

GM Community Services Review



Why is a review needed?



Greater Manchester

- With the formation of the Greater Manchester Integrated Care Board in July 2022, and the accompanying financial constraints, the need for **consistency and cost efficiencies** across the ten localities has been identified as an area of priority.
- To ensure key programmes of work within Community services are identified and delivered against to **enable leveraging the benefits of scale** and the **benefits of place-based working** wherever possible.
- The key aim for the programme is to ensure an **offer across all localities to meet the population need** and **improve quality, experience, access and outcomes** for Greater Manchester residents which in turn delivers against the ICB missions.

Community Services Review: Aims



Greater Manchester

- **Create a vision for Community Services:** we need a clear vision for community services set in the context of the ICP strategy, GM Joint forward plan, in particular achieving care closer to people's home and neighbourhood working, with a population health-based approach to prevention, proactive and personalised care, holding and managing risk appropriately and tackling inequalities.
- **Strengthen the alignment for integration and partnership working at place:** the operating model moves the responsibility for commissioning of community services to place to support place to meet local needs by further integration and partnership working.
- **Leverage the opportunity of scale to improve services:** we need to work across our system to agree a core standard for community services, and a delivery model to reduce unwarranted variation, and improve the experience of quality, access, and outcomes. We need to understand our current performance, quality of service and outcomes across the GM system. We need to target our efforts to address challenges in our system. We need to build on and spread good practice, as we have multiple examples across the system, and we also need to look outside of GM to support innovation.
- **Support future funding and investment / disinvestment decisions:** we need to understand the investment in community services and the value, including efficiency and productivity. The GM strategy sets out a move to proactive and preventative care. Future growth in health and care funding or gains from increased productivity needs to be targeted/ reinvested in community services to achieve this ambition .
- **Support a workforce plan:** community services like other areas face significant workforce challenges. Unlike other areas they are often under the radar, and undervalued. GM needs to develop a sustainable workforce for the future if we are to deliver on our ambitions. Community services should be a place where people aspire to work as autonomous practitioners at the top of their game, supporting residents in or close to their own home where appropriate.

Workstreams

5 key workstreams have been set up to focus on priority areas for the first year

- **Contracting and financial flows:** understanding the “as is” and developing the future core offer.
- **Data, Performance & Intelligence:** develop and implement a minimum community data set to enable effective performance and activity review, and future benchmarking.
- **Intermediate Care:** develop GM wide core (minimum) standards for intermediate care services across GM to drive improvements in quality, access, and outcomes.
- **Community Nursing:** develop a core (minimum) standard for community nursing, a workforce plan that supports the delivery of the standard, and develop a workforce fit for the future, ensuring that community services are integrated within the neighbourhood model.
- **Collaboration for Sustainability:** identify opportunity for consolidation and collaboration across GM to address issues of sustainability/ lack of resilience.

Governance

The programme reports to the Health and Care Review, with a Programme Board representing all localities and a broad cross section of disciplines/ functions.

The Expert Reference Group draws membership from all service provider organisations, and combines with GM system and programme colleagues



Greater Manchester

KEY:

— Direct reporting

- - - Collaboration

GM Integrated Care Board
Chair: Sir Richard Leese

Executive Committee
Chair: Mark Fisher

Health & Care Service Review Programme Board
Chair: Mark Cubbon, Co-Chair: Alison McKenzie-Folan and Vice Chair: Rob Bellingham

Community Services Programme Group
Chair: Philippa Johnson
Admin: Marie Pilling

Community Service Strategy Group Meeting
NORTHWEST REGION

CSR: Expert Reference Group
Chair: Philippa Johnson/ Zulfi Jiva
Admin: Audrey Price

Financial Advisory Committee (FAC)

The FAC is not a decision-making forum, all financial decisions will follow the process detailed within the Financial Scheme of Delegation.

Contract Reconciliation: Task and Finish Group
Lead: Phil Kemp

Data, Performance & Intelligence
Lead: Graham Hayler

Core Standards / Intermediate Care
Lead: Jo Chilton

Core Standards & Workforce/ Community Nursing (integrated services)
Lead: Michaela Toms

Collaboration for sustainability
Lead: TBC

Links to Cost Improvement Plan (CIP)



Community Services Review in the Context of the Neighbourhood Model



Neighbourhood Model

GM are working up the Neighbourhood model as part of the building blocks and delivery plans to support prevention and our system sustainability plan



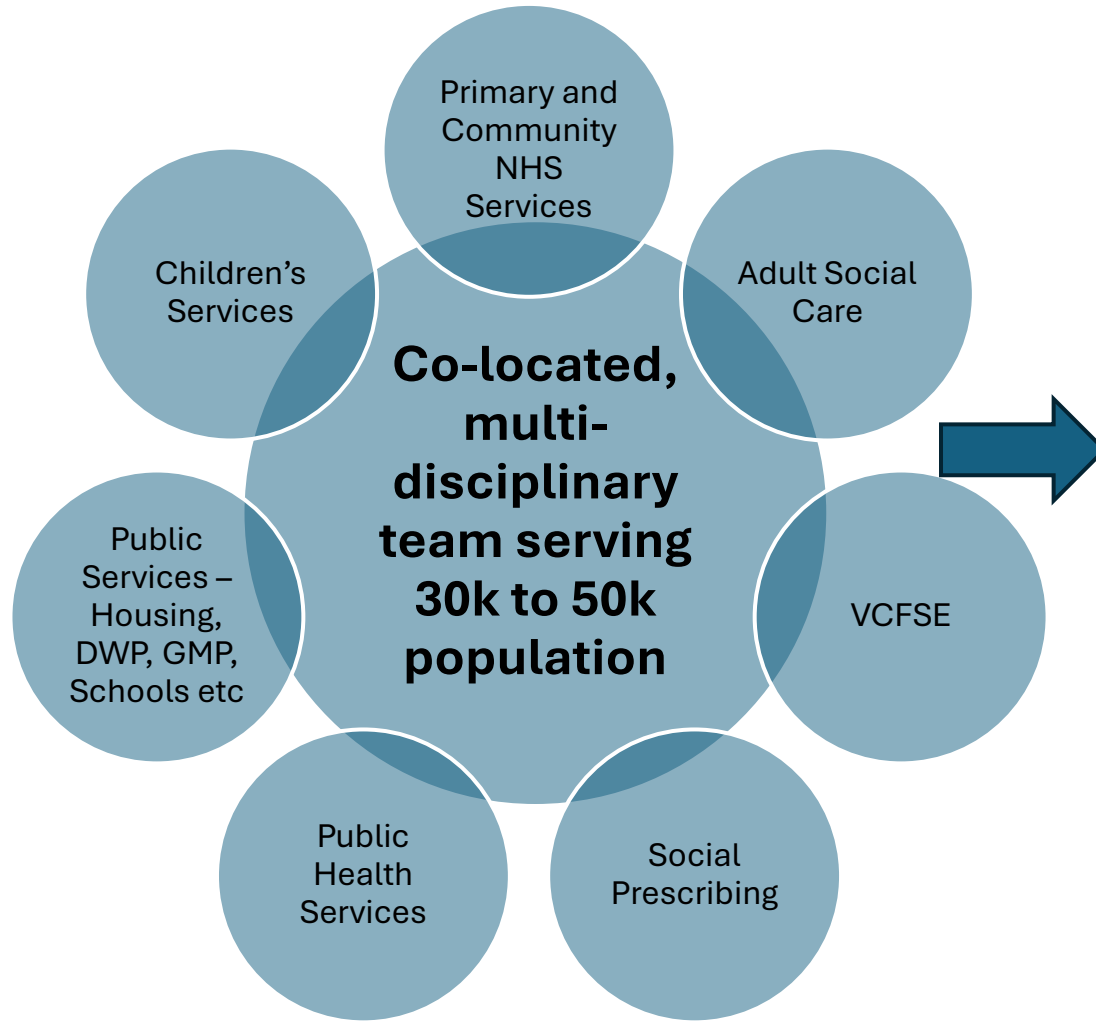
NHSE planning guidance sets out the 6 core components of the Neighbourhood Model

- Population Health Management : a data driven approach
- Neighbourhood Multidisciplinary Teams
- Standardised Community Health Services
- Modern General Practice: improved access and continuity
- Urgent Neighbourhood Services
- Integrated Intermediate Care with a “Home First” approach



The Model Neighbourhood in Practice

- Full Live Well Prevention Offer – Primary, Secondary and Tertiary
- Using full range of Pop Health management tools
- Asset Based and focused on Health Creation
- Integrated Leadership Arrangements
- Pooled Budgets



Local Leadership – Locality Board and Place-Based Lead



Ask of Localities:

- Be clear how locality community services support the delivery of the locality plans, and align with the Neighborhood model at place
- Have a clear understanding of the financial flows work and locality specific finances including any gaps or challenges and plans to mitigate
- Consider the implications of the responsibility for commissioning community services to transfer to place 2025/6 (to be decided)
- Engage with GM Community Services Review programme, to support the GM system understanding of the “as is” and shape the transformation at a system level
 - Share a locality baseline assessment to enable a GM view of community services resource, quality, best practice and challenges and identify how the programme can support further improvement
 - Engage with core standards work for community nursing.
 - Engage with the intermediate care (IMC) development of core standards.
 - Share any areas of good practice related to community services transformation that could be scaled.
 - Identify any challenges that could be supported by working at scale through the GM programme
 - Ensure a link with the data pillar and support the work taking place with providers to improve data quality including sign up to the Faster Data Flows programme.
 - Ensure locality or provider workforce leads are linked into the transformation work
 - Connect with and contribute to the Community Services Review workstreams where there is synergy and energy locally: all workstreams are reliant on resource from within the system
 - Encourage provider representation on the Expert Reference Group: this is a place to hear updates from National or Regional briefings, influence the programme and learn and share across the system