SUPPLEMENTARY AGENDA PAPERS FOR

JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 29 September 2015

Time: 6.30 p.m.

Place: Scrutiny Committee Room, Level 2, Town Hall Extension, Albert Square, Manchester, M60 2LA.

Access to the Scrutiny Committee Room

Public access to the committee room is over the bridge from level 2 of the old Town Hall building. **There is no public access from within the Town Hall Extension**.

The bridge has a moderate incline so if you have limited mobility you may wish to call 0161 234 3241 for information on alternative access.

A G E N D A **PART I** **Pages**

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Membership of the Committee

Trafford Council
Councillors Mrs. A. Bruer-Morris, J. Harding, J. Lloyd (Vice-Chairman), Mrs. V. Ward and Mrs. P. Young.

Manchester City Council
Councillors Ellison, Newman (Chairman), Reid, Teubler and Wilson.

This agenda was issued on **Date Not Specified** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford Manchester, M32 0TH.

NHS Trafford Clinical Commissioning Group

Trafford System Urgent Care Overview
September 2015
Performance 2015/16

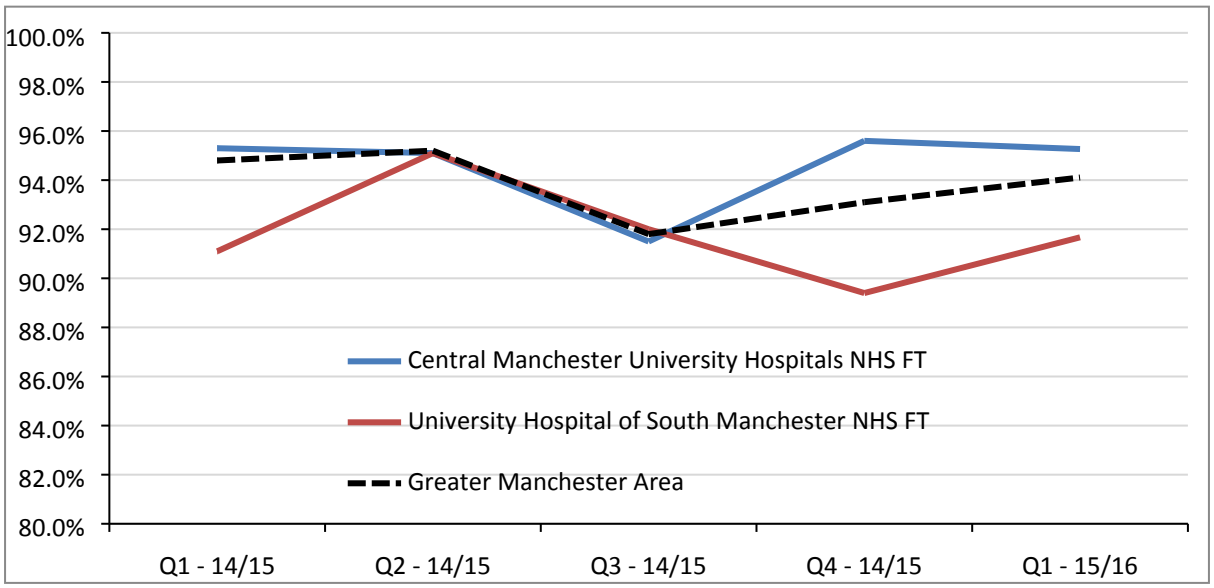
Performance of Acute Trusts

University Hospital South Manchester (UHSM) did not achieve their A&E target in Quarter 1 of the 2015/16 financial year, achieving 91.67% against the target of 95%.
Central Manchester University Hospitals NHS Trust (CMFT) achieved the A&E target in Quarter 1 of the 2015/16 financial year achieving 95.27%.
Overall performance for all Greater Manchester is set out below; performance against the 95% target was 94.11%.

Table 1 201/16 Quarter 1 and Year end Performance for other Greater Manchester Trusts

	Q1	Q2	Q3	Q4	Year	Q1
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%
Central Manchester University Hospitals NHS FT	95.30%	95.10%	91.50%	95.60%	94.30%	95.27%
Pennine Acute Hospitals NHS Trust	95.70%	95.10%	91.50%	92.20%	93.60%	92.60%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.31%
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%
University Hospital of South Manchester NHS FT	91.10%	95.10%	92.00%	89.40%	91.90%	91.67%
Wrightington, Wigan and Leigh NHS FT	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%

UHSM and CMFT - 4 Hr Perfromance



Impact of the New Deal for residents of Manchester and Trafford

Following the implementation of New Health Deal, Trafford CCG has been responsible for monitoring the activity against the original plan, which was signed off by all stakeholders. The latest information shows that the activity plan for UHSM, CMFT and SRFT remains in line with the original new health deal plan.

The Local System

The National A&E standard sets out that all patients who are admitted to an A&E department will been seen with a 4 hour period.

Performance Quarter 2

UHSM current performance is indicating that they will not achieve the 95% standard in Quarter 2 of 2015/16 and there is a risk for the accumulated performance for the year. Performance against the standard at CMFT is presently being achieved for Q2.

The table below shows the position by quarter and year to date as at close of play on 18th September 2015.

CMFT (including Trafford WIC)	2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16	Week to date	Prev. week
% Performance	95.45%	95.27%	95.66%			94.62%	94.38%
Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target	*94.60%*		*89.65%*				

UHSM	2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16	Week to date	Prev. week
% Performance	90.82%	91.66%	89.85%			83.43%	80.07%
Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target	*98.72%*		*> 100%*				

UHSM

The following provides information as to why UHSM has not achieved its 95% target for A&E. The number of breaches is monitored on a daily basis and UHSM have to investigate as to why the target is not achieved.

- A main reason as to why the 95% target has not been made in quarter 1 and quarter 2 has been due to the unavailability of beds at UHSM as a result of a reduced patient flow. Patient flow is required to ensure that patients are discharged in an efficient way once they are medically fit so to release the number of beds required for both elective and noon-elective admissions.

- All parts of Trafford health and social care economy have and continue to work collaboratively to support the patient flow with discharge. Health and social care commissioner's responsibility is to ensure there are step down services available to support discharge of patients and to respond to the health economy needs both in and out of hospital care.

- UHSM have identified the following of areas which are their priorities to assist with improved performance; these include:
    - High conversion rate – this is the number of patients within the emergency department who are admitted. All hospitals monitors their conversation rate and benchmarking with other hospital good practices suggests this to be 25% or less , UHSM rate is higher Q1 32.2% and Q2 to date 31.9%.
    - Each hospital has allocated beds for surgical patients and medical patients; currently UHSM has a number of medical patients using non-medical beds. (20 were reported as at 18th September 2015)
    - Number of Delayed Transfers of Care- this is due to social care packages in the main not been available at the time of discharge resulting in delays although the number of reportable NHS delays is below the agreed KPI threshold of 15 per day.
    - Low numbers of discharges by midday – this is partly due to an issue with 'to take out' medications from the hospital (TTOs) which the Trust is looking into.
    - Increasing the number of available beds for medical and surgical patients

- Patient flow processes are currently under review by UHSM and a number of improvements have been identified and will be closely monitored through the Systems Resilience Group. UHSM have implemented a number of internal changes which include:

- Ensuring robust processes in place in A&E to manage demand and prevent delays.
- Holding internal specialty teams to account in adhering to the 30 minute standard to see in the ED once referred.
- The introduction of 200 minutes principle to focus the pathway of patient.
- The aim to maximise the use of Acute Medicine Receiving Unit (AMRU) in taking suitable bed bureau patients.
- A frailty unit within the Acute Medical Unit (AMU) went live 07.09.2015 and there are Geriatricians now in the ED.
- Increased usage of the Discharge lounge by proactively pulling patients from wards and A&E to create capacity on AMU from 8am.
- There are plans to reconfigure F4 from 24 to 32 beds as quickly as possible; scheduled to be in October. This is a frail elderly ward.
- Visible management support place in A&E in form of control room to manage and maintain a focussed performance.
- A review of internal bed capacity and the split of beds between medical and surgical.
- Review of capacity across the south locality

- In South Manchester all partner organisations work in a collaborative way; all changes are discussed and agreed by the stakeholders at the South Manchester System Resilience Group (SRG). This new Group has taken over from the Urgent Care Board. This new group is chaired by the Senior Clinical lead from South CCG e responsible for Urgent Care. It membership comprises of senior representation from all organisations including Trafford and South Manchester CCG's, Trafford and Manchester Council, UHSM, Pennine Care, Out of Hours Providers, NWAS and Mental Health Providers.
- All hospitals are expected to test out new systems in a Perfect Week. UHSM has operated two perfect weeks during 2015/16; one of which was over the August Bank Holiday period – the main outcomes are set out below.
  This series of exercises has provided the opportunity review any inefficient working practices and barriers to patient flows and to test out new ways of working. UHSM has committed to undertake a Perfect Week every quarter. The Trust shares the debrief with the SRG and key themes and areas to sustain the performance are discussed and actions identified.
- UHSM has run a number of perfect weeks as an exercise to try out new ways of working. These weeks have resulted in improved performance of 95% + during the weeks that they have been run, the most recent perfect week has concentrated on reducing the number of delayed transfers of care as well as reducing the conversion rate in A&E, with good results being achieved in both of these areas.
- UHSM, along with South Manchester and Trafford CCG's are meeting Monitor and NHS England to review performance at the start of October.
- Pennine Care, the community service for Trafford is now in-reaching into the hospital to support patients as they are discharged into the community.

Central Manchester Foundation Trust

CMFT, along with partners across the Central Manchester health and social care economy, has reported an increase in demand in recent weeks, which partners feel represents seasonal variation.

This has contributed to pressures at CMFT. The Trust has also experienced bed pressures in the last week, particularly linked to flow through the hospital and coupled with on-going challenges around filling staffing vacancies (nurses).

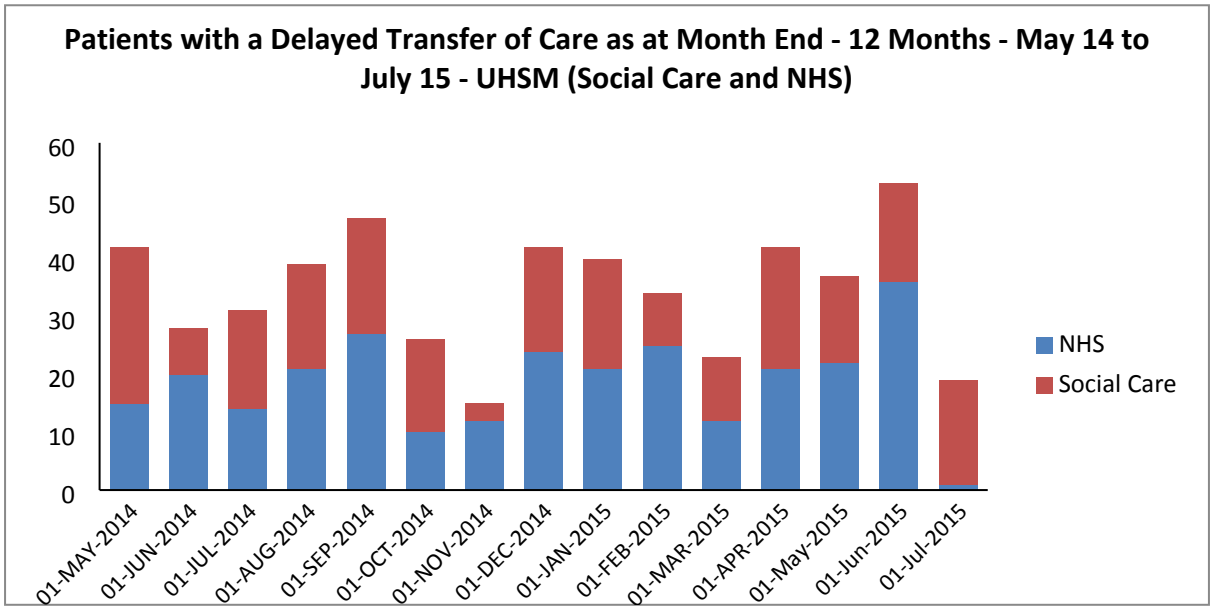
In response to pressures, CMFT is working through its internal escalation procedures to:

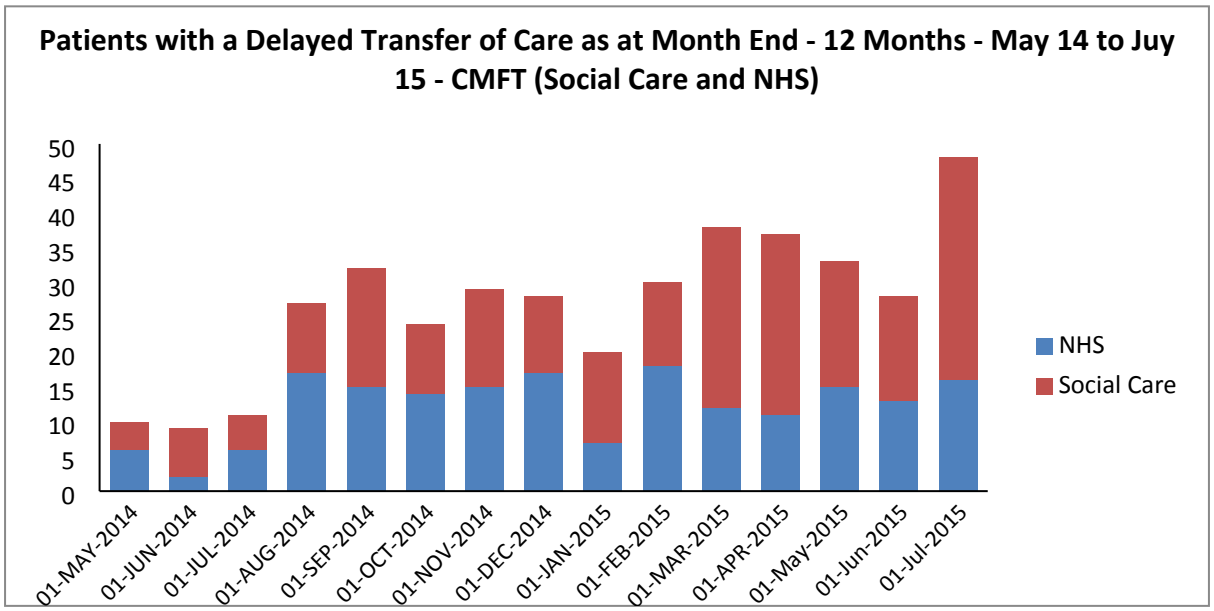
- Manage capacity / escalation across the MRI & Trafford General sites
- Maintain the flow of minors in ED
- Manage its elective programme, with reductions where appropriate
- The implementation of plans to support an expected spike in respiratory presentations
- Additional plans in place to respond to Freshers' Week in Manchester

In addition:

- Trafford social care is mobilised around the TGH site and will be linking in with the MRI site to expedite discharges where possible
- CMFT has had a significant international recruitment drive. Some newly recruited nurses (from Portugal) are now in post, but immigration arrangements for the majority of new appointees (from India) are taking longer than expected. This presents a staffing capacity pressure as we move into winter

Graph 3 & 4 Average per day delayed transfers of care (social and NHS) at UHSM and CMFT





System wide Resilience plan for 2015/16

All CCG's as part of their financial allocation have received money to support resilience for 2015/16. A full review of the services which were supported and funded for 2014/15 has had a review to identify what was successful and where further attention was required.

The reviews were undertaken collaboratively with all partner organisations from across the health and social care economy. The focus of the events was to review on the following;

- 2014/15 performance against a range of Key performance indicators
- The effectiveness of winter resilience schemes for 2014/15 how these impacted on performance and service delivery.
- The system escalation processes.

In addition, all provider organisations were requested to submit new schemes which would support further improvement in performance. These schemes were considered and prioritised by the System Resilience Group both for South and Central Manchester. These were considered by Health Commissioners and the KPI's for these agreed schemes are just being finalised.

To ensure continued improvement, it was agreed that each locality required a work programme to develop improvement in year. Both South Manchester and Central Manchester health economies have held away-days to establish system-wide plans for the delivery of urgent care in 2015/16. These events had senior representatives from across the health and social care system with all organisations represented. This included clinical and corporate staff. The outcomes of these events included:

- A resilience **blueprint** (strategy) for 2015/16 for each area.
- Development of the **principals of a gold standard service**
- Expose gaps in service against the **landscape map-** (these are to be worked on by partnership working)
- Understand the **true cost of a resilient performing system**
- Recognise **risks** associated with delivery- (all parties to mitigate against)
- All health economies were asked to consider the following **8 High impact-interventions provided by NHS England.**
    - No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP.
    - Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made.
    - The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated.
    - SRGs should ensure the use of See and Treat in local ambulance services is maximised.
    - Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.

- Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
- Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week.
- SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%.

As a result of the away day, the South Manchester health economy has developed 6 high impact work-streams that will take forward a series of schemes to develop the urgent care system and develop a more resilient system for 2015/16. These work-streams will be managed, progressed and monitored through the System Resilience Group (SRG) in South Manchester. This new SRG will have a senior lead from each organisation and a lead will be nominated to progress each work stream. The lead will manage each project, set out any proposed changes and key performance indicators which will measure performance improvement. The work-streams are as follows;

1. Primary Care 7/7. Clinical Lead for Manchester, and Julie Crossley was confirmed the lead for Trafford.
   - Streaming GP / Hub with a single point of access from Emergency department.
   - Attendance and admission avoidance schemes
   - To be more proactive in primary care and through community services).
2. Social Care and Discharge. Integrated Community Lead – for Trafford.
   - Review of discharge processes and procedures.
   - Social Care Integration.
3. Community Capacity– Silas Nicholls as the lead
   - Mobilisation of Integrated Care model
4. Community Crisis Response - Teresa Emery (supported by Pennine) was confirmed as lead
   - Develop a wrap-around community crisis response service
5. NWAS/ Directory of Services (DOS) Operational lead from NWAS as lead.
   - Alternative to Transport (ATT)
   - NHS111 Hub
6. Informatics – Clinical Director from Trafford CCG as lead
   - Improve the sharing of information across organisational boundaries

Silas Nicholls (Chief Operating Officer/Deputy CEO, UHSM) has also agreed to liaise with the Emergency Care Intensive Support Team (ECIST) in order to be a participator with their buddy system. This is to allow comparison and learning from other health economies, identify best practice and investigate alternative models which could be adopted.

In Central Manchester, the existing SRG will continue to monitor performance and will be responsibility for agreeing and implementing any new schemes/ services changes.

Trafford Commissioners responsibility

Trafford CCG and Trafford council are responsible for ensuring that appropriate services and levels of service are commissioned to deliver a quality of service to all patients. As part of delivering high quality services all patients should have a positive experience through their pathway and if these are met, then all hospitals will deliver against these national targets.

Commissioners manage the resilience forums both in south and central Manchester resilience to monitor performance, mitigate against risk and to support all partner organisations to deliver improvement. Improvement may be through delivering changes in existing services and or to commission new services.

With Trafford and as part of the Better Care Funds, Trafford CCG has a comprehensive programme which will reduce activity and demand on the acute hospitals. Trafford are working on schemes to deliver and implement during 2015/16 the following services all of which will support patients as part of a "Out of hospital" model. These include:

- The redesign of a new Falls Service – **phase 1 is to be part of the new Trafford Patient Care Co-ordination centre, to monitor referrals, capacity and current service provision.**
- Redesign of community nursing – **new specification have been signed off and shared with current provider Pennine Care to submit their proposal to deliver new service model**
- Primary care service to residents in nursing and residential homes – interim solutions being developed for implementation. **This will be followed a full service specification to deliver a dedicated service to meet the needs of these residents.**
- To review and enhance intermediate care services across Trafford for patients requiring intermediate care services. A new service for increase capacity to 18 to go live in October. The current risk is with the recruitment of the workforce. **Pennine currently developing a phased implementation plan.**

Other initiatives

- **Trafford Patient Care Co-ordination centre**. This new service will enable all patients to be tracked which will deliver an improved experience for all patients, enable high risk patients to be monitored to ensure they receive the right treatment at the right time. This will deliver increased efficiencies across the system working with all partner organisations. UHSM are to lead the discharge management processes working with the new provider of TCCC and the CCG

Summary

This paper provides information as to the current performance against the national targets for A&E departments. It also provides details of how the health and social care system are working together to deliver improvement.

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Healthier Together Overview

In July 2015, the Greater Manchester 12 CCGS unanimously supported the commissioning of a new model of care for A&E, Acute Medicine and General Surgery. The model of care is based upon a set of clinically designed standards aimed at reducing variation of provision across Greater Manchester and a significant improvement of patient outcomes. A number of Implementation Conditions were also specified as part of the decision, to be met prior to any implementation changes, and these are described later in this document.

A fundamental part of the role of the four single service implementation teams will be to describe the detail of the model of care for their patients. This will provide the flexibility and ability for local clinicians, managers and support staff to design the detail of services to best suit the specific requirements of each single service or patient cohort, including the need to support co-dependent services.

This process will be underpinned by new governance and accountability arrangements where it is has been agreed that senior clinicians and management colleagues will be involved in a number of new groups including the **Greater Manchester Clinical Alliance**.

Healthier Together model of care – non-negotiable elements

- All the commissioned Healthier Together standards must be met
- 4 Single Services will be commissioned across Greater Manchester
- Each single service will have one site receiving general surgical emergencies by ambulance
- A general surgery single service team will be formed – general surgeons from all sites in the single service will form one single team with single governance / performance framework
- General surgeons will rotate across both types of site to maintain skills and support all activities
- There will be a single general surgery NWAS Pathfinder for Greater Manchester, this cannot be 'tweaked' locally or from one single service to another

Sites not specialising in emergency or high risk elective general surgery – summary

Modelling suggests that ~80% of general surgery will remain at these sites. **However, a detailed assessment of additional activities pertaining to tertiary/ other specialities will be required at each site to fully describe the actual volume of patients.**

It is expected that the general surgery teams will respond to any emergency that occurs on the site in the best way to meet the needs of the patient and achieve the Healthier Together Standards. Detailed work will be required by each single service team to identify and design the clinical pathways and policies to support such situations.

These sites will be commissioned to provide the following general surgical services over **7 days**:

- Day case procedures
- Low risk inpatient procedures
- Short stay beds for recovery from day case / low risk procedures

- Elective surgical ward(s) for low risk inpatient recovery
- Outpatient first and follow up clinics
- Endoscopy clinics
- Rapid access/hot clinics

Dedicated on call coverThese sites will not be expected to routinely provide:

- Inpatient emergency general surgery or high risk elective inpatient general surgery
    - **Except** for a specialist co-dependent patient e.g. a patient with cystic fibrosis or an obstetric patient, etc. In those cases where co-dependent needs mean patient perioperative care would be optimised where the commissioned co-dependent services are located, the patient would undergo their surgery at that site.
- Observation for emergency general surgery inpatients anywhere but A&E

It is recognised that the specific pathways and arrangements above can only be determined by the single service team as part of the implementation activities.

Local discussion and design required:

- Identification of specialist patients requiring treatment on site not specialising in general surgery
- Agreed pathways and protocols to support these patients
- Local models for rapid access ("hot") clinics and non-elective ambulatory care
- Readiness for implementation and phasing of single service changes relative to rest of Greater Manchester

This work will give the flexibility and opportunity for the clinicians within the Single Service to appropriately design the pathways and policies to best support their patients.

How will this be assured?

- Each single service will present the patient groups identified locally, with proposed pathways and protocols to the Healthier Together Greater Manchester Clinical Alliance to ensure that continued clinical oversight is maintained and all single services achieve the requires standards.
- The Healthier Together Greater Manchester Clinical Alliance will advise the Committees in Common on such proposed pathways and protocols to support commissioning of services.

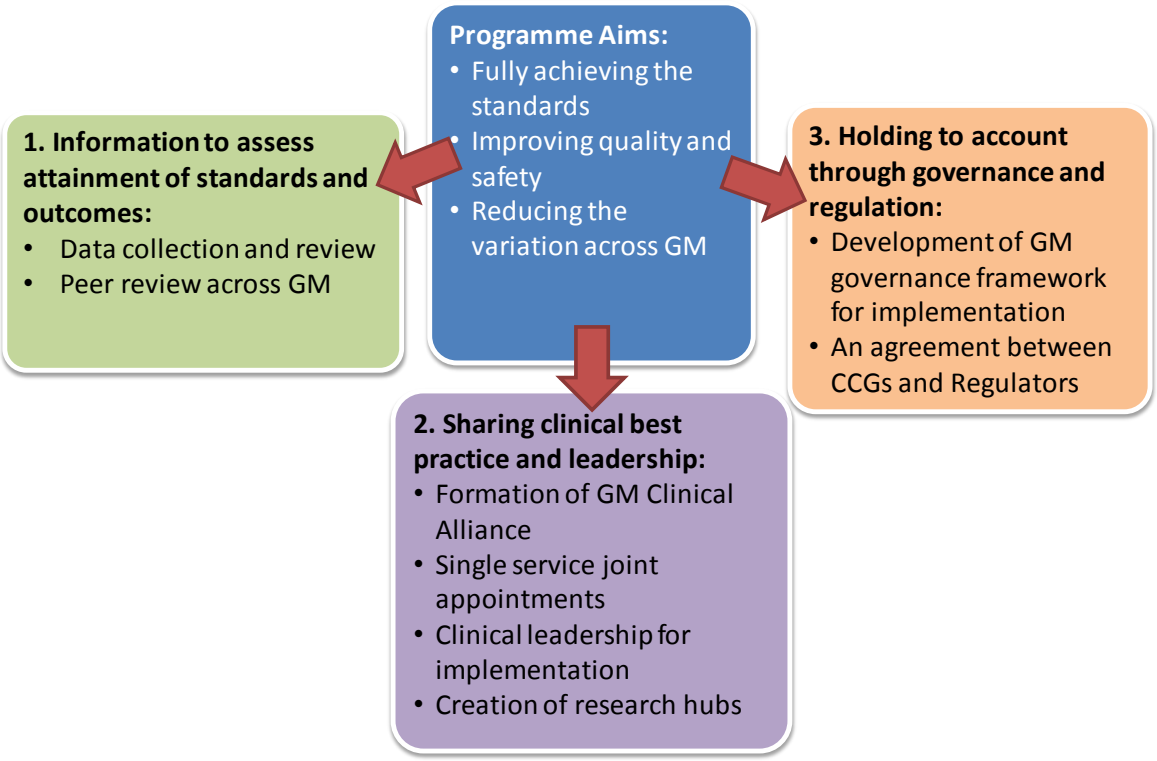
Healthier Together Implementation Conditions

The Healthier Together implementation conditions will be assessed prior to implementation of each single service part of the "Go Live" planning arrangements. The conditions will be underpinned by contractual agreements. The conditions are designed to ensure the stated aims of the programme are achieved:

- Achieving the Greater Manchester Quality and Safety standards at all relevant sites
- Improving quality and safety outcomes at all relevant sites
- Reducing the variation in attainment of standards and outcomes that currently exists across Greater Manchester

The conditions are listed and summarised in the diagram below.

Figure 1.0 Summary of Healthier Together Implementation Conditions



The conditions are summarised below:

- Condition 1 – Regular data collection, review and monitoring is implemented
- Condition 2 – Structured process of peer review across GM
- Condition 3 – Establishment of a Greater Manchester Clinical Alliance
- Condition 4 – Joint appointments to Single Services
- Condition 5 – Appointment of GM clinical leadership for implementation
- Condition 6 – Formation of Single Service Research Hubs
- Condition 7 – Development of a GM governance framework
- Condition 8 – Formation of a CCG and Regulatory Body Alliance to support implementation

Further detail on each condition is provided below.

Conditions related to information

Condition 1 - Regular data collection, review and monitoring is implemented

What does this mean?

- Mandated data collection and submission from all GM providers (on standards, outcomes, productivity)
- Data to be analysed independent of providers
- All Trusts to publish outcomes (e.g. mortality data) on an agreed timetable to support implementation
- Data to be made available to patients commissioners and providers to drive improvement

How does this contribute to achieving the aims?

- Allows a deeper understanding of the service provision
- Identifies areas of best practice and areas for improvement
- Enables benchmarking of performance
- Allows analysis of the relationship between standards and outcomes

Condition 2 – Structured process of peer review across GM

What does this mean?

- A commissioner mandated, structured process of peer review to support the transition and implementation phases
- Conducted in advance and post implementation of changes to in scope services
- Peer review undertaken of each single service by clinicians from across GM
- Outcomes of peer review shared with all GM providers and commissioners

How does this contribute to achieving the aims?

- Allows an understanding of whether the standards will be/ are being achieved
- Identifies areas of best practice and areas for improvement
- Facilitates sharing of best practice and innovation

Conditions related to sharing clinical best practice and leadership

Condition 3 - Establishment of a Greater Manchester Clinical Alliance

What does this mean?

- Independently chaired (e.g. by Non-GM Trust) clinical alliance, made up of senior clinicians from all GM Trusts
- **Mandated** by commissioners; governance through the Programme implementation architecture
- Working collaboratively as guardians of the Healthier Together standards and model of care during the implementation phase
- Acting as an Expert Scrutiny Panel responsible for assuring whether detailed single service models of care, pathways and workforce plans comply with the Healthier Together Quality and Safety standards; advising commissioners
- During implementation responsible for reviewing quality and safety issues and providing assurance on solutions identified
- Peer review findings are reported at the Clinical Alliance

How does this contribute to achieving the aims?

- Ensures design of single services complies with Quality and Safety standards
- Facilitates sharing of best practice and innovation
- Builds clinical ownership and community across Greater Manchester

Condition 4 – Joint appointments to Single Services

What does this mean?

- Each single service to appoint a Clinical Director to work across all sites within the Single Service - recruitment to be a joint process between Trusts and agreed lead CCG
- Clinical Director to lead the formation of single service teams, oversee design of single service model of care and pathways, and be responsible for clinical performance of the single service
- All new clinical (medical) appointments to be single service wide
- An identified provider Executive Lead for each Single Service to be in place during the implementation phase
- Consider GM level recruitment plans to increase exposure and wider sharing of resources

How does this contribute to achieving the aims?

- Facilitates standard model of care and pathways across each single service
- Provides accountability for attainment of standards and improved outcomes

Condition 5 – Appointment of GM clinical leadership for implementation

What does this mean?

- Appointment of a small number of clinical leadership roles to support implementation; similar to existing clinical champions
- Responsibilities will include chairing of sub-groups to support the Clinical Alliance e.g. for General Surgery
- Responsibilities may include 'buddying' of single services – providing clinical leadership during the implementation of single services

How does this contribute to achieving the aims?

- Promotes sharing of best practice
- Visible leadership; unifying all 4 Single Services
- Enables best practice from one single service to be utilised in the implementation of another

Condition 6 – Formation of Single Service Research Hubs

What does this mean?

- All single services to be aligned to a Teaching Hospital/ University to facilitate research , clinical audit, training and workforce development and to share innovation
  - Alignment could be for research, teaching and / or service delivery e.g. clinics or theatre sessions
  - Shared best practice clinical governance processes and learning
  - Sharing of best practice to support the implementation
  - Formal link to the proposed to GM Academic Health Science System
  - Sharing of knowledge and expertise to support the training and development of the future workforce

How does this contribute to achieving the aims?

- Continues to strengthen the research and academic input to the Single Services
- Increases access to on-going research and innovation
- Supports the development of a sustainable future workforce required for the long term delivery of Healthier Together.

Commissioning leadership and collaboration

It is recognised that the strength of the Healthier Together governance has been the collective **clinical** leadership of the 12 Greater Manchester CCGs. It is proposed that this continues through implementation. The following conditions are proposed to strengthen the governance of the implementation:

Condition 7 – Creation of GM implementation governance

What does this mean?

- Commitment to on-going Greater Manchester-wide governance for the Healthier Together programme
- Commitment to on-going joint governance with commissioners, providers and regulators
- Commitment to ensure that lay and patient representation will be at the forefront of governance arrangements.

How does this contribute to achieving the aims?

- Continues to provide robust governance and oversight to the programme post decision
- Provides accountability for achievement of the publicly stated aims

Condition 8 – Formation of a CCG and Regulatory Body Alliance to support implementation

What does this mean?

- An agreed joint process between CCGs and Regulators for holding Providers to account during the implementation phase
- Strengthening existing governance arrangements between commissioners, regulators and providers (e.g. HT Programme Board)
- Commitment to work on a long term basis with the healthcare regulators to ensure Healthier Together is fully achieved.

How does this contribute to achieving the aims?

- Ensures full alignment between CCGs, Providers and Regulators on key issues (e.g. Capacity, Capability, Leadership)
- Enhances openness and transparency between all parties

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HEALTHIER TOGETHER UPDATE

1.1 On Wednesday 15 July 2015, commissioners agreed new standards of care for emergency medicine and general surgery (surgery on the abdomen and bowels) in all hospitals across Greater Manchester.

1.2 Under the Healthier Together proposals, 'single services' will be formed – networks of linked hospitals working in partnership. This means care will be provided by a team of medical staff who will work together across a number of hospital sites within the single service.

1.3 All hospitals will improve to ensure they meet the quality and safety standards. The new standards will mean an additional 35 consultants recruited across A&E and general surgery, a minimum of 12 hours of consultant cover in A&E seven days a week, and a consultant surgeon and anaesthetist present for all high risk general surgical operations.

1.4 All hospitals will keep their existing specialisms and will continue to provide care to their local populations as they do now.

1.5 There are three elements to the Healthier Together programme – *Joined-up Care, Primary Care and Hospital Care*. Clinically led, the programme aims to provide the best health and care for patients across Greater Manchester.

1.6 Healthier Together is a key building block for a fully devolved health and social care system in Greater Manchester (GM); the decisions have been named as early priorities for the region's ground-breaking devolution programme. Involving NHS England, the 12 Greater Manchester CCGs, the 10 local authorities and 15 NHS Trusts, the GM health and social care devolution programme aims to bring organisations together to work in partnership to deliver the biggest and fastest improvement to health and wellbeing for the people of Greater Manchester.

1.7 The changes to hospitals are being supported by improvements to primary care and joined up care. These improvements are already underway with, for example, pilot sites in Manchester, Bury, Heywood and Middleton now providing 500,000 people in Greater Manchester with same-day access to primary care services. This has led to a reduction of 3% in total A&E activity in the pilot site areas, compared to the rest of Greater Manchester. By the end of 2015 access will be expanded to everyone living in Greater Manchester with the aim of making care more easily accessible to patients and reducing the number of people going to A&E.

1.8 Greater Manchester has a long history of change; the way some specialist conditions such as major trauma and stroke are treated has already been changed. There is evidence that consolidating services onto a fewer hospital sites has already saved lives and improved patient care and Greater Manchester want to do more of this. Learning from the changes to major trauma and stroke services has been used to design the single service model.

1.9 All hospitals specialise in providing certain types of care, for example some hospitals specialise in stroke care, others in cancer care. Similarly, one of the

hospitals within each of the single services will specialise in emergency medicine and abdominal surgery, for patients with life threatening conditions.

1.10 On 15 July 2015, clinical leaders decided unanimously that Stepping Hill hospital in Stockport will be the fourth hospital in Greater Manchester to provide emergency medicine and specialist abdominal surgery as part of a single service, under the Healthier Together proposals to drive up quality and standards.

1.11 In June 2015 commissioners decided that there should be four single services introduced in Greater Manchester. On 15 July, the 'Committees in Common' (CiC), comprising GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, reviewed a range of evidence including the feedback from the public consultation held last year and data relating to: travel and access, quality and safety, transition (how easy it will be to achieve the change) and affordability and value for money, and decided that the fourth hospital would be Stepping Hill.

1.12 The following hospitals will work in partnership to provide shared single services:

- Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital
- Royal Oldham Hospital, North Manchester General Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary
- Salford Royal Hospital, Royal Bolton Hospital and Royal Albert Edward Infirmary in Wigan
- Stepping Hill Hospital in Stockport and Tameside General Hospital

1.13 As the Accountable Officer and with the Governing Body's delegated authority, Dr Nigel Guest has represented Trafford CCG on the 'Committees-in-Common'. He is also a member of the Healthier Together Programme Board. The CiC and the Programme Board continue to meet on a regular basis.