

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 6th November 2013

Subject: Healthier Together

Report of: Healthier Together Programme Briefing

Summary

Briefing document on the progress of Healthier Together Programme to date

Recommendations

The Board is asked to:

Note the contents of the briefing document

Board Priority(s) Addressed:

Contact Officers:

Name: Leila Williams
Position: Director of Service Transformation
Telephone: 0161 625 7791
E-mail: leila.williams1@nhs.net

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.

Introduction

1. This briefing sets out what changes are being discussed in each element of the Healthier Together programme including out of hospital care and in hospital care. The briefing will update the board on the programme's development of quality standards, the development of single service(s) and the public engagement carried out to date.

Background

2. The Healthier Together programme is part of the Greater Manchester (GM) Programme for Health and Social Care (H&SC) Reform, which aims to provide the best health and care for Greater Manchester. There are 3 elements to Healthier Together – Integrated Care and Primary care (which together make up “Out of Hospital” care) and “In Hospital” care.



October 2013

Programme Briefing

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There are 3 elements to Healthier Together – Integrated Care and Primary care (which together make up “Out of Hospital” care) and “In Hospital” care.

This briefing sets out what changes are being discussed in each element.

Healthier Together Programme

Out of Hospital Care

The GM Integrated Care Programme supports the development and implementation of plans by Local Authorities and the NHS to ensure integrated community health and social care services are provided in their localities.
(Led by Health & Well Being Boards across GM).

The GM Primary Care Programme will support the development of high performing primary care services (ie GPs, Dentists, Pharmacies, Opticians etc.) across Greater Manchester.
(Led by NHS England).

In Hospital Care

The In-Hospital Care programme is a programme of work led by clinicians to develop safer, higher quality hospital services in:

- Urgent, Acute and Emergency Medicine
- General Surgery; and
- Women's and Children's services.

(Led by the GM Association of CCGs).

The delivery of these three elements of the Healthier Together Programme is being co-ordinated to ensure that, as proposals are made for changes to one area, corresponding and compatible changes are also made in other areas of the system. This is to ensure that the system remains safe for patients and the public, that capacity to meet demand is effectively managed during any changes and that all areas remain focussed on the aim of improving the quality of health and care services for GM residents.



Out of Hospital Care

What is being proposed?

It is widely recognised that care services for patients in the community needs to be better organised and coordinated across health and social care services. Much has also been said about services moving out of hospitals and “closer to home”, an ambition that needs to be properly defined, and possible only if high quality services are available closer to home, which includes primary care, community health services and social care.

A set of “Out of Hospital” Standards have been drafted with professionals and the public from across Greater Manchester. These bring together the common themes emerging from the 10 locally developed Integrated Care plans in each local authority area, and the Primary Care Commissioning Strategy to describe a coherent improvement to out of hospital care.

The “Out of Hospital” care programme is described in the Greater Manchester Primary Care Commissioning Strategy, led by NHS England, and the 10 locally developed Integrated Care plans.

The Primary Care Commissioning strategy was presented at the Primary Care summit on 25th September. The draft strategy centres around five major primary care commitments:

<p>Quality and safety</p> <p>Primary Care providers will consistently provide high quality and safe care. This will be demonstrated by publishing appropriate quality measures. All providers will participate in incident reporting and peer review.</p>
<p>Involvement in care</p> <p>We will provide clear, understandable care pathways with the patient always at the centre. Patients will have access to their own care records and be provided with appropriate information in order to work as partners with professionals to manage their own health.</p>
<p>Multidisciplinary Care</p> <p>Patients with long term conditions will have access to an Integrated Care team designed around their own needs to ensure their conditions are managed effectively.</p>
<p>Access and responsiveness</p> <p>There will be easy access to high quality, responsive primary care including a rapid response to urgent needs so that fewer patients need to access hospital emergency care.</p>
<p>Increased out of hospital services</p> <p>We will ensure patients can access enhanced local health services within their communities easily and those services will work well together to ensure care remains out of hospital wherever clinically appropriate and safe.</p>

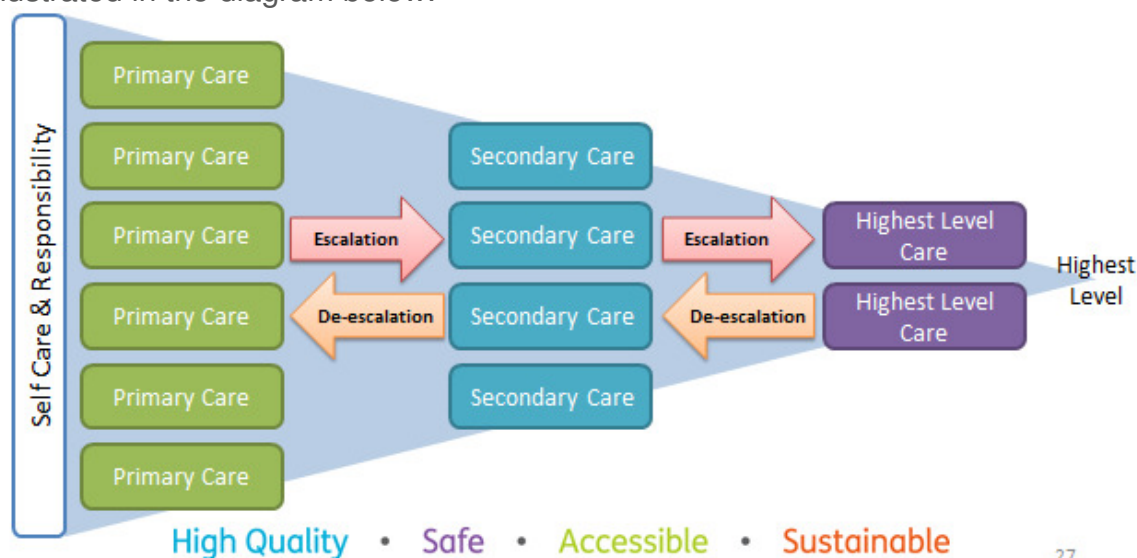
The strategy is being continuously updated to reflect engagement with partners and stakeholders. Work is underway to understand the impact of the strategy and to develop implementation plans.

In Hospital Model of Care

Healthcare services in Greater Manchester (GM) look after patients with illnesses and injuries across a spectrum of care, as described below:

- Primary (day to day) care – e.g. health care provided in the community for people who need advice, support and treatment from GPs, pharmacists, dentists etc.
- Secondary (medium level) care – e.g. patients who require planned and emergency hospital treatment from a doctor or clinical professional for an injury or illness;
- Specialist (highest level) care – e.g. patients who are very seriously ill or severely injured and require highly specialised care such as Intensive Care or Emergency Surgery.

The proportion of patients who require the highest level of specialist care is relatively small. This means that across Greater Manchester we need a lot of services for primary level care, some hospitals to provide secondary services for medium level of care and a small number of services to provide the highest level of specialist care. This is illustrated in the diagram below:



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However, currently most hospitals are trying to provide both secondary care and the highest level of care across a wide range of specialties. This means our specialist resources, such as workforce and equipment, which are needed to deliver the highest level of specialist care, are thinly spread across all of our hospitals.

Why do we need to change?

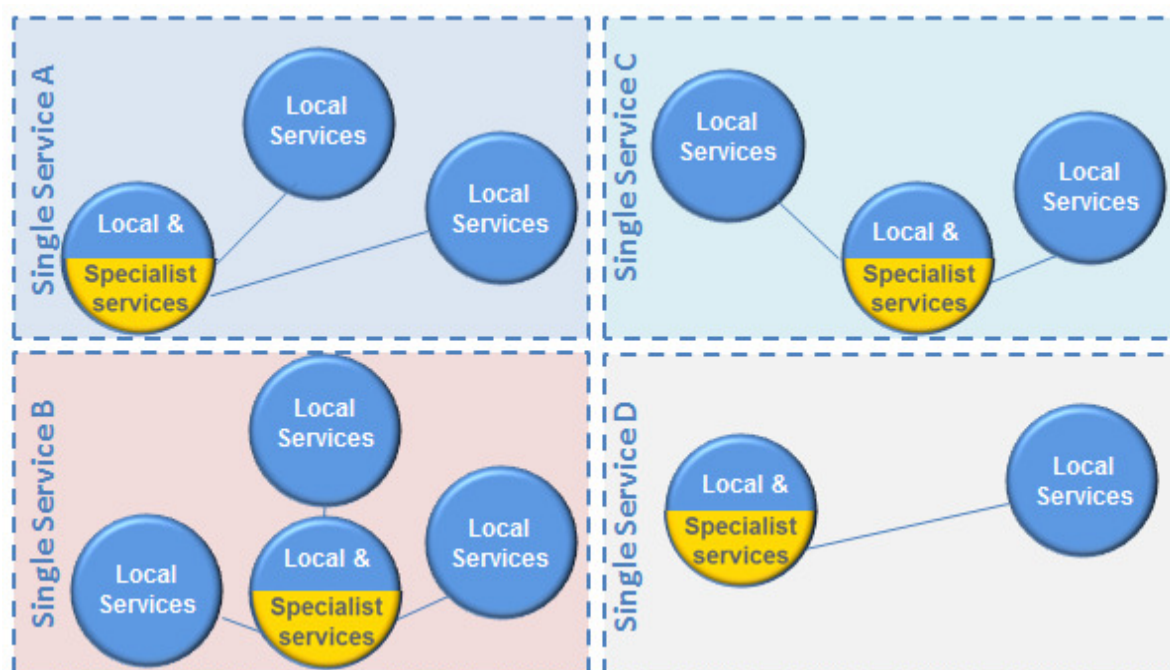
The more you do something, the better you get at it. The same is true of high level, specialist care. Because nearly all of our hospitals are delivering these services, this means some are only treating a relatively small number of seriously ill or injured patients each year. This is an inefficient use of our specialist workforce and equipment, but more importantly the result is an unacceptable variation in the quality of care across Greater Manchester - meaning you could be twice as likely to die following some procedures depending on where you are treated. This cannot be acceptable, and should not be allowed to continue.

In Hospital Model of Care

A Single Service across multiple hospital sites

A model for in hospital care has been developed between approximately 125 senior clinicians from 20 organisations across Greater Manchester. The model proposes having single services of care across hospitals, for a number of specialist services (see below). In this model, *for each service*, the specialist, once in a lifetime care will be provided in an optimum number of sites across Greater Manchester, rather than at every hospital. All hospitals will provide the everyday care patients need, and the number of specialist sites for a service across Greater Manchester will depend on each specialty.

What this means is that hospitals in the future will need to work closer together to deliver the highest quality of care.



How could this work in practice?

Individual doctors and nurses will work in both local and specialist services as part of the single service. This will create a single team ensuring that the best care for patients is delivered in a joined up and integrated manner.

As a patient you would continue to have the choice of which hospital to go to depending on the level of care you require. Every local hospital will have an A&E and you will be treated there unless you require the highest level of specialist care. In this case you may be transferred temporarily to another hospital to receive that specialist service.

If you call an ambulance in an emergency the paramedics will make a decision on which service you need and will take you to the most appropriate hospital.



In Hospital Model of Care

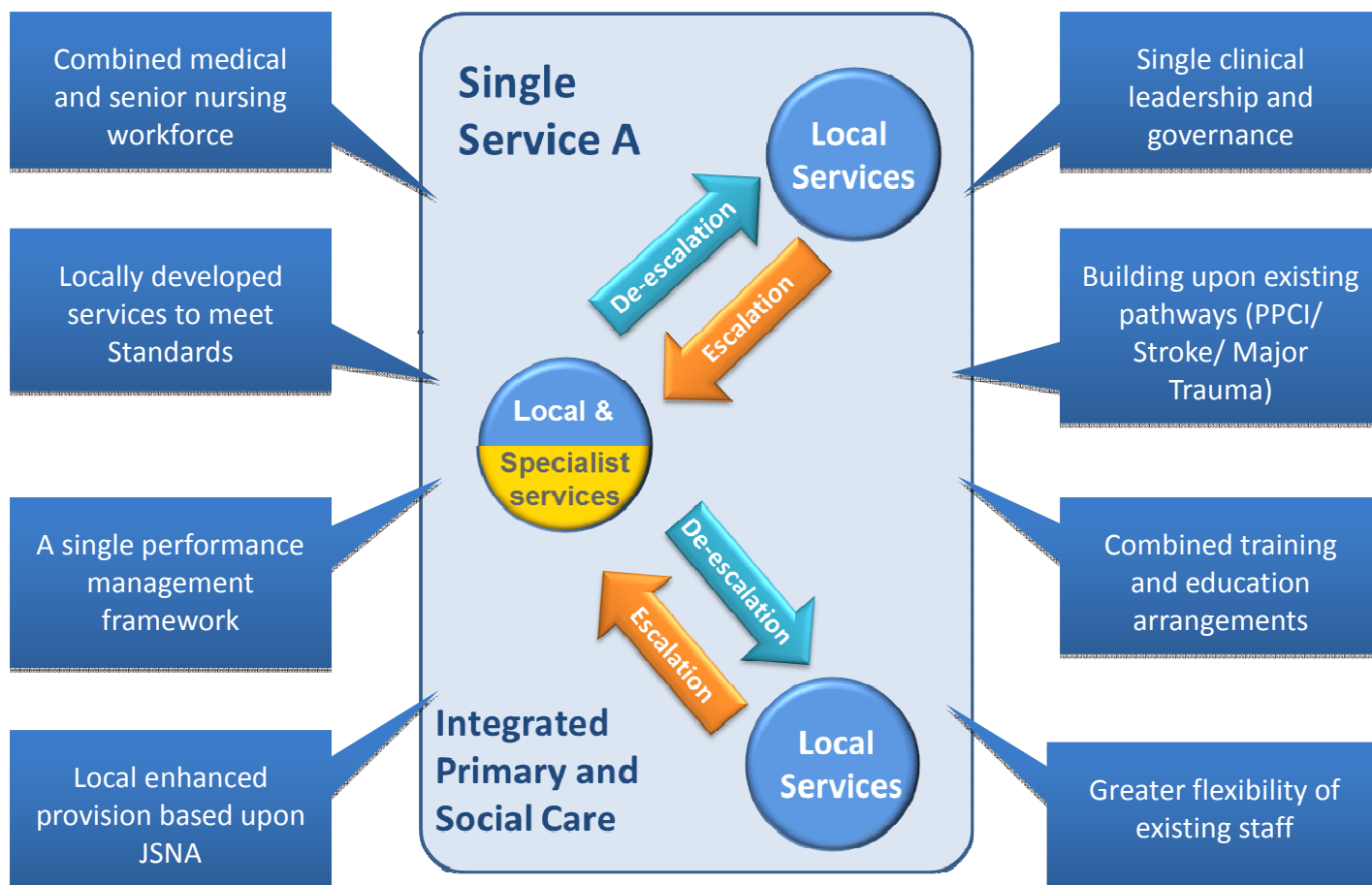
What are the benefits of a single service? [single services?]

The concept of a single service across hospital sites is based upon positive examples across Greater Manchester; including Major Trauma, Stroke and cancer services.

Doctors and nurses would have the opportunity to work in both local and specialist services meaning that they can receive specialist training and can learn new skills. Having a single team that works across different hospital sites will mean that the services are more joined up and patients will have a better experience of care.

Being able to focus specialist resources and highly experienced clinical staff in one service will mean that patients will receive the best possible care in times when they really need it the most.

High Quality	Safe
<ul style="list-style-type: none"> • Right care in the right place at the right time • Attainment of GM Quality and Safety standards 	<ul style="list-style-type: none"> • Greater senior consultant presence • Competency and excellence through experience
Accessible	Sustainable
<ul style="list-style-type: none"> • Improved access and waiting times • Greater equality of quality and standards 	<ul style="list-style-type: none"> • Effective use of resources • More financially sustainable





Healthier Together Governance and Accountability

Governance

The 12 Greater Manchester CCGs have established a Healthier Together Committee in Common (CiC), which meets to make decisions about the Healthier Together programme on behalf of the CCGs. This group acts as the formal decision making body for the [parts of the] programme [within CCGs' remits]. As part of the programme assurance process, Monitor and the Department for Health will be provided with information to meet their requirements.

For the Integrated Care services which fall under the responsibility of local authorities and CCGs, the Association of Greater Manchester Authorities provides leadership and oversight in addition to the CiC. Primary Care services are commissioned by NHS England, represented by the Area Team for Greater Manchester.

All parties are aware of the interdependence of the 3 strands of the overall Health and Social Care system, and the whole programme is being taken forward together with the support of those commissioners.

A Greater Manchester Health Overview and Scrutiny Committee has been formed to scrutinise the programme across the 10 local authority areas.

There is on-going discussion and listening activity taking place with the ten local Healthwatch organisations from across Greater Manchester, complemented with a number of patient panels. These provide service-specific input from patients and carers across a number of services.

In addition there is a project specific External Reference Group whose purpose is to provide patient and public scrutiny of the programme's engagement activities. The Chair of the External Reference Group is a member of the Greater Manchester Healthier Together Committee in Common.

Public involvement

Engagement with the public is ongoing and events to date have included:

- 16 open public meetings covering every locality across Greater Manchester
- A series of Patient Panels held around In Hospital and Out of Hospital services
- Over 100 focus groups and discussion forums held with patient public and stakeholders across Greater Manchester
- Voluntary sector engagement with a range of organisations i.e. Age UK, Carers Associations, Youth Charities, BME organisations along with bespoke briefing sessions for Senior Managers within voluntary sector organisations
- Workshops with invited stakeholders including Healthwatch
- Communication & Engagement events held with the Communications teams at the GM providers

