

Greater Manchester Devolution: Changing the future of health and social care

Tuesday 31 March

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Welcome from the Chair

Christian Dingwall

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Devolution: A strategic approach

Sir Howard Bernstein

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Sir David Dalton

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Manchester

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LAs

CCGs

Providers

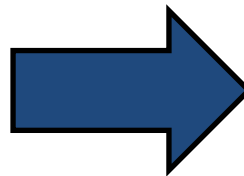


THE NEW
NATIONAL
HEALTH
SERVICE

Your new National Health Service begins on
5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a “charity”. You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

1948



2016

Greater Manchester Agreement:
devolution to the GMCA & transition
to a directly elected mayor

Coherent Public Services



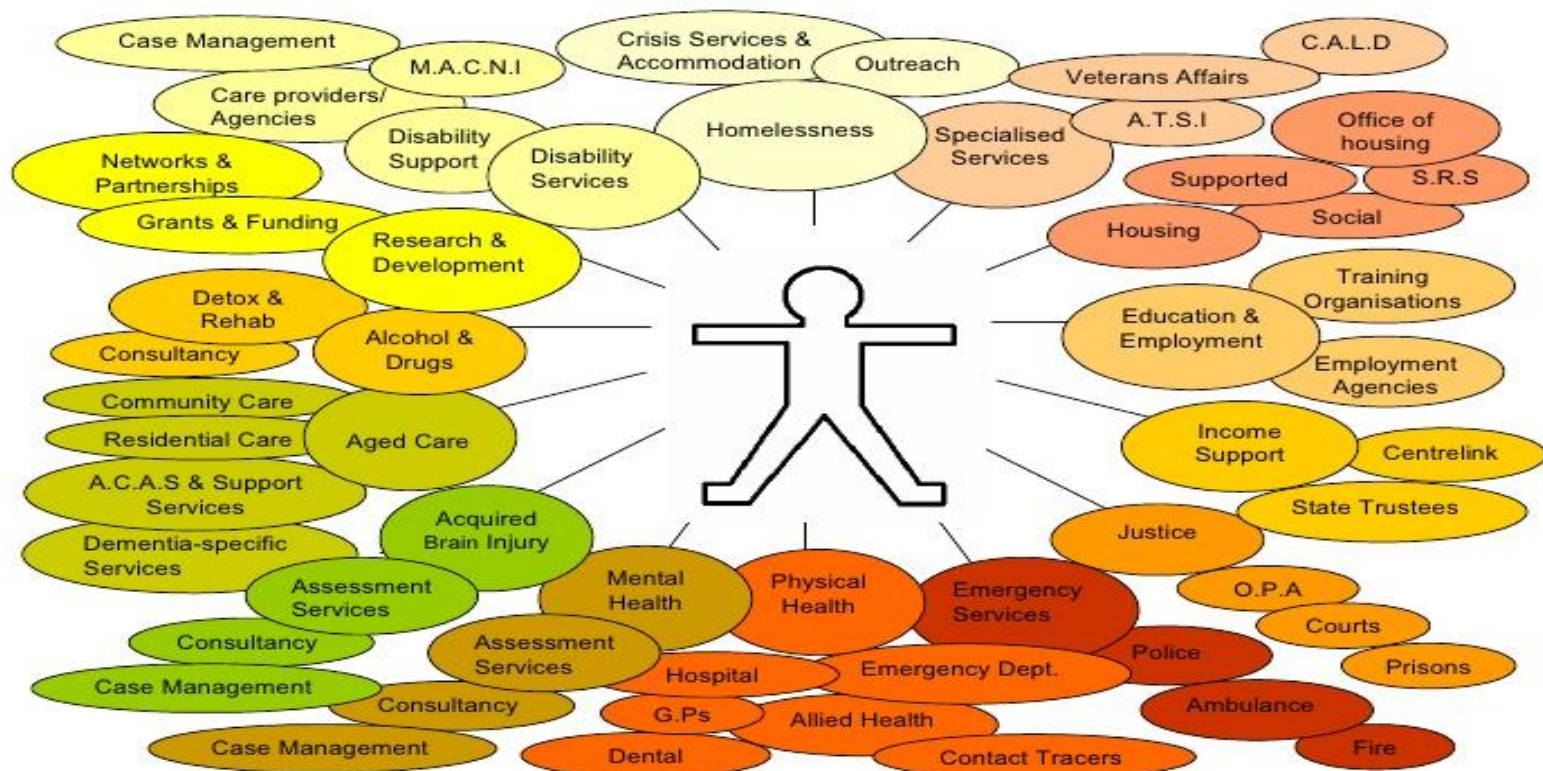
**Serving the needs
of people,
- not Regulators
or central funding
bodies**

**Although each township is proud of its heritage we share a
common view and have more that binds us than separates us.**

JOINED UP CARE

or

Uncoordinated Service Systems



Coherent Improvement Programme

Early Deliverables

Other Deliverables

Enablers

Improving Outcomes & Access

7 day services

Specialist Cancer Services

Reduce GP variation in quality

GM Workforce Passport

GM Contracts for GPs (GMS & PMS)

Improving Health & Care

Diabetes

- Prevent
- Identify
- intervene

Dementia Better Service + National Institute

Integrate Pharmacy & Dentistry 1° Care Offer

Datawell Intelligence & Analytics

Improving Wealth & Employment

Support unemployed with mental health needs

Relationship with Industry & Popⁿ Based Trials

Academic Health Science System

Improving Models Of Care

Facilitated Discharge + Care Closer to Home

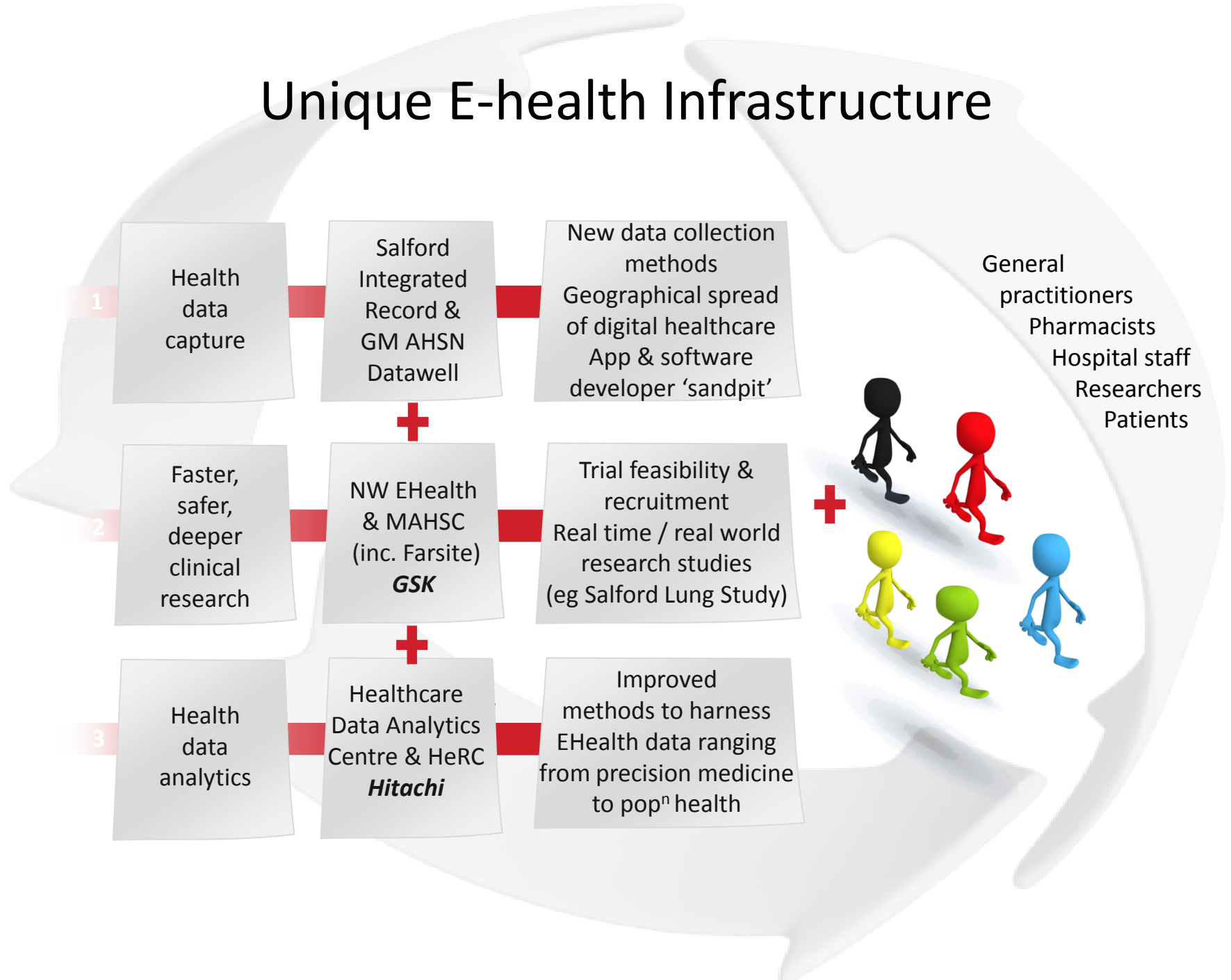
Single Shared Hospital Services

Adopt & Spread 'Vanguard' Learning

Estates Optimisation

Ed & Training + Skills & Job Design

Unique E-health Infrastructure

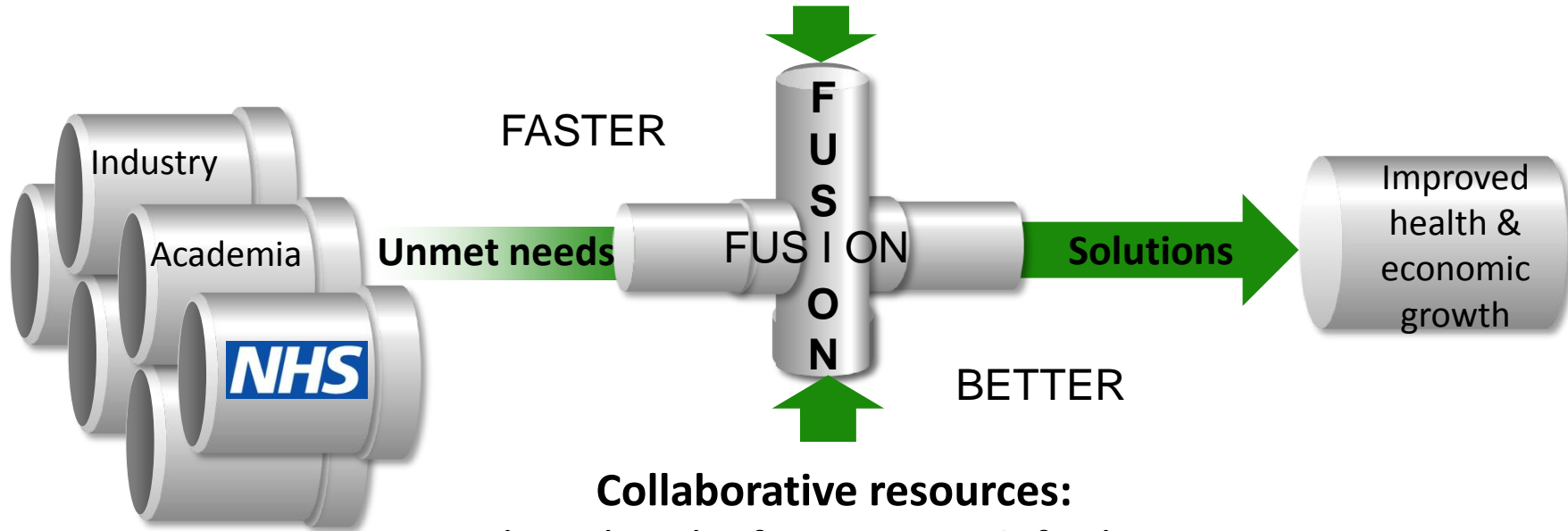


Collaborative assets:

Integrated health and Social Care

Academic & clinical excellence

Exemplary business development and environment infrastructure



Collaborative resources:

Clinical trial infrastructure & facilities

Integrated Ehealth infrastructure

Business development

NHS adoption and procurement

Health economics

Entrepreneur development

Large, stable ethnically diverse population

NICE strategic relationship

IMPACT



**0.5 million people
> 3million (wider network)**

Media City

**Largest clinical
academic campus in
Europe**

**10 minutes major
international airport**

**2 hours to
London**

Integrated Care – A GM example



1

Local community assets enable older people to remain independent, with greater confidence to manage their own care

2

Centre of Contact acts as a central health and social care hub, supporting Multi Disciplinary Groups, helping people to navigate services and support mechanisms, and coordinating telecare monitoring

3

Multi Disciplinary Groups provide targeted support to older people who are most at risk and have a population focus on screening, primary prevention and signposting to community support

2020 improvement measures



Emergency admissions and readmissions

- 19.7% reduction in NEL admissions (from 315 to 253 per 1000 ppn)
- Reduce readmissions from baseline
- Cash-ability will be effected by a variety of factors

Permanent admissions to residential and nursing care

- 26% reduction in care home admissions (from 946 to 699 per 100,000 ppn)
- Savings directly cashable but need to be offset by cost of alternative care (especially increased domiciliary care)

Quality of Life, Managing own Condition, Satisfaction

- Maintain or improve position in upper quartile for global measures
- Use of a variety of individual reported outcome measures

Flu vaccine uptake for Older People

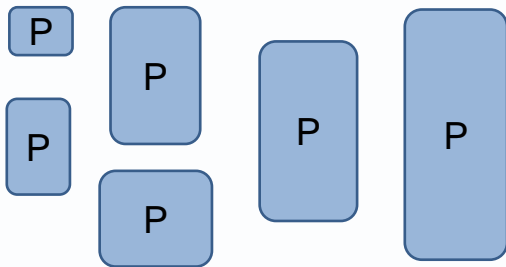
- Increase flu uptake rate to 85% (from baseline of 77.2%)

Proportion of Older People that are able to die at home

- Increase to 50% (from baseline of 41%)

Alliance Agreement

Lead Commissioner



- CCG, City Council, SRFT, GMW, Salix
- Health, social care & wellbeing for 65+ population
- Some services subcontracted
- Phased introduction 2014/15 onwards

BENEFITS

- ✓ Full range of services within a single management arrangement – more effective, efficient and coordinated care
- ✓ Collaborative environment without the need for new organisational forms
- ✓ Aligns interests of commissioners and providers, removing organisational and professional 'silos' that contribute to fragmented and sub-optimal care
- ✓ Collective ownership of opportunities and responsibilities; any 'gain' or 'pain' is linked to performance overall
- ✓ Supports a focus on outcomes and incentivises better management of population demand

GM Improvement Dividend

- 16% differential in weekend mortality rates
- Saving 500 lives over 3 years by meeting trauma and emergency surgery standards
- Liberating 1500 hospital beds (with closer to home facilities or in home support)
- 20% reduction in urgent care admissions
- 25% reduction in care home admissions

Regulation

- **NHS Constitution/Core National Standards**
- **ALB Regionalised Offices?**
- **GM Local Standards**
- **GM Improvement Programme metrics**
- **Employment Contracts (Primary Care)**

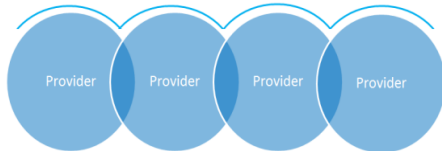
Governance

(a personal view)

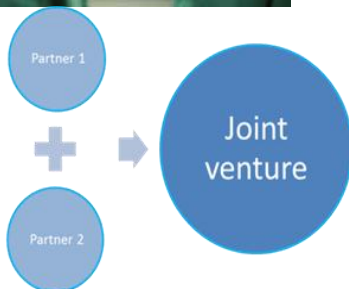
- **3 levels of decision making:**
 - **local**
 - **sector**
 - **regional**
- **Must not travel at the 'speed of the slowest'**
- **Decisions must 'stick' – limit power of veto/appeal**

So what might a GM hospital look like in five years time?

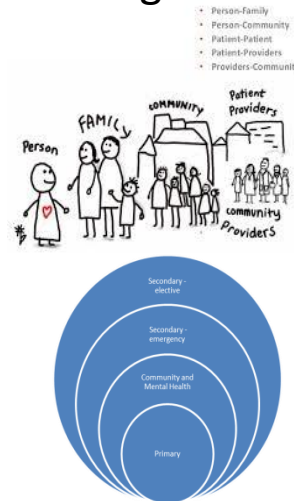
Federated Back Office
With GM Providers



Single Shared Surgical
Service with 2 other
Providers serving 1m population

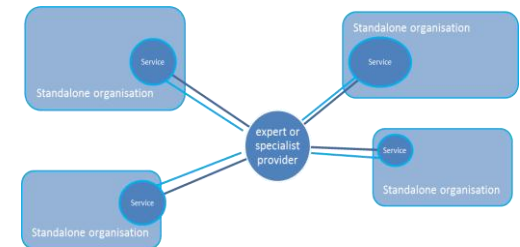


Integrated Care Models for
Long term conditions, Dementia
and Urgent Care



Management
Contract, or
Organisational Chain

Service Line
Contract for
Radiotherapy and
Children's Services
with Specialist
Providers



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Coffee break

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AGMA
ASSOCIATION OF
GREATER MANCHESTER
AUTHORITIES



Greater Manchester Association of
Clinical Commissioning Groups

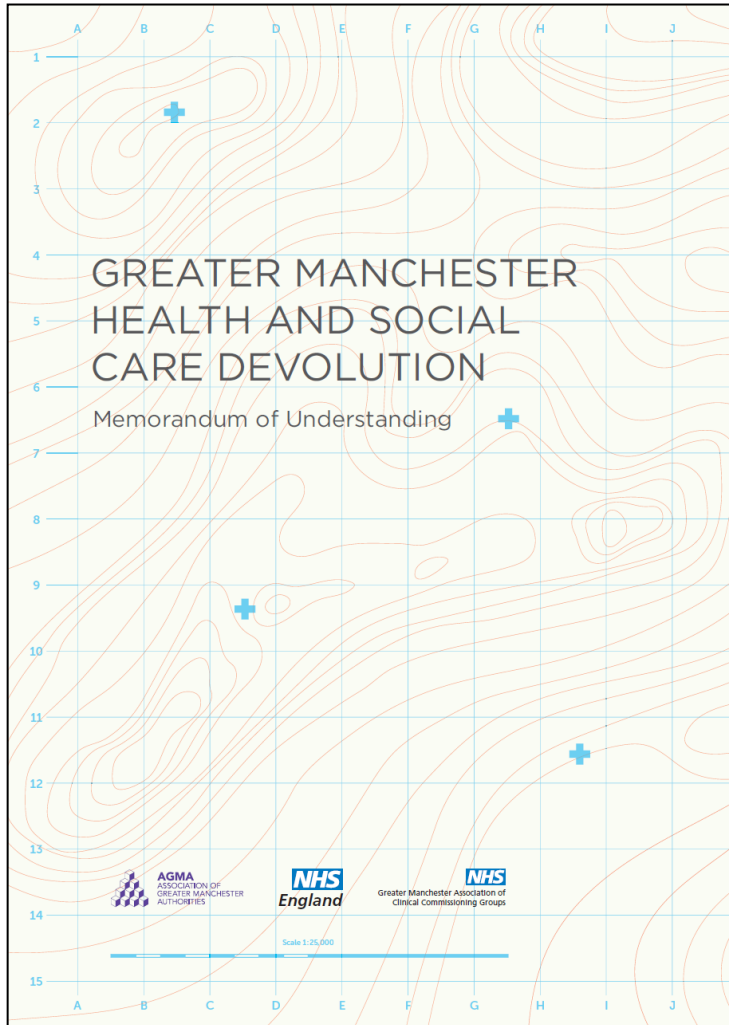


GREATER MANCHESTER DEVOLUTION OF HEALTH & SOCIAL CARE

Ian Williamson

High Quality • Safe • Accessible • Sustainable

What does Devolution offer?



The overriding purpose of the initiative represented in this Memorandum of Understanding is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM).

This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.

.....A focus on people and place

The devolution of health and social care has made national headlines; illuminating both the opportunity but also the expectation



Greater Manchester £6bn NHS budget devolution begins in April
27 February 2015

Greater Manchester will control a combined NHS and social care budget of £6bn

Greater Manchester will begin taking control of its health budget from April after a devolution agreement was signed by the Chancellor George Osborne.”
Health devolution for Greater Manchester
25 February 2015

Greater Manchester is to become the first region in England to get full control of health spending.



It's a historic day for Manchester, but not a 'town hall takeover'
27 February, 2015 | By [Crispin Dowler](#)

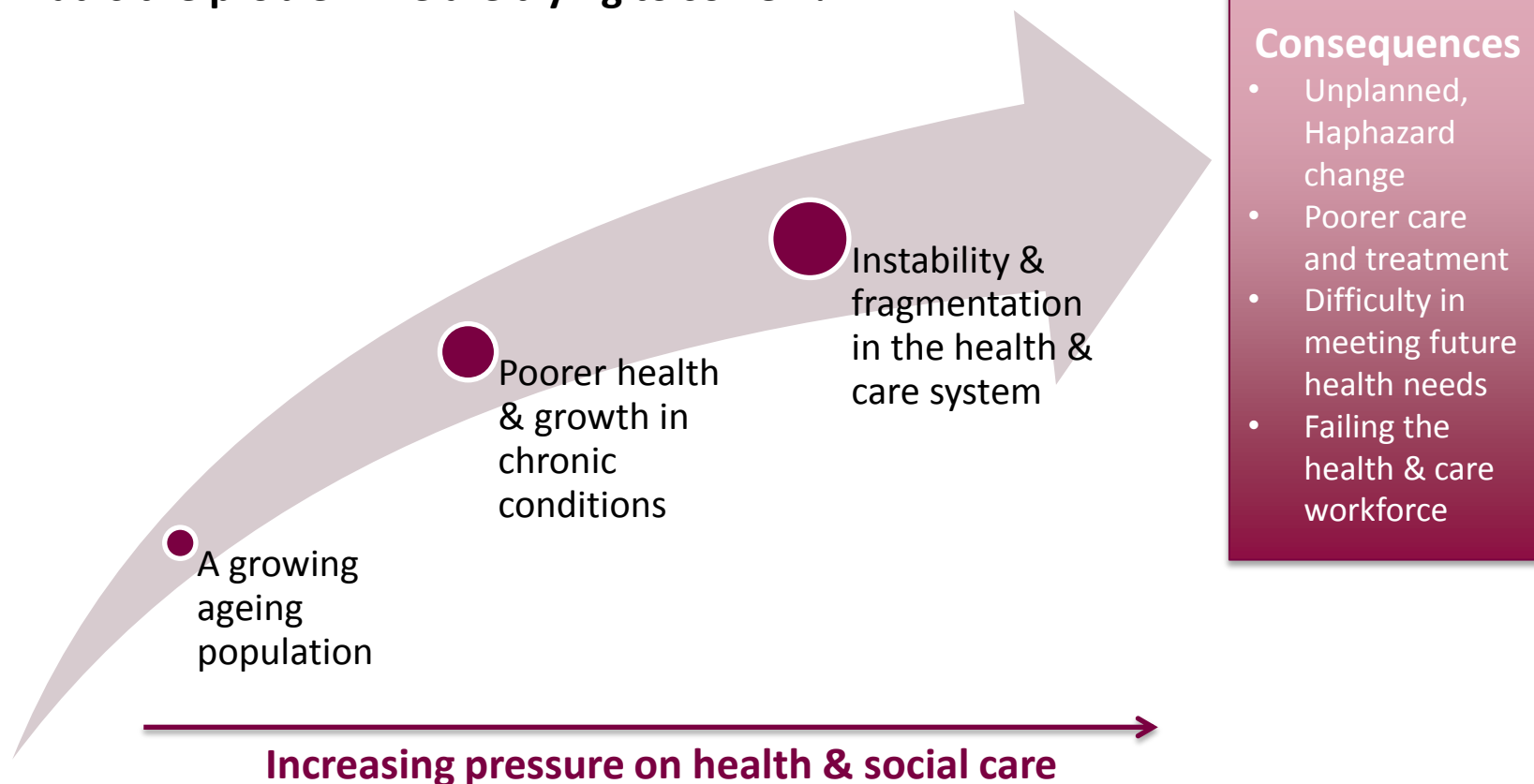
NHS insiders in Greater Manchester have been pleasantly amazed by the speed at which negotiations progressed leading up to [today's historic agreement to devolve and integrate £6bn of health and social care spending for the conurbation.](#)

Revealed: Details of £6bn Manchester health devolution plan
25 February, 2015 | By James Illman

Radical plans for Greater Manchester to take control of £6bn of health and social care spending will be overseen by a new statutory body from April 2016, according to draft plans obtained by HSJ.

But devolution is the mechanism, not the master...

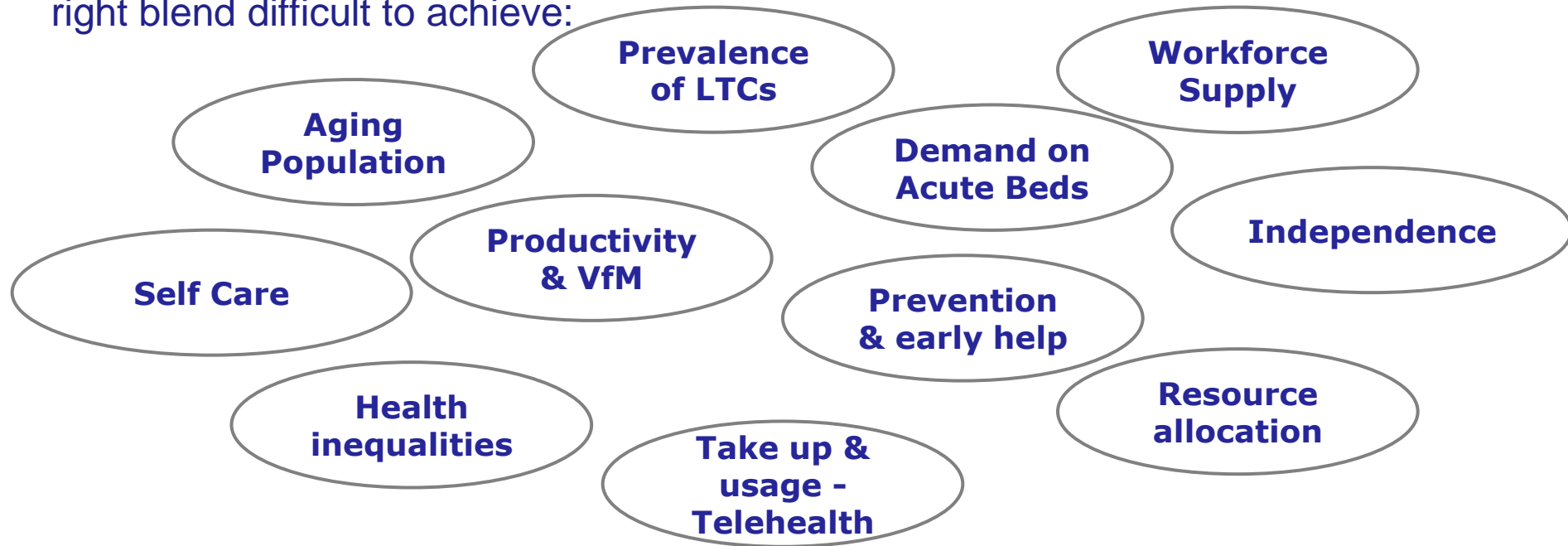
What is the problem we are trying to solve...?



....devolution can be the trigger for greater and necessary positive reform

Why is our response to this so challenging

- Integrated Health and Social Care a stated aim for the last 10 years... But...
- Relatively small scale implementation to date
- Fragmented commissioning, fragmented delivery & fragmented regulation makes the right blend difficult to achieve:



The MoU

- Framework for delegation and ultimate devolution of health and social care responsibilities to CCGs and local councils in GM
- Sets out process for collaborative working from April 1 2015 and work needed during 2015/16 to achieve full devolution and/or delegation in April 2016
- Agreement for parties agree to act in good faith to support the objectives and principles of the MoU for benefit of GM patients and citizens
- Includes all local authorities, all GM CCGs and NHSE
- GMNHS Trusts, Foundation Trusts and the NW Ambulance Trust issued letters of support
- Allows GM to reshape how health and social care services are delivered - estimated budget of £6 billion
- Services will stay as part of the NHS or Councils but will be tailored to reflect needs of residents
- CCGs and Councils will keep existing accountabilities, legal obligations and funding flows – ie responsibility for NHS funding stays with NHS and for local authority funding with local councils (not CA)

Principles

- GM remains within NHS and social care system - uphold standards in national guidance and statutory duties in NHS Constitution and Mandate - and for delivery of social care and public health services
- Decisions will be focused on the interests and outcomes of patients and people in GM - organisations will collaborate to prioritise those interests
- Decision making underpinned by transparency and open sharing of information
- From 1 April 2015 'all decisions about GM will be taken with GM'
- GM will work collaboratively with local non GM bodies and take into account the impact of their decisions on them and their communities

Roadmap

- Robust governance arrangements and delivery plan to support devolution of the £6 billion spent on health and social care
- 2015/16 a 'build-up' year to get arrangements in place

April 2015	Decisions about Greater Manchester will be taken with Greater Manchester.
April 2015	Process for establishment of shadow governance arrangements agreed and initiated
October 2015	Initial elements of a Business Case developed to support the CSR agree including a specific investment fund proposal to further support primary and community care
During 2015	Production of an agreed GM Health and Social Care Strategic Sustainability Plan
December 2015	In preparation for devolution, Greater Manchester and NHS England (NHSE) will have approved the details of the devolution of funds and governance arrangements. Local authorities and CCGs will formally agree the integrated health and social care arrangements;
April 2016	Full devolution and/or delegation with final governance arrangements in place.

Progress

- Establishment of the Programme Board with NHS England
- Development of a clear work programme to drive the build-up year. Jointly developed between GM and NHS England and agreed with identified leads.
- Early Implementation priorities to be confirmed as 'quick wins' to help develop positive momentum and create some illustrations of what devolution makes possible.
- Appointment of Interim Chief Officer and first steps to establish a core team to support transition
- Initial conversations with other national Arms Length Bodies to develop wider engagement on the devolution objectives (Health Education England, Public Health England and Monitor etc). Further conversations planned with NHS Property Services.

Priority Work Areas – Workstream Summary

Strategic Initiatives	Programme Board Sponsor: Dr Hamish Stedman, NHS Salford, CCG
<ul style="list-style-type: none">• Clinical & Financial Sustainability Plan (including CSR submissions)• Early Implementation Priorities• Mental Health Strategy• Research, Innovation & Economic Growth Strategy• Capital & Estates• Workforce Transformation• Support Services Strategy (overall efficiency and joint working developments)	
Devolving & Integrating Responsibilities and Resource	Programme Board Sponsor: Paul Baumann, NHSE
<ul style="list-style-type: none">• Resources & Finance• Primary Care• Specialised Services• Prevention & Public Health• Workforce Training and Development & Support to Challenged Trusts	
Establishing the Leadership, Governance & Accountability	Programme Board Sponsor: Liz Treacy, GMCA
<ul style="list-style-type: none">• Programme Board & Infrastructure• GM Health & Care Strategic Partnership Board• GM Joint Commissioning Board• GM Provider Forum• Establishing the Relationship with Regulators*	
Enablers	Programme Board Sponsor: Su Long, NHS Bolton CCG
<ul style="list-style-type: none">• OD & Leadership Development• Communications, Patient/Public Engagement• Information, data sharing and digital integration	

• *workstream to be developed in discussion with relevant bodies

Issues & Considerations

- **Assessing the Potential for Health Gain to inform our Ambition**
- **Priorities**
- **Delivery of the local plans**
- **Leadership Development**
- **National Conversations**
- **Public & Partner Engagement**

Key Questions

- **What does this mean for the workforce?** - It doesn't change the employment arrangements of current staff - teams will continue to pursue joint working across primary care, hospital care and social care
- **Is this a takeover by councils or a new layer of bureaucracy?** - This is not a takeover by GMCA, it's a genuine partnership— GPs will work alongside elected leaders to improve services across the conurbation. It is not another layer, but existing organisations and stakeholders working together better.
- **What evidence is there that it will work better?** – builds on GM's history of collaboration eg, NHS organisations working together on stroke and trauma has improved care and survival for patients. Joining up health and social care locally is already supporting more personal care and support and helping keep people well at home. This strengthens current ambitions for better joined up care for residents.
- **How does this link to the Healthier Together consultation?** - Healthier Together proposals, as set out in the public consultation will continue as planned. It's at the evaluation and decision making phase and will make a decision in the Summer of 2015
-
- **Who gets control of the money?** During 2015/16 funding arrangements will not change, changes to accountabilities and responsibilities will be carefully evaluated during 2015/16.

Key Questions

- **We had pooled budgets and joint directors already how is this different?** – it's an opportunity to build on those arrangements as they are already benefiting patients and residents.
- **Are we just putting 2 old models together with no new money?** – there are enormous challenges in health and social care. By working more closely together will be able to improve models of care and how money is used, including prioritising prevention to address the causes of poor health. Gives an opportunity to create a stable funding framework for GM for the next CSR, face the big strategic questions and plan for the longer term.
- **Who will be accountable?** - During 2015/16 NHS England will remain accountable for resources currently held nationally but decisions will be taken with GM organisations. CCGs and LAs will remain accountable for existing funding flows and responsibilities. New accountabilities will be worked through as part of the transition arrangements.

Closing Comments

- We have opportunity and momentum
- Can we combine the creativity and energy of a social movement for change, with the rigour and discipline of programme delivery?
- We aim for improvements in outcomes and care by taking responsibility and working collaboratively.



Devolution: The Art of the Possible

Dr Nigel Guest

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Question and answer session

Please let us know if you have a question for one of our guest speakers.



Close and networking

Thank you for attending our seminar.

Please join us for lunch and networking in the breakout area.



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