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# Healthier Together Update

## Manchester Health and Wellbeing Board

### 14 May 2014

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## Our Vision

For Greater Manchester to have  
the best health and care in the  
country

**#Bestcare**

High Quality • Safe • Accessible • Sustainable

# Our system agreement - 22<sup>nd</sup> Feb 2013



*“The future health and social care system will look substantially different and that improved **quality** of health care for Greater Manchester residents will underpin the following **key principles** of a new system:*

- *People can expect services to support them to **retain their independence** and be **in control of their lives**, recognising the importance of family and community in supporting health and well being*
- *People should expect **improved access to GP and other primary care services***
- *Where people need **services provided in their home** by a number of different agencies they should expect them to **planned and delivered in a more joined up way**.*
- *When people need hospital services they should expect to receive **outcomes delivered in accordance with best practice standards** with quality and safety paramount – the right staff, doing the right things, at the right time.*
- *Where possible we will bring **more services closer to home** (for example there are models of Christie led Cancer services delivered from local hospitals)*
- *For a relatively small number of patients (for example those requiring specialist surgery) **better outcomes depend on having a smaller number of bigger services**.*
- *Planning such services will take account of the **sustainable transport needs** of patients and carers.*
- *This may change what services are provided in some local hospitals, but no hospital sites will close.”*

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# The Case for Change

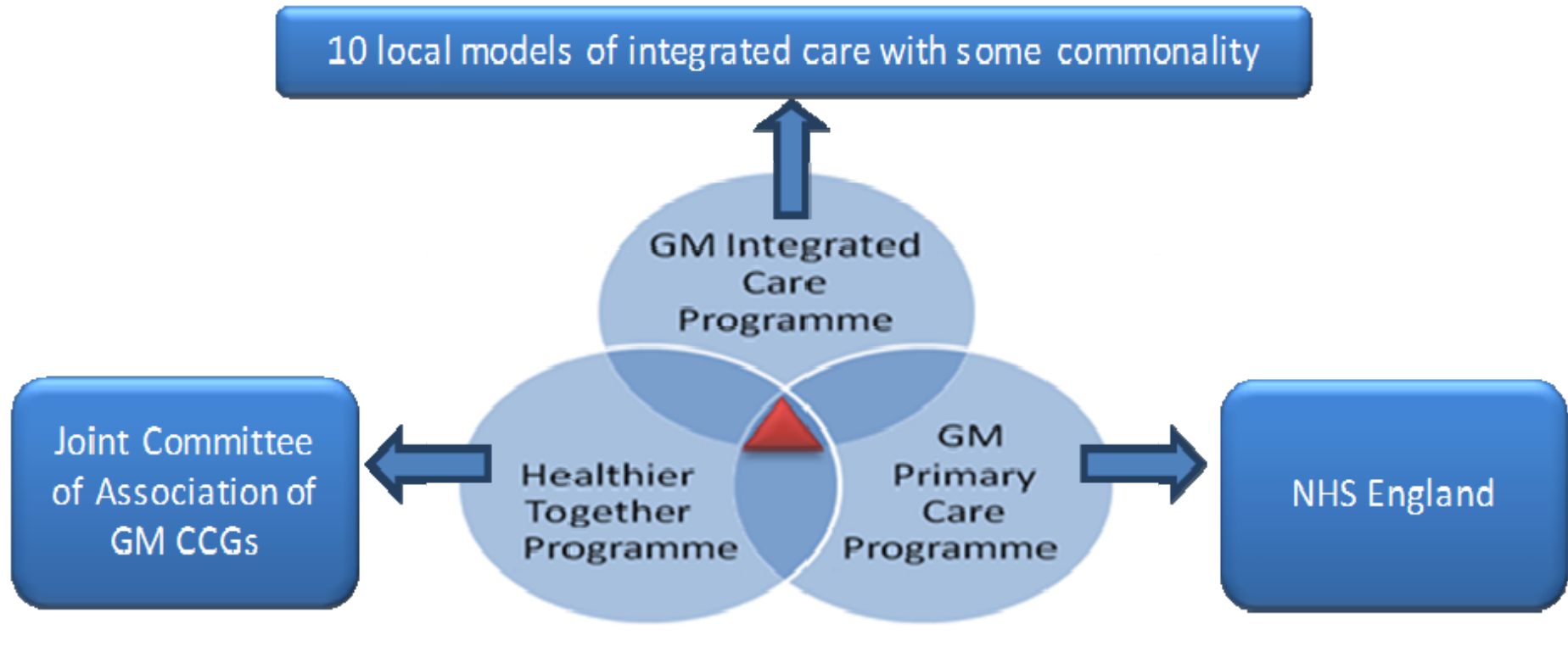
1. Need to improve quality and outcomes – **no hospital can meet all the standards, and lives are currently being lost**
2. Elderly admissions **40% above national average**
3. Demand is increasing – **90,000 more A&E attendances in 2012/13**
3. Clinical workforce is limited – **if money were unlimited, we could not recruit the consultants needed to safely staff 24/7**
4. Budgetary pressures – **many Trusts already facing serious**

WK01	Consultant presence on the Emergency Floor of an accredited Consultant on Emergency Medicine [CCT holder] between 06:00 and 24:00, 7 days per week	FC	FC	MC	PC	MC	PC	PC	PC	PC	PC
WK02	Emergency Floor clinical staffing profile aligned to demand throughout the 24 hour period evidenced by notes and job plans	FC	FC	PC	PC	PC	PC	PC	PC	PC	PC
WK03	The Consultant Acute Physician has no commitments other than to acute assessment when allocated to work within the AMU	FC	FC	PC	PC	PC	PC	PC	PC	PC	PC
WK04	The Consultant Acute Physician admitting should work in blocks of more than 1 day and be present for more than 4 hours per day, 7 days per week	FC	FC	PC	PC	PC	PC	PC	PC	PC	PC
WK05	There should be real-time senior review process on the AMU such that incoming patients are seen by the Acute Consultant within 4 hours of arriving in AMU between 08:00 and 24:00, 7 days per week and by a Middle Grade beyond 20:00	MC	FC	PC	PC	PC	PC	PC	PC	PC	PC
S501	There must be on-site senior support at ST3+ level 24 hours per day within the core specialties of Acute Medicine, Critical Care, General Surgery, Orthopaedics, Paediatrics and Emergency Medicine	FC	FC	PC	PC	MC	MC	PC	PC	PC	PC
S502	ED must have 24/7 on site support from blood bank	FC	FC	PC	PC	PC	MC	PC	PC	PC	PC
S503	A multidisciplinary frail elderly assessment team must be available to in-reach into the Emergency Department and AMU, 7 days per week with availability mapped to clinical and social care demand	MC	FC	PC	PC	MC	MC	PC	PC	PC	PC
S504	Access to all support services essential for patient discharge must be available seven days per week	FC	FC	PC	MC	MC	PC	PC	PC	PC	PC

GM Quality and Safety Standards Audit

Mortality of patients who undergo Emergency General Surgery varies from **23.1 to 51.7** per 1,000 spells across GM

# Health & Social Care Reform



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# Primary Care Strategy

## Long term condition management

Identification  
Condition management  
Medicine Optimisation  
Integrated Care Teams

## Involvement in Care

Access to care records  
Promotion of self-care  
Primary prevention  
Patients die in place of their choosing

Quality &  
Safety

## Access and Responsiveness

Easy appointment booking  
Range of contact mediums  
Continuity of Care  
Increased access to primary care services  
GP is co-ordinator of care

## Specialist primary care services

Smooth primary/secondary care interface  
Locality based enhanced services  
Inter practice referrals

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# Primary care development in Manchester



- **Central Manchester CCG Demonstrator programme**
  - Emergency Requests responded to within 20 minute, urgent GP care within 2 hours
  - 8am-8pm weekdays & 3 hours per day on weekends - 96 appointments per week per locality. So far more than 3000 patients have attended; 20% say they would have gone to A & E if no extended hours
  - GP led in-reach service has started supporting a smooth primary/secondary care interface, consultant advice lines available in 6 specialities – more in development
  - **North and South Manchester CCGs** – Plans in place to commission 7 day primary care models during 2014/15

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# Community Based Care



- Jointly led by each Clinical Commissioning Group (CCG) and Local Authority
- Supporting ten localities to overcome the challenges of integrating health and care services
- Describing new standards for services delivered in the community that every locality will have to meet, eg:
  - People will have access to professional health and social care advice and triage (assessment) provided 24 hours a day, seven days a week
  - Everyone with an urgent social care need will have access to social care within 2 hours, those with a less urgent need will be contacted on the same day
  - All people with a long-term condition will have a named professional who has the lead responsibility for coordinating their care
- 10 models of integrated care in shadow operation on 1<sup>st</sup> April 2014 and in full operation by 1<sup>st</sup> April 2015, underpinned by Reform of Primary Care

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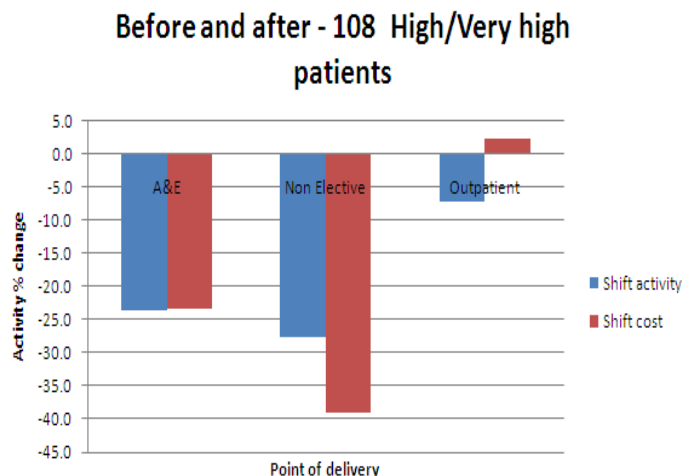


# Living Longer, Living Better



- City wide programme developing integrated teams which deliver co-ordinated care to meet local people’s needs
- City wide outcomes and standards, co-produced and delivered locally
- Carers seen as fundamental part of the care team
- £13.2m in Better Care Fund to fund local developments for 14/15

Total number of patients seen by the NT team during June 2013 – February 2014 <b>582</b>	
A&E attendances	<b>36%</b> reduction (based on analysis of 500 patients during June – December)
Non Elective Admissions	<b>30%</b> reduction (based on analysis of 500 patients during June – December)
Outpatients	<b>40%</b> reduction (based on analysis of 500 patients during June – December)



POD	Pre	Post	Reduction %
A and E	85	66	22%
DC	12	5	58%
EL	3	3	0%
NEL	47	23	51%
NELNE	1	1	0%
NELSD	1	2	-100%
NELST	6	5	17%
OPFA	51	28	45%
OPFUP	168	150	11%
OPPROC	34	16	53%
<b>Grand Total</b>	<b>627</b>	<b>477</b>	<b>24%</b>

(some caveats apply to figures)

2013)

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# Hospital Vision

**Hospital services delivered in accordance with best practice standards with quality and safety paramount – the right staff, doing the right things, at the right time**

Consultant delivered care

Seven day services

Consistent, high quality care across GM

Improved outcomes and experience for patients

Effective use of workforce – right staff, doing the right things at the right time

Sustainable workforce model

# Future Model of Care

## Single Services

Create Single Services – multi-disciplinary teams responsible for Specialist and Local Services for a population of GM



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# Future Model of Care Local Services



## **Local Emergency Department**

- 24/7 Emergency Department
- ~96% of current patients

## **Local Acute Medical Unit**

- Consultant led, 12 hours per day, 7 days per week
- Supported by in-reach from Care of the Elderly professionals

- **Deliver care locally for the majority of patients – Local Services**
- **Upgrade Local Services so all attain standards**

## **Local Planned General Surgical Service**

- Low risk elective and day case surgery
- ~81% of general surgery procedures delivered locally

## **Local Specialist Services**

- Rapid access clinics
- Outpatients
- Specialist treatment such as dialysis and some chemotherapies

# Future Model of Care Specialist Services



**Create a smaller number of Specialist Services** for the few patients with 'once in a lifetime' life threatening illness and injury – delivered in line with GM standards

'Once in a lifetime' conditions include:

- Emergency surgery
- Highest level of Intensive Care  
    ~**8% of all adult patients presenting at ED**  
(ambulance and self-presenters)

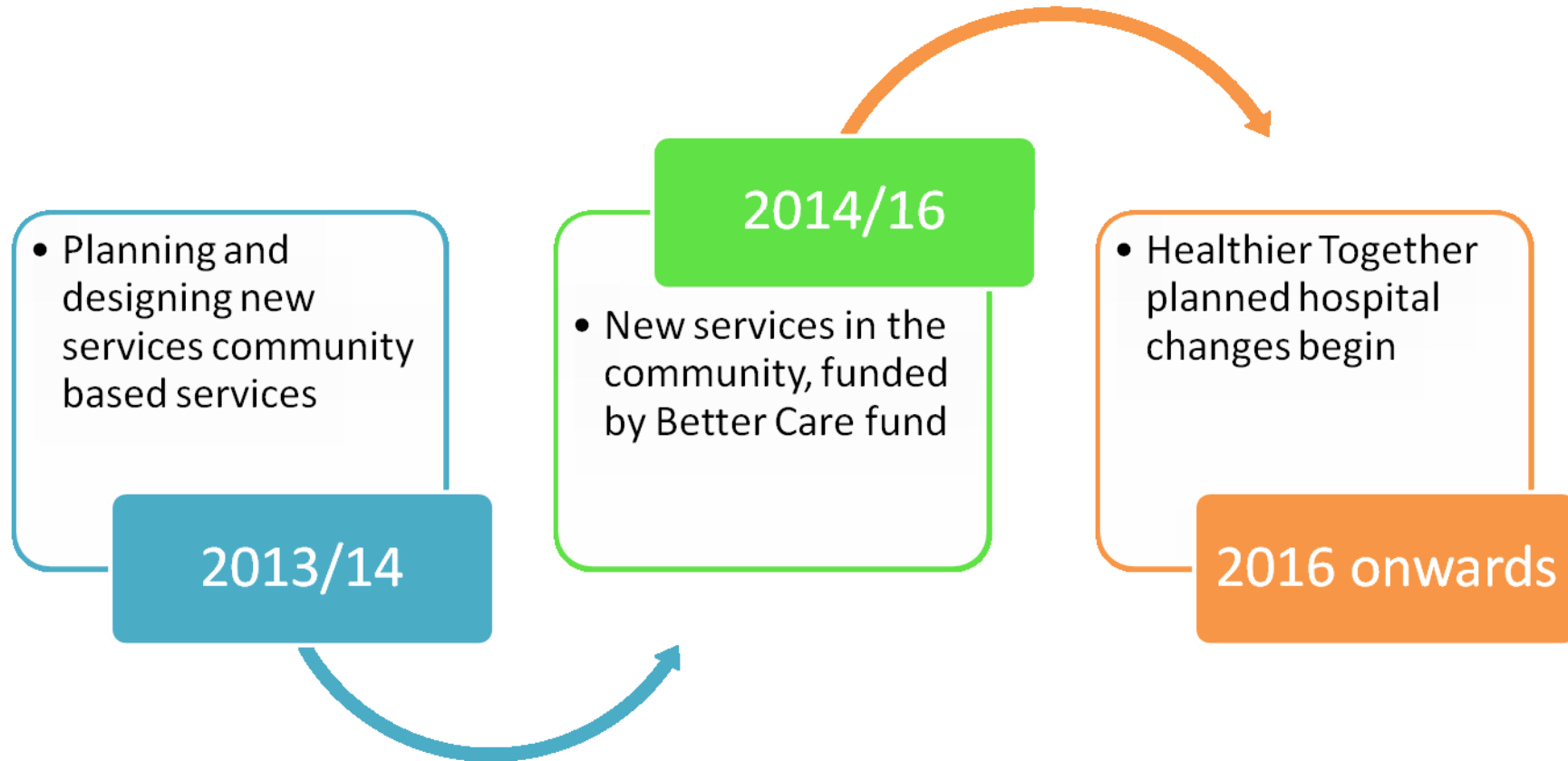
Specialist Services:

- Fewer sites
- Serving a larger population
- Attainment of standards

**Concentration of specialist resources**

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# Sequence of change

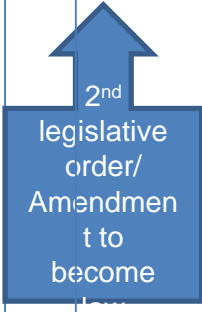
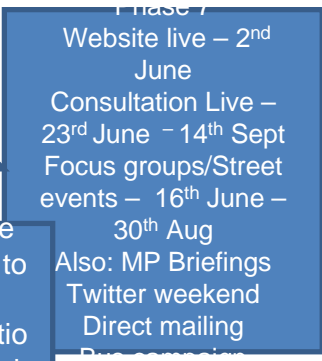
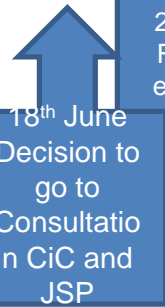


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# Healthier Together – Key milestone timeline



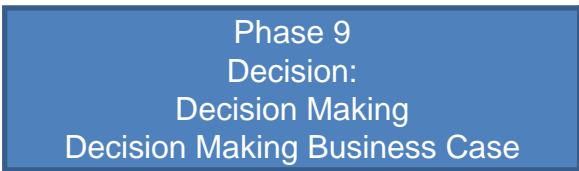
2014



Labour Party conference (21st - 24th Sept)  
Conservative Party conference (28th Sept - 1st Oct)

Liberal Democrats Party conference (4-8th October)

2015



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## The Manchester view



- Develop a set of principles by which HWBB will assess Healthier Together proposals
- Including:
  - Access for local people
  - Impact on growth
  - How they support integration
  - Structures necessary to support delivery
  - Impact on outcomes and cost

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# WHAT CARE WOULD YOU WANT FOR YOUR...

