Greater Manchester Joint Health Scrutiny Committee

Date: 13 September 2017
Subject: Standardising Acute and Specialised Care “Theme 3” Overview
Report of: Diane Whittingham, Associate Lead for Theme 3, GMHSC Partnership

1.0 RECOMMENDATIONS

That the GM Joint Health Scrutiny Committee comment on and note the content of this report.

2.0 KEY POINTS

- Theme 3 is a programme of work looking at the standardisation of acute (hospital based) and specialised care. This is not a new major piece of work as it builds upon key strategic decisions made across Greater Manchester over a number of years, such as Adult Major Trauma. Theme 3 addresses the need to improve outcomes for patients as documented in the Greater Manchester Health & Social Care Partnership document, “Taking Charge”

- Theme 3 is tackling clinical services where there is a need to make substantial improvements in patient care, address key workforce shortages, and an opportunity to make a positive financial contribution

- Theme 3 has identified a number of hospital based services to concentrate on, where “single shared services”, as Healthier Together is doing, will be created across Greater Manchester. A range of services is being looked at to ensure that no decisions are made in isolation

- Experts will be used where necessary, to ensure that each potential decision is evaluated fully. The aim is to create a hospital based services strategy for
Greater Manchester, ensuring maximum use of existing resources, including buildings and clinicians across all hospitals in Greater Manchester

- Lessons learned from previous programmes of work mean we are ensuring robust, consistent engagement across the whole partnership system. It is important that decisions made throughout the life cycle of Theme 3 are fully understood and recognised by stakeholders

3.0 DETAIL

As outlined in Greater Manchester “GM” Health & Social Care Partnership’s strategic document “Taking Charge”, health outcomes for GM residents are worse than other parts of the country and health inequalities are deep-rooted. The high prevalence of long term conditions means that GM residents not only have a shorter life expectancy, but can expect to experience poor health at a younger age than in other parts of the country. Our key clinical drivers for Theme 3 are:

- Our population has aged and our older population will increase by 25% by 2025. As more people have developed multiple long term conditions, the focus has shifted from curing illnesses to needing to help individuals live with chronic ill health
- Many people are treated in hospital when their needs could be better met in primary care or the community. There is too little co-ordination between urgent services and emergency services - A&E, ambulance, GP out of hours and NHS 111, which needs to improve
- There is variation in the provision and standard of care provided in our hospitals

Standardising Acute & Specialist Care “Theme 3" is the creation of “single shared services” for hospital based services to deliver necessary improvements in patient outcomes and productivity, as detailed in Taking Charge. Hospitals across GM are currently experiencing extensive challenges including difficulty recruiting to key clinical posts and significant financial pressures. As a result, some services across GM are clinically and financially unsustainable.

Two major pieces of work have been completed so far:
- The Approach to the Hospital Based Services Strategy – approved by Strategic Partnership Board in July 2017
- Revised Governance for Theme 3 – approved by Strategic Partnership Board in July 2017

4.0 APPROACH TO HOSPITAL BASED SERVICES STRATEGY
Each clinical work stream will, or already has developed a case for change, and if approved, will then produce GM clinical and patient standards and a model of care. Each work stream will also need to identify how future state services link together to work effectively. These will need to be endorsed by stakeholders so that any assumptions can feed into the generation of options for the Hospital Based Services Strategy. A paper entitled The Approach to Developing the Hospital Based Services Strategy was approved at the Strategic Partnership Board on 28th July, having been widely socialised with senior stakeholders across the health and local authority system and approved at appropriate boards and groups.

It is very important that all work streams are linked in with programmes looking at out of hospital care, to ensure that the impact of Theme 3 is known on community based services. Theme 3’s work is intrinsically linked with Theme 2’s work, Transforming Community Based Care and Support, which looks to ensure that patients who can be treated within the community do so, which in turn relieves our hospitals of unnecessary pressure. The programme will continue to work very closely with programmes looking at out of hospital care to ensure patient pathways are joined up, both in and outside of hospital. It is also important to understand the impact of locally run transformation programmes to ensure alignment. The Theme 3 Stocktake addresses where other elements of a pathway or other services are being looked at outside the scope of Theme 3.

5.0 REVISED GOVERNANCE

Governance for Theme 3 needs to be robust to ensure that it is fit for purpose to deliver the strategy as outlined in the approach paper. A paper detailing the revised governance structure of Theme 3 was also approved at the Strategic Partnership Board on 28th July. The revised governance structure consolidates the previous arrangement to ensure streamlined decision making, which is representative of the system as whole. The revised governance also incorporates the Healthier Together Delivery Board, plus appropriate representation to ensure the link with dependent work streams, such as Theme 2 and localities. This will ensure thorough engagement and alignment with GM wide and locality transformation programmes.

Both the approach to the Hospital Based Services Strategy and the governance approach are built upon lessons learnt from previous transformation programmes, such as Healthier Together, with a view to having robust, wide reaching, consistent engagement and involvement of stakeholders, patients, public and workforce. We are engaging organisations and clinicians to help design the future, within a challenging context of financial constraints, availability of workforce and utilisation of existing estate and equipment. Combined, the strategy approach and revised governance will contribute to a holistic approach to reconfiguring the acute health system, which
ensures the most effective and efficient use of resources, including estate and workforce, across Greater Manchester.

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