REPORT FOR DECISION

Bury COUNCIL

Agenda Item	

DECISION OF:	**CABINET**
DATE:	**10 APRIL 2013**
SUBJECT:	**HEALTH AND SOCIAL CARE REFORM IN GREATER MANCHESTER**
REPORT FROM:	**CLLR R SHORI – EXECUTIVE MEMBER FOR ADULT CARE, HEALTH AND WELLBEING.**
CONTACT OFFICER:	**PAT JONES-GREENHALGH** **EXECUTIVE DIRECTOR OF ADULT CARE SERVICES**
TYPE OF DECISION:	**EXECUTIVE (NON KEY DECISION)**
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	1. The AGMA leaders met with senior representatives of all parts of the NHS in Greater Manchester on the 25 January and considered a paper on Health and Social Care Reform. 2. The meeting recognised that there are broadly two key objectives facing the health and social care system in Greater Manchester – delivering a substantial reduction in unplanned and avoidable admissions to hospital and other institutions such as residential care, and securing improved quality and outcomes from hospital services. 3. The meeting agreed a paper that clearly and simply describes the priorities for health and social care reform across Greater Manchester should be presented to all Executives and Cabinets, as well as local Health and Well Being Boards in GM in March and April 2013.

OPTIONS & RECOMMENDED OPTION	1. That Cabinet notes the report and progress to date. (This report has been recommended to all GM District Executives, Cabinets, and Health and Well Being Boards in March and April 2013 for endorsement, to enable them to commit to working locally with partners to provide a local perspective and context to the proposals). 2. That the Council works with partners, particularly the CCGs and the local acute trust, to develop a brief report on current progress in developing models of integrated health and social care. 3. It is noted that the development of the models of integrated care provide a framework for the public consultation on the reconfiguration of some hospital services due in the summer 2013**.**

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes
Statement by the S151 Officer: Financial Implications and Risk Considerations:	
Statement by Executive Director of Resources:	
Equality/Diversity implications:	No There are no Equality issues at this stage
Considered by Monitoring Officer:	Yes There are no legal implications at this stage
Wards Affected:	
Scrutiny Interest:	

TRACKING/PROCESS **EXECUTIVE DIRECTOR of**

ADULT CARE SERVICES:

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
	√		
Scrutiny Committee	Cabinet/Committee	Council	

1.0 CONTEXT

1.1 There are many examples of excellent services in health care, social care and primary care across Greater Manchester, and a number of promising models of integrated care services backed by best in class specialist expertise.

1.2 However citizens are still often receiving relatively poor outcomes from fragmented community based services. Patients are frequently confronted by different professionals from different agencies not apparently talking to each other to share care plans or even basic patient information and history. Furthermore there is evidence to suggest that some patients could receive better outcomes from hospital services in Greater Manchester.

1.3 The health and social care system across Greater Manchester is responsible for nearly a third of all public service spend. With increasing number of older people and relatively poor population health, the system faces unrelenting increases in demand and is financial unsustainable. For example Local Authorities will, within a few years, see nearly all of their budget consumed by social care if demand increases at the current rate, and it is estimated the growth in demand for NHS services will result in a national £44bn deficit by 2021 (1)

1.4 In these circumstances there is overwhelming evidence that "do nothing" is not an option. The alternative to a partnership based planned and managed reform of health and social care in Greater Manchester, as part of a wider programme of public service reform, is a chaotic and unmanaged retraction of services generating unacceptable risk to patients and clients. "The potential consequences for the individual of a continuing failure to integrate both commissioning and provision are clear – disjointed care, more hospital admissions, later discharge, and poorer outcomes".

1.5 For example for older people we need "to keep them out of hospital, empower them to care for themselves where possible, and give them the comfort that we would all wish upon our own loved ones**.** Warehousing them on medical wards in busy hospitals is not an option".

1.6 Local leadership is required to move at pace to a more financially sustainable system delivering better outcomes for citizens. Leadership across traditional organisational boundaries can generate greater levels of control and authority on how services are shaped and delivered locally.

2.0 A NEW HEALTH AND SOCIAL CARE SYSTEM

2.1 Such leadership requires recognition that 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

2.2 This is a complex ambition. It requires the positive confluence of a number of potentially separate programmes of work;

- Local Authorities working with CCGs, Hospitals and the NHS Commissioning Board to develop models of integrated health and social care
- The work of CCGS and the NHS Commissioning Board in improving the consistency, reliability and accessibility of primary care services
- The work of local acute trusts to develop new models of out of hospital care – consultant geriatricians working as part of local teams for example
- The outcome of a clinically led redesign of some hospital services best planned on a GM footprint for reasons of clinical critical mass, in order to drive further improvement in outcomes from acute care.

2.3 Currently there are good models of integrated care in place in many parts of GM, but rarely are they at the scale required to effect a significant transfer of resource into prevention of avoidable admissions to hospital and other care institutions. New models of contracting and reimbursement are required, to deliver models targeting not 1% or 5% but at least 20% of the cohort of the risk stratified population.

2.4 New models of integrated care seeking to reduce avoidable admissions to hospitals and other care institutions will contribute to a changing role for local hospitals. Hospitals are crucially important partners in seeking to develop these new models and most recognise their quality and financial interest in seeing these new models of 'out of hospital care' develop.

3.0 GREATER MANCHESTER CONTEXT

3.1 There is a Greater Manchester context to the future arrangements of local services. A number of services span borough boundaries (eg the Ambulance Service). In addition patients should not be penalised in terms of the speed and effectiveness of their discharge from hospital if they happen to live in a neighbouring authority. So while local integrated care arrangements may well differ, the 'access points' and discharge protocols of them will need to be reasonably consistent

3.2 An important component of the reform is the reconfiguration of some hospital services that need to be planned and delivered on a footprint larger than a local authority area. A public consultation – "Healthier Together" is currently planned for summer 2013. The formal consultation on proposals to reconfigure health services is the responsibility of the 12 Clinical Commissioning Groups in Greater Manchester, but the consultation will recognise the important context of new models of local services, including integrated care and primary care.

3.3 The outcome of the consultation may potentially change the role of some local hospitals, and hospitals across GM are already changing to recognise their important role in delivering models of integrated care referred to above.

3.4 To help support this work at a local level and GM level, GM is working with Whitehall to secure enhanced national leadership commitment and the provision of technical and analytical capacity to support the development of integrated care.

4.0 CHARACTERISTICS OF LOCAL HEALTH AND SOCIAL CARE REFORM PLANS

4.1 On the basis of principles of reform listed in 2.1 above it is suggested local implementation plans have the following elements;

- Mechanisms to promote self care and community support
- Plans delivering Improved primary care access through, for example through GM practices working more closely together.
- Locally derived models of integrated services,
- Such plans reflecting a degree of consistency across GM in relation to cross boundary working (for example engaging with NWAS and cross boundary hospital discharge)
- An understanding of the potential impact on local hospital services of an anticipated reduction of avoidable admissions.
- An appreciation of the changes to the range of service provided by the local hospital as a consequence of proposals to reconfigure some acute services across a planning footprint of GM.

4.2 It would be proposed that each local authority would work with partners to develop their Local Implementation Plan by summer 2013. This implementation plan will therefore be in development by the time of the commencement of the formal consultation on the configuration of some hospital services. It would be expected that the construction of local implementation plans will demonstrate participation from the local hospital trust.

4.3 All local authority and CCG areas in Greater Manchester should be in a position to be operating new models of integrated care at least in shadow form by April 2014, and be able to demonstrate a planned acceleration of development to a scale that can genuinely move resource around the system in support of new models of care.

5.0 TESTING LOCAL PLANS

5.1 Learning to date from integrated care services in Greater Manchester and elsewhere suggests local plans need to demonstrate certainty of planning of integration and better primary and community facilities at scale. Such testing will need to include workforce changes planned, investment plans in place, segmentation methodology deployed, and data sharing agreements required.

6.0 The clinical argument for change makes sense, however, there needs to be greater analysis of the implications to localities before any agreements can be made. Cabinet members are. asked only to note the reports and progress to date. A future update will be brought to Cabinet in light of the joint working discussions that are required as a result of a strategic direction document which has just been released.

Local Authorities in Greater Manchester have been invited to:

- Work with partners, particularly CCGs and the local acute trust, to develop a brief report on current progress in developing models of integrated health and social care locally for consideration by the local health and well being boards.

- Report back to the AGMA Executive Board on the picture of integrated care development across Greater Manchester at the June 2013 meeting

- Note that the development of the models of integrated care provides a context for the public consultation on the reconfiguration of some hospital services due in the summer 2013.

List of Background Papers:

Peter Carter – RCN General Secretary for www.nhsmanagers.co.uk, 24 Sept 2012)

Nuffield Trust – NHS and Social Care Funding –the outlook to 2021/22 – January 2013

(The Health Select Committee Report February 2012)

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