Date: 16 December 2016
Subject: Chief Officer’s Update
Report of: Jon Rouse

PURPOSE OF REPORT:

The purpose of the report is to update the Strategic Partnership Board on key items of interest both within the GMHSC Partnership and also within its partner organisations.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to note the content of the brief.

CONTACT OFFICERS:

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1.0 GENERAL:

1.1. The Partnership is now taking forward the recruitment of a number of key specialist posts with respect to IMT, estates, workforce and leadership of workstream three.

1.2. Two of our senior staff will leave the Partnership over the next month, Wendy Meredith (Director of Population Health) who will return to Bolton Council, and Raj Patel who will become Deputy Medical Director in the Northern regional team for NHS England. I am sure that everyone will wish to thank them for their contribution to our devolution journey.

2.0 PERFORMANCE:

2.1. There is a separate performance report to this meeting that includes the first iteration of our balanced scorecard, on which we would welcome comments.

2.2. Most of the quarter 2 placed-based assurance meetings have now taken place, against the new GM Assurance Framework. Based on our experience to date we are likely to make our approach to the quarter 3 meetings more risk-based, with deeper dives into a smaller number of topics.

2.3. The work of the Urgent Care Task Force continues. We held a successful half-day workshop on delayed discharges with all the local Urgent and Emergency Care Boards represented and undertaking a diagnostic approach against the national guidelines. We were grateful for input from the national expert team – ECIST.

3.0 TRANSFORMATION:

3.1. The Transformation Portfolio Board met for the first time in November and has commenced its oversight of all the transformation work programmes, including the interdependencies between them. From January, the Executive and Board will receive progress reports with key milestones and risks presented for scrutiny and discussion.

3.2. A key part of our strategy for Greater Manchester is to improve opportunities for individual service users and their carers to take greater control over their own care. One of the main approaches for achieving this is termed ‘personalisation’, the idea that where possible and sensible, people should be given more choice over how they organise their care needs. This concept is well established in social care where use of personal budgets and direct payments has become the norm, and indeed is now embedded in statute in the form of the Care Act 2014. In health it is still more nascent but under the Five Year Forward View there has been a considerable drive to increase use of personal budgets for certain cohorts and to introduce integrated personalised commissioning - joining up personal budgets across health and care at the level of the individual service user. This approach can work particularly well at the interface between Continuing Health Care (CHC) and social care, in areas such as
caring for people with life-limiting conditions, people with learning disabilities, people with long term mental illness and end-of-life care. This can be applicable to children (and their families) as well as adults. The evidence from pilots underway across the country is that the use of well-targeted personal budgets can reduce dependency and save money, particularly with respect to CHC budgets. With some honourable exceptions Greater Manchester has been relatively slow in grasping this opportunity and it needs to form part of our strategy, not least because the LCOs potentially provide the ideal vehicle for embedding this approach within a wider care model. We are therefore now in discussion with the national team at NHS England who are very interested in investing some capacity and expertise directly into the Partnership to work with all the localities on how to accelerate progress in this area. We will update the Executive on plans as they emerge and will work closely with AGG and local authority leaders in their development.

3.2.1. Citizen’s Advice has opened discussions with us about developing a cross-GM agreement supported by their national office. There is potential to develop a MoU and to explore a structured contribution with respect to LCO service design, work and health, support to primary care (social prescribing) and carers’ strategy.

3.3. On 24 November we held a successful event on mental health & wellbeing and the role of schools and colleges. At the event I presented 5 ‘asks’ of our schools and colleges - promotion of healthy lifestyles, developing resilience and emotional wellbeing, working with other community providers, supporting the health of the workforce and connecting to our GM programmes and support.

3.4. At the present time clinical provision of unscheduled dental care is delivered across Greater Manchester in a variety of different models. This means that patients are signposted and directed to these services through a number of different helplines, using differing telephone numbers. This is leading to disparities in both access and the co-ordination of patient care. Currently, these services are largely contracted under Personal Dental Service Agreements (PDS), which are due to expire on 30th September 2017 and we are required by law to re-procure these contracts. The Partnership is taking this opportunity to ensure that an equitable and consistent service is developed across GM that can be accessed by a single telephone number. This will provide both easier access and consistent service for all Greater Manchester residents. The re-procurement is due to be completed within the next 6 months and new service in place within a year.

3.5. On 28 November I gave evidence to the House of Commons CCG Select Committee on social care funding. This was followed the day after by other Partnership senior team representatives giving evidence to the House of Lords Health Select Committee on sustainability of NHS finances.
3.6. Corporate Functions Case for Change

3.6.1. Our corporate functions Case for Change has been judged the strongest in the country and we are one of four regions that have been invited to become Pathfinders by NHSI.

3.6.2. Pathfinder status will involve receiving additional support from NHSI to allow us to develop our plans at greater speed, in return we will be expected to share our experiences with other areas and gain early knowledge from the other Pathfinders. This will allow us to make savings earlier. The support will come in the form of guidance and advice from subject matter experts to help develop plans, with the potential of access to additional funding for capital investment and additional people to work on the programme with us. Nothing involved in Pathfinder status will conflict with the principles given in the case for change, which include that final decision on participation on any issue will be subject to each organisation’s normal governance processes.

3.6.3. NHSI have requested we accept the Pathfinder offer by 16 December. If accepted, we will work with NHSI to implement our plans to find cost savings and improve resilience in our Corporate Functions as quickly as possible.

3.6.4. We have written to Chief Executives, Directors of Finance, HR leads in all Providers and (equivalent roles in) CCGs, in addition to Chief Executives of local authorities to inform them of our intention to accept Pathfinder status.

4.0 RECOMMENDATIONS

4.1. The Strategic Partnership Board is asked to note the content of the brief.