Date: 28 July 2017
Subject: Chief Officer’s Update
Report of: Jon Rouse, Chief Officer, GMHSC Partnership

SUMMARY OF REPORT:

The purpose of the report is to update the Strategic Partnership Board on key items of interest both within the GMHSC Partnership and also within its partner organisations.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to note the content of the brief.

CONTACT OFFICERS:

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1.0 GENERAL

1.1. I’m pleased to announce that Kim Curry has joined the partnership as Associate Lead for Adult Social Care. Kim has had a number of senior roles in health and social care including as a DASS. Steve Barnard has been jointly appointed with NHS I as the head of the Urgent and Emergency Care Service Improvement Team.

2.0 OPERATION NEWTOWN UPDATE

2.1. There are two key strands of recovery work. The first is the aftercare for those seriously physically injured. A dedicated team continues to oversee the case management for these individuals including support with transition through a lead worker arrangement where this is wanted by the individual and/or family. The second strand is the mental health offer. This has now moved into a new phase as a dedicated Mental Health Hub has come on stream providing a proactive offer of screening and where necessary, managed referral for treatment.

3.0 SUSTAINABILITY AND TRANSFORMATION PLAN DASHBOARD

3.1 On 21 July the Department of Health and NHS England published a baseline position for all 44 STPs against nine domains. The performance was then aggregated to place all STPs in four bands. Greater Manchester was placed in the second highest band, ‘Advanced’. We scored well in most categories but fall down on our non-elective performance. There are five STPs rated as ‘outstanding’ including South Yorkshire and Bassetlaw and we will look very closely at these systems to see what we can learn and adopt.

4.0 CAPITAL FINANCE

4.1 The Government has announced capital allocations from the initial £325m Fund announced before the Election. The Department of Health and NHS England have chosen to prioritise bids from higher performing STP areas. To this end, Greater Manchester has received one of the largest allocations of up to £80m in the first three years and up to £93m overall, to support the delivery of Healthier Together in the context of the wider acute services programme, and to enable Salford Royal to build its new major trauma facility.

5.0 BETTER CARE FUND

5.1 NHS England has published the guidance for the Better Care Fund (BCF) this year. Their approach has been to place an intensive focus on reducing Delayed Transfers of Care, setting individual local authorities specific targets to meet commensurate with the overall national target of reducing DTOCs below 3.5% of bed days. Failure to meet the target could lead to loss of resources in 2018/19.
5.2 The BCF requirements are a legal obligation and each of our localities will have to follow the required methodology. However it is difficult to reconcile the NHS England approach of the NHS commissioners being directed to hold local government to account for performance with the devolved partnership model that we operate - our commitment to single commissioning functions, mutual assurance and to fully pooled budgets. It underlines the need to secure graduation from the Better Care Fund system as soon as possible as its continued application acts as an increasing drag on our progress.

6.0 CCG ASSURANCE 16/17

6.1 On 21 July the end of year ratings for CCGs across the country were published, based on a range of indicators, financial performance, plus assessment of leadership and governance. We have one ‘outstanding’ CCG Salford, eight ‘good’ CCGs and one, Trafford, rated as ‘requires improvement’. Overall, this is a strong level of performance.

7.0 PENNINE CARE

7.1 Pennine Care and its commissioners have committed to a focused process to secure agreement on a medium term financial strategy for the Trust to aid both financial recovery and quality improvement. To that end at a recent Pennine Care summit in June four key work streams were identified to facilitate the recovery plan for Pennine Care:

- Finance — fast track to agree the size of the gap and the proposed agreement for 2017/18 and 2018/19. NHSI and GMHSCP to support this work jointly with the Trust and its commissioners.

- Quality – progress work with the existing Improvement Board which is chaired by NHS Improvement

- Digital – –a digital plan is needed to address fundamental problems with Pennine Care’s digital infrastructure which impacts records keeping and information sharing.

- Estates – –pursuing opportunities for rationalisation and redesign linked into the Improvement Board and wider GM configuration

7.2 I will continue to chair monthly meetings to support pace and grip of the recovery plan. That work will run alongside the Improvement Board responding to the recommendations of the CQC report. The whole process will be supported by a team comprising of both GMHSCP & Pennine Care staff.
8.0 CARE QUALITY COMMISSION SECTION 48 REVIEWS

8.1. The CQC has been asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of the interface of health and social care in 12 local authority areas.

8.2. These reviews, exercised under the Secretaries of State for Health's Section 48 powers, will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources.

8.3. They will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review will not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system. Two areas in Greater Manchester, Trafford and Manchester have been chosen as two of the 12 areas that are being reviewed, based on a statistical performance assessment of a basket of indicators (which DH plan to publish on a quarterly basis going forwards.). While we do not necessarily agree with the process for selection we will work with CQC to ensure that the process adds as much value as possible to existing reform plans.

9.0 ADULT CONGENITAL HEART DISEASE

9.1. NHS England is currently conducting a national public consultation on how it will ensure adherence to new standards for hospitals providing congenital heart disease services in England and the implications for service configuration. It follows the publication in 2015, of a new set of quality standards for all hospitals providing congenital heart disease services covering both adults and children. The consultation will end in July but a final decision is not expected until early 2018.

9.2. As part of that process, NHS England published a plan in June 2016 that they were minded to remove the Adult Congenital Cardiac Surgery services from Manchester Royal Infirmary and transfer them to Liverpool. In a subsequent document the transfer of services also included interventional ACHD cardiology procedures (level 1).

9.3. As a result of the publication of the consultation paper and the way in which the process has been handled by the national specialised commissioning team, CMFT have lost key staff leading to a point where they have had no choice but to suspend the provision of the relevant services. As Liverpool is unable to recruit to these services pending a decision there is therefore no longer any service in the North West. CMFT has therefore worked at speed to put in place alternative arrangements, working closely with the relevant centres in Leeds and Newcastle. Nevertheless, many of the patients and their families are very upset at the loss of the service and how this has been handled, and these feelings were expressed at a meeting on 1 July.
9.4. I have responded as Chief Officer to the consultation jointly with the CCGs, expressing concerns about the process to date and seeking rapid development of a pan-North West clinical model and an accelerated final decision to allow restoration of a NW service as soon as possible.

10.0 GM FRAILTY PATHWAY

10.1. Any analysis of our core data shows that unless we manage frailty well, from prevention through to crisis care, we cannot succeed in terms of our core aim to reduce acute activity levels. This includes our work on falls prevention. As we come towards the end of the process of allocating TF resources to localities and signing off investment agreements, we need to do more to equip our localities to implement successful programmes that help them deliver on the commitments that they have made. To this end we will be creating a task and finish group to develop a single plan for improving care pathways for managing frailty, drawing on best practice from across the world. This will incorporate work on informatics, science, standards, service design etc. Jackie Bene, Chief Executive of Bolton Royal Infirmary and a qualified geriatrician has agreed to chair the group with clinical leadership being provided by Dr Sarah Briggs from UHSM. We will also be drawing on the work of Dr Martin Vernon (National Clinical Director and CMFT.) The work will also facilitate the opportunity identified in the emerging clinical strategy for North Manchester Hospital to incorporate some form of Centre of Excellence for Frailty in partnership with our universities. The group will be supported by our Strategic Clinical Network.

11.0 ELECTIVE CARE PROGRAMME

11.1. In relative terms we have placed less emphasis to date on improving demand management for elective care. Last year we saw a 2% growth in elective admissions. There is already some excellent practice in some of our localities, notably Stockport, that we can build upon. Our plan is to work with the national elective care programme to develop a prioritised GM plan focused on improving the interface between primary and secondary care. We have been allocated £370,000 to support the development and delivery of the plan and will create an elective care improvement hub to work with localities to develop standards and models of care. We will use proven methodologies and tools such as alternative MSK referral pathways and use of peer review.

12.0 STAKEHOLDER ENGAGEMENT

12.1. We were delighted to welcome Caroline Gulleray from Canterbury Health Systems in New Zealand who gave a masterclass for the senior leadership team on health systems development. Canterbury Health Systems is one of the most advanced health systems in the world and has been internationally recognised for its levels of collaboration and integration leading to real reductions in acute level activity, better patient outcomes and excellent financial performance. We will maintain the
relationship with Canterbury as one of an emerging network of key external relationships that also include New York State, Scotland and Northern Ireland.

12.2. Colleagues from the GM universities, health and care, local third sector and Universities UK came together this month to identify how we can improve the support for students’ mental wellbeing. The summit was opened by the Mayor and considered:

- The national strategy on student mental health
- Supporting students: via primary and community mental health pathways
- Supporting students through the community and voluntary sector
- Examples of how GM universities are currently supporting students

We are producing a report of the summit including some practical proposals and recommendations which can be adopted for the whole GM student population.

13.0 GM HEALTH AND SOCIAL CARE BIG EVENT 11 OCTOBER 2017

13.1. On 11 October we will be holding the first leadership summit showcasing the excellent health and care programmes across Greater Manchester and exploring how we continue to develop best practice, service transformation and collaboration in the future. It will be an opportunity to share your experiences, lessons learnt and how we use devolution principles and local priorities to shape our services. Please hold the date in your diaries.

14.0 FORWARD LOOK

14.1. We will be bringing forward report on our work on carers, progress on adult social care transformation and medicines management in September. We will also focus on Q1 performance including first exposure to some of our new thematic dashboards such as mental health and social care. And we will also be bringing forward proposals for some changes in our governance structure to support the next phase of the Partnership’s work.