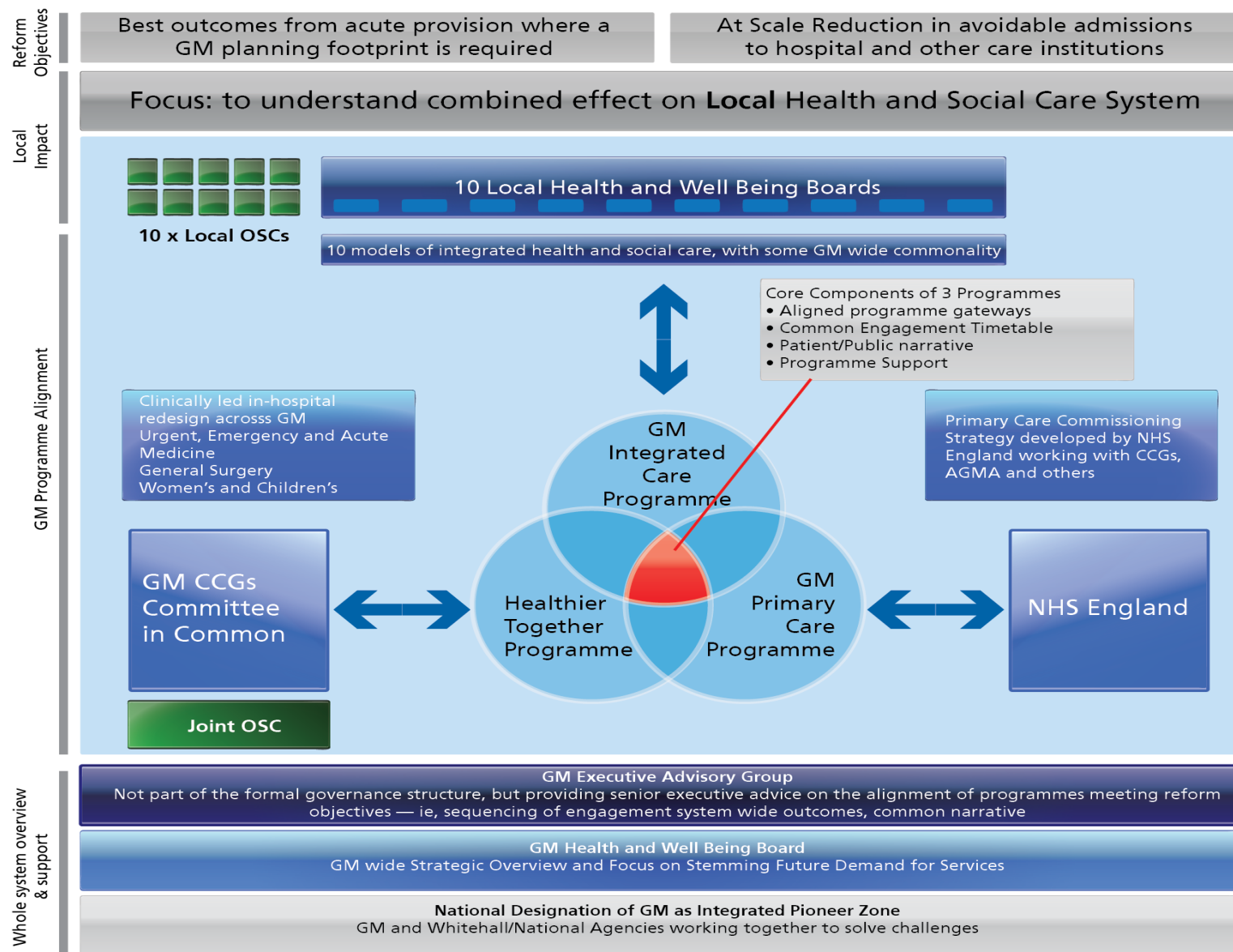
About the Greater Manchester Integrated Care Programme

- Greater Manchester (GM) has identified variable service provision, pockets of high level inequalities, quality, safety and access issues and reliance on acute services leading to sub-optimal and unsustainable use of resources.
- GM clinical leaders are passionate about delivering the very best health and care. The Healthier Together programme will be the catalyst to high quality, safe, accessible and sustainable health services. It will precipitate consultation across GM on one of the largest Hospital service reconfigurations in the history of the NHS.
- The proposed redesign of hospital services requires fully integrated out of hospital care services. The Greater Manchester Integrated Care Programme, in partnership and alignment with the Primary Care strategy and Healthier Together, form the three service transformation work streams.
- All 10 Local Authorities are collectively delivering ambitious public service transformation and playing a crucial role supporting the NHS reforms.
- The ambition is to transfer some hospital services to out of hospital settings supported by the development of 10 local models of integrated health and social care. The creation, at a local level, of new and emerging models are locally agreed but have common elements. These include the GM Primary Care Commissioning Strategy and the public consultation on the clinically led GM reconfiguration of hospital services, due early 2014.
- GM is still evolving, but its early successes and lessons are promising

- 2.6 million people
- 10 local authorities
- 1 Combined Authority
- 12 CCGs
- 8 acute trusts with 10 A&E departments (including 3 Teaching Trusts)
- 4 NHS Trusts in the FT pipeline
- 1 specialist cancer trust
- 4 Mental Health Trusts
- 1 ambulance trust
- £6bn health & social care spend



The Greater Manchester visual model



Predicted outcomes of the Greater Manchester Integrated Care Programme: what difference does it make?

User experience

Commitments to service-users outlined in Out of Hospital Standards, including:

- Enhanced self-care and independence
- Improved access, convenience and choice
- Confidence in quality and safety of care
- Joined-up, comprehensive and understandable care plans

Frontline staff experience

- Improved communication between health and social care professionals
- Expansion of digital technology to overcome barriers to integration
- Working with informed and engaged service-users for shared decision-making

Health & wellbeing outcomes

- Reduction in variation of life expectancy between localities
- Increased proportion of people referred for smoking cessation & weight management
- Increased proportion of children immunised
- Reduction in anti-depressants prescribed
- Reduction in sickness absence from work

Impact on institutional care & productivity

At a high level, the estimated benefits over five years are:

- 10% - 30% reduction in bed days
- 20% - 40% reduction in emergency admissions
- 10% reduction in readmissions
- 9% - 20% reduction in care home admissions

Impact on cost

- Cost savings associated with a reduction in acute hospital care
 - 14% reduction in A&E attendances
 - 19% reduction in non-elective admission spells
 - 22% reduction in outpatient appointments
- Modelled on a theoretical scaled up basis across Manchester, this is predicted to realise savings through cost avoidance and potential reinvestment



“My care is planned with people who work together to understand me and my carers put me in control, coordinate and deliver services to achieve my best outcomes”

What we did: integrated care design

Risk stratification

- “Bottom-up” validation used to determine true impact
- Using risk stratification together with other intelligence to inform care
- Ensuring full engagement with clinical staff in risk stratification
- Exploring how to use GP-registered address rather than residency for population mapping

Care planning

- Introducing a single care plan, rather than multiple assessments and separate professional contact, to provide a more joined up and coherent response to the patients’ care needs
- Disease/condition specific interventions in the community nearer the patients’ home

Workforce

- Integrated care helps achieve culture change and begins with training, ensuring staff learn about integration
- New Integrated teams at key points within the clinical pathways, at GP practices and in the community
- Strategically planned Joint Working between social care and primary care, where traditionally there has only been a low level of contact and engagement
- Alignment of working practices

Estates

- Capacity strategy follows the commissioning model in relation to location, activity, specialties
- Understanding of current status of estate portfolio and what investment may be needed
- Input from NHS Property Services

IM&T and data sharing

- Trialling of a new shared technology platform to enable each part of the health and social care system to access patient data in a secure way
- Drawing on national support to overcome data sharing issues and promote good practice e.g. Centre of Excellence for Data Sharing
- Recognise Data sharing needs to expand beyond NHS and councils to include third sector

Salford Integrated Care Programme (Sally Ford)



1
Local community assets enable older people to remain independent

2
Multi Disciplinary Groups provide targeted support to older people

3
An integrated Health and Social Care Contact Centre acts as a central hub

How we did it: key enablers

Governance & leadership

- Programme is overseen by a central project management team accountable to the 10 local Health and Wellbeing Boards across Greater Manchester
- Committee in Common (CiC) of CCGs, AGMA (Association of Greater Manchester Authorities), provider organisation executives and clinicians all have key leaderships roles locally and centrally
- An Integrated Care Reference Group has been established. The Group has representatives from Manchester City Council; Mental Health; 3 x Manchester CCGs; 3 x Acute Hospital Trusts; together with representatives from the Greater Manchester Community Budgets team
- A sub team composed of key Financial representatives from across all organisations has been established to shape the Cost Benefit Analysis
- Governance arrangements for the New Delivery Models vary based on locality. In Central Manchester for example, the Central Manchester Integrated Care Board will oversee the work, with Executive level representatives from all Partner organisations

Legal & contracting models

- Focus on making cash savings accessible to local authorities as well as the NHS
- New model of primary care enable system changes, including the use of GP federations
- Establishing a contracting work stream to focus on new service delivery models (e.g. alliance, co-ops)

Workforce development & OD

- Establish a workforce strategy group with representation from primary, community and integrated care, public health, social services and Health Education England
- Obtain specialist support for workforce modelling to inform changes

User & carer perspective

- Each of the 10 plans is clearly rooted to the needs of people and families in their communities (Salford work and the Bolton work on staying well)
- Adopting fictional characters to embody local care models (e.g. Sally Ford, Mrs Pankhurst)
- Preparing thoroughly and early for public consultation (January 2014)

StayingWell
thinking today for tomorrow



**Bolton
Council**

NHS Bolton

Who we did it for and why

Users & carers

- Increased proportion of population living longer with multiple LTCs, requiring regular multi-disciplinary care and careful management: currently 50,400 people aged 65 and over living in Manchester.
- The number of over 85s is forecast to rise by 28.3% in the next 20 years
- Sub-optimal management of these patients is placing significant strain on acute hospital services
- The current health and social care system is unsustainable and not maximising the population's health outcomes: older people in Manchester with LTC's experience high rates of emergency admissions to hospital (ranked 23/23 in the NW for non-elective admissions aged 65+ per 1000 pop 65+); high rates of non-elective bed days (23/23); and high re-admission rates in the over 65 population group (19/23)

Commissioners & providers

- Commissioning for outcomes, quality, safety and reducing inequalities
- Reduced fragmentation of services
- Whilst NHS resources will have grown in real terms by 1.3% between 2011/12 and 2014/15, costs are expected to increase further resulting in the need to save £20bn by 2014/15 (QIPP national targets)
- Similarly, the Local Authority has made cuts which have been shared across Adults, Health and Wellbeing services

Workforce

- Health and social care professionals are needed outside the traditional care settings of hospitals and GP surgeries to cater to the changing needs of the population
- Workforce needs support to provide care 24/7 closer to home in a model that is feasible and sustainable
- There has been an expansion of service provision by local authorities and the third and private sectors
- The interface between these organisations must be overcome to provide person-centred, not service-centred care

General public

- Greater Manchester continues to suffer some of the worst health outcomes in the UK
- Wide-reaching public health initiatives are essential to empower the population to take responsibility for their health and wellbeing and become more resilient to ill-health in the first instance



*“Thinking today
for tomorrow”*

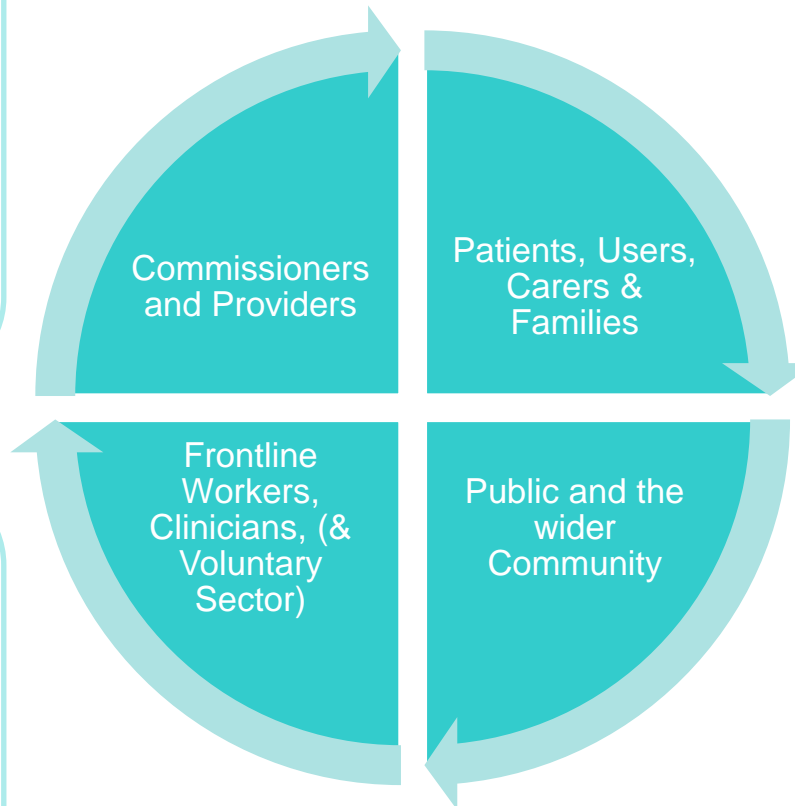
Anticipated benefits

Benefits

- Improved sustainability of services across whole system
- Improved quality, experience and safety outcomes
- Outcome based approach
- Person centred approach
- Shared understanding of the whole system, including informal participants e.g. carers

Benefits

- Reduced duplication across the system
- Increased focus on delivering care
- Opportunities for Multi-Disciplinary Team working
- Key workers to co-ordinate individual care
- Better sharing of information and patient records



Benefits

- Empowered and informed with shared decision-making
- Accessible and convenient care
- Reduced fragmentation of care journeys
- Increased independence and self-care

Benefits

- Better health outcomes e.g. longer life expectancy
- Improved community wellbeing
- Efficient use of community assets
- Reduced inequalities
- Community Resilience

Lessons learned

Programme planning

- Need skilled and dedicated programme planning support
- Do not under-estimate the complexity and true scale of change needed
- Need to actively track engagement activities when managing a programme with so many stakeholders

Principles & governance

- Establish a set of clear and shared principles at the outset that transcend all parties
- Governance arrangements must be equally inclusive of all parties

Public service reform

- Must consider health and social care reform in context of wider public services including employment, justice, early years and families
- Understand link between good health and economic regeneration
- Social capital is recognised as a longer term benefit, but one that spans both health and local government, and one that is critical to realising the full benefit of critical care

Whole system change

- Integrated care needs whole system change to work, including developing integrated services, transforming primary care, and reconfiguring services
- Public consultation around this should be planned and prepared for

Estates

- Do not under-estimate the need for changes in primary care estate and their contribution to integrated care



“What has taken place – and continues to develop – in Trafford will be useful for others who see integrated care as a route for delivering more efficient and patient focused care”
Nuffield Trust

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