

North East Sector Transformation:



***A Shared Hospital Service,
for our shared population***

There are three linked programmes of work ongoing across Manchester

	<u>Objectives</u>	<u>Outputs</u>	<u>Scope</u>	<u>Timescales</u>
NES Clinical Services Transformation	<ul style="list-style-type: none"> Develop a commissioner-led plan to secure the clinical, financial & workforce sustainability of acute services by 24/25 for the NES and related sites at Salford and North Manchester 	<ul style="list-style-type: none"> Definitive preferred reconfiguration of sites that can be taken for public consultation if needed 	<ul style="list-style-type: none"> All 3 NES sites, FGH, RI and ROH NM site Salford site 	<ul style="list-style-type: none"> Preferred option (s) to be decided by end of October/November
Pennine Acute Transaction	<ul style="list-style-type: none"> Develop a trust-led plan showing the benefits to both SRFT and PAHT in terms of the clinical, financial & workforce sustainability of acute services, as a result of the acquisition of FGH, ROH and RI by SRFT 	<ul style="list-style-type: none"> Preferred set of services for each of the PAHT sites 	<ul style="list-style-type: none"> All 4 NCA sites –FGH, RI, ROH and NMGH 	<ul style="list-style-type: none"> Likely high-level options to have been modelled by start of September
GM Theme 3	<ul style="list-style-type: none"> Develop a linked Greater Manchester acute and specialist service model 	<ul style="list-style-type: none"> Proposals for how a number of clinical specialties could be delivered across the hospitals in GM 	<ul style="list-style-type: none"> All GM sites 	<ul style="list-style-type: none"> High level models by October Further work in the months after October

NES Clinical Services Transformation Programme

The aim of the programme

- § The aim of this programme is for North East Sector commissioners and providers to co-develop a plan that secures the clinical, financial and workforce sustainability of all acute services by 2020/21.
- § The plan should complement wider LCO plans to strengthen community support, deliver more care closer to home and maximise the use of all estate within the 3 CCG / LA co-terminus footprint.

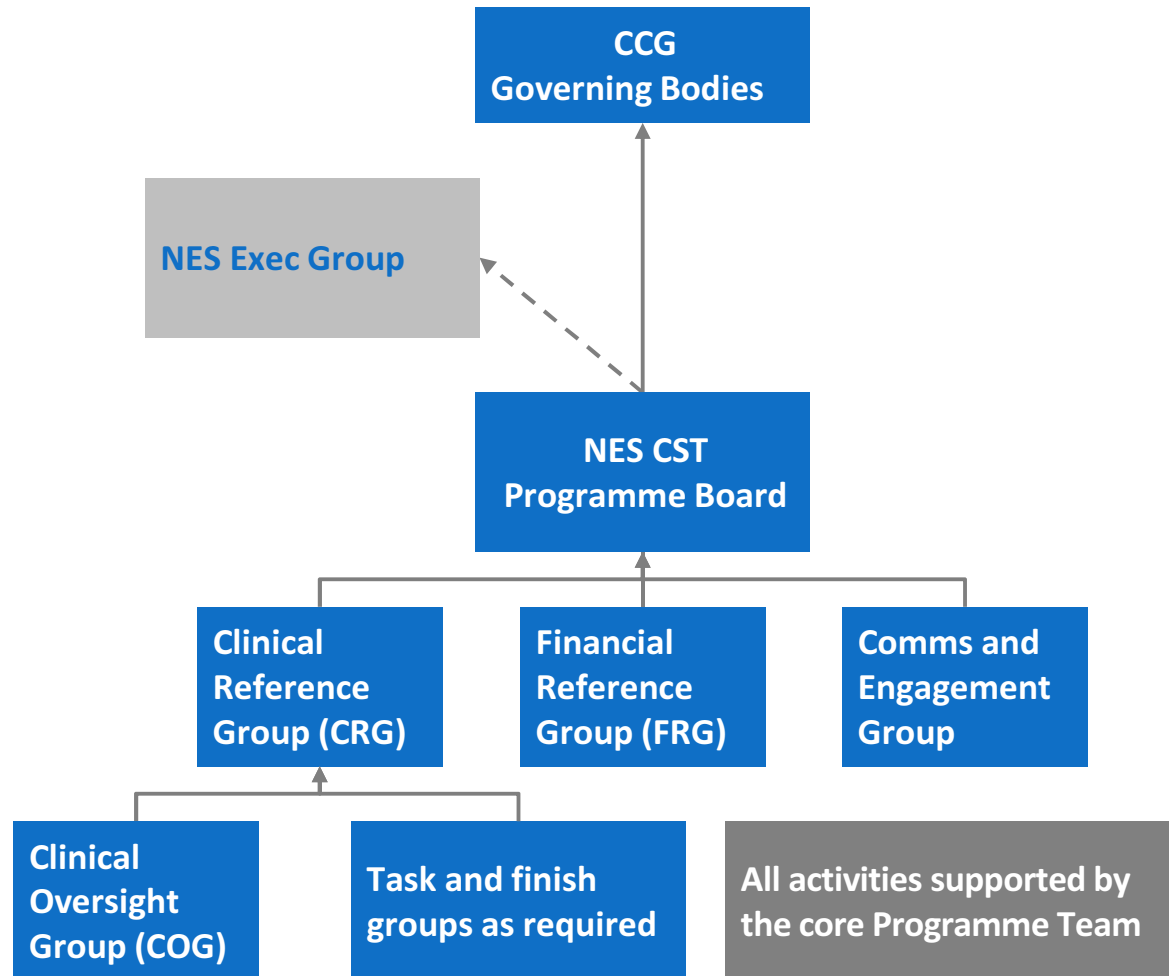
By end of October/November 2018

- § An agreed acute clinical service strategy, approved by all partner organisations, which can subsequently be taken to public consultation should this be required.

A governance structure has been agreed for the programme

Roles and responsibilities

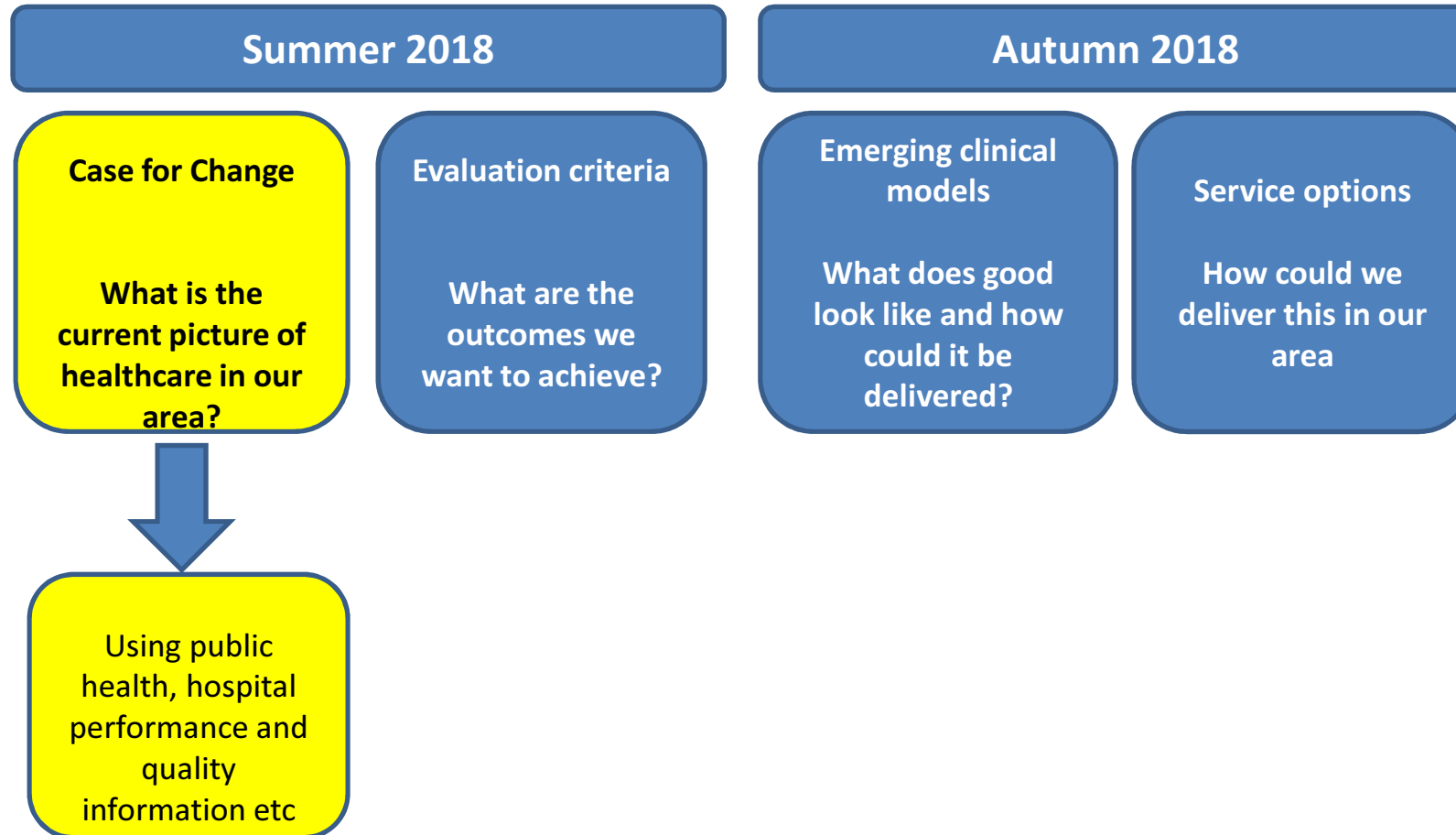
- A final decision about what option(s) to consult on will need to be made by the CCG Governing Bodies, in line with their statutory duties.
- The final recommendation to the CCG Governing Bodies will be made by the Clinical Services Transformation (CST) Board, who are responsible for overseeing the progress of the review.
- All other groups will be responsible for debating and agreeing key issues and assumptions to inform the CST Board.



We need to be able to answer the following five questions through the process we have established:

1. What is the case for change from a clinical, workforce and financial perspective, and which services are most impacted?
2. What evaluation criteria should be used to assess the options?
3. What are the range of clinical models that could underpin any future service configuration options?
4. What is the shortlist of service configuration options that we should assess against the evaluation criteria?
5. How do those options stack up against the evaluation criteria?

The process



The Case for Change

The local population is growing and getting older, worsening already poor outcomes

... and requiring a different sort of care to that historically provided ...

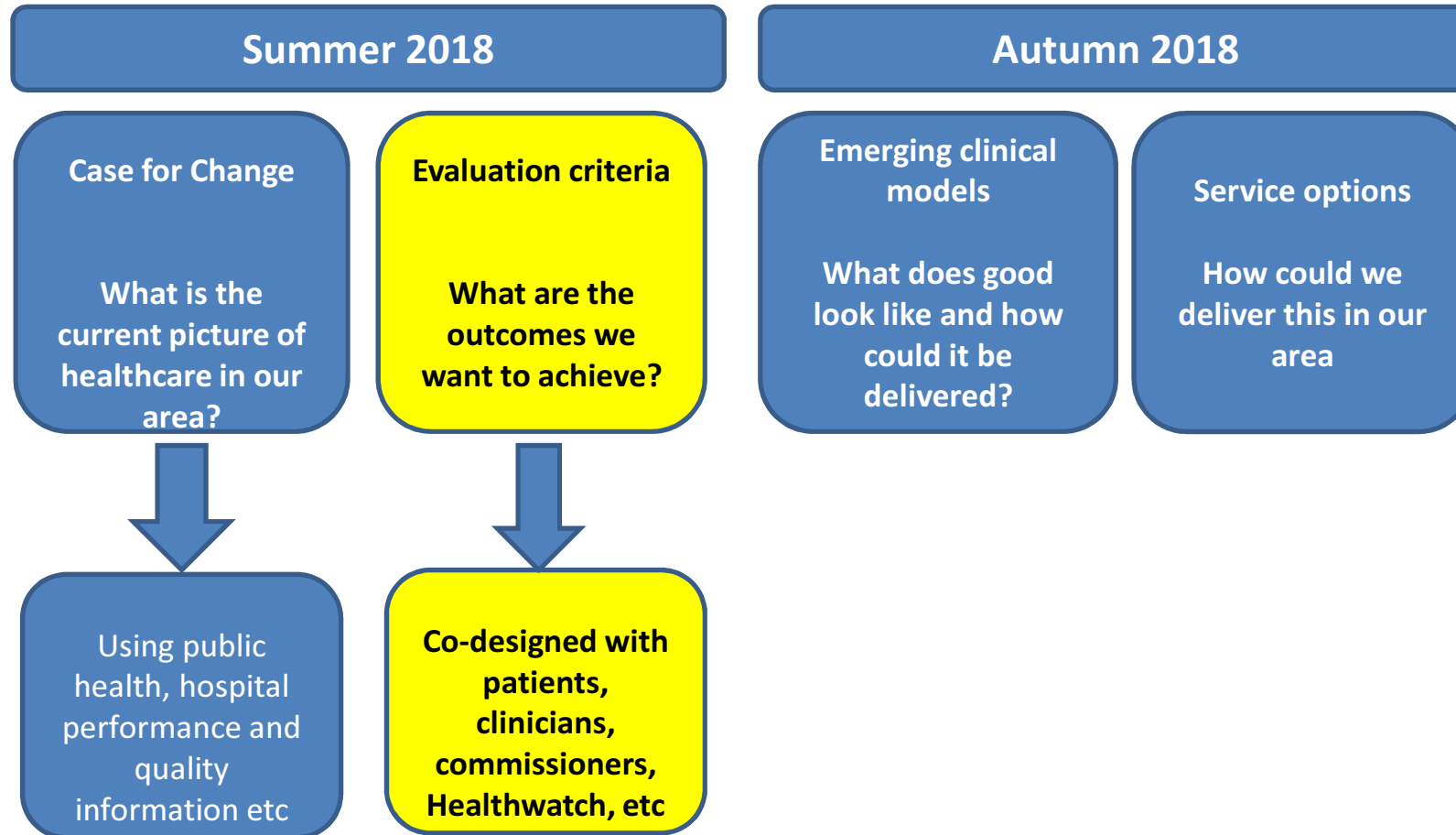
... resulting in decreased hospital activity and potentially better health outcomes

which will put further pressure on already fragile acute services

...considering how services are currently designed offers a way to address fragile acute services

The Case for Change will published once agreed through our governance

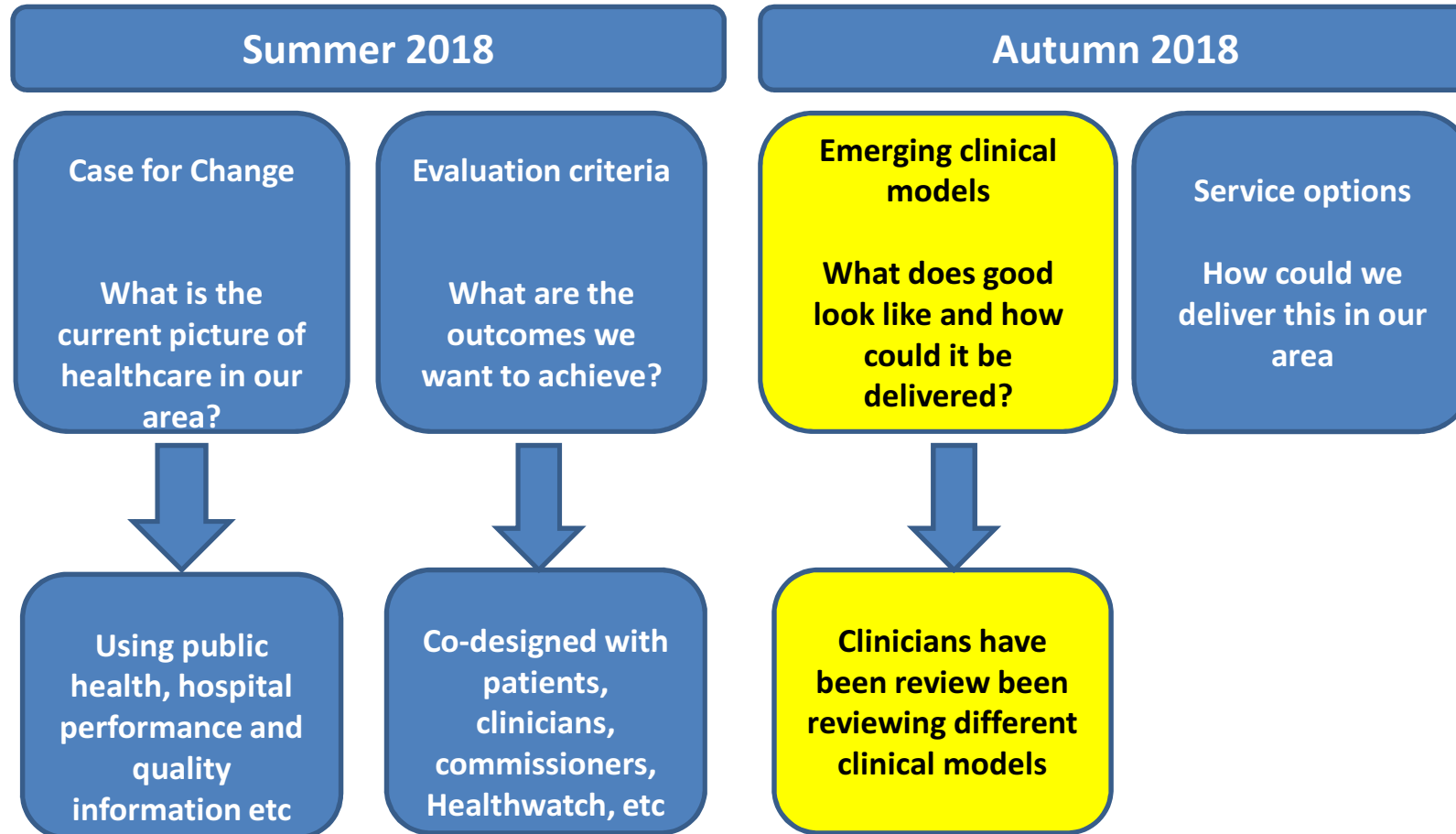
The process



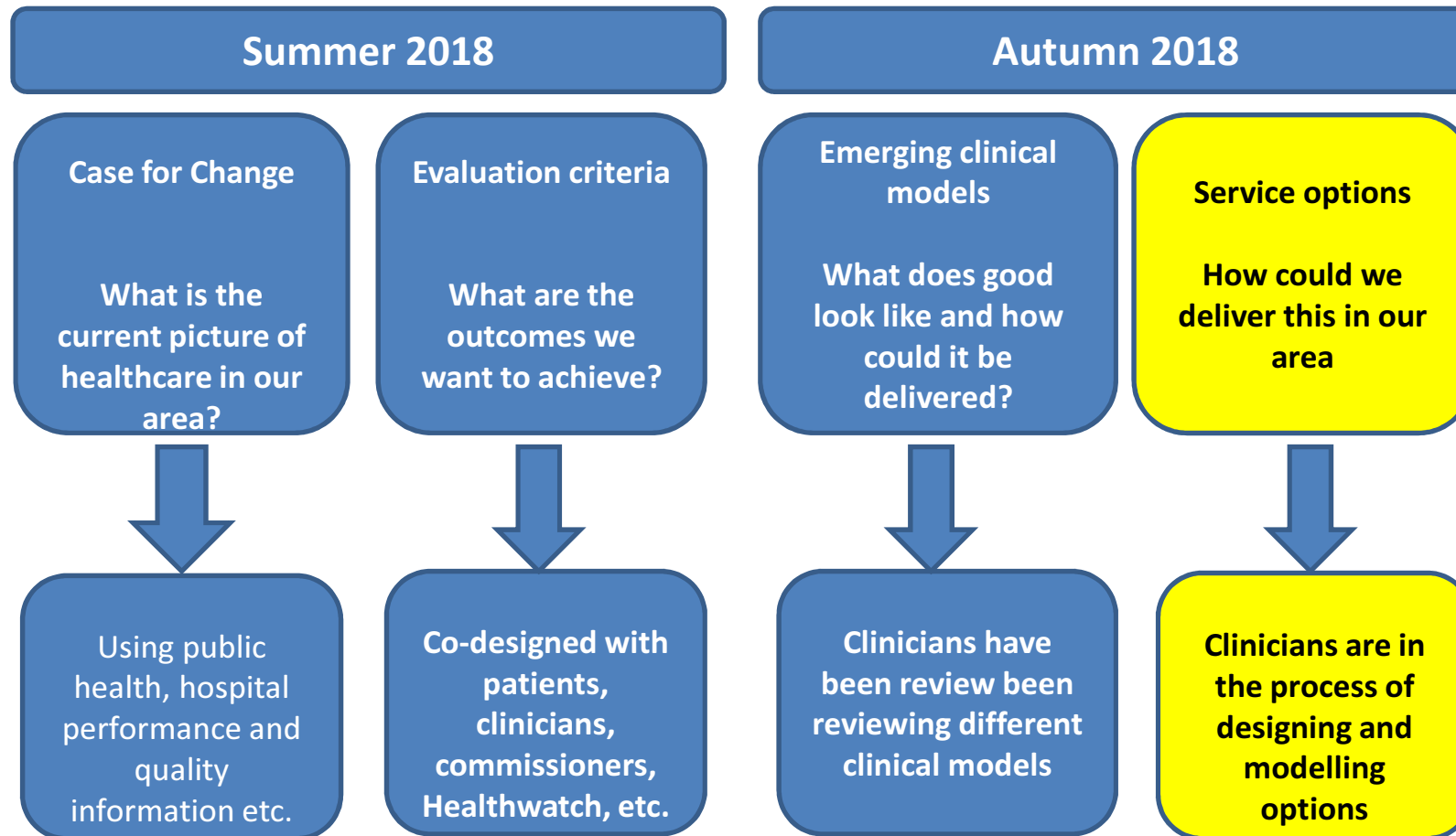
Reminder: Evaluation criteria

Criteria	Sub-criteria	Description
1 Quality of care for all	<ul style="list-style-type: none"> Clinical effectiveness 	<ul style="list-style-type: none"> Improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites Supports integration and co-ordination of pathways with community and primary care
	<ul style="list-style-type: none"> Patient and carer experience 	<ul style="list-style-type: none"> Improved patient and carer experience with excellent communication & good estate
	<ul style="list-style-type: none"> Safety 	<ul style="list-style-type: none"> Expected impact on excess mortality, serious untoward incidents
2 Access to care for all	<ul style="list-style-type: none"> Distance and time to access services 	<ul style="list-style-type: none"> Impact on population weighted average travel times (blue light, off-peak car, peak car, public transport) to reflect average impact for emergency and elective treatment and total impact for more isolated populations
	<ul style="list-style-type: none"> Service operating hours 	<ul style="list-style-type: none"> Improved delivery and reduce variation in patient outcomes and health inequalities
	<ul style="list-style-type: none"> Patient choice 	<ul style="list-style-type: none"> Ability of model to facilitate 7 day working and improved access to care out of hours Provides patients with choice in line with their rights in the NHS constitution
3 Affordability and value for money	<ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value 	<ul style="list-style-type: none"> Capital requirement to achieve required capacity & quality One off costs (excl. capital & receipts) to implement changes Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis
	<ul style="list-style-type: none"> Meets regulatory requirements 	<ul style="list-style-type: none"> E.g. Surpluses generated by Foundation Trusts
4 Workforce	<ul style="list-style-type: none"> Scale of impact Sustainability 	<ul style="list-style-type: none"> Supports new workforce models which reflect new ways of working and education and training needs. Potential impact on current staff and retraining required
	<ul style="list-style-type: none"> Impact on local workforce 	<ul style="list-style-type: none"> Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and addresses any other recruitment challenges Potential impact on staff attrition due to change
5 Deliverability	<ul style="list-style-type: none"> Expected time to deliver 	<ul style="list-style-type: none"> Ease of delivering change within 5 years
	<ul style="list-style-type: none"> Co-dependencies with other strategies 	<ul style="list-style-type: none"> Alignment with other strategic changes (e.g. STP, any other national and local NHS strategies) and provides a flexible platform for the future

The process



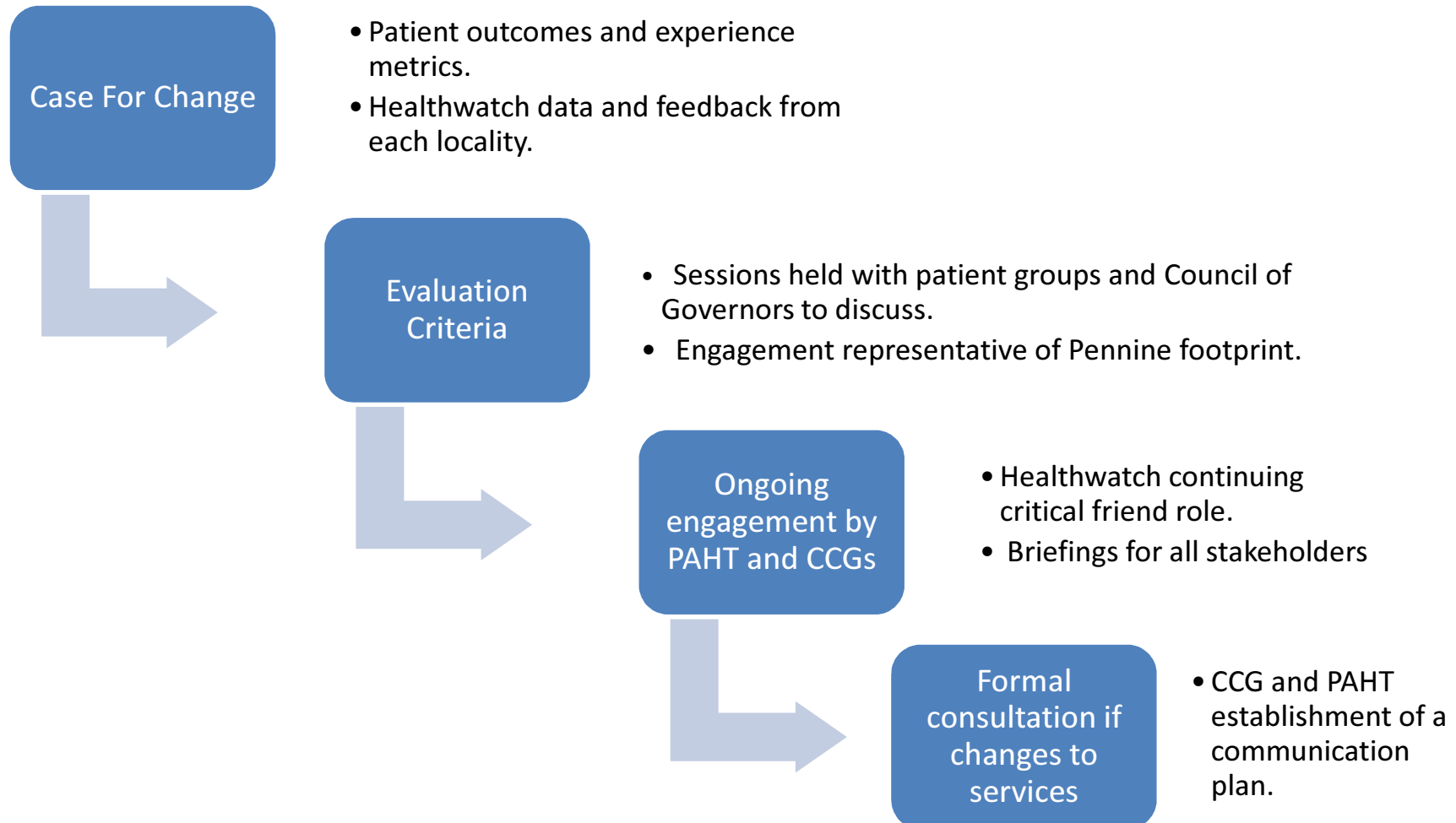
The process



The process – next steps



How are public and patient views captured?



Future plans for NMGH

- All health partners agree NMGH has a vital role to play in the city and will continue to provide a range of hospital services, including A&E, maternity and paediatric care
- The vision for NMGH is that it will be:
 - A vibrant site providing high quality effective services with excellent patient experience
 - A well-connected hospital; integrated with on-site mental health services, services in the community, and local people and communities
 - A hospital which generates jobs and growth in the local economy
 - A hospital with 21st century estates and IT
 - A sustainable hospital, both clinically and financially
- NMGH site provides opportunity to invest in new facilities and services which can play a role in improving the health & wellbeing of the local population in Manchester and beyond
- Recent investment includes new £5m purpose-built Crumpsall Vale intermediate care unit
- Plans progressing for NMGH to transfer and become an integral part of Manchester NHS Foundation Trust (MFT) in second part of 2019/20, whilst simultaneously Royal Oldham, Fairfield General & Rochdale Infirmary sites formally join Salford Royal as part of the Northern Care Alliance NHS Group.



ROCHDALI
BOROUGH COUNCIL

Heywood, Middleton and Rochdale
Clinical Commissioning Group



The Pennine Acute Hospitals
NHS Trust



Salford Royal
NHS Foundation Trust



Bury
COUNCIL

Oldham
cares
Health and social care for Oldham

Questions?