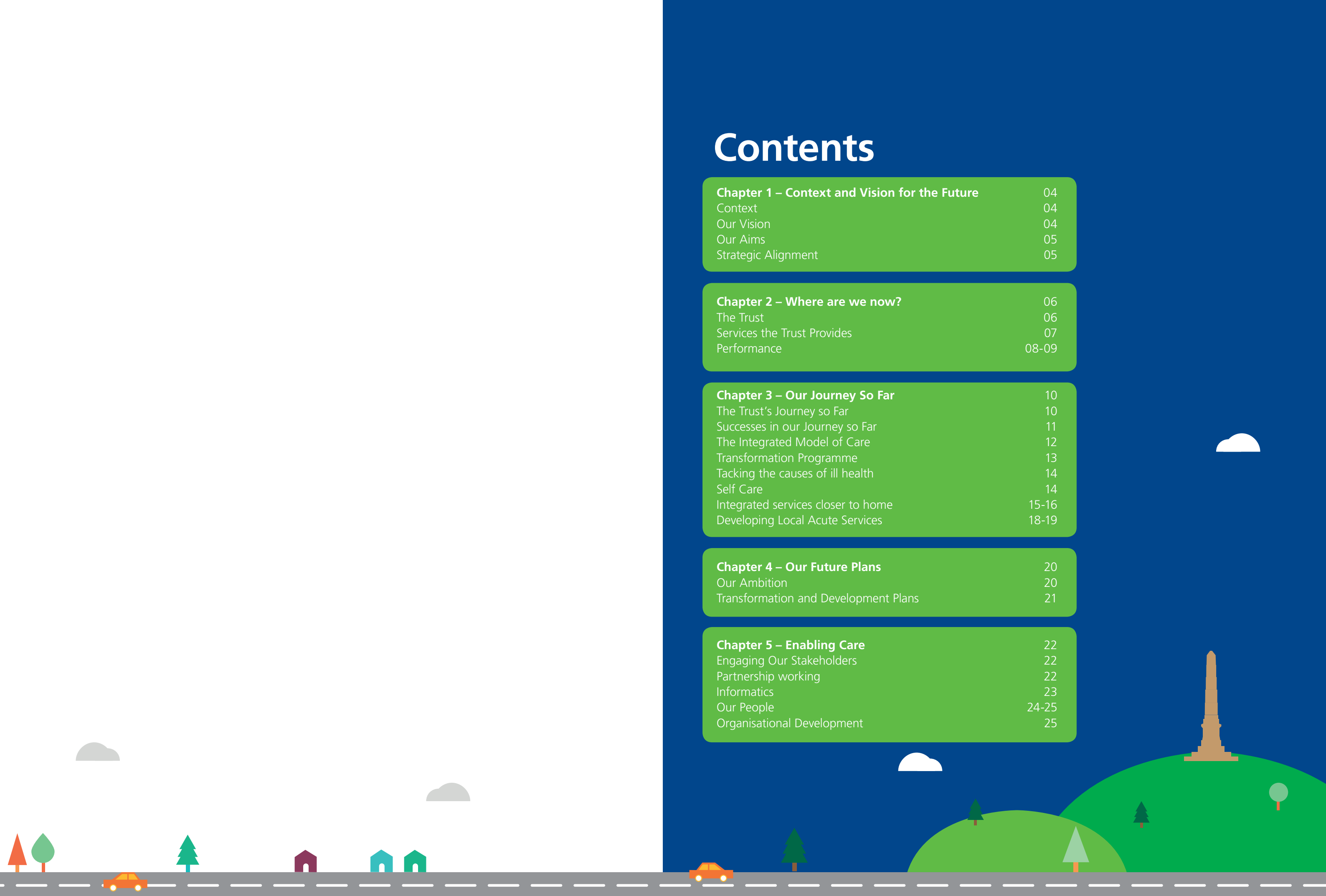


# Beyond Patient Care to Population Health

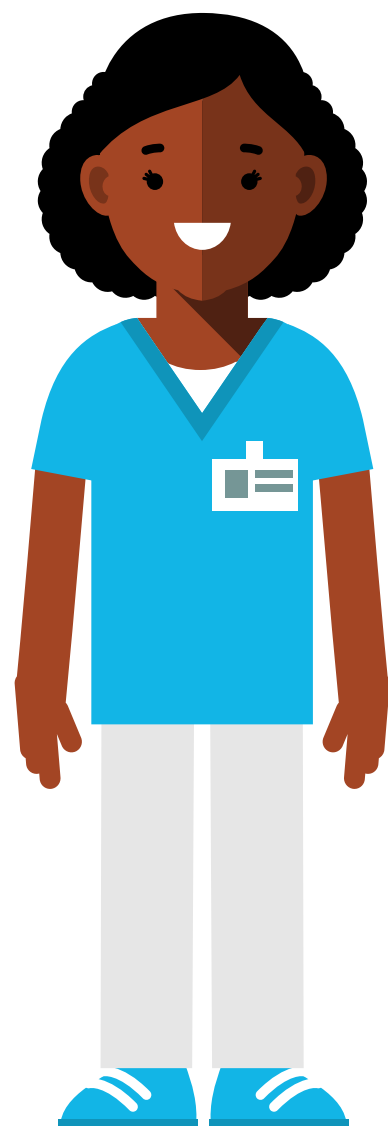
Strategic Plan  
**2017-2022**





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## CHAPTER 1

# Vision for the Future

Health outcomes in Tameside and Glossop are worse than the national averages. Tameside people have a lower than average life expectancy and healthy life expectancy (HLE).

Therefore we have worked together with our clinical commissioning and local authority partners to set out our ambition for the health and care system to improve life expectancy in Tameside and Glossop to GM and the national average.

The plan 'Care Together' will transform the way in which services care for, involve and support the 250,000 residents, to improve health and wellbeing.

### The Tameside and Glossop Integrated Care Vision

Our vision is to improve health outcomes for our population and influence the wider determinants of health, through collaboration with the people of Tameside and Glossop and our health and care partners.

## Strategic Alignment

Our five year strategic plan is aligned to the triple aims of the national Five Year Forward View and the Greater Manchester plan, Taking Charge.

## Our Aims

To deliver this vision our aims are 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 to enable people to take greater control over their own care needs and the services they receive.



When illness or crisis occur, provide high quality integrated services that are designed around the needs of the individual and are provided in the most appropriate setting, including in people's own homes.



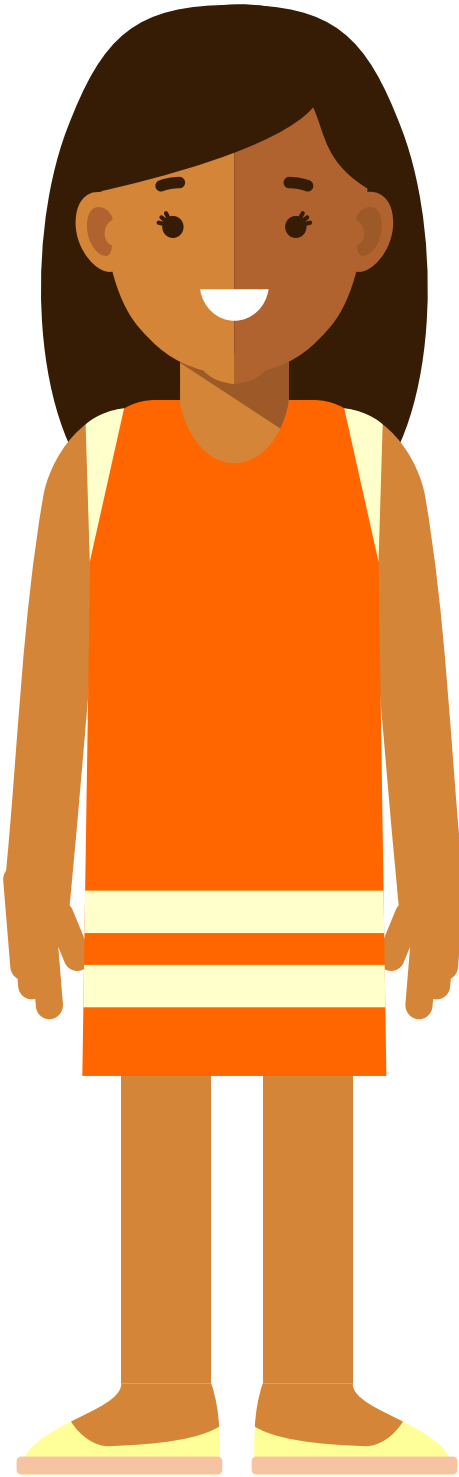
Develop and retain a workforce that is fit for the future needs of the organisation; reward talent; and instil pride in the workforce which demonstrates our Values and Behaviours and has the skill and ambition for continuous improvement



Work with partners to innovate, transform and integrate care provision in Tameside and Glossop and in doing so contribute to the delivery of financial sustainability

Chapter 2

# Where are we now?



Services the Trust Provides\*

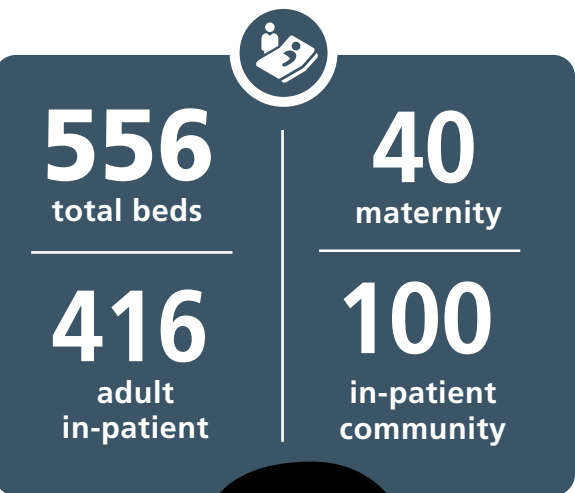
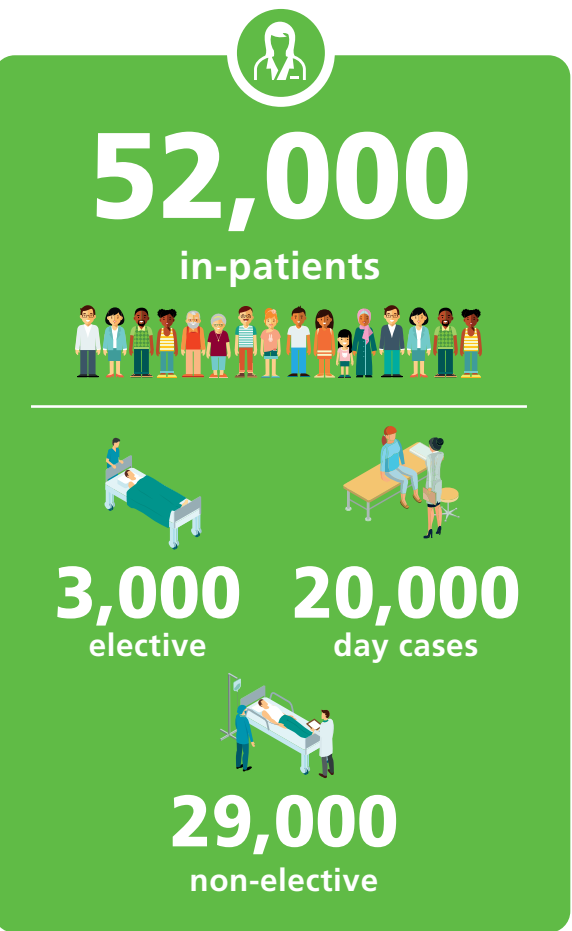
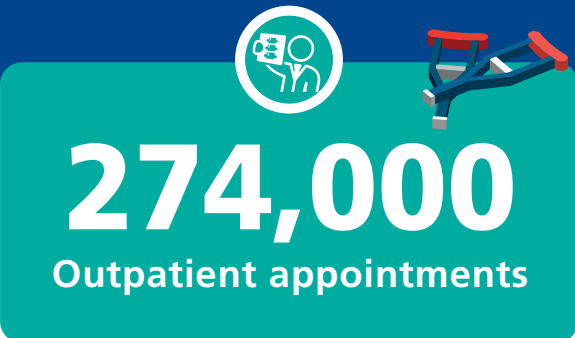


\*not an exhaustive list

# Performance

## Activity

In 2016-17, the Trust undertook the following activity;



In 2016 the Trust took over the provision of community healthcare services, with activity of circa 437,378 patient contacts.

## Quality Improvement

We are committed to undertaking integrated quality improvement, which provides a co-ordinated approach to service governance, risk management and quality improvement.

### Patient Experience and Patient Safety

We have a three year Patient and Service User Experience Strategy, with three key objectives to:

1. listen to our patients and service users;
2. learn from their reported experiences; and
3. Act to improve on the experiences by analysing data; addressing key themes and embedding good practice.

We will continue to develop our patient experience strategy aligned to our expanding range of health and care services to ensure that we listen to and engage with all of our population.

In providing care, we also provide health and wellbeing education and guidance on how services are changing, how best to access them and how to provide feedback. In this way, we will make patient experience central to the way in which we continuously seek to improve services.

We have an established Patient Safety Programme. This focuses on:

- Pressure ulcer prevention.
- Earlier recognition of the deteriorating patient and managing the acutely unwell.
- Reducing the number of falls and falls with injury.
- Improving Nutrition and Hydration Care.
- Reducing harm from Venous Thrombosis.
- Managing Medicines Safety.

- Ensuring Local Safety Standards for Invasive Procedures.
- Effective Infection prevention.
- Maternity Safety and Governance.
- Managing Results Governance.

This programme aims to ensure consistency and reliability in care and treatment and, minimise harm.

### Financial Performance

The Tameside and Glossop health and social care economy is currently projecting an overall deficit.

In order to assist with reducing this deficit the Trust and its Care Together programme partners made a bid in 2016 to the Greater Manchester Health and Social Care Partnership for £23.2m over the next three years to support the transformation of services to provide better, more efficient care pathways for patients across both health and social care. This has been approved and will support the development of our integrated service model.



## CHAPTER 3

# Our Journey So Far

The CQC inspected the Trust in August 2016 and noted that it had achieved significant improvements.

**The improvements in leadership, governance and organisational culture at the Trust, led to it being awarded a “Good” rating in January 2017.**



In April 2016, community health services for Tameside and Glossop became part of the Trust. In September 2016 the Trust changed its name from Tameside Hospital NHS Foundation Trust to Tameside and Glossop Integrated Care NHS Foundation Trust.

Inspected and rated

Good



## Successes in our journey so far

We have many achievements to demonstrate the success of our approach to developing new ways of working and delivering transformational change whilst sustaining high quality care standards;

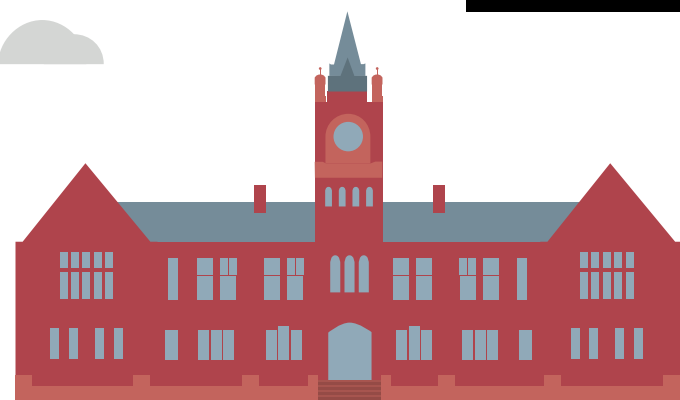


- We have been rated by the Care Quality Commission as Good, and the improvement from ‘requires improvement’ in 2013 to good in 2016, was achieved in record time.
- Continued delivery of good performance against national standards in the context of increasing acuity of patients.
- In 2016 the Trust was awarded outstanding status by the Department of Health for learning from mistakes, scored using information from the NHS staff survey. The Trust was eight out of 230 trust with only 18 trusts being rated as outstanding and only two in GM.
- We have seen continuous improvement in staff and patient national survey results in the period 2014-2017.
- We have an ethos of continuous improvement with the senior leadership team listening to its workforce.
- In January 2018 we became the first organisation in England to ban sugary food and drinks from our hospital restaurant to help tackle obesity.
- Digital Health - we are embracing technology to help reduce pressures on A & E services
- We have excellent collaborative working relationships with our commissioning partners, working together as the Care Together Programme Board we have;
  - Adopted a locality plan that will deliver improved health and wellbeing outcomes for our population.
  - Jointly developed an integrated model of care for neighbourhoods and an economy-wide financial recovery programme.
  - Tameside and Glossop was the first area (along with two GM vanguards) to be awarded Greater Manchester Health & Social Care Partnership transformational funding.
  - Care Together was shortlisted for a Health Service Journal (HSJ) award for improving partnerships between health and local government.



**Our Trust Efficiency Programme** is delivering significant benefits both in cost efficiency and quality and will deliver

**£9.87m**  
**SAVINGS 2017/18**

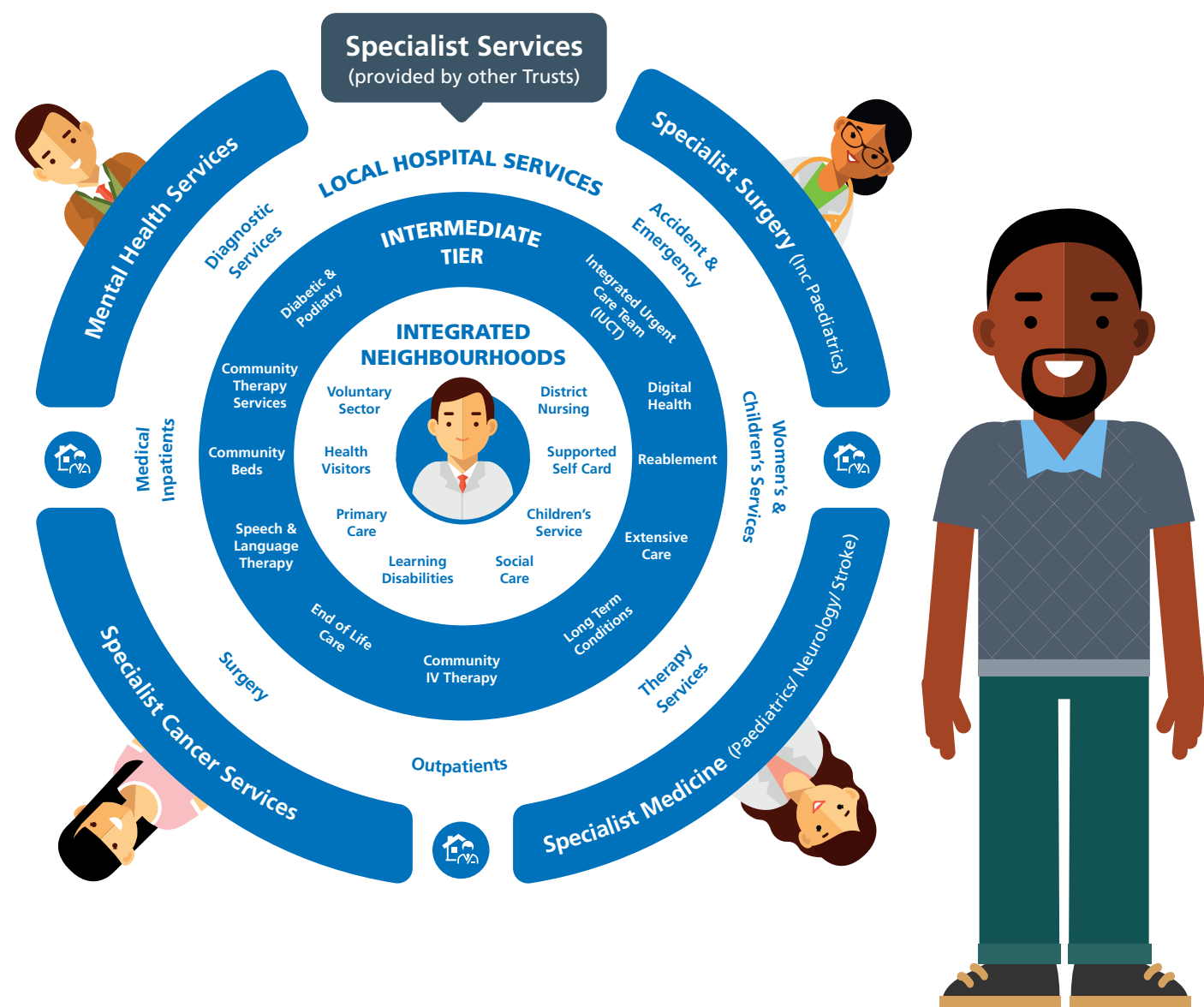




The Integrated Model of Care

We, along with our commissioning partners, have identified that key to the financial and clinical sustainability of the ICFT and the Tameside and Glossop Health and Care system is that care is provided as close to home as possible, avoiding high cost settings and hospital attendances where they are not necessary.

We will ensure our services are responsive to people’s needs, collaborate with communities to ensure people have the resources they need to stay well and ensure that the care we provide puts people at the centre. Our model will have a much stronger emphasis on ill-health prevention, supported self-care and better management of care for people with long-term conditions.



This integrated model of care will also ensure a more efficient workforce structure that avoids task duplication, so that health and care professionals are able to spend their time on supporting patients and service users with more complex conditions and needs.

Transformation Programme

Alongside the GM funded programme we also have a full programme of service improvement transformational schemes which will help us deliver our ambition of care that is focused around the needs of the individual, is joined up and efficient.



TRANSFORMATION SCHEMES

Home First	Digital Health In Care Homes	E-Referrals	Advice & Guidance	Heart Disease
Community Bed Base	Co-location of Neighbourhood Teams	Urgent Care Streaming	IV Therapies	Extensive Care Service
Community IT Systems	GM Cancer Plan	Neighbourhood Mental Health	Neighbourhood Pharmacists	Frailty & Falls
Social Prescribing	Public Behavioural Change	Asset Based Approaches	Workforce Education	Person Centred Care/ Support & PAM
Home Care	Urgent Care Walk-in-Centre	Diabetes	Single Point of Contact	
End of Life/ Palliative Care	Connecting Care for Children			

## Tackling the causes of ill health

There are many factors that affect people's health which are outside the control of the NHS. These include things such as people's diet, how much they exercise, whether they smoke, the housing they live in, their level of income, and much more.

The Trust is committed to working closely with partners such as our local councils, housing, and voluntary and community groups to support people in dealing with these wider determinants of health.



## Self Care

Supporting people's need to stay healthy and well isn't always medical or based on treatments. It can be practical help with the tasks of daily living, emotional support, or information and advice so that people can better manage their own health, which may already exist in our local communities. We want to do more to make sure that people know how to access this kind of support alongside the clinical or social care they might need to help people to manage their health and wellbeing.

This programme is called **System-Wide Support for Self-Care**, we have worked with a range of partners, including the voluntary and community sector (VCS), to develop a self-care programme of work, and will be investing an additional £1.2m of additional funds in the VCS sector over the next three years, which will develop the following key areas:

- **Social Prescribing:** ensuring that people have access to local non-medical services.
- **Asset based approaches:** delivering targeted investment in the voluntary, community and faith sector at a neighbourhood level.
- **Self-management education:** to ensure that people and their families and carers have enough information and knowledge to manage their long-term conditions or ongoing care needs.
- **Workforce education:** to ensure that practitioners are equipped with the skills and confidence to facilitate self-care



Developing a  
self-care programme  
of work investing

£1.2m



of additional funds  
in the Voluntary &  
Community Sector,  
over the next 3 years

## Integrated services closer to home

As well as supporting individuals to stay well and remain in control of their health and care, we are committed to providing the best possible care and support when people need it. We know that individuals have a better experience of care, and outcomes are improved, when their care is integrated around their individual needs and provided as close to home as possible. We are therefore committed to bringing together health and social care services.

We will ensure that people are supported in an environment that is most suited to their needs and most likely to achieve positive outcomes. In many cases this will be focused around meeting an individual's needs in their home, or within the community.





## Integrated services closer to home

We have done this through the creation of five integrated neighbourhood teams (INTs) made up of;

These teams will provide a co-ordinated care and support services to people who live in their neighbourhood. The five neighbourhoods are shown in the map below:



The Neighbourhood teams will provide a single point of contact for individuals using services and will bring together resources to ensure that patients experience well-planned and well-coordinated care which is embedded within wider community support.

- Ashton-Under-Lyne
- Denton, Droylsden, Hyde
- Hyde, Hollingworth, Longdendale
- Stalybridge, Dukinfield, Mossley
- Glossop

There are a number of specific schemes which will be delivered through the Integrated Neighbourhood Teams;

- **Community Intravenous (IV) Therapy:** This service will provide intravenous therapy within the community seven days per week.
- **Neighbourhood Pharmacists:** The aim of the service is to work closely with individuals in need of additional support to optimise patient outcomes through effective use of medicines.
- **Mental Health Support:** Tameside and Glossop are working to improve and integrate mental health services to better support the needs of individuals. We will increase mental health capacity within the Integrated Neighbourhoods by commissioning an integrated improving access to psychological therapy (IAPT) service.

In addition to Neighbourhood Services our intermediate tier service will provide additional care in neighbourhoods to ensure people are supported in the environment that best suits their needs.

These services include:

- **Integrated Urgent Care Team (IUCT):** IUCT is made up of therapists, nurses, social workers and other care and support staff. The team works between the hospital and the community, supporting people who are

experiencing some difficulties within their own home or who have been discharged from hospital or other health and social care environments. The team respond to people with urgent care needs to ensure that they receive the help they need and avoid unnecessary admissions to hospital.

- **Flexible Community Bed Base:** A new flexible community bed base provides both "step up" care to avoid unnecessary admissions and "step-down" care to support the efficient discharge of patients from acute settings.
- **Digital Health:** Using new digital technologies to help deliver healthcare for people living in care homes, by providing a platform for people to have a 'virtual consultation' with the digital health nurse where clinically appropriate from their own home.
- **Extensivist Service:** Bringing together a number of health and social care professionals into one team to provide care for people with long term health condition and/ or complex needs. The team will agree a single care plan to improve the management of the individuals condition and overall health and wellbeing.
- **End of life care:** We have undertaken a review of the way we deliver end of life services against the national framework: Ambitions for Palliative and End of Life Care. This has enabled us to focus transformation on putting patients and their families at the centre of all palliative and end of life care.

Developing Local Acute Services

There will always be times when people need a planned episode of clinical care or treatment, either in a community setting or in hospital. Our operational leadership team and commissioners have agreed the core acute services that we offer will continue to be provided at Tameside hospital.

As an integrated care organisation, we are committed to ensuring that these episodes of care are seamless and joined-up effectively and that we provide high quality local acute services to the population of Tameside and Glossop. Additionally, we are undertaking a range of schemes to improve the way we integrate hospital and community services to provide acute care.

**Advice and Guidance for GPs:** This service allows GPs to obtain advice on specific patients with a view to managing the patient in primary care, where possible.

**E-referrals:** The Trust is introducing a new e-referrals process, which will ensure that there is a single method of referring into the organisation for consultant led out-patient services.



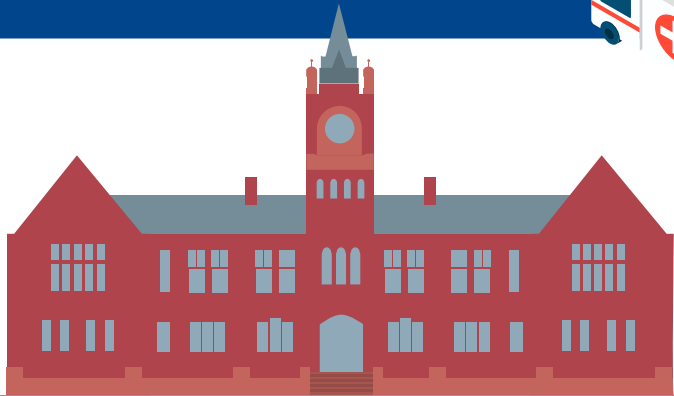
There will also be times when people need access to urgent care because they have had an accident, a sudden illness or are experiencing some other crisis in their life. We know that a hospital accident and emergency (A&E) department can be very busy and we are working hard to reduce the time people have to wait to be seen in A&E. One way to tackle waiting times is to make sure only people who have had a genuine emergency or accident are seen in A&E, and that we have an urgent care service that provides easy access to other forms of urgent and out of hours care for people who need that service, but don't need to be in A&E.



**Urgent Care Treatment Centre:**  
The Trust is working with the commissioners and Primary care partners to provide Urgent Primary care services from an Urgent Care Treatment Centre located on the hospital site next to A&E.

**Primary Care Streaming:**  
The Trust has introduced a new A&E streaming service as part of the urgent care hub, where acute nurses will assess patients who will then be seen either in A&E or by a dedicated on-site primary care clinician.





There will also be times when people require specialised care from services which are not provided by the Trust therefore we are developing relationships with specialist providers and working closely with the wider Greater Manchester transformation programme to ensure that specialist care is coordinated across the area, so that patients can receive the best care no matter where they live.

We are involved in the **Greater Manchester Healthier Together** programme, which aims to consolidate surgical procedures around four 'hubs' across Greater Manchester. This will mean some inpatient procedures will transfer to Stockport in a phased approach throughout 2020-21.

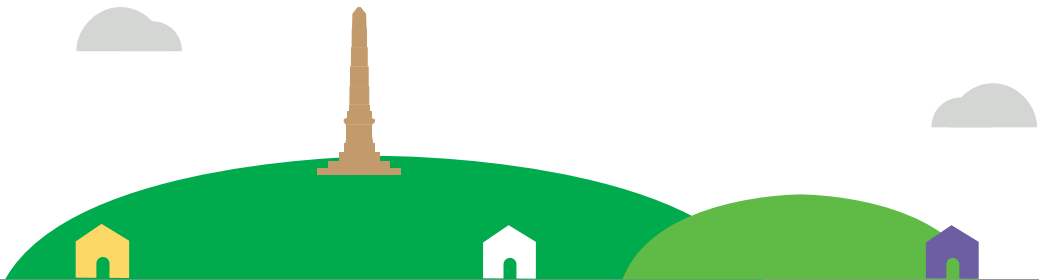
In delivering the Trust and GM strategy for integrated, place based care, we will continue to provide local, district general hospital services at Tameside Hospital.



**Alignment with GM on Specialist Provision**

We have embedded the GM led projects on specialist provision and standardisation of clinical services within our transformational programme, will improve outcomes at GM level as well as locally.

One such example of coordinated working across the GM area is in the delivery of Greater Manchester's ambitious five year Cancer Plan to improve the experience, treatment and health outcomes for patients with a cancer diagnosis.



# Our Future Plans

## Our Ambition

The long-term ambition of the Trust and our partners in the Care Together Programme is to create a truly integrated care system for Tameside and Glossop with the measure of success being that we will have raised the healthy life expectancy of the population to the North West average by 2020 and the England average by 2025, and have delivered financial and clinical sustainability across the health and care system.



## Transformation and Development Plans

Our future transformational plans which will support the delivery of the strategic aims are;



### Tackling the causes of ill health

**Commissioning for Outcomes.** Alongside the structural changes, we are working with the local health and care commissioner to develop a clear framework which will deliver improved health outcomes and meet the needs of the Tameside and Glossop population.

### Integrated services closer to home

**Transfer of adult social care.** Functions and staff will transfer from Tameside Metropolitan Borough Council (TMBC) to us. This will further integrate care for our population. The integration of adult social care into the ICFT will provide opportunities for us to develop new efficient ways of working and offer new roles to our workforce and improve our ability to offer patient centred and individualised care planning to our population.

**Transfer of commissioning functions.** A number of commissioning and management functions currently provided by TMBC or Tameside and Glossop Clinical Commissioning Group (CCG) will also transfer to us to provide the capacity and expertise to undertake the required commissioning of services that the integrated care system will be responsible for.

## Developing Local Acute Services

**Developing maternity services.** We aim to develop network arrangements with other partner organisations across GM which will result in us delivering high quality maternity services for a wider geographical population.

**Increase the activity at Tameside Hospital** that is currently provided by other organisations, but could be delivered locally.

### Enhanced research and development programme

We have expanded our research and development workforce in order to implement our aim of enhancing our research and development programme and, participate in a greater number of clinical trials.



## Alignment with GM on Specialist Provision

### Standardising acute and specialist care

We will support the GM led standardisation of acute and specialist clinical services programme and Healthier Together.

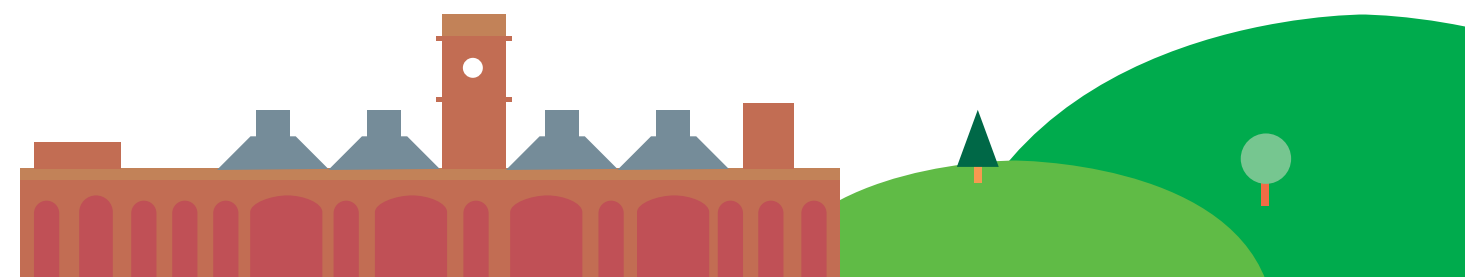
### Innovation in digital technologies.

We will identify opportunities for innovation in new ways of delivering care and integrating services which support people to manage their own care through the use of emerging digital platforms.

## Collaboration across clinical support and corporate services

### Standardisation of clinical support services.

The Lord Carter report outlined a number of opportunities for efficiencies through organisational collaboration across common support services such as: Finance, IM&T and Human Resources. We will work with partners both within Tameside and Glossop and across GM to collaborate and standardise support and corporate functions.



CHAPTER 5

# Enabling Care

## Engaging Our Stakeholders

In line with our ethos of **‘Everyone Matters’**, as the organisation transforms from a healthcare provider to an Integrated Care organisation responsible for improving population outcomes, we will engage with the people who use the services and the staff who provide them and our health and care partners to ensure they are actively involved in developing and delivering the plans.

In seeking to achieve our vision, we will ensure that everything we do is in line with our core values:

- to put the people of Tameside and Glossop at the heart of everything we do;
- working to tackle inequalities and address the wider determinants of health and wellbeing;
- integrating care around the needs of individuals, and valuing them as an equal partner in managing ongoing health and care needs;
- investing in the community and valuing the assets of VCS partners;
- Providing the best possible care in a sustainable and efficient way.



Providing the best possible care in a sustainable and efficient way

## Partnership working

We are aware that we cannot bring about this shift in the model of care alone; partnership working, as well as the support and engagement of our staff and the local community will be pivotal to the success of this project.

## Our Estate

We have significant assets within our buildings and physical resources, as well as access to accommodation within the locality owned by the ‘local authority and NHS Property Services, and our approach is to maximise utilisation of our estate and make best use of our assets. Our aim is to maintain an efficient estate and provide people in Tameside and Glossop with a first class estate which enables them to receive the highest quality public services and care. With the right space in the right place, this will support truly integrated services across all our localities.

## Measuring Success

Greater Manchester has developed a set of outcome measures to which our strategic aims are aligned.

We have a coordinated approach to monitoring our performance, governance, and risk management as well as improving performance, through the single oversight framework and this will continue as the method for monitoring Trust delivery of the acute services strategy. In addition to these, the single commissioning function is leading the work to develop a locality outcomes framework for the Tameside & Glossop Health and Social care economy.

## Informatics

We understand that appropriate and accurate information being effectively processed, challenged and acted upon is essential to the success of the Trust and that information and IT infrastructure are key enablers for us in delivering our strategy. We are therefore investing in IT that enables the integration of health and care systems and supports staff to work in a joined up way across services.

We will focus on developing IT solutions that will enable more agile working across the Tameside and Glossop health and care estate. This includes facilitating clinical documentation moving from paper to digital media and changes to working practices, with the supporting infrastructures.

In 2018/19 we will be developing an integrated care record to enable joined up care planning for individuals, which includes data from all of the support services they might be accessing. This also includes the development of a patient portal, which will enable patients to view and control their own care records, facilitating patients to become equal partners and creators of their care.



2018/  
2019



## Patient Portal

Enabling patients to view and control their own care records



## Wi-Fi Access

Seamless free connectivity across the estate

We will adopt new technology where technology can be used to provide more joined up care, allowing dynamic connectivity of medical devices between hospital and where people live.





## Our People

The ultimate aim of our workforce strategy is facilitate new ways of working either through adapting current roles or developing new roles to expand the community workforce through our new role as an Integrated Care organisation.



We are seeking to make more use of the advanced practitioner role to work across specialities providing advanced levels of practice, knowledge and skills autonomously as a member of a wider clinical or service team.



To increase the flexibility of our teams, we are also exploring the introduction of new roles such as physician assistants and, the use of existing roles in different ways, such as the introduction of physiotherapists on the respiratory ward and having Pharmacy technicians employed directly on inpatient wards.

We also face challenges in retaining staff, which has led to the development of a retention action plan. We have developed a number of initiatives across six focus areas. These areas are: recruitment, staff experience, flexibility, temporary staffing, education & training and reward with links and interdependencies between each.

Our workforce strategy will focus on creating transformational leadership within the new integrated neighbourhood teams, to support the coming together of workforces from different organisational cultures, including the non-directly employed workforce such as Voluntary Care Services (VCS) and carers.

The requirement for roles to be much more generic in nature; we will develop these by working with the current workforce as we begin develop required competencies, working with education providers to ensure they are able to meet the needs of the future workforce. Our local workforce transformation group will be responsible for developing the workforce plan, which will cover staff training and development of new and innovative roles that will support the move towards self-care and patient empowerment.



## Organisational Development (OD) programmes

We will develop leaders to lead change and help staff understand the change process and equip them with the skills to cope and support others during change. In addition we recognise that our current managers and leaders will need to continue to:

- Empower and encourage staff to come up with new ideas;
- Create an appreciative approach (how can this be achieved) rather than a

deficit approach (we can't do because...);

- Create space to explore ideas quickly;
- Communicate effectively;
- Equip staff with tools and techniques in order to effect changes quickly to ensure success;
- Create safe ways for mistakes to be made without blame and to learn from these.





**Tameside and Glossop  
Integrated Care**  
NHS Foundation Trust

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