

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 23 July 2015

Subject: Greater Manchester Health and Social Care Devolution

Report of: The Strategic Director, Health and Social Care Reform (Greater Manchester)

Summary

This report provides an overview of the Greater Manchester Health and Social care Devolution work.

Recommendations

The Committee is asked to note the 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.

1. Background

1.1 The Greater Manchester Devolution Agreement was settled between the Government and the Greater Manchester Combined Authority 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.

1.2 The new powers received by the GMCA will include:

- devolved responsibility for business support budgets, making it easier to join up services to make sure that businesses are able to access the right support at the right time to help them grow and innovate
- the ability to work with Government to reshape and re-structure Further Education (FE) provision within Greater Manchester to ensure that the supply of skills in GM meets the needs of our businesses
- the power and resources to scale up our work on a complex dependency pilot to help 50,000 people who have struggled to find work get into jobs
- GM to jointly commission (with the Department for Work and Pensions) the next phase of the Work Programme, giving us the opportunity to influence and tailor services to best meet the needs of our residents.

1.3 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, Tony Lloyd, is now in place, 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.

1.4 The new powers of the directly-elected Mayor will include:

- devolved responsibility for a joined-up and multi-year transport budget, to be agreed at the next Spending Review
- responsibility for franchised bus services, including powers over fares, routes, frequency and ticketing
- the power to introduce integrated smart ticketing across all local modes of transport
- the ability to shape local rail station policy and development across the Greater Manchester area
- powers over strategic planning, including the power to create a statutory spatial framework for Greater Manchester. This will need to be approved by a unanimous vote of the Mayor's Cabinet
- control of a new £300 million recyclable Housing Investment Fund
- control of the role currently covered by the Police and Crime Commissioner.

2. Health and social care devolution

The MoU with the Government in February 2015 paved the way for full devolution of £6 billion in April 2016.

2.1 Our vision

There has not yet been the opportunity to engage widely with the people of GM to understand our collective vision for the future – this is a key part of our plans.

However what is clear is our direction, which is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester

2.2 Strategic objectives

- 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.

2.3 How we will do this?

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 we spend the £6 billion, 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 we face in our region.

By moving quickly – we are already planning major projects this year where we believe early progress can be made through the use of the new devolved arrangements. These projects will enable us to test implementation at scale, and to quantify their impact for the eventual sustainability plan.

2.4 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 will give us 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.

2.5 Key milestones

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.

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.

We also intend 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** we will produce and agree a Greater Manchester Health and Social Care strategic Sustainability Plan.

In **April 2016** we will have full devolution and/or delegation with final governance arrangements in place.

3. Workstreams

3.1 The Programme Board sits above five work streams which underpin the programme:

3.2 Strategy

A Leadership Reference Group (chaired by Donna Hall and Dr Ranjit Gill) co-ordinates the development of the strategy. From the Leadership Reference Group sub-groups have been formed to take responsibility for crafting individual parts of the plan (reporting into the Leadership Reference Group). The strategy will be driven by 'locality plans' from each of the 10 areas of Greater Manchester.

A key component of the Strategic Plan will be to identify new models of care across all settings including:

- A radical upgrade in prevention and Public Health;
- Realisation of the capacity and potential of assets and people in our communities;
- The transformation of integrated community based care and support ;
- The transformation of mental health care and support;

- The transformation of primary care;
- Safe transition to new models of hospital care (including specialist services);
- The radical acceleration of discovery, innovation and spread.

Alongside these will be the work on key enablers including:

- Organisational and Leadership Development
- Workforce Transformation
- Information, data sharing and digital integration

Over the last month, the workstream has:

- Worked with the ten GM localities to develop first draft locality place-based plans, which will be used to build the overall GM Strategic Plan and inform the Greater Manchester Transformation proposals work stream.
- Worked with the work stream leads to agree a process to invite nominations for a GM Strategic Plan leadership Group, with representation invited from a range of health, social care and wider public service bodies. This group will oversee the development of the GM Strategic Plan..
- Engaged with NHS England, Monitor and Health Education England to develop accountability frameworks for GM.
- Progressed the work to support the overarching health and social care metrics
- Established a range of groups to support the GM system to deliver the Strategic Plan, including groups required to deliver the financial plan and enabler groups for information technology, estates and support services .

3.3 Governance

A Governance Group chaired by Liz Treacy meets weekly and involves leads from councils, CCGs and NHS Trusts. The group's remit includes: setting up the new boards, making proposals for changes in legislation, clarifying accountability issues, leading development of MoUs with national bodies and supporting the legal framework for the transformation.

Over the last month the workstream has;

- Gained agreement, through both the Programme Board and the Standing Conference (Executive), to work towards the establishment of new governance structures from April 2016.
- Agreed Terms of Reference (including proposed membership) produced for the Standing Conference (and Executive), and GM Prevention and Early Intervention Board.
- Overseen the development of the Place Based Agreement with Public Health England
- Formed a working group to progress the development of a Joint Commissioning Board
- Begun to examine ways by which NHSE and GMCA can exercise their lawful functions to commission services across GM or whether changes in legislation will be required to facilitate this. In support of this instructions for Counsel have been produced on behalf of NHSE, GMCA and CCGs.

3.4 Devolving responsibilities and resource

This will oversee the establishment and completion of an agreed roadmap setting out the milestones for full devolution of all the relevant funding streams by 1st April 2016/17. A single working group will be established to oversee those objectives relating Primary Care, Specialised Services and NHS England's Public Health commissioning responsibilities.

Over the last month the workstream has;

- Produced a draft financial baseline which has been agreed with NHS England
- Set up a working group of senior finance leads from CCG, providers and Local Authorities to oversee the work of the funding streams and is being led by the CFO.
- Signed an agreement with the Business Development Unit for the transfer of responsibilities for the GM Commissioning Support Unit to the GM CCGs.
- Assessed funding required for consultancy support to produce locality plans

3.5 Partnerships, engagement and communications

This workstream will ensure regular communication and engagement with patients, carers and the public during the different stages of devolution.

Over the last month the workstream has:

- Managed the programme's presence at events attended by more than 10,000 people, both in GM and nationally
- Launched a piece of insight work to capture awareness and perceptions from the public, public sector staff and key stakeholders
- Created and distributed two e-bulletins and continued to grow the mailing list
- Created a website, which is being reviewed and updated in July
- Begun to explore the potential benefits of crowdsourcing approaches to generating and capturing public insight and streamlining the next steps of the conversation.

3.6 Early implementation priorities

Greater Manchester wants to use the build-up year before full devolution in 2016 to test new ways of tackling, at a large scale, some of the major challenges faced in the region.

In early 2015 people from across the NHS and public sector in GM identified a 'long list' of areas they felt were both important and had the potential to make a difference quickly. All were then scored, based on potential impact, how practical they would be to implement, value for money and whether they cover different areas as well as health, for example: wealth creation, employment and social care.

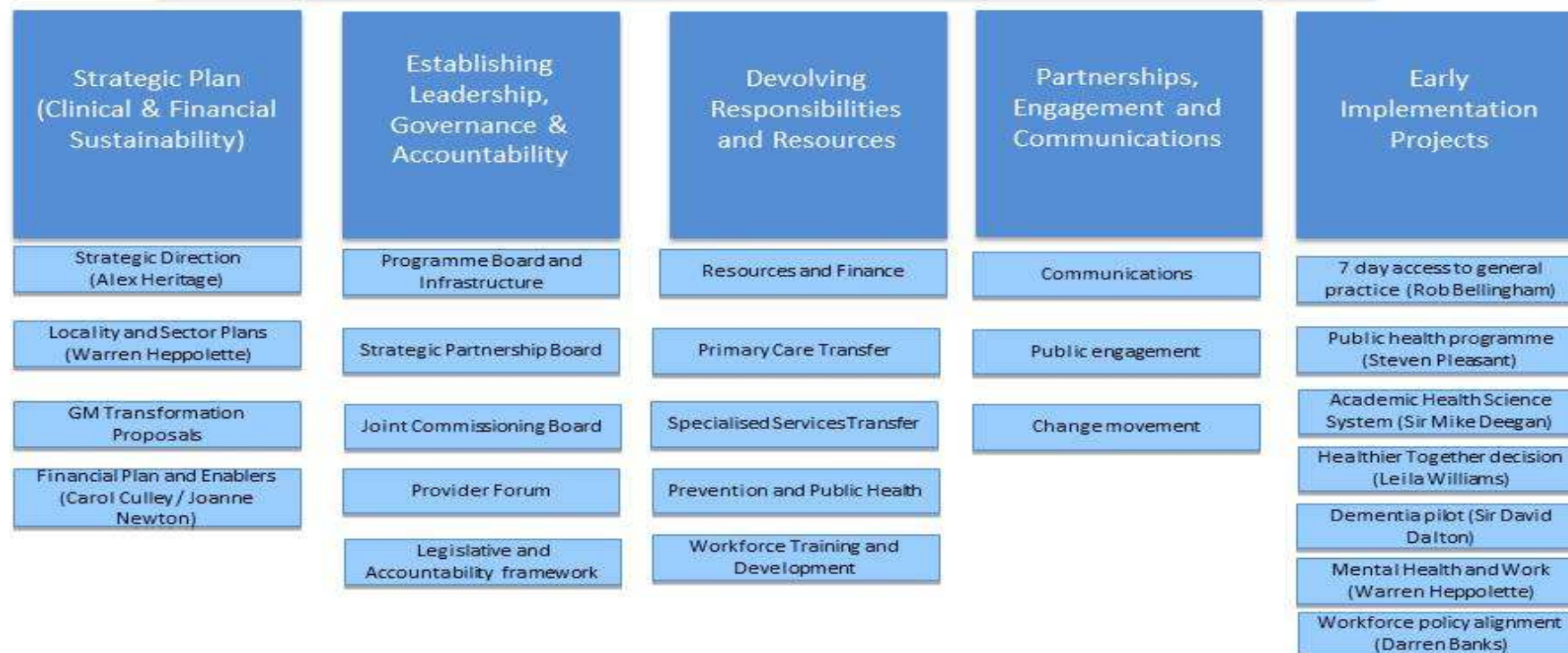
A short list of seven 'early implementation priorities' was then drawn up. These are not meant to reflect the full breadth of change possible, but rather to give us the chance to test new ways of working together while still having significant positive impact on health and wellbeing across GM.

- **7 Day Access to Primary Care (June)** - On June 10, at a primary care summit attended by over 300 GPs, dentists, practice managers, optometrists, pharmacists, local authority colleagues and many others, it was confirmed that, by the end of 2015, everyone living in Greater Manchester will have same day access to primary care, supported by diagnostic tests, seven days a week. The Summit also saw the publication of an independent review of the Greater Manchester Primary Care demonstrator programme, produced by the Greater Manchester Collaboration for Leadership in Applied Health Research and Care (CLAHRC).
- **Public Health England Placed Based Agreement (July)** – On July 10, a Place Based Agreement (PBA) was signed between GM, Public Health England (PHE) and NHS England (NHSE) supported by key GM partners which incorporates a Whole Place Approach to public health leadership across GM. The Agreement creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and well-being of the population.
- **Healthier Together (July)** - On July 15th the Healthier Together Committees in Common (CiC) which is made up of GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, decided which hospitals will work in partnership as single services and which fourth hospital will specialise in general surgery and emergency medicine as part of that single service. (See Appendix A for further details of decision made on July 15th.)
- **Academic Health Science System (Summer 2015)** – Work continues to establish an over-arching Board to facilitate alignment of the work of MAHSC, GMAHSN and LCRN to respond to health and well-being needs of the conurbation and capitalising on Research and Innovation assets across Greater Manchester
- **Dementia (September)** - Work continues to define the next steps and key deliverables for this project between the project lead and the GM DASS lead for dementia to consider how to engage the wider GM system to determine what a wider transformational programme on Dementia could achieve.
- **Mental Health and Work (November)** - announcement on impacts on mental health improvement arising from the Working Well pilot and achieve agreement on a new more intensive and integrated delivery model for supporting unemployed residents who have a mental health-related barrier to work by November 2015
- **Workforce pilot (December)** - Work continues to be progressed with GM HR Directors to develop the passport to facilitate flexible working across organisations and to align the work to review agency/locum costs with national discussions and directives.
- **CAMHS** – Work to agree and develop a unique, and at scale system wide enabler to transforming Children and Young People's Mental Wellbeing services continues to be developed across the GM system and an update will be provided to the September Programme Board.

Programme Approach

Greater Manchester Health and Social Care Devolution Programme Board

GM Health and Social Care Devolution Transition Management Team



4. Devolution Transition Management Team

4.1 The team responsible for the early stages of devolution currently includes colleagues on attachment or secondment from a range of organisations in Greater Manchester as well as those providing their time from within their current roles. Ian Williamson, former Chief Officer for Central Manchester CCG is the Interim Chief Officer and Sarah Senior, formerly Director of Finance at Cumbria Partnership NHS Foundation Trust, is the Chief Finance Officer.

5. Recommendations

The Committee is asked to note the report.

Appendix A: Healthier Together

On Wednesday 15th July, commissioners agreed new standards of care for emergency medicine and general surgery (surgery on the abdomen and bowels) in all hospitals across Greater Manchester.

Under the Healthier Together proposals, 'single services' will be formed - networks of linked hospitals working in partnership. This means care will be provided by a team of medical staff who will work together across a number of hospital sites within the single service. All hospitals will improve to ensure they meet the quality and safety standards. The new standards will mean an additional 35 consultants recruited across A&E and general surgery, a minimum of 12 hours of consultant cover in A&E seven days a week, and a consultant surgeon and anaesthetist present for all high risk general surgical operations.

The way some specialist conditions, such as major trauma and stroke, are treated have already been changed to concentrate clinical specialism in fewer hospital sites. There is evidence that consolidating services in this way has already saved lives and improved patient care. Learning from the changes to major trauma and stroke services has been used to design the single service model.

All hospitals specialise in providing certain types of care, for example some hospitals specialise in stroke care, others in cancer care. Similarly, one of the hospitals within each of the new single services will specialise in emergency medicine and abdominal surgery, for patients with life threatening conditions affecting their stomach.

In June 2015, commissioners decided that there should be four single services introduced in Greater Manchester. On 15 July 2015, the 'Committees in Common' (CiC), comprising of GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, reviewed a range of evidence including: the feedback from the public consultation held last year and data relating to: travel and access, quality and safety, transition (how easy it will be to achieve the change) and affordability and value for money. They decided unanimously that Stepping Hill hospital in Stockport will be the fourth hospital in Greater Manchester to provide emergency medicine and specialist abdominal surgery as part of a single service.

The main determining factor for the choice of the fourth site was the accessibility of the hospital and travel times for patients in emergencies. The evidence showed that if Stepping Hill had not been chosen, the residents of High Peak and Eastern Cheshire, who use Greater Manchester hospitals, would not have been able to reach a specialist site within a safe timescale if they required emergency surgery.

The following hospitals will work in partnership to provide shared single services:

- Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital
- Royal Oldham Hospital, North Manchester General Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary

- Salford Royal Hospital, Royal Bolton Hospital and Royal Albert Edward Infirmary in Wigan
- Stepping Hill Hospital in Stockport and Tameside General Hospital

Healthier Together has worked closely with the North West Ambulance Service (NWAS) throughout. Senior doctors and paramedics from NWAS have been involved in designing the model of care as they will help in directing patients to the most appropriate site to get the care they need. To do this, NWAS will use their Pathfinder tool, which allows qualified ambulance clinicians to determine the most appropriate place for patients to receive their treatment based on their presenting symptoms. This model is already used in Greater Manchester for Stroke and Trauma care. Healthier Together clinicians have worked with NWAS to develop a new Pathfinder tool to direct patients to the right site for emergency medicine and general surgery and will audit this to ensure safety and accuracy before any changes are made.

No hospitals will be downgraded as part of the plans. The Greater Manchester Quality and Safety standards will be implemented at all hospitals (no hospital meets all these standards now) so this will mean improved care at all hospitals. To meet the standards, an additional 35 consultants, the most experienced and senior doctors, will be recruited for Greater Manchester. All hospitals will keep their existing specialisms and will continue to provide care to their local populations as they do now.