

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 12 March 2015

Subject: Health and Wellbeing update – Part 2

Report of: Nick Gomm – Head of Corporate Services – North, Central and South Manchester Clinical Commissioning Groups

Summary

This report provides Members of the Committee with an overview of developments in the local NHS.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Introduction

1.1 This is a health update paper produced by North, Central and South Manchester Clinical Commissioning Groups (CCGs) for the Health and Wellbeing Overview and Scrutiny Committee. It provides a brief summary of issues or news items that may be of interest to the Committee.

1.2 If Committee members of the Committee have any specific questions about the contents of this paper, please email them to n.gomm@nhs.net.

2. Greater Manchester Health and Care devolution

Committee members will have heard that Greater Manchester and NHS England have announced plans around the future of health and social care – with a signed Memorandum of Understanding agreeing to bring together health and social care budgets – a combined sum of £6bn.

This move sees NHS England, 12 NHS Clinical Commissioning Groups, 15 NHS providers and 10 local authorities agree a framework for health and social care - with plans for joint decision-making on integrated care to support physical, mental and social wellbeing.

The Memorandum of Understanding, approved and countersigned by the Chancellor, puts local people in the driving seat for deciding on health and care services that suits Greater Manchester. It will also help in the long-term to ease pressure on hospitals – while focusing on services in community that bring health and social care closer to home.

The scope of the Memorandum of Understanding includes the entire health and social care system in Greater Manchester, including adult, primary and social care, mental health and community services and public health. The second part of the agreement provides a framework for strategies around governance and regulation, resources and finances, the property estate, health education, workforce and information sharing and systems being brought together.

From now, Greater Manchester will start making its own decisions and a transitional plan – or roadmap – will come into effect from April 1 2015. This roadmap will provide the foundations for joined up business and investment proposals, along with a joint Greater Manchester Health and Social Care Strategy – until full devolution of health and care services is in place by April 2016.

3. Primary care co-commissioning

3.1 In January's update, the Committee was informed of the approach the Manchester Clinical Commissioning Groups (CCGs) were taking to the offer of Primary Care co-commissioning responsibilities with NHS England.

3.2 The 3 Manchester CCGs recommended Joint Commissioning of Primary Care for consideration by their membership. This is because this option provides the right balance in increasing our influence over the development of local services whilst not

exposing the organisation to unacceptable risks in terms of capacity and financial uncertainty. With this approach, we aim to integrate our commissioning ambitions for primary care, community-based care and acute care to:

- Ensure that primary care is fully embedded within the development of new community-based service models.
- Improve the outcomes and experience of patients by commissioning to Manchester wide standards – standards which have been, and will continue to be, co-produced with patients, GPs and other clinicians. These will focus on improving quality and accessibility across primary care.
- Review and integrate locally commissioned services and national enhanced services where there is overlap between national schemes and local priorities. Proposed areas include minor surgery, extended hours and avoiding unplanned admissions.
- Share intelligence with NHS England about the experiences of patients, and GP practices, in Manchester in order to support development of a high quality, adequately resourced primary care system.

3.3 Within this joint commissioning model, there are certain functions which will remain the sole responsibility of NHS England. These include:

- Core GMS\PMS\APMS contract Payments
- Performers List Management
- Revalidation and appraisal
- Provision of statutory primary care returns
- Commissioning of Dental, Pharmacy and Optometry
- System management of primary care
- Sign off CCGs annual, financial and service commissioning plans for primary care

3.4 A Primary Care Commissioning Joint Committee between the CCGs and NHS England will be formed to lead and monitor the new arrangements. This will meet for the first time, in public, in April 2015. One of its first tasks will be to oversee the development of some citywide Primary Care quality standards. This will involve engagement with all stakeholders and a paper will come to the first Health Scrutiny committee after purdah.

4. A & E pressures

4.1 At the last Committee meeting, a paper was presented regarding the pressures faced by A & E services in the city this winter. The Committee asked for further information about 28 day re-admission rates and staffing levels in hospitals.

4.2 Statistics are captured on 30 day re-admission rates, not 28 day. The table below shows these for the Manchester Trusts

Emergency Readmissions within 30 Days of Discharge: Apr-14 - Dec-14			
<i>Data Source: SUS/SUS PbR Readmissions Extract</i>			
	UHSM	CMFT	PAHT

Readmissions	4,830	6,237	10,367
Total Admissions	72,829	142,307	151,326
% Readmissions	6.6%	4.4%	6.9%
<i>Total Admissions includes all Admissions (Elective, Non Elective, Non Elective Non Emergency). No exclusions have been applied.</i>			

4.3 Details of staffing levels, and the appropriateness thereof, are more difficult to judge. Each hospital in the country has to report their ward staffing levels and this is published on their home page on the NHS Choices website (www.nhs.uk) in the 'Quality of Service' box. Other data is not routinely reported and published so it may be that the Committee wish to have a substantive item on this topic at a future meeting and Trusts are invited in to talk about their individual circumstances.

5. NHS staff survey 2014 results published

5.1 NHS England has published the results of the 2014 NHS Staff Survey. The attitudinal survey, now in its twelfth year, saw more than 255,000 responses, from nearly 290 NHS organisations.

5.2 The survey is the main method of collecting feedback from front line workers in the NHS and captures experiences and opinions on a range of matters including job satisfaction, training and whistleblowing. NHS organisations use the results to review and improve staff experience, which in turn can bolster improvements to patient care.

6. Renal Dialysis

6.1 The Committee has asked for regular updates with regard to the changes to Renal Dialysis arrangements in Manchester. Members will remember that the unit at Wythenshawe hospital is closing and there is work underway to ensure that there are appropriate arrangements in place for existing patients.

6.2 Full clinical assessments have now been undertaken for each of the patients currently dialysing at Wythenshawe, and the number of patients who will have to transfer to MRI has reduced further. The final outcome is that all bar two of the Wythenshawe patients are clinically suitable to transfer to the new Dialysis Unit at Altrincham Hospital. The two patients who need to be dialysed on an acute hospital site will now transfer to the Dialysis Unit at MRI. There is a third individual who has a phobia of lifts, and it is not practical to access the Altrincham facility without using a lift, so this patient will also transfer to MRI.

6.3 The new hospital building is now nearly complete, and it will be handed over to CMFT next month. The timescale for the transfer of the Dialysis patients is that there will be an open day on 22 March 2015, and the first patients will commence dialysis on 30 March 2015

6.4 The Committee is asked to consider whether they require further updates on this topic.

7. Greater Manchester stroke services

7.1 All new onset suspected stroke patients in Greater Manchester and Macclesfield will be taken for treatment to a hyperacute stroke centre, under changes being introduced in April 2015. The plans are the second phase of local stroke services centralisation - with emergency treatment for stroke patients set to be provided only at the specialist hyperacute units in Salford, Bury and Stockport.

7.2 In 2010, stroke services were partially centralised to provide access to clot-busting thrombolysis treatment, which has to be administered within a few hours of symptoms. That change meant that around 30 per cent of suspected stroke cases have gone to the hyperacute stroke units at Salford Royal, Fairfield and Stepping Hill Hospitals. The rest have been treated at district stroke units in local hospitals, which are not able to provide immediate brain scans or thrombolysis treatment.

7.3 From April, all new onset suspected stroke patients in Greater Manchester and Macclesfield will receive emergency stroke treatment at one of the hyperacute stroke centres. Salford will continue to operate 24 hours a day, seven days a week, while Bury and Stockport will see their operating hours extended to 7am – 11pm daily, including weekends. This will ensure that more patients have access to special stroke care no matter how long after the stroke they attend the hospital. One study has predicted that this new service could save 50 lives a year across Greater Manchester.

7.4 The existing district stroke centres will remain open under the plans, and their focus will shift to patient recovery and rehabilitation following emergency treatment. The first phase of stroke centralisation reduced average length of hospital stay for stroke patients, allowing people to benefit from rehabilitation at home or in their local community. It's hoped the planned changes will allow even more people to recover at home.

7.5 The plans have received the full backing of the Greater Manchester Overview and Scrutiny Committee and the Greater Manchester, Lancashire and South Cumbria Clinical Senate.

8. Recommendations

8.1 The Committee is asked to note this report.