Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 28 May 2015

Report: Health and Wellbeing update – Part 2

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

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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

Contact Officers:

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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.

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

2.1 The Greater Manchester Devolution Agreement was settled with the Government in November 2014.It brings both the decisions and the money far closer to the people of Greater Manchester, giving them and their local representatives control over decisions which have until now been taken at a national or regional level. This includes the devolution of powers for significant areas such as transport, planning and housing.

Health and social care are a large part of this work and, following the wider agreement, NHS England the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts developed a plan for further joining up and integration of health and social care.

In February 2015 this work resulted in a MoU between the Government, the Greater Manchester health bodies and local authorities and NHS England, with the aim of our region being given direct, local control over an estimated budget of £6 billion each year from April 2016.

The MoU covers: acute care, primary care, community services, mental health services, social care and public health.

2.2 As part of the wider devolution agreement Greater Manchester will, in 2017, have a directly-elected mayor, who will become the 11th member of the GMCA. He or she will be responsible for transport, planning and housing, as well as the role currently carried out by the Police and Crime Commissioner. An interim mayor will be in place in June 2015, with elections in 2017 for the permanent role.

The mayoral function will not include control of the health and social care budgets – this will remain with the GMCA for social care and GM CCGs for healthcare as it does now.

2.3 The MoU with the Government in February 2015 paved the way for full devolution of £6 billion in April 2016.The vision is that these new powers will ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester. The following strategic objectives have been set:

- Improve the health and wellbeing of all of the residents of Greater Manchester from early age to older people, recognising that this will only be achieved with a focus on the prevention of ill health and the promotion of wellbeing.

- Move from having some of the worst health outcomes to having some of the best.

- Close the health inequalities gap within GM and between GM and the rest of the UK faster.

2.4 This will be achieved:

- By using the vast experience and expertise, talents and energies of the 2.8m people who live and work in our region to help change the way the £6 billion is spent, shifting the balance to early, proactive help based on prevention and the deep knowledge of our communities.

- By working across the authorities in Greater Manchester – the NHS, councils, police, fire, transport, housing and others – to put our people and our places before our organisational priorities; integrating and coordinating services in new ways to tackle some of the major health, housing, work and other challenges faced in the region.

- By moving quickly – planning is underway for a number of major projects where early progress can be made through the use of the new devolved arrangements. These projects will help test implementation at scale, and to quantify their impact for the eventual sustainability plan.

2.5 The programme has set a number of key principles:

- The NHS will still be responsible for keeping people safe and delivering the NHS Mandate and Constitution to all our residents.

- Greater Manchester will remain within the NHS and social care system – this gives the chance to further lead the way with new models of care suggested in the 2014 Five Year Forward View, building on what's already happening.

- Formal consultation will continue to be a legal duty when the NHS considers changes to services and clinicians will continue to be at the forefront of decisions about health.

- Statutory bodies such as Healthwatch will continue to be highly involved in decision making.

- There will be no new layer of government and resources will not be taken away from the front line to support this.

- CCGs and Councils will keep their existing accountabilities, legal obligations and funding.

- There will be no requirements for NHS reorganisation.

2.6 Some of this year's milestones include:

- A Programme Board met for the first time on **March** 20th. It will oversee the transition to full health and social care devolution. It is co-chaired by Sir Howard Bernstein, Chief Executive of Manchester City Council and Simon Stevens, Chief Executive of NHS England. It includes representatives from the NHS and local authorities in Greater Manchester, and NHS England.

- From **April 2015** arrangements have begun to form two shadow bodies:

    - A Health and Social Care Strategic Partnership Body to oversee strategic development

    - A Joint Commissioning Body to agree decisions on Greater Manchester-wide spending.

  There is also the intention to develop a broadly based Provider Forum to support providers of health, care and support services to develop better, more joined-up models of care.

- By **October 2015** a proposal will be developed to link to the government's comprehensive spending review, which is likely to include a request for investment to support primary and community care.

- **October 2015:** Shadow arrangements in place and start for budgets, governance and accountability.

- By **December 2015**, in preparation for devolution, Greater Manchester and NHS England will have approved the details of the devolution of funds and governance arrangements. Local authorities and CCGs will formally agree the integrated health and social care arrangements.

- By **December 2015** a Greater Manchester Health and Social Care strategic Sustainability Plan will be produced and agreed

- In **April 2016** there will be full devolution and/or delegation with final governance arrangements in place.

3. Maternity services at Pennine Acute Trust

The following content has been provided by Pennine Acute Trust. The Trust would be happy to come to a future meeting if the Committee would like to discuss the issues as part of a more substantive agenda item.

3.1 The Pennine Acute Hospitals NHS Trust provides inpatient maternity services from two of our four main hospitals at North Manchester General Hospital and The Royal Oldham Hospital. Approximately 10,000 babies are delivered per year across these two dedicated multi-million pound purpose-built women and children's units. The Trust's maternity services were the subject to some press interest over the Easter weekend (3 April 2015) following a story about an external independent review commissioned by the Trust into a small number of incidents which resulted in

deaths of mothers and babies between January 2013 and July 2014. The nine incidents within maternity services were flagged to the Trust's newly formed Senior Management Team (SMT) as part of a new robust notification process of serious incidents.

3.2 Shortly after the appointment of the Trust's new Chief Executive in April 2014, in order to strengthen the Trust's serious incident policy and processes a system was introduced whereby all SUIs (serious untoward incidents) were notified to the executives within 24 hours and discussed at the SMT on a weekly basis. This ensured the Trust could take any immediate corrective action required and reduce risk. This process highlighted several incidents within maternity services.
Patient safety and quality of care are the Trust's top priorities, and therefore, in addition to the Trust's own internal reviews and to ensure no stone was left unturned, the Trust rightly and responsibly commissioned an external independent review of nine cases (six neonatal and three maternal deaths) to ensure lessons could be learned and to ensure any mistakes are not repeated. The terms of reference for the review were agreed by the SMT and the Trust Board. Any immediate improvements in care required were implemented.

3.3 In summary, the findings of the external review were:

- The population of women cared for at Pennine Acute Trust is diverse and challenging and includes a significant number of high risk and vulnerable women. There are clearly areas of good practice which are appropriately noted and acknowledged and which should be widely shared.
- The three maternal deaths did not appear to be the result of deficiencies in care. The causes of the related maternal deaths reviewed were due to unpreventable conditions with a high mortality such as amniotic fluid embolism and late presentation of ante-partum haemorrhage. Other causes included cardiomyopathy, ischaemic heart disease and malignancy.
- The Care Quality Commission's (CQC) latest analysis shows the Trust is not an outlier for perinatal mortality rates. Data shows that perinatal mortality rates at the Trust are similar to expected.

3.4 There were twelve recommendations made within the review, which are outlined below:

- Staffing issues where safety is compromised must be appropriately escalated, and must include involvement of the duty Supervisor of Midwives.

- Managers must ensure that the process for escalating concerns is clear.

- The process for employing and managing locum doctors should be reviewed.

- The directorate should review its management of obesity in pregnancy, labour and the postnatal period, and that guidelines are appropriately implemented.

- All serious incident reports should be 'quality checked' before submission, to ensure that the root cause clearly established.

- Recommendations made by the serious incident review panel must be clear and unambiguous.

- Where individual failings have been identified, the reports must demonstrate that training / educational needs have been considered.

- Senior managers must ensure that training / educational needs are addressed where leadership has failed.

- Serious incident reviews must be signed off by a nominated senior manager from the appropriate specialty.

- The directorate should ensure that all mandatory training is up to date for all disciplines of staff, including record keeping and interpretation of CTG.

- All available methods should be used to ensure that standards of documentation are improved where necessary.

- The Trust must be assured that a robust system is in place to ensure the regular and timely review, implementation and audit of guidelines in accordance with Trust policy.

Whilst many areas identified for improvement by the external reviewers had already been addressed, further scrutiny and improvement is required around some areas of clinical risk management, clinical leadership, obesity management and serious incident investigations. It is important to note that the Trust did not wait for the external review before taking action to reduce risk and improve services. In addition, the Trust also commissioned a Birthrate Plus review of staffing levels.

3.5 A comprehensive improvement plan has been developed and is in the process of being implemented. The implementation of the improvement plan for our maternity services is being overseen across the Trust by our Chief Nurse and Acting Medical Director and individual actions are being put in place by a whole team of doctors, midwifery staff and the divisional management.

3.6 The Trust is working collaboratively with our local NHS Clinical Commissioning Groups and partner agencies. A multi-agency group comprising senior clinicians and management from the Trust alongside representatives from the CCGs and Trust Development Authority meets fortnightly to oversee the governance and implementation of the improvement plan. This group is co-chaired by the Trust’s Chief Nurse and Chief Officer of NHS Bury CCG on behalf of the other three local CCGs.

3.7 In addition to the Trust’s improvement plan and in an effort to further improve the care provided across maternity services, the Trust will be working with staff from Newcastle Hospitals NHS Trust who have agreed to take part in a shared learning arrangement (a sort of “twinning”) across the two organisations. The programme will be led by the Trust’s Chief Nurse. This is a really important and positive partnership that sits very well within the context of the national maternity review announced by NHS England last month.

4. Prime Minister's Challenge Fund

4.1 In October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. The first wave of twenty pilots was announced in April 2014.

4.2 Further funding of £100m for 2015/16 was announced by the Prime Minister on 30 September 2014 for a second wave. The Government asked NHS England to lead the process of inviting practices to submit innovative bids and overseeing the pilot schemes

4.3 In Manchester, there are 3 GP federations made up of all the GP practices in the city. They put together a bid for the second wave of Prime Minister's Challenge Fund monies and were successful. Their bid focussed on developing 7 day access to GP services across the city.

4.4 Further details can be provided to a future meeting if Committee members so wish.