Purpose of developing Greater Manchester Community Based Standards

The need for the standards

Localities across Greater Manchester are developing comprehensive plans for delivering the highest levels of care to their local populations and patient groups. These plans take into account:

- The current and future health and care needs of all population groups and patient cohorts
- The recently launched Primary Care commissioning strategy, which sets out the aspirations, principles and commitments governing the future provision of primary care services; and
- The on-going work within each locality to create and implement models of integrated care as part of a wider Public Sector reform
- The significant financial challenge that localities face due to increasing demand and reducing real budgets

Whilst each locality is working to deliver the right 'Community based Care' services within their local communities and neighbourhoods, Health and Care leaders from across Greater Manchester have expressed a need to ensure there is consistency in the aspirations and proposals put forward so that the local plans collectively lead towards a stable and sustainable health and care system across Greater Manchester.

As a result, stakeholders across GM have worked together to develop a common set of community based care standards that outline the key outcomes which all local plans for health and social care will seek to deliver. These standards are supported by all stakeholders across Greater Manchester and sit alongside the clinical standards which underpin the clinically led programme to reconfigure some services in some Hospitals across Greater Manchester.

These standards are not entirely new. Localities across Greater Manchester have long delivered services that reflect these aspirations. The standards create a framework through which localities can consistently describe all the activities underway across Greater Manchester to deliver high quality and sustainable care. This would also help to ensure that everyone across every community in Greater Manchester gains a consistent understanding of their personal responsibilities towards and expectations from the 'Community Based Care' services across Greater Manchester.

The standards support and reinforce the local plans by:

- 1. Setting future aspirations for better quality care upon which activity assumptions can be based.
- 2. Providing a set of metrics for activity upon which the money flows can be determined.
- 3. Providing a mechanism for reducing variation across Primary Care and measuring quality
- 4. Aligning Primary Care and Integrated Care into a coherent offer for community based services that people can understand.
- 5. Providing a consistent approach across Greater Manchester to the quality and commitment to Community Based Care which can then be implemented locally

The Process Through which the standards were developed

Supported by the Greater Manchester Integrated Care Programme team, localities have been developing plans for delivering Integrated Care.

In parallel to this NHS England Greater Manchester Area Team has worked collaboratively with CCGs, Local Representative Committees, Local Professional Networks, patient groups and a wide variety of stakeholders to develop and launch the Primary Care strategy. This outlines a series of commitments to be delivered within the primary care setting across Greater Manchester in response to patient needs and in alignment with CCG Business strategies.

Subsequently, an iterative process was undertaken, led by the Greater Manchester Primary and Integrated Care leads to consider common themes emerging from local integrated care plans and the primary care strategy. Five core themes were defined as illustrated in the Figure below

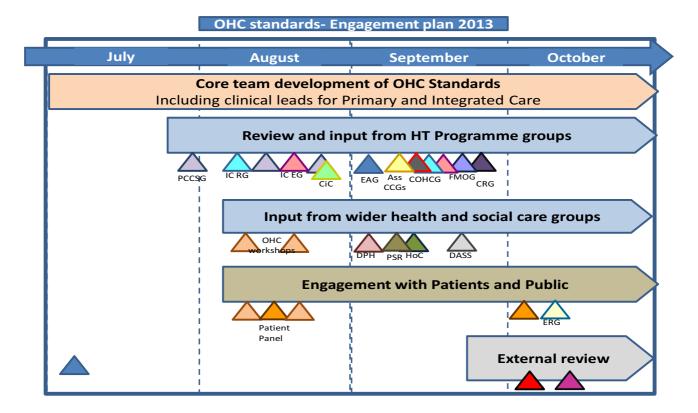
Five core themes for Community Based Care:



An extensive engagement process was then undertaken from August – October 2013, where these overarching themes were tested, analysed, refined and more accurately defined with a series of stakeholder groups as shown below.

Following a series of workshops, an outline set of standards were developed by the end of August 2013 and further refined during September 2013. This was presented at the Primary Care Summit on 25th September 2013. A further engagement process was then carried out commencing October 2013 where the standards were presented to and shared with key stakeholder groups including the Local Health and Wellbeing Boards and patient groups.

Process of Engagement



Next Steps: Taking the standards forward

The standards have been endorsed by the local Health and Well Being Boards alongside the Integrated Care plans being developed locally which will inform local conversations commencing early 2014. In line with the application process for the Better Care Fund (BCF) money, it is anticipated that the Community Based Care standards and Integrated Care plans would be endorsed by local Health and Well Being Boards at the beginning of 2014.

The Association Governing Group of the 12 Clinical Commissioning Groups, formally agreed the standards at their meeting in February 2014

NHS England will also work closely with partners across Greater Manchester to ensure the right governance structures are put in place to measure and monitor how services are delivered against the agreed standards

For example, efforts will be made to capture and publish data relating to the performance of Primary Care services against the Community Based Care standards. The data will be timely and accurate and presented accessibly in one place making it easy for users to access information about the services providing their care (community based) and for professionals to compare and thereby improve their performance in relation to their peers. It will be the responsibility of the local systems measure and monitor delivery against the standards.

Whilst the specific priorities and performance goals are clearly a matter for each locality, a number of measures are suggested for determining performance against the standards. Wherever possible, these measures have been aligned to existing indicators in national frameworks using existing data, for example the Outcomes Frameworks for the NHS, Public health and Social Care. There are also a number of metrics associated with the BCF and a set of Greater Manchester key metrics which will be used to illustrate the transfer of activity from secondary care. Whilst the exact BCF measures are yet to be finalised, areas under consideration include:

- Delayed transfers of care
- Emergency admissions
- Patient and service user experience

The Greater Manchester key metrics include:

- % Reduction in A&E attendances
- % Reduction in emergency admissions
- Reduction in emergency readmissions from X to X
- % Reduction in permanent admissions to care homes
- % Increase in deaths in usual place of residence

- Effectiveness of reablement
- Admissions to residential & nursing care

It would be valuable for each locality to take these into consideration when determining their locally agreed outcome and performance measures. Timescales for this would fit with the timescales for local delivery, commencing with an ambition to roll out from 2015/16 as integrated models become fully implemented.

QUALITY AND SAFETY STANDARDS

- All providers of health and social care (like hospitals and local authorities) will:
 - Have ways to ensure high quality services are delivered
 - Publish how well they are doing against a set of standards
 - Learn from incident reporting, complaints and peer review
- All commissioners (who buy services on behalf of a population) of health and social care will expect high quality services and will investigate unexpected variations in care
- All commissioners and providers of health and social care will work together to identify people whose circumstances make them vulnerable and as far as possible, protect them from avoidable harm
- All members of the health and social care workforce will have the right skills and experience to deliver high quality care

THE STANDARD WILL DELIVER THE FOLLOWING OUTCOMES

- People will feel confident that care and treatment is delivered to agreed safety and quality standards
- People will receive consistent, high quality care
- People will have a positive experience of care and support

THE STANDARD MAY BE MEASURED IN A NUMBER OF WAYS

- More consistent outcomes across Greater Manchester in primary care
- Better reporting of incidents, near misses and errors that is timely and transparent
- Better GP patient satisfaction survey results
- More people and carers who are satisfied with their experience of care and support services
- More people able to access their own records
- More people reporting they feel safe in the care they receive
- Better Friends and Family test results
- Better staff satisfaction and reduced staff turnover rates

In development:

 Specific Greater Manchester primary care data measures and benchmarking tool which will include GP practice level measures

WHAT THIS WILL MEAN FOR YOU

- You can access information regarding the quality of your health and social care services
- You can compare your health and social care services to services elsewhere in Greater Manchester
- You know the care you receive is safe
- Your health and social care services communicate with you openly and honestly and admit when they've got it wrong
- You can access high quality care wherever you live In Greater Manchester
- You are given information and have the knowledge about any medicines you take, their purpose, how to take them, and potential side effects



OUR JOINT COMMITMENTS

Greater Manchester health and social care commissioners give you the following commitments

- We will continuously strive to improve the quality of services and ensure that care is safe
- We will support all health and social care organisations to be open and honest, learning from their mistakes
- We will learn from what people tell us about their experience of the care they receive

You give Greater Manchester the following commitments

- I will take steps to understand what 'best care' should look like and say if I don't think that I am receiving best care
- I will take my medicines as prescribed and ask my pharmacist or care co-ordinator if I am unsure how to take them safely
- I will share my concerns and speak up when I believe that I have not received safe, high quality care
- I will participate in surveys sent to me about satisfaction with my care

WELLNESS AND PREVENTION STANDARDS

• All health and social care services to promote health and wellbeing

THE STANDARD WILL DELIVER THE FOLLOWING OUTCOMES

- Increased knowledge and awareness about keeping healthy and maintaining good wellbeing Increased personal responsibility and independence
- People will experience improved physical and mental health and wellbeing
- Reduced sickness absence from work
- People are informed how to access a range of services to keep them well

THE STANDARD MAY BE MEASURED IN A NUMBER OF WAYS

- More uptake of screening
- More pharmacy reviews for new medicines
- More people losing weight, stopping smoking and reducing alcohol intake
- Fewer people admitted to hospital due to alcohol
- Increased percentage of eligible people being vaccinated
- Reduced gap between overall employment rate and that for people with a learning disability, mental health or a long term condition
- Better availability and access to psychological therapies
- More people using social care whose needs are resolved at the first point of contact
- More carers who are able to maintain their quality of life
- More homes meeting the decent homes standards in each borough

WHAT THIS WILL MEAN FOR YOU

- You can attend health screening appointments in evenings and weekends, as well as in traditional working hours
- You can easily access a local pharmacist for a range of health care services
- When you see a health or social care professional, they will be able to advise you on healthy lifestyles and screening
- You can easily access lifestyle advice and support in your neighbourhood



JOINT COMMITMENTS

Greater Manchester health and social care commissioners give you the following commitments

- We will work to ensure that wherever you live, you will be encouraged to take up and chose healthier lifestyle options
- We will ensure everyone is aware of how and where they can access appropriate advice, support and help to develop healthier lives
- Active lifestyle and advice services will be available to all

- I will take endeavour to lead a healthy lifestyle and accept offers of support when my lifestyle is impacting upon my health and wellbeing
- I will accept all offers of screening and immunisation and discuss the consequences with a healthcare professional if I choose not to or am unable to accept.

SELF CARE, INDEPENDENCE AND CHOICE

- All health and social care commissioners will understand the health and care needs of their populations and ensure that providers of care services promote self-care and independence
- All health and social care commissioners will keep an up to date directory of health and care services in their local area

THE STANDARD WILL DELIVER THE FOLLOWING OUTCOMES

- People will have increased confidence and knowledge to self-care
- People will know how to appropriately access health and social care services
- People and their carers will be helped to be full partners in their care, increasing self-reliance and independence
- Improved health and wellbeing of local populations

THE STANDARD MAY BE MEASURED IN A NUMBER OF WAYS

- Increased positive GP patient satisfaction survey results for self-care
- More carers assessed
- More people feeling supported to manage their condition and independence
- Better satisfaction responses in the National Social Services Survey
- Fewer attendances at A&E for long term conditions, mental health and minor illnesses
- Fewer unplanned admissions to hospital for long term conditions and mental health problems
- Fewer permanent admissions into residential and nursing care homes
- More people who know what choices are available to them locally, what they are entitled to and who
 to contact when they need help
- Fewer unplanned admissions to hospital that are preventable
- Better access to minor ailment services at community pharmacies across Greater Manchester
- More people using social care services who decide their own support and receive direct payments
- More people able to access their health and social care records

WHAT THIS WILL MEAN FOR YOU

- Your carers / family have their needs recognised and supported
- Information is given to you at the right times, provided in a way you can understand
- You are as involved in decisions & discussions about your care, support and treatment as you want to be
- You have the knowledge, information and support that you need to make decisions and choices about your care and support
- You have the opportunity to own and access your health and care records if you wish to
- You are always kept informed about next steps in your care and support

JOINT COMMITMENTS

Greater Manchester health and social care commissioners give you the following commitments

We will understand the health and care needs of our local populations and promote self-care, wellbeing and independence through:

- Screening
- Better use and development of support in local communities
- Providing up to date, evidence-based and accessible information
- With your consent, ensuring that relevant information is shared with health and care professionals involved in your care
- Ensuring that health and social care professionals work together to support you to take personal responsibility when making decisions about your health, care and wellbeing

- I will take responsibility for my own health and wellbeing and take steps to keep myself healthy
- If I have a care plan that I have agreed with my health and care professionals, I will follow it and ensure that it is kept up to date.
- I will endeavour access information that will enable me to look after myself.
- I will ask questions when I don't understand



CARE PLANNING AND MULTIDISCIPLINARY CARE

- All people with a long-term condition will have access to their own care record and shared care plan, including a crisis plan where appropriate
- All people with a long-term condition will have a named professional who has the lead responsibility for coordinating their care
- Health and social care teams will have input from GPs, primary care, community care, social care, mental health and other specialists to support care as appropriate

THE STANDARD WILL DELIVER THE FOLLOWING OUTCOMES

- People will receive co-ordinated, high quality care from an increased range of services in the community
- Improved coordination between care staff from different organisations
- All people who would benefit from a care plan will have one
- People will be seen by the right person, at the right time in the right place
- Improved communication between people receiving care and the team providing their care and support from a range of organisations
- People are supported to remain living at home for as long as possible
- People are supported to die in their home if they choose

THE STANDARD MAY BE MEASURED IN A NUMBER OF WAYS

- Fewer emergency admissions to hospital for long term conditions and mental health problems
- Fewer attendances at A&E for long-term conditions and mental health problems
- Fewer emergency readmissions within 30 days of discharge from hospital
- More people (65 years and over) still at home 91 days after discharge from hospital into reablement or rehabilitation services
- Fewer delayed transfers of care
- More people discharged from hospital to their home
- More people identified as nearing end of life with a personalised palliative care plan
- More people dying at home
- Better GP patient survey results
- More people who know the name of their care coordinator
- More people who feel they have choice and control over their life
- Fewer people placed in permanent residential and nursing care

WHAT THIS WILL MEAN FOR YOU

- You work with your team to agree a care and support plan
- All your needs are assessed and taken into account
- You have regular reviews of your care, treatment and support
- You tell your story once
- You always know who is coordinating your care
- Professionals involved with your care talk to each other. You all work together as a team
- When something is planned, it happens
- You have a plan for your long term condition that puts you in control

JOINT COMMITMENTS

Greater Manchester health and social care commissioners give you the following commitments

- We will ensure that professionals work with you to assess your condition and determine your needs
- Where it is in your best interests, we will ensure that your care is provided in the community
- We will commission tools that help professionals to work with you to make informed decisions about your care and support
- We will implement a Greater Manchester Information Technology strategy to integrate health and social care records

- If I have a care plan that I have agreed with my health and care professionals, I will take ownership of it and share it with others who are involved in my care
- If I have a named care of co-ordinator, they will be my first point of contact (unless it is an emergency)
- I will attend reviews of my care and make suggestions about how I can be further supported to manage my own care



ACCESS AND RESPONSIVENESS

- People will have access to professional health and social care advice and triage (assessment) provided 24 hours a day, seven days a week and be directed to the most appropriate service to meet their health or social care needs
- Everyone will have access to primary (e.g. GP services) and community care within 2 hours in case of an urgent health need, or within 6 hours if considered needing same day consultation
- Everyone with an urgent social care need will have access to social care within 2 hours, those with a less urgent need will be contacted on the same day

THE STANDARD WILL DELIVER THE FOLLOWING OUTCOMES

- People will be able to use primary care as their first port of call when accessing health services
- People with an urgent health or social care need will have rapid access to primary, community and social care services
- Increased satisfaction with access to health and social care services
- Reduced use of the ambulance service, attendances at A&E and emergency admissions to hospital
- People will have improved access to NHS Dental and NHS sight test services
- Carers will feel more supported to continue in their role

THE STANDARD MAY BE MEASURED IN A NUMBER OF WAYS

- Fewer A&E attendances for minor conditions
- Fewer emergency admissions for conditions that should not usually require hospital admission
- Better responses to the annual GP Out Of Hours Survey
- Fewer A&E attendances and admissions to hospital related to long term conditions
- More people needing social care who receive an initial assessment and advice the same day
- More people who need social care whose needs are resolved through online services
- Fewer ambulance journeys to A&E as a proportion of the overall total
- More carers assessed

In development:

Measures for the responsiveness of primary care within 2 hours and 6 hours

WHAT THIS WILL MEAN FOR YOU

- Accessing primary care is simpler and easier than going to A&E
- You know who to contact and when, even in a crisis
- When you need urgent care, you have rapid access to an appropriate health or social care professional



- You have access to health and social care advice 24 hours a day, 7 days a week
- You have support to help you access the most appropriate health or social care service to meet your needs

JOINT COMMITMENTS

Greater Manchester health and social care commissioners give you the following commitments

- We will ensure that there is excellent access to primary, community and social care services across all parts of Greater Manchester
- Children between 0-5 years will be able to access primary care services appropriate to their need the same day
- We will promote the use of different communication methods and technology for accessing services (e.g. using smart phones)

- I will take responsibility to seek out information about services in my local community to empower me in making the right choices when I need help.
- If I have a non-urgent health care need, I will contact a relevant primary care service (e.g. pharmacist or GP), or my named care co-ordinator
- I will attend all appointments that have been made for me or cancel it if it is no longer required