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Manchester Devolution

The NWAS perspective
Bob Williams, Chief Executive

Delivering the right care, at the right time, in the right place

Agenda

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- Background
- NWAS position
- Devolution progress
- Current status

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Greater Manchester: a snapshot picture

£56 Billion GVA
Fastest growing LEP in the country

2.7 Million People
Growth of 170,000+ in the last decade

104,000 People Unemployed
7.8% (above UK average of 5.5%)

77.7 Male Life Expectancy
England average: 79.3

81.3 Female Life Expectancy
England average: 83.0

112,000
People on long-term sick and inactive

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Greater Manchester: Our health and social care system

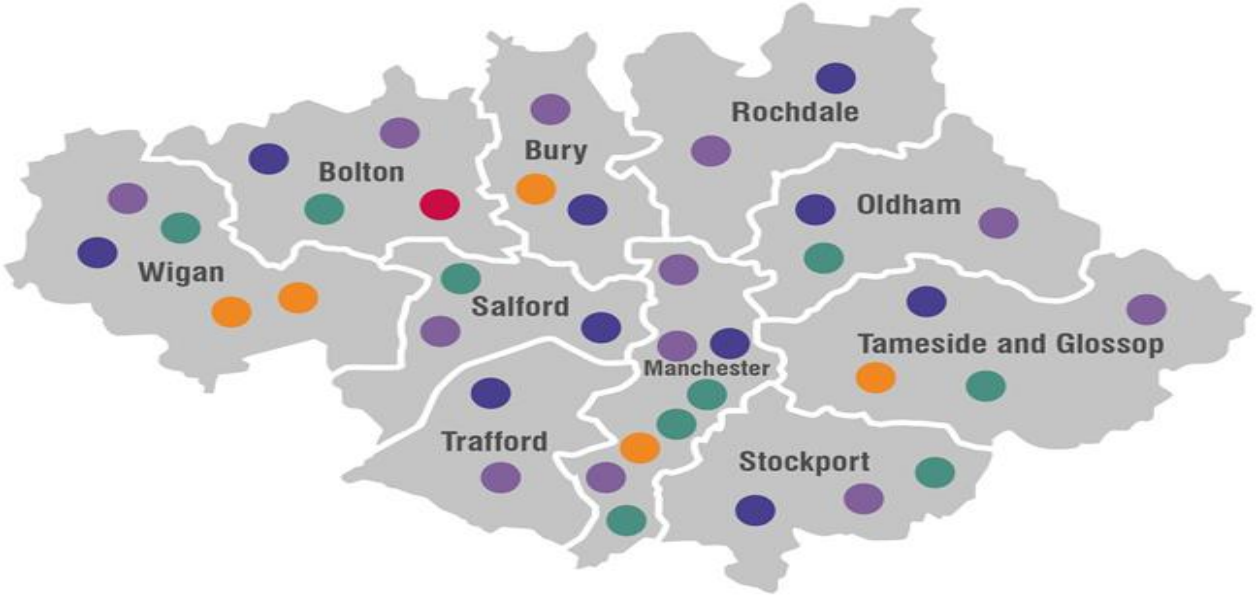
12 Clinical Commissioning Groups

10 Local Authorities

9 Acute Providers

5 Community and/or Mental Health Providers

1 Ambulance Service



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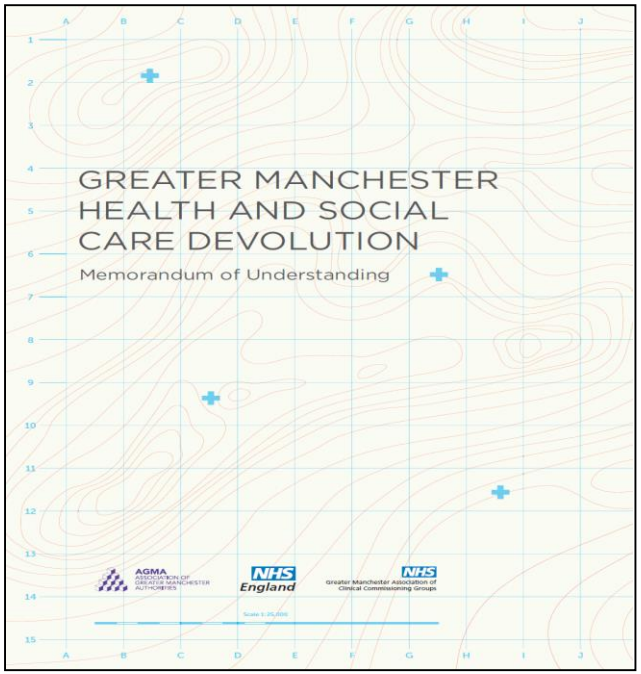
GM Devolution – the background



Greater Manchester Devolution Agreement settled with Government in November 2014, building on GM Strategy development.

Powers over areas such as transport, planning and housing – and a new elected mayor.

Ambition for £22 billion handed to GM.

MoU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts

MoU covers acute care, primary care, community services, mental health services, social care and public health.

To take control of estimated budget of £6 billion each year from April 2016.

Timetable

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The outline timetable for devolution:

- April 2015
  - Process for establishment of shadow governance arrangements agreed and initiated *(shadow form from October 2015)*
  - All decisions about GM with GM ('delegated' decision-making)
- December 2015
  - Completed GM Health and Social Care Strategic Plan – sets out reform plans, financial plans, capital, governance (like a GM IBP)
  - Local Authorities and CCGs formally agreed the integrated health and social care arrangements
- April 2016
  - Full devolution of agreed budgets, with substantive governance arrangements in place.
- April 2017
  - GM elected mayor in place and devolution of transport/infrastructure aspects

The GM need to change

- Potential gap in budget to spend @£1.5b in 5 years
- GM economy generates £17bn in taxes BUT requires £22bn in public spending
- GM economic POTENTIAL exceeds all other city regions
- Appointment of directly elected Mayor to oversee joined up £6bn Health & Social Care from April 2017

Key Work Streams

- Strategic Plan and CSR
  - Financial and clinical sustainability
  - GM Transformation Initiatives
- Governance
  - Programme governance
  - Provider governance
- Responsibilities and Resources
- Partnerships, Engagement & Communications
- Early Implementation Priorities

Initial Thinking

- GM strong view that blue light services fit together
- GM health system already agreed significant changes (Healthier Together) that require ambulance service as enabler
- National view is varied – general belief that Police and Fire could be joined, but ambulance services overwhelmed and need support to respond, which fire has capacity to do
- AACE view that ambulance and NHS111 is critical to Urgent & Emergency care system which with H&T and S&T will reduce need for response

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Context for Ambulance Services

- Improvement of patient care is historic motivator for collaboration
- Cost efficiency not always the driver
- Ambulance Services already rationalised (10) and regional footprints
- Lean managements structures
- Embedded in the NHS – multiple layers of clinical skill level
- Tight clinical governance, regulation & monitoring against standards
- Demand increases annually (circa 5%) with reduction in funding
- Changing focus of Urgent & Emergency Care provision
- **Less than 5% of cases undertaken with other Blue Light Services**

NWAS Footprint

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- Covers all the North West =
- **33 CCGs, 1,420 GP practices, 29 acute trusts, 5 x police, 5 x fire**
- Population of 7m people – growth of 3% by 2017
- Employs over 5,500 staff
- Annual income of @£300 million
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Three emergency control rooms – virtual link
- 1 million NHS111 calls predicted 2015/16
- 1.2 million PTS journeys per year

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Workload

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10% Life threatening

- Advances in cardiac care, stroke, major trauma, cardiac arrest
- Acute service reconfigurations-maternity, paediatrics, surgery
- Trauma centres
- Improving response times
- Sharing data to review clinical effectiveness of care and clinical outcomes

90% Urgent care

- Advanced and specialist paramedic roles-expanded clinical decision making, advanced clinical assessment, diagnostic skills, prescribing
- Paramedics working alongside community, primary care, social care, mental health
- Increase care closer to home

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Evolving Role

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- Enhanced assessment and treatment - a community based provider of mobile urgent care and emergency health care
- Safely manage more patients at scene, treating them at home or referring them to a more appropriate community based service
- Further opportunities to assess, prescribe, manage exacerbations of chronic illness
- Working even closer with GPs and community services

Why?

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Managing the demand is

unsustainable

if change doesn't happen

Less than **10%** of incidents are actually

life threatening

Fallers

make up **17%** of all 999 activity

31% of all PES activity between

12:00 and 15:00

is from HCPs

Patients with known long term conditions call 999 **six times** more often than other service users

54% of patients arriving at ED by ambulance end up in a **hospital bed** (75% of admissions over 65 years of age)

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Working collaboratively with blue light services

- Service developments
  - First responder with Fire Services
  - HART & USAR
  - CRIT with GM Fire
  - Automated External Defibrillator (AED) equipped Police Motorway Patrol/Firearms units
  - Paramedics in Police controls
  - Pilot for police on scene referral to Paramedic desk
  - Proposals for Police pocket book for patient need
- Infrastructure developments
  - Tri-service stations at Poynton and Irlam
  - 24 x Joint Fire/Ambulance, Police/Ambulance, stations in last 18 months
  - Clinical Governance arrangements with Fire Services

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Working Differently in health care

- Clinical leadership structure
- Paramedic Pathfinder
- Community Care Pathways and Plans
- Acute visiting scheme
- Community Paramedics
- GP Bureau
- Urgent Care Desk
- Frequent Callers Initiative
- Mental Health care
- **Change in health care requires Whole System Solutions**

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Strategic Plan and CSR - October

- Refreshed 5 year GM gap of circa £2bn
  - £0.45bn social care
  - £1.55bn health
- 10 locality plans reviewed - not ambitious enough, insufficient savings
- Deloitte engaged to support production of CSR / Strategic Plan
- Recognition of need for GM (top down) transformation initiatives
- GM Transformation Initiatives Prospectus launched 10 Sept
- **NWAS part of NHS provider arrangements, Police and Fire to report through the Mayor.**
- Programme governance arrangements agreed across GM bodies

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Strategic Plan and CSR - November

- Transformation initiatives agreed based on standardisation at scale for primary and secondary integrated care at locality level and back office/support services at GM level
- Integrated commissioning at GM and locality level
- Funding gap reduced to £0.5b
- Deloitte draft framework for structure form shared
- Finances finalised for end November
- Governance finalised for end December

Final Plan - December

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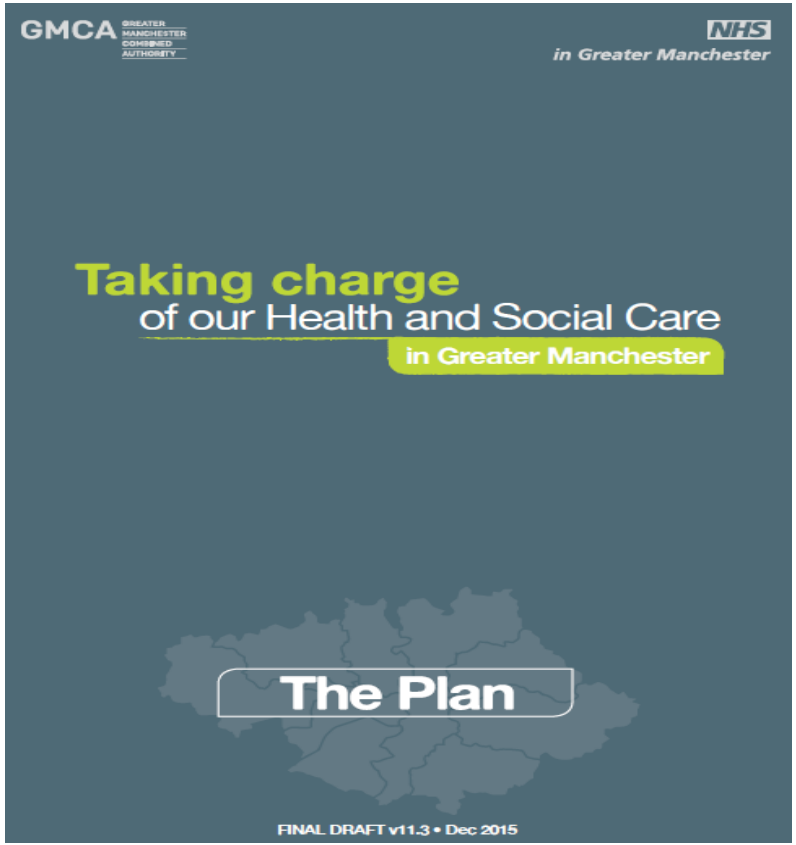

It is widely accepted that GM will not meet the challenges it faces over the next five years through incremental change. Additionally, no single locality can deliver the scale of reform proposed here acting alone. Our transformation must be comprehensive, covering all aspects of care and support and all parts of GM.

www.gmhealthandsocialcaredevo.org.uk

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Principles

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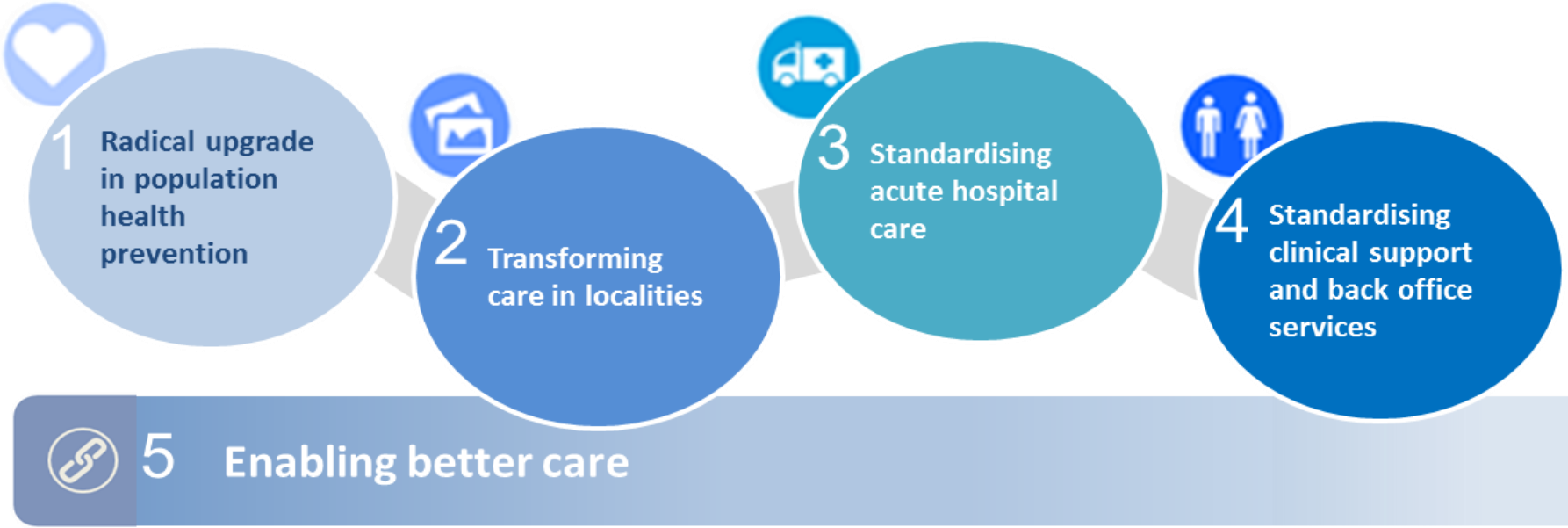

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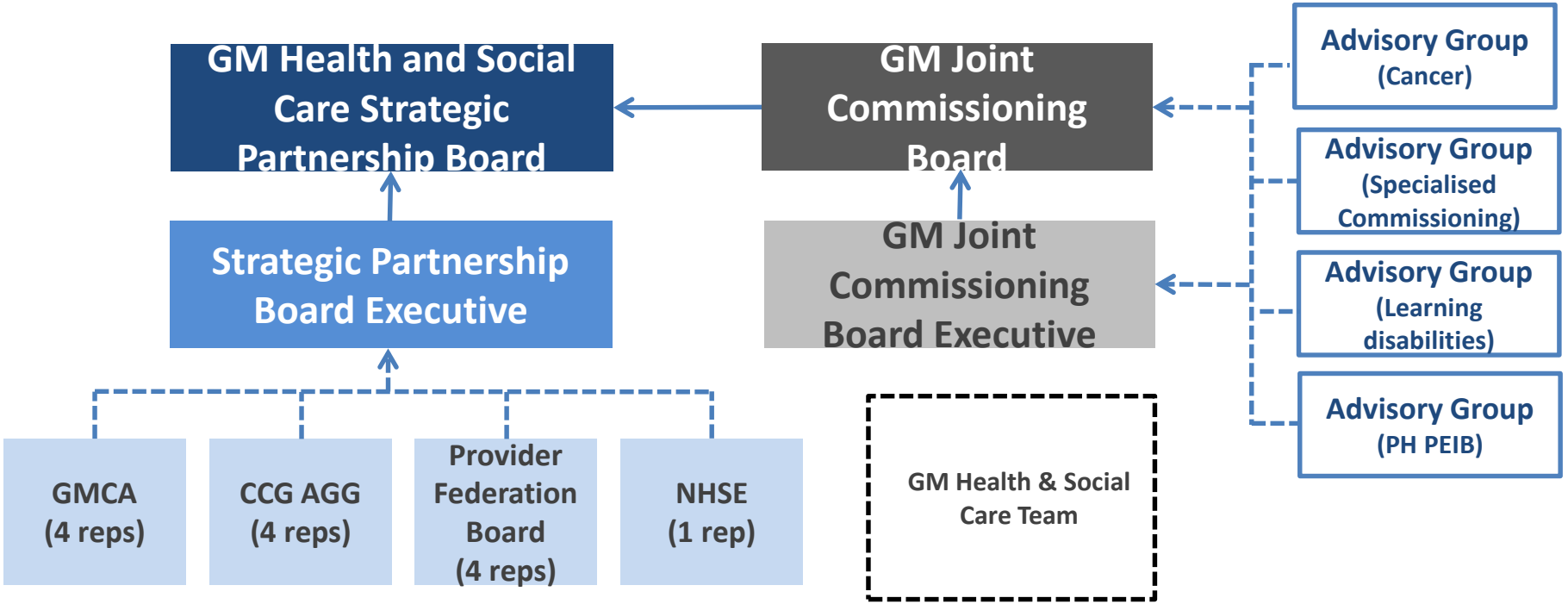
Programme Governance



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Provider Governance

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- Provider Federation Board formed incorporating all GM NHS Trust providers (15 full members, 1 associate member)
- Members have provided support for:
  - Agreement to different ways of working
  - Terms of reference
  - Locked gateway decision making
  - 'Framework addendum' to Monitor licence
- Federation Board governance intrinsically linked to Devolution governance – particularly in light of block voting mechanism

Should accelerate decision making (but with risks/chance of being outvoted)

Current Status

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- Strategic plan signed off by all 37 organisations
- Provider Board signed off by all Trusts Jan/Feb
- £450m transition fund allocated via SPB
- GM H&SC budget £6b devolved April 2016

Summary

- Significant time and energy investment
- Real opportunity to transform health & social care
- Ambulance service ‘fit’ journey played out
- Now have to deliver
- What next……..

Questions

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