Safe & Sustainable

Manchester Health & Wellbeing Board

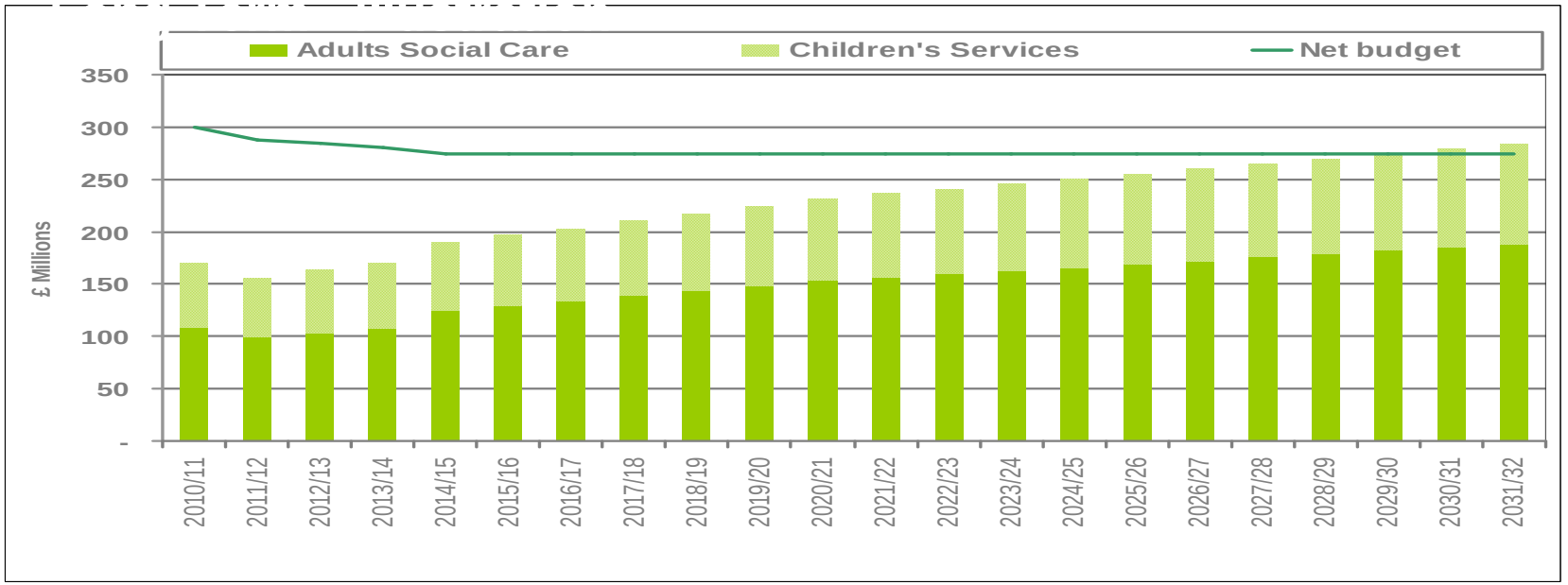
23rd May 2012

Safe & Sustainable

Whole system change

- Recognition of need for change of whole health system
- Reform of social, primary & and hospital care due to fundamental inter-dependencies between them
- Changes to one part of the system dependent on another and vice versa
- Need for clear responsibilities for delivery & coherence

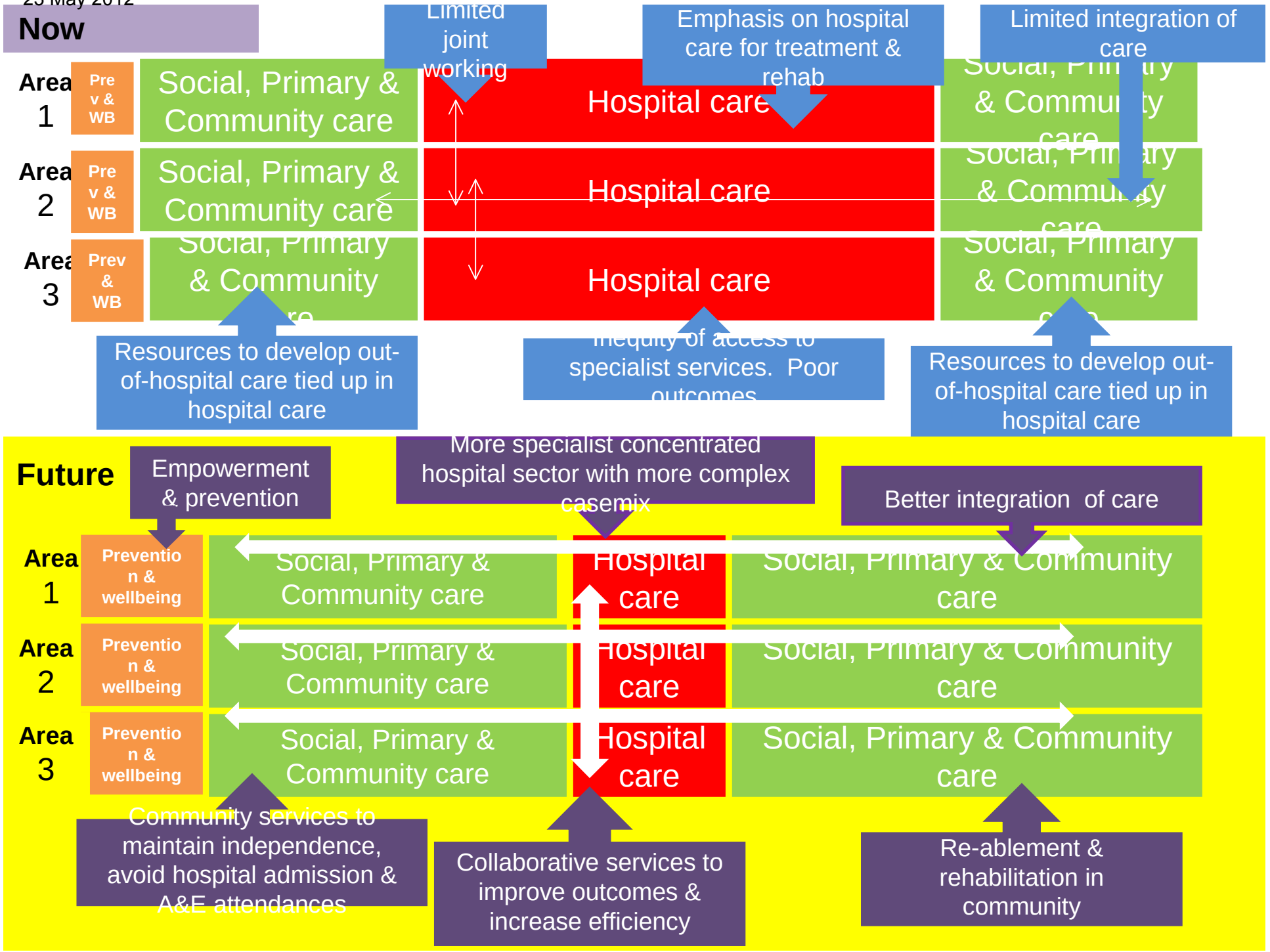
Local Government Funding Gap



- Barnet currently spend £132m on other services (waste, libraries, street cleansing, support services)
- Council will have only have £43m to spend on other services by 2020 and no money to spend on anything but Adult Social Care and Children's Services by 2028/29 based on current modelling
- Population increase, inflation and Dilnot changes increase total budgets by 48% over 10 years (4.8% per annum)
- Even if we make 3% efficiency per annum for 10 years, there will still not be enough to fund existing frontline services

Whole system change

- An overview .....
- A focus on Quality


Now
Limited joint working
Emphasis on hospital care for treatment & rehab
Limited integration of care
Area 1
Prev & WB
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Area 2
Prev & WB
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Area 3
Prev & WB
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Resources to develop out-of-hospital care tied up in hospital care
Inequity of access to specialist services. Poor outcomes
Resources to develop out-of-hospital care tied up in hospital care
Future
Empowerment & prevention
More specialist concentrated hospital sector with more complex casemix
Better integration of care
Area 1
Prevention & wellbeing
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Area 2
Prevention & wellbeing
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Area 3
Prevention & wellbeing
Social, Primary & Community care
Hospital care
Social, Primary & Community care
Community services to maintain independence, avoid hospital admission & A&E attendances
Collaborative services to improve outcomes & increase efficiency
Re-ablement & rehabilitation in community

Safe & Sustainable Progress

- Workstreams being set up or using existing clinical networks

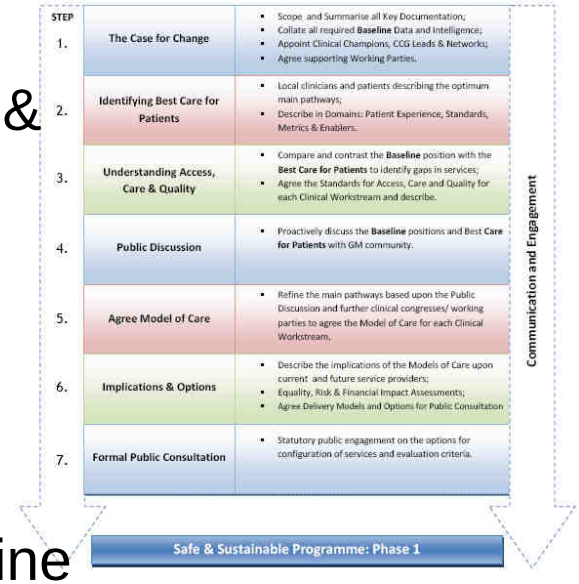
  (primary care, long term conditions, urgent & emergency care, acute medicine, cancer, surgery, cardiovascular, women & children's)

- Establishing leadership team for each workstream to include:
  - Clinical Commissioning lead
  - Clinical Lead/Champion
  - Local Government Lead

- Defining case for change – based on quality standards, outcomes & current practice – will help identify scope of programme

Co-design & co-production

- Co-design & co-production within Safe & Sustainable programme
- 8 workstreams following 7 steps
- Workstream leadership team (NHS & Local Government) to help define who needs to be involved & at what stage
- Integration with primary & social care redesign



Scope – Local & GM change

- Recognise balance between local and GM-wide developments
- Workstreams will consider the whole patient journey – from wellbeing and prevention to re-ablement or end of life care
- What can be achieved locally, can be managed locally – much may already be planned via H&WB strategy / local CCG plans
- However, where changes can best be achieved on a wider footprint – recognise the value of working collectively
- Identification of potential improved outcomes via working on wider geographic footprint will set the scope for the programme

Manchester JSNA priorities

- Childhood obesity
- Childhood dental health
- Worklessness and healthy work
- Cardiovascular Disease (CVD)
- Mental health and wellbeing
- Falls

- Ensure these fit into the workstreams & emergent S&S strategy

Example

- Local services for heart failure patients developed and delivered locally
- Preventative services developed locally
- Cardiac rehabilitation delivered locally – eg leisure centres
- Acute element of care – prime for review at GM level **if** there is correlation between improved outcomes and higher volumes
- Scoping and planning identifies and acknowledges balance between local and GM wide services

Stroke Services example – value of centralisation & impact

- Greater Manchester-wide centralisation of services seen massive improvements in outcomes

- *Comparing 2010/11 with 2008/09*
  - hospital stroke mortality reduced by 5% – **250 fewer people, admitted with a stroke, dying in hospital per year**
  - 7% increase in patients being discharged to their usual place of residence – **extra 287 people**
  - 35% reduction in the number of excess bed days (18% drop in lengths of stay)

- Opportunities to **proactively plan** impact of changes on NHS and social care services

Public Discussion

- Period of public discussion scheduled from July 2012
- Discussion period is prior to development of options for formal consultation post April 2013
- Aim to fit with local engagement mechanisms & activity
- Warm up of key themes to prompt / develop discussion
- For example, raising awareness about current services, conversation on vision & case for change, views on what best looks like, evaluation criteria & travel

Warm up messages include:

- Increasing awareness of services – what do they look like now?
- Examples of good practice eg network working between hospitals and integrated working across social, community and hospital services
- Increased specialization – doctors now very specialized – need greater clinical mass to keep skills up to date and more doctors to provide a full service
- Benefits of community based services & treatment advances - hospital no longer always the answer, plus risks of hospital – infection, loss of independence
- Reducing beds can be a sign of success – shorter length of stay, admission avoidance
- Travel – recognition of importance of travel arrangements when planning new services

Discussion

- How the Board wishes to be involved going forward with the Safe & Sustainable programme
- How Manchester Council is represented within the S&S workstreams?
- How we can work together to have an active discussion with the public?