

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

**Report to:** Manchester Health and Wellbeing Board – 16 September 2015.

**Subject:** Healthier Together

**Report of:** Manchester Clinical Commissioning Groups

**Summary**

This paper summarises the Healthier Together programme.

**Recommendations**

Health and Wellbeing Board members are asked to note the contents of this report

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	Healthier Together is a transformation programme spanning hospital, community and primary care. It will ensure that quality of care is improved across all health services and supports the shift of care out of hospitals and into communities.
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

**Lead board member:**

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.

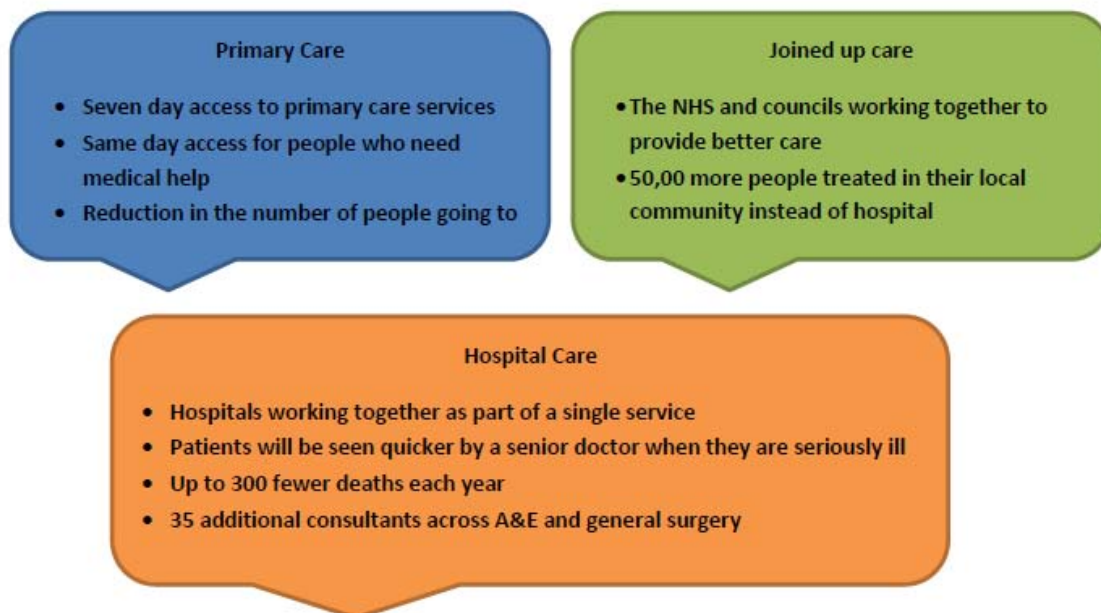
## 1. Introduction

1.1 The following report provides an update on the Healthier Together programme

## 2. Background

2.1 The Healthier Together programme is a key part of the wider programme for Health and Social Care reform across Greater Manchester. There are three elements to the Healthier Together programme – Integrated Care, Primary Care and Hospital Care. Clinically led, the programme aims to provide the best health and care for Greater Manchester. GPs from each Clinical Commissioning Group (CCG) in the region have formed a ‘Committees in Common’ (CiC), to make decisions within the programme.

2.2 The key expected benefits from the programme are described in the diagram below:



2.3 The Healthier Together decisions are key early priorities for the Greater Manchester devolution programme for health and social care announced in February, involving NHS England, the 12 Greater Manchester CCGs, the 10 local authorities and 15 NHS provider trusts.

2.4 Last summer, residents of Greater Manchester and surrounding areas were given an opportunity to provide feedback on proposed changes to; primary care, integrated care and hospital care. Over 32,000 responses were received; nearly three quarters of people (73%) who responded to the three month consultation agreed that health and care services need to change. There was also widespread support (75% of people) for changes to hospital services in order to meet quality and safety standards.

2.5 Under the Healthier Together hospital 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.

2.6 All hospitals that are part of the single services will improve to ensure they meet the quality and safety standards.

2.7 This model and way of working is consistent with NHS England's vision set out in the NHS 'Five Year Forward View' which describes networks of linked hospitals to ensure patients with the most serious needs get to specialist emergency centres.

### **3. Recent decisions**

3.1 In summer 2015, two significant decisions were made by the CiC following review of a range of evidence including: the feedback from the public consultation 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.

3.2 In June 2015, the CiC decided that there should be four single services introduced in Greater Manchester because this will offer the same quality and benefits as five, but it will be quicker and easier to recruit the additional doctors required to run four single services. This will mean that the new service models, and consequent improvements in quality and safety, can be achieved sooner.

3.3 On 15 July 2015, the CiC 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.

3.4 As a result of these decisions, 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

3.5 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.

3.6 No hospitals will be downgraded as part of the plans. The Greater Manchester Quality and Safety standards will be implemented at all hospitals which 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.

#### **4. Implementation**

4.1 Following these decisions, the programme has move into the Implementation stage. Based on the learning from other similar programmes, the following have been adopted as a set of principles as a basis for planning the Healthier Together implementation:

- Implementation should be led at a Single Service level wherever possible: the formation of single teams of clinicians for General Surgery, A&E, critical care and anaesthetics (and potentially some diagnostic services) will require considerable operational, cultural and behavioural change
- Some elements of implementation or design will only need to be 'done once' for Greater Manchester but will need to be tested locally e.g. implementation of NWAS Pathfinder, GM Workforce Planning
- Other elements of the implementation will require oversight and management at a GM level and there will be an on-going requirement for programme assurance, programme management, clinical leadership, and decision making.

4.2 Questions about the decision making process have been raised. These will be handled prior to the implementation beginning to ensure due process is followed.

#### **5. Recommendations**

5.1 The Health and Wellbeing Board is asked to note the report.