



The Bolton 5 Year Locality Plan

Our joint health and care response for GM Devolution

Health and Wellbeing Board Update 27th January 2016





Highlights of GM Devolution

- Powers over areas such as transport, planning and housing and a new elected mayor
- Ambition for £22 billion handed to GM
- Memorandum of Understanding (MoU) for Devolution signed February 2015: NHS England plus the 10 GM Councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts
- MoU covers acute care, primary care, community services, mental health services, social care and public health
- To take control of estimated budget of £6 billion each year from April 2016
- Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan





The Vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester



Council

A radically different commissioning and provider landscape in Greater Manchester can be layered into neighbourhoods, localities, clusters, and pan-Greater Manchester



Single place based

commissioning

across CCGs and

local authorities.

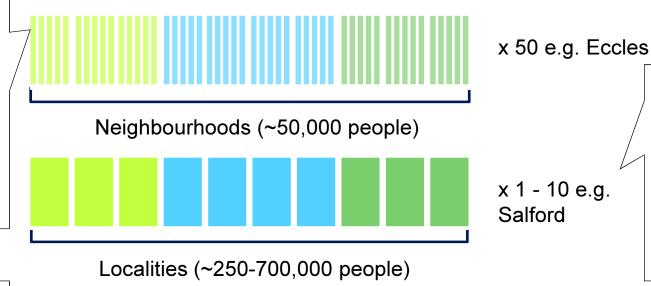
Provides integrated

health and social

care services

through Local Care Organisations (LCOs)

Focuses on the delivery of integrated health, mental health and social care services through local neighbourhood teams. Staff and patients are empowered to make changes. Innovation is cultured here and spread across Greater Manchester.



Provides the majority of acute IP NEL and IP surgical care across a defined number of clusters. This will include the right level of service consolidation that maximises value for money

(0.5 - 1m)Clusters

people)

x 1 - 4 e.g. NW cluster

Pan-Greater Manchester (3+ million people)

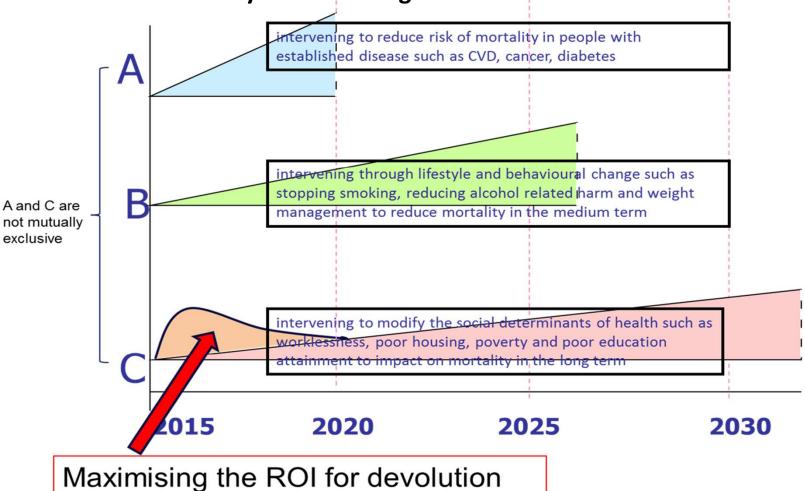
x 1 Greater Manchester

Commissions and provides a range of services that occur on a pan-Greater Manchester basis. This function also is responsible for the design of evidenced based interventions and supports with the adoption of innovation





We need to understand Investment & return in ways which change the nature of demand







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RADICAL UPGRADE IN POPULATION HEALTH PREVENTION

A shift in focus to population health that supports GM residents to self-manage, innovates the model for prescribers and pharmacies, and tackles the future burden of cardiovascular disease and diabetes.



STANDARDISING CARE IN LOCALITIES

A new model of care closer to home that includes scalable evidence based models for integrated primary, community, mental health and social care. Key features will be targeted case management of the population most in need delivered by upskilled multidisciplinary teams, together with streamlined discharge planning in order to reduce the demand placed on acute hospitals.



STANDARDISING ACUTE HOSPITAL CARE

The creation of "single shared services" for acute hospital services and specialist services to deliver improvements in patient outcomes and productivity through the establishment of consistent and best practice specifications that decrease variation in care and enabled by the standardisation of information management and technology.



STANDARDISING CLINICAL SUPPORT AND BACK OFFICE SERVICES

The transformational delivery of clinical support and back office services at scale across GM, including the establishment of coordination centres to help navigate GM residents through our complex system to the right services.



ENABLING BETTER CARE

The creation of innovative organisation forms, new ways of commissioning, contracting and payment design and standardised information management and technology (including actuarial analysis and risk stratification) to incentivise ways of working across GM, so that our ambitious <u>aims can be realised.</u>





Our Joint Ambition (1)

- **Significantly improve Population Health Outcomes**: specifically diabetes, respiratory disease, cardiac disease, cancer, self harm and suicide though:
 - Population segmentation and targeted interventions
 - Improving early detection and treatment
 - Shift from reactive to proactive care
 - Focus on prevention and self care starting from pre-birth
 - Significantly reducing alcohol misuse, smoking and increasing healthy eating and exercise
- Deliver financial sustainability (£162m gap by 2020 if we do nothing): managing demand and ensuring productive and efficient systems and services





Our Joint Ambition (2)

- Deliver clinical sustainability through implementation of acute hospital configuration, new care models and integration of health and care services to improve outcomes and deliver 7 day services
- Develop joint commissioning models

THE WHOLE SYSTEM MUST BE SUSTAINABLE AND DELIVER THE MAXIMUM BENEFIT FOR EACH £ SPENT





Development of the Plan

Developed and jointly approved by:

- Bolton CCG
- Bolton Council
- Bolton FT
- GMW
- Bolton CVS
- Bolton Healthwatch
- Other key health and care partners





Where We Are Now

- Bolton Locality Plan approved December 2015. High level Implementation
 Plan drafted due for submission end January 2016
 - Key workstreams set out with senior lead for each
 - Planning on 30 day cycles for delivery of outputs
 - Executive level Implementation Group established to oversee delivery
 - Detailed Action Plans under development for every workstream to support implementation
- GM Plan approved. Implementation Plan for 2016/17 produced. Production underway of the GM Sustainability and Transformation Plan (as required by the NHSE 5 Year Forward View 2016-2021) – to be submitted by end June 2016
 - Bolton senior representatives on GM Devolution Board and Executive meetings





Governance

HEALTH AND WELLBEING BOARD

COMMISSIONING PARTNERSHIP BOARD

Chief Executive/Chair/Director level to design and drive the strategic commissioning agenda

EXECUTIVE DELIVERY GROUP (H&WB STRATEGY, LOCALITY PLAN)

Associate Director/Senior Management level to drive implementation of the commissioning agenda and oversee delivery of the key outputs from the underpinning work programme

New Contractual Models and Financial Sustainability Placed Based
Commissioning:
focus on joint
commissioning Population Health
Outcomes and
Prevention

New Provider
Models with a focus
on proactive,
integrated care with
primary care at the
foundation

Delivery
Programmes
including Primary
Care at Scale,
Redesign of Acute
Services, GM Mental
Health Strategy

Enabling Workstreams
Estates, IT, Housing,
Employment,
Workforce, Education
and Training, Innovation,
Engagement

Integrated Health & Social Care in Bolton





Scale and Pace of Transformation

- £162m gap by 2020 if we do nothing...
 - ...gaps in health and social care budgets build from year 1...
 - ...known workforce limitations
- Transformation outlined in locality plan & GM plan:
 - Joint commissioning in Bolton & joint commissioning at GM scale
 - New, integrated provider models (locality care organisations)
 - Reconfiguration of acute services
 - Greater focus on self care and on what we offer now that we need to stop
 - Continue the shift to community based care, preventing hospital admission



What does it mean to me?





"I get the support I need to manage my own health conditions"

"I get to see my GP when I need to"

"I don't have to go into hospital to have help with most of my health problems"

"If I need once in a lifetime surgery, it is done by the best Consultant & team with best chances of success"





What is Happening Next

- Detailed local implementation plan by end March 2016, including requesting local allocation of the GM Transformation Fund
- Alignment of Health and Wellbeing Strategy and Locality Plan
- **Sign off GM Sustainability and Transformation Plan** (due for submission to NHSE by end June 2016)
- Contracts for 2016/17 to be agreed by end March 2016 which need to include move towards new Models of Care
- Further develop joint commissioning across health and care
- Major communication and engagement programme