

# Greater Manchester Health and Care Board

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Date: 9 November 2018

Subject: Update on Healthier Together programme

Report of: Susan Long, HT Programme SRO and Chief Officer Bolton CCG

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## **SUMMARY OF REPORT:**

The aim of the report is to provide an update on the implementation of the Healthier Together programme which covers three frontline hospital services-General Surgery, Acute Medicine and Accident and Emergency services across Greater Manchester (GM).

## **KEY MESSAGES:**

Healthier Together has a long and significant history in the context of Greater Manchester's partnership working. It is a long-standing programme of work, with significant ambitions and one that set the tone for working as a GM place. The programme has achieved many benefits for the residents of Greater Manchester and has had significant investment, and yet despite its clear aims and successes it continues to battle with system challenges to complete its implementation.

## **PURPOSE OF REPORT:**

The purpose of the report is to:

- Provide the background and context to the Healthier Together programme
- Provide a summary of progress to date with improving clinical standards and reducing the variation between services
- Outline the challenges to full implementation of the agreed model for general surgery, acute medicine and accident and emergency services.

## **RECOMMENDATIONS:**

The Health and Care Board is asked to:

- Note the achievements of the Healthier Together Programme
- Note the impact of the Business case process for the population of Greater Manchester

## **CONTACT OFFICERS:**

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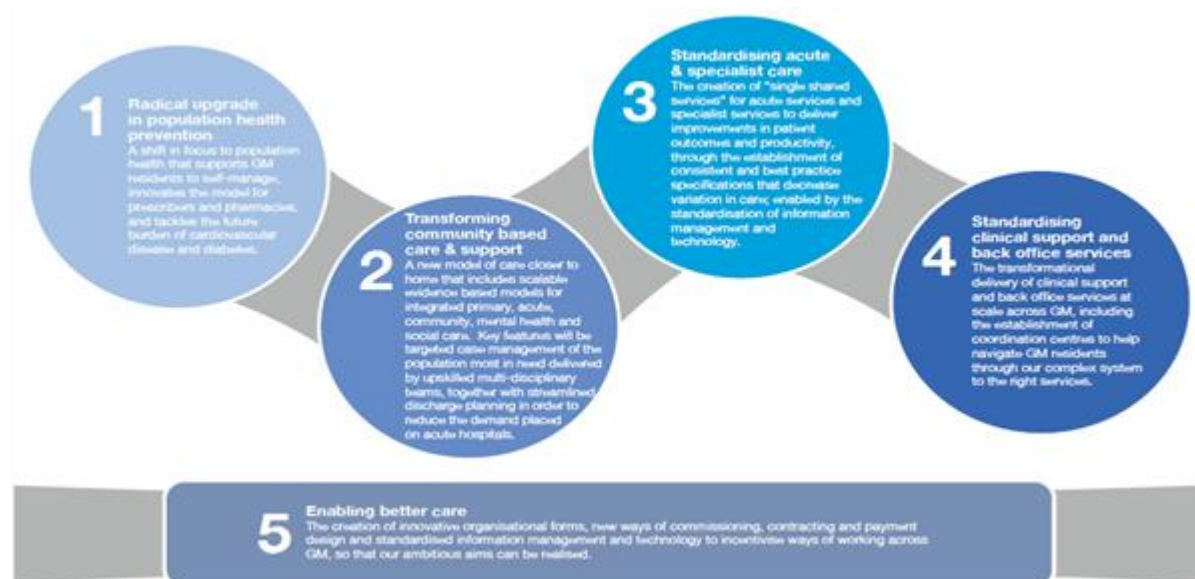
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## 1.0 INTRODUCTION

- 1.1. Healthier Together has a long and significant history in the context of Greater Manchester's partnership working. It is a long-standing programme of work, with significant ambitions and one that set the tone for working as a GM place. The programme has achieved many benefits for the residents of Greater Manchester and has had significant investment, and yet despite its clear aims and successes it continues to battle with system challenges to complete its implementation.
- 1.2. As the Healthier Together Programme is in its second year of implementation the purpose of this report is to set out the significant achievements to date, and to recognise the continued need to sustain and, in places, increase the pace of clinical changes to be ready for the final phase of implementation.
- 1.3. Healthier Together aims to bring Greater Manchester patient outcomes in three frontline hospital services – accident and emergency, acute medicine and general surgery – in line with the best performing hospitals in England, and to achieve the public promise **to save the lives of 300 residents of Greater Manchester and surrounding areas every year.**
- 1.4. The implementation of Healthier Together forms an integral part of the five-year vision for GM, as articulated in 'Taking Charge Together'. This sets out a strategic narrative following engagement with NHS commissioners, providers and local authorities, alongside best practice from national and international experts, the five key areas for transformational change in Greater Manchester as presented below:

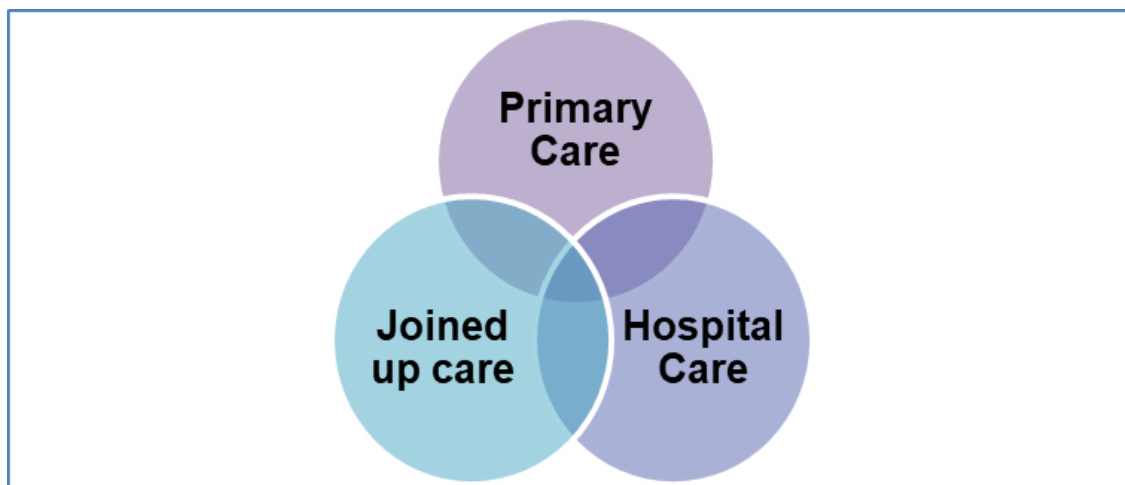


- 1.5. Healthier Together is the first major acute implementation programme since devolution. It demonstrates Greater Manchester's ability to bring about significant transformation change to acute services across the devolved region. Healthier Together is a pioneer for the further improvements to hospital-based services that GM seeks to make in its theme 3 programme and therefore is pivotal to its success.

## 2.0 BACKGROUND

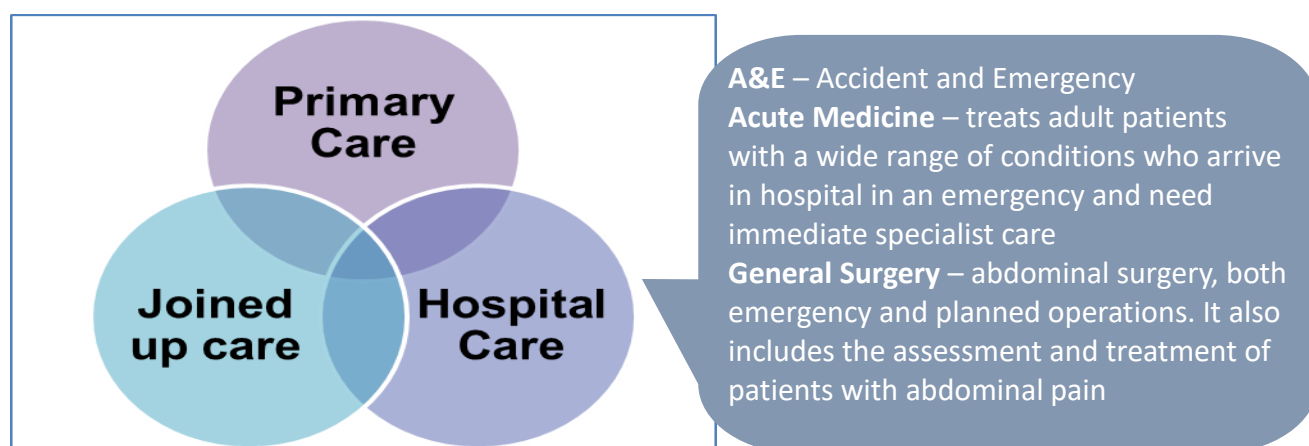
- 2.1. It is now more than six years ago that the Greater Manchester Health and Care leaders came together to address the variation in acute care and outcomes for our patients. The aim of Healthier Together is to reduce this unacceptable variation and more than £13m has been invested in the programme so far to achieve this.
- 2.2. The Healthier Together programme was initiated in 2012 and had three separate, but interlinked strands: -

Figure 1: The Three Strands of Healthier Together



- 2.3. The programme and the cross public sector collaboration that it initiated was instrumental in sparking the call for GM health and care devolution. The (then)12 Greater Manchester CCGs supported by the GM Combined Authority (GMCA) proposed in a formal public consultation changes to primary care, community care and some hospital services (A&E, Acute Medicine and General Surgery).

Figure 2: The Focus of the Hospital Services as part of the Healthier Together programme



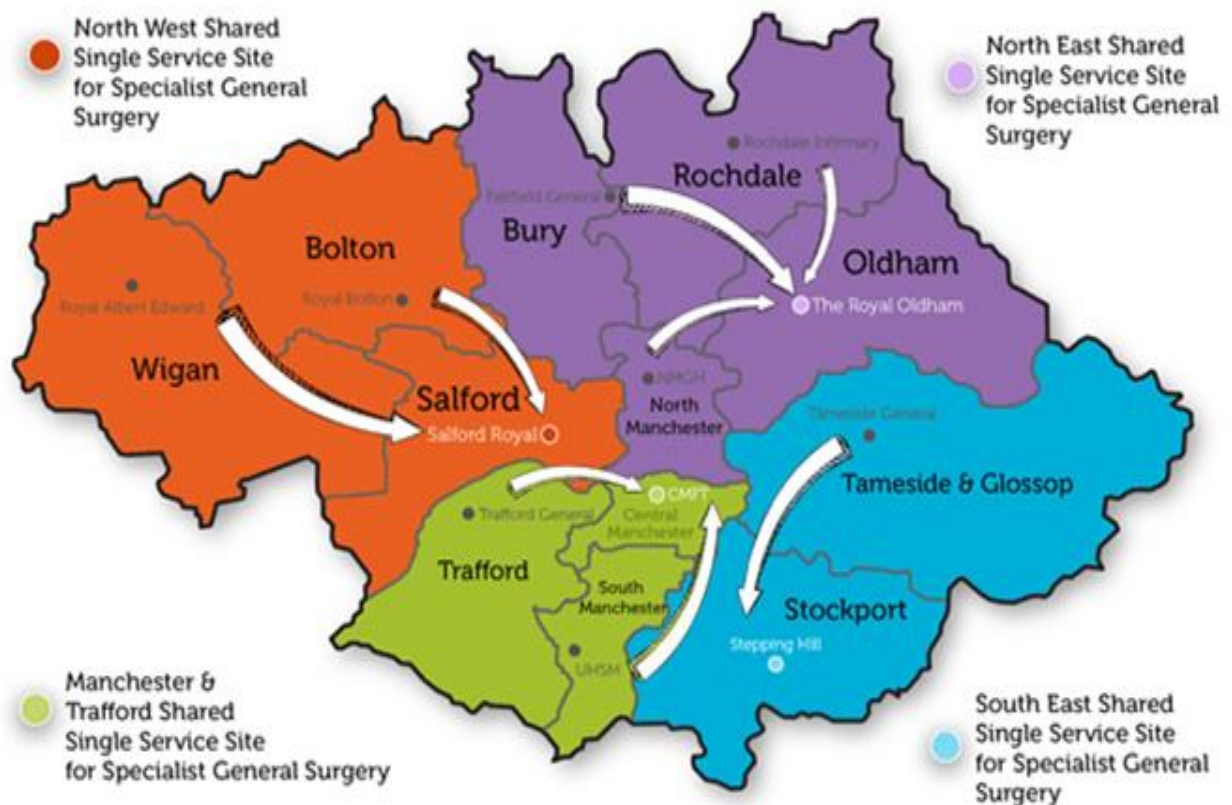
- 2.4. Senior clinicians from across the conurbation led the call to address the unacceptable variations in morbidity and mortality, and the lack of compliance with recognised national clinical standards that existed in Greater Manchester for General Surgery, Emergency Medicine and Acute Medicine. They designed new standards of clinical care and, based on these, a new model of care (or way of delivering services).
- 2.5. The public consultation was completed during 2014 resulting in the proposals being refined and communicated widely to all partners and stakeholders. Following a unanimous decision by GM CCGs to support the implementation of the programme in July 2015. A Judicial Review was successfully defended. Healthier Together began implementation in January 2016.
- 2.6. The Healthier Together (HT) programme aims to:
- “Ensure everyone in Greater Manchester has access to the best standards of clinical care for (accident and emergence, acute medical and general surgical) hospital services “
- 2.6.1. This means:
- Achieving the Greater Manchester Quality and Safety standards at all hospital
  - Improving quality and safety outcomes at all hospitals
  - Reducing the variation in care and outcomes for patients that continues to exist across Greater Manchester

### 3.0 THE NEXT PHASE OF THE PROGRAMME

3.1. For the next 6-month phase of the HT programme the key focus is on:

- Progress with the implementation of the agreed model of care for General Surgery, Acute and Emergency services programme
- Submission of the revised Business Case in October 2018 and completion of all assurance processes to enable draw down of capital in early 2019

3.2. The Healthier Together programme is being implemented by the four sectors across Greater Manchester as shown below:



3.3. At the core of the HT model is the aim to improve the **variation** and **outcomes** for general surgery, acute and emergency services. All the work to date has contributed towards this aim with positive progress, however progress is limited due to the delays with the capital allocations.

3.3.1. In a recent meeting the GM Medical Director noted:

*“We are improving on the number of times a consultant undertakes high risk surgery in the work we are doing for abdominal surgery and evidence shows that lives will be saved by doing this. Mortality is improving in parts of GM*

*but there is still unacceptable variation. We need the capital to fully implement as this will support both the surgery and postoperative care. This will further reduce mortality and save lives. We can see from our gap to other area outcomes just how much we still could improve by fully implementing the model. We could be top of the charts in the country for outcomes”*

3.4. The examples below are a result of collaborative Sector working and clinical teams implementing pathway and service improvements in support of the programme. The focus has been on:

#### **3.4.1. Reducing variation and improving standardisation:**

3.4.1.1. Work has been carried out to have GM wide approaches and standards such as:

- **Standardised pathways for ambulatory care** which are starting to help manage the demand on emergency departments and re-route patients
- **The optimal pathway for emergency general surgery patients.** The key components of this pathway are: determining risk for each patient; all high-risk patients to have a consultant surgeon and consultant Anaesthetist in theatre; all high-risk patients to be treated in critical care immediately after surgery.
- **Standardised patient information.**
- **Standards** for acute medicine, acute general surgery, emergency care, critical care, radiology, paediatric general surgery and life-threatening critical pathways.
- **The introduction of the ERAS+ pathway** which supports patients with their recovery after surgery.
- **The design of Multi-Disciplinary Team meetings** to support the coordination of patient care across sectors to improve decision making and outcomes for patients.

#### **3.4.2. Improving outcomes:**

3.4.2.1. The benefits we have seen have been built on the foundation of increasing engagement from clinical teams. To achieve our aspiration to have the best UK outcomes for GM patients undergoing high risk elective and emergency general surgery will require the sector general surgical teams to achieve higher volumes of patients.



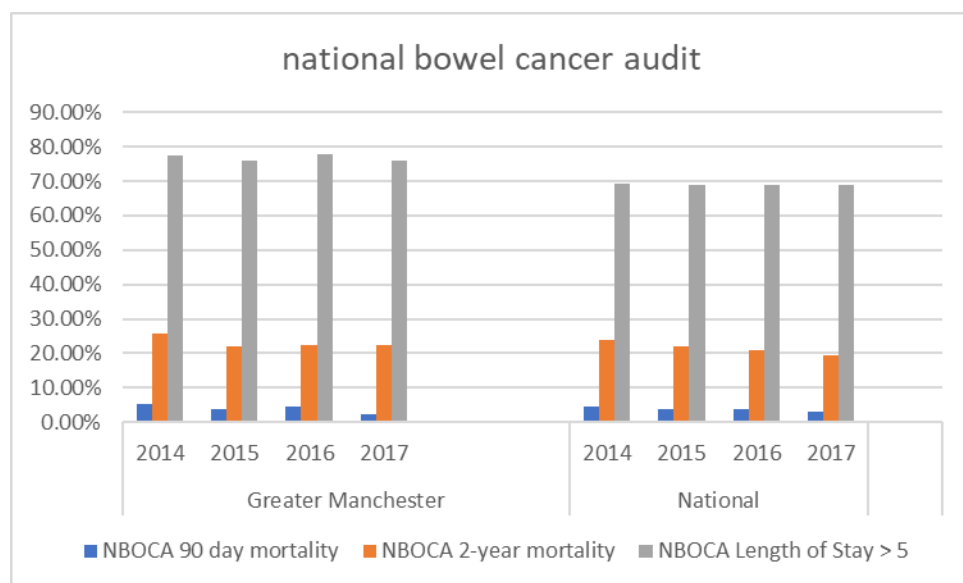
3.4.2.2. This relationship between volume and outcome is well recognised in surgical specialities. The GM sectors have been designed to replicate the Lothian general surgery model where the outcomes for general surgical patients are the best in the UK.

3.4.2.3. The improvements we have seen to date include:

- We have seen **improvements in consultant presence** in theatre for emergency surgical patients (surgeon and Anaesthetist), use of critical care for high risk patients,
- **The reduction in average GM mortality** for patients undergoing emergency laparotomy and bowel cancer surgery (see tables 1 and 2 below)
- **ERAS+ rollout commenced** supporting patients in their recovery after surgery
- **Ambulatory care pathways in use** now across GM and 7 days services offering more effective pathways of care for patients to provide alternatives to the emergency department

Figure 4: Summary of Improvements in Bowel Cancer and Emergency Laparotomy

3.5. Both audits show there are outcome measures that have improved across GM against the national average but there are still areas for further improvement.





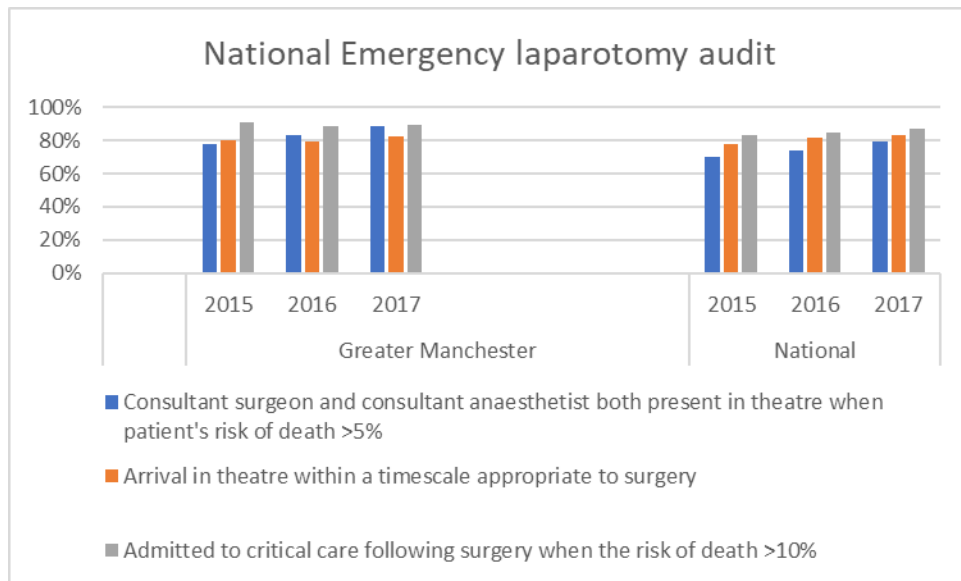
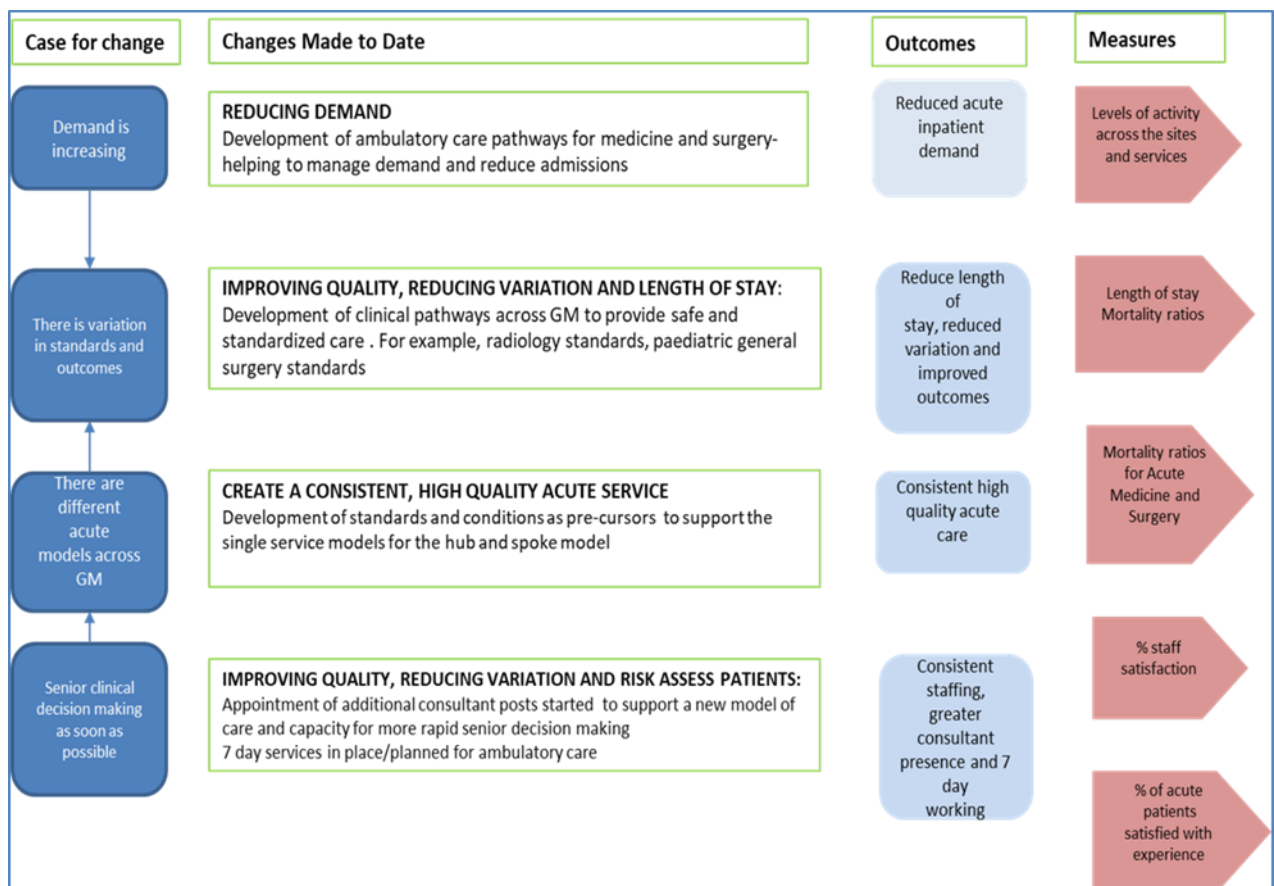


Figure 5 Summary of Key Clinical Changes to Date



## 4.0 THE BUSINESS CASE

- 4.1. One of the key enablers for the Model of Care is the requirement for additional capital funding to support the changes and a sustainable system.

A business case was submitted in May 2017 and received support for capital funding.

4.2. The business case has had to be refreshed and was recently resubmitted in October 2018. This is because since the original submission of the business case, NHS Improvement and Department of Health and Social Care advised that to access the national capital allocated to the programme, the business case would need to progress through the following stages in sequence:

- Regional NHS Improvement review supported by the Project Assessment Unit (PAU)
- National NHSI review: Cash and Capital Team, Resources Committee and NHS Improvement Board
- Department of Health and Social Care review
- Her Majesty's Treasury review

4.2.1. It is important to note the decision to support the business case was made in 2017 and that the refresh process has needed to reflect 2017/18 activity/finances.

4.3. Since the May 2017 capital submission, inflationary factors have meant that the capital requirements of the programme have increased by £11m across GM. Additional revenue costs have also arisen due to the delay, PMO costs, which are being funded locally within GM.

4.4. This delay with the Business Case and the drawdown of the capital is impacting on the GM system being able to realise all the benefits as set out in the Case for Change and Model of Care.

4.4.1. This means:

- **Patient Impact:** the opportunity for the number of lives that could be saved is limited. Extensive engagement work through the development of HT highlighted the public and patient support for the HT model and the benefit to patients in terms of outcomes and lives saved.
- **Workforce:** unable to meet the requirements for senior level decision making to deflect activity from the hospital sector and reduce hospital admissions.
- **Standards:** unable to meet the quality and safety standards as set out in the Case for Change and Model of Care.

- **Model of Care:** cannot move to the full implementation of the hub model sites, sectors requiring theatre space, critical care beds, wards, CT, endoscopy to enable this to happen.
- **Financial Impact:** not able to maximise estate, impact on other estates schemes, double running of some services, gaps in rotas, interim and locum roles to manage the current situation.
- **Patient flow through ED:** four hour waiting times and 12 hour “trolley waits” will continue to occur in emergency departments.
- **Admissions through ED:** 14% reduction in admissions, equivalent to 37,000 admissions cross GM will not be realised if the hub model is not fully implemented.
- **General Surgery length of stay:** will not be maximized and variation in readmissions will continue.

4.5. As part of the business case submission a letter was sent outlining the impact of the delays and to ask for national support to enable the capital to be released as soon as possible. The Implementation delays have proved costly.

## 5.0 RECOMMENDATIONS:

5.1. The Greater Manchester Health and Care Board is asked to:

- Note the achievements of the Healthier Together Programme.
- Note the impact of the Business Case process for the population of Greater Manchester.