GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

DATE: Wednesday, 6 August 2014
TIME: 10:00 am – 12:00 pm
VENUE: Salford Suite
         Salford CC, Civic Centre
         Chorley Road, Swinton

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST
   To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the GMIST officer at the start of the meeting.

3. MINUTES OF THE MEETING HELD ON 2 JULY 2014 - Attached
   To approve as a correct record the minutes of the meeting held on 2 July 2014.

4. HEALTHIER TOGETHER

5. MAJOR TRAUMA CENTRE: UPDATE FROM SPECIALISED COMMISSIONING
   Presentation from Jenny Scott, Area Team, NHS England and Leila Williams, Director of Service Transformation.

6. DATES OF FUTURE MEETINGS
   3rd September 2014, venue to be confirmed
   Late September – date and venue to be confirmed
GM JOINT HEALTH SCRUTINY COMMITTEE MEETING ON 6 AUGUST 2014

Declaration Of Councillors’ Interests in Items Appearing on the Agenda

NAME OF COUNCILLOR ______________________________

<table>
<thead>
<tr>
<th>Minute Item No. / Agenda Item No.</th>
<th>Nature of Interest</th>
<th>Type of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Personal / Prejudicial / Disclosable Pecuniary</td>
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<td>Personal / Prejudicial / Disclosable Pecuniary</td>
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</tbody>
</table>
MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 2ND JULY 2014 AT CIVIC CENTRE, SALFORD CC.

Present:

Bolton Council    Councillor Asif Ibrahim
Bury Council     Councillor Peter Bury
Manchester CC    Councillor Glynn Evans
Oldham Council    Councillor Brian Ames
Salford CC     Councillor Val Burgoyne
Stockport MBC    Councillor Tom McGee
Tameside MBC    Councillor Claire Reynolds
Trafford MBC    Councillor Patricia Young
Wigan Council    Councillor John O’Brien

Advisors/Officers:

GM NHS    Martin McEwan
GM NHS     Leila Williams
Manchester CCGs    Joanne Newton
GM Service Transformation    Laura Foster
JHOSC Pennine Acute    Alice Rea
GMIST    Andrew Burridge
GMIST    Julie Gaskell

HSC/14/35  ANNUAL GENERAL MEETING

a. Election of Chair

Councillor John O’Brien was elected as Chair for the municipal year of 2014/15.

b. Election of Vice Chair

Councillor Val Burgoyne was elected as Vice Chair for the municipal year of 2014/15.
c. Membership

The following membership of the Committee was confirmed for municipal year of 2014/15:

<table>
<thead>
<tr>
<th>District</th>
<th>Member</th>
<th>Substitute Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>Asif Ibrahim</td>
<td>Carol Burrows</td>
</tr>
<tr>
<td>Bury</td>
<td>Peter Bury</td>
<td>Luis Fitzwalter</td>
</tr>
<tr>
<td>Manchester</td>
<td>Glynn Evans</td>
<td>vacancy</td>
</tr>
<tr>
<td>Oldham</td>
<td>Brian Ames</td>
<td>Colin McLaren</td>
</tr>
<tr>
<td>Rochdale</td>
<td>Linda Robinson</td>
<td>Ann Stott</td>
</tr>
<tr>
<td>Salford</td>
<td>Val Burgoyne</td>
<td>Joe Kean</td>
</tr>
<tr>
<td>Stockport</td>
<td>Tom McGee</td>
<td>June Somekh</td>
</tr>
<tr>
<td>Tameside</td>
<td>Claire Reynolds</td>
<td>Vincent Ricci</td>
</tr>
<tr>
<td>Trafford</td>
<td>Patricia Young</td>
<td>Karen Barclay</td>
</tr>
<tr>
<td>Wigan</td>
<td>John O’Brien</td>
<td>Nigel Ash</td>
</tr>
</tbody>
</table>

HSC/14/36 APOLOGIES

An apology was received from Councillor Linda Robinson, Rochdale Council.

HSC/14/37 DECLARATIONS OF INTEREST

None were received.

HSC/14/38 REVISED TERMS OF REFERENCE

Members considered a revised set of protocols and terms of reference which particularly highlighted the amendment of the name of the GM Health Scrutiny Panel to GM Joint Health Scrutiny Committee.

RESOLVED /-

That the revised set of protocols and terms of reference submitted be approved.

HSC/14/39 MINUTES

The Minutes of the meeting held on 18 June 2014 were approved as a correct record.

HSC/14/40 HEALTHIER TOGETHER – FINAL REVIEW OF CONSULTATION DOCUMENT

Members gave consideration to the final draft “Healthcare in Greater Manchester is Changing” consultation document and were reminded that this was embargoed until 8 July 2014. It was noted that once approved by the Committee, the document would be presented to the Committees in Common (CiC) of the Clinical Commissioning Groups (CCGs) later on that same day for further endorsement and formal launch, subject to NHS England approval.
The Chair highlighted to the Committee that he had attended the CiC meeting held on 18 June and reported that they were supportive of the consultation proposals but concern was raised at the meeting with regard to possible pressure of capacity on the GPs.

Martin McEwan gave a brief overview of the proposed strategy/marketing plans for consultation, as discussed at previous meetings, for new Members of the Committee. It was noted that the dates of the proposed public meetings were available on the NHS Healthier Together website “calendar of events” page but would also be circulated to Members.

The Chair stressed to Members that the key basis of the proposed programme was not that hospitals would change but that hospitals, in particular specialised services, would be improved.

**RESOLVED /-**

1. That the final draft “Healthcare in Greater Manchester is Changing” consultation document submitted be approved.

2. That the proposed consultation strategy, as previously outlined and discussed by the Committee be approved.

3. That the dates of Healthier Together public event meetings be circulated to the Committee.

**HSC/14/41 HEALTHIER TOGETHER – FINANCIAL ASPECTS OF THE PROGRAMME**

The Committee considered and reviewed a presentation from Laura Foster, Healthier Together Associate Director of Finance, which gave an overview of the financial aspects and analysis of the Healthier Together Pre-Consultation Business Case.

During the presentation the following points/comments were noted:-

Members first noted an analysis of 2012/2013 GM acute activity. This demonstrated the relatively small proportion of activity that within Healthier Together would be deemed "specialist" and therefore provided from a future specialist hospital site. This amounted to 19% of all general surgery activity and 4% for acute surgery.

The presentation then discussed both commissioner (GM CCGs) and provider (GM Acute Trusts) activity and finances.

The Committee were informed that from a commissioning GM CCG perspective a “do nothing” modelling forecast indicated a £273m shortfall by 2018/19. This equated to 1.4% savings per year. The Committee heard that GM CCGs have plans for QIPP savings to meet this shortfall. The Committee were informed that CCG plans had been benchmarked against NHS England and MONITOR guidance and a common methodology has been used in order to ensure that each set of financial forecasts were created consistently.
The Committee were then informed that from a provider perspective, analysis of GM Acute Trusts identified a projected £278m deficit by 2018/2019. It was particularly noted by Members that this already incorporated a projected £506m savings made through ‘productivity opportunities’. This is expected to be achieved by hospitals through improvements and efficiencies regardless of the Healthier Together programme. Members noted that the majority of this overall deficit was made up of £637m cost inflation.

These figures were noted as context to give an overall picture of the financial challenge facing the NHS in GM. The Committee raised the concern that in addition to the £506m savings that are projected to be made by GM Acute Trusts, there would be an inevitable impact upon Acute Trusts due to the further reduction in GM CCG commissioning of £273m. This discussion is not strictly within the scope of the Committee's scrutiny of the Healthier Together programme.

The Committee then focused upon an analysis of the 8 proposed options, which suggested either 4 or 5 specialist sites in GM. The Committee noted that proposals for 4 specialist sites generated annual savings of approximately £32m savings and that proposals for 5 specialist sites generated approximately £29m savings.

The Committee then discussed the costs of transition, which were not incorporated in the savings figures. These had been estimated at £12m. Additional 'double running' costs of investment in integrated care models and community services; and Healthier Together programme costs, were also not included in the figures presented.

In conclusion, the Committee was made aware that even following the completion of Healthier Together all GM Trusts would remain in financial deficit, and that the savings resulting from Healthier Together are relatively small in the context of overall financial challenge. The Committee acknowledged that Healthier Together had set out very clearly that the aim of the programme is to address quality and improve standards in in-hospital care, and not to primarily address financial challenge. The Committee noted that separate plans were in place to meet the financial challenge.

The Chair stated that he felt that the presentation had alleviated concerns and thanked the officers involved.

In response to a query raised by a Member regarding engagement within the process, it was stated that acute Trusts were well engaged in the programme with a collaborative joined up process of working and planning.

RESOLVED /-

1. That the presentation be noted.
2. That more detail is provided to the Committee on community care.
3. That information on variation in primary care services (access) is provided to the Committee for its consideration.
4. That information on the potential for salaried GPs in Greater Manchester is provided to the Committee for its consideration.
5. That the Committee noted that local Health Overview Scrutiny Committees need to play a valuable role in holding partners to account in delivering the integrated models and improving primary care.
HSC/14/42   DATES OF FUTURE MEETINGS

Dates of the next meetings of the Greater Manchester Joint Health Scrutiny Committee were confirmed as follows:

6th August 2014, 10:00am, Salford Suite, Civic Centre, Salford CC
3rd September 2014, 10:00am, venue to be confirmed
Late September – date and venue to be confirmed.

Chair………………
Transport and Access

6th August 2014
GM Joint Overview and Scrutiny

High Quality • Safe • Accessible • Sustainable
Engagement to date - what people are telling us

“Will I have to travel further?”

“How will the ambulance know where to take me in an emergency?”

“Have you considered areas outside GM?”

“It will be harder for me to get to specialist hospitals on public transport”

“What about patients with specific needs?”

High Quality • Safe • Accessible • Sustainable
Key Transport and Access considerations of the model of care:

- Equitable access to Specialist Services for all patients across GM
- Time for patients to travel to Specialist Services
- Time for friends and family to travel to Specialist Services
- Ease of transfer for patients who require escalation or de-escalation between sites

Healthier Together
A review of health & care in Greater Manchester
Transport and Access assessment process

1. Develop transport standards and other considerations
2. Identify and gather baseline travel information
3. Assess baseline compliance with the standards
4. Assess compliance of each option with the standards
5. Compare the transport and access impacts of each option

High Quality • Safe • Accessible • Sustainable
1. Develop transport standards and other considerations

**Standard 1 – 20 minute emergency access to a hospital (local or specialist)**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Every Greater Manchester Lower Super Output Area (LSOA) must be within a 20 minute emergency ambulance journey from a hospital site (specialist or local)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted from</td>
<td>Currently used as part of the Major Trauma Service</td>
</tr>
</tbody>
</table>
| Supporting Information | • The destination is to the nearest hospital site to the pickup address  
• Using the Pathfinder tool, paramedics will take the patient to the most appropriate site for their care  
• 20 minutes does not include time on scene or hospital handover time |
## 1. Develop transport standards and other considerations

**Standard 2 – 45 minute emergency access to a specialist site**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Every Greater Manchester Lower Super Output Area (LSOA) must be within a 45 minute emergency ambulance journey from a specialist hospital site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted from</td>
<td>Regional Networks for Major Trauma, NHS Clinical Advisory Report (September 2010)</td>
</tr>
</tbody>
</table>
| Supporting Information | - The destination is to the nearest specialist site to the pickup address  
- Using the Pathfinder tool, paramedics will take the patient to the most appropriate site for their care  
- 45 minutes does not include time on scene or hospital handover time |
## Standard 3 – 75 minute public transport access to a specialist site

<table>
<thead>
<tr>
<th>Standard</th>
<th>Every Greater Manchester Lower Super Output Area (LSOA) must be within a 75 minute public transport journey from a specialist hospital site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted from</td>
<td>A single journey not exceeding 75 minutes in length. This travel standard has been effectively applied to two previous Greater Manchester health reconfigurations – Making It Better and Healthy Futures</td>
</tr>
<tr>
<td>Supporting Information</td>
<td>Accession (travel planning software) uses information about every public transport mode (in GM this includes bus, rail and Metrolink) For Healthier Together, this consisted of a grid of points at 200m intervals within GM and 400m outside plus a set of point representing the centroids of the 110 postcode districts The maximum walking length between two modes of transport is 800m. Points further than this are inaccessible by default.</td>
</tr>
</tbody>
</table>
3. Assess baseline compliance with the standards

<table>
<thead>
<tr>
<th>CCG</th>
<th>% population with 20 min Emergency Access to in scope GM Hospital</th>
<th>% population with 45 min Emergency Access to in scope GM Hospital</th>
<th>% population with 75 minute Public Transport access to in scope GM Hospital</th>
<th>Average Public Transport travel time (weighted by population)</th>
<th>Public Transport Travel Time Range (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Oldham CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>23.8</td>
<td>6 - 65</td>
</tr>
<tr>
<td>NHS Heywood, Middleton and Rochdale CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>32.4</td>
<td>11 - 69</td>
</tr>
<tr>
<td>NHS Tameside and Glossop CCG</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>34.3</td>
<td>6 - 101</td>
</tr>
<tr>
<td>NHS North Manchester</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>18.8</td>
<td>6 - 34</td>
</tr>
<tr>
<td>NHS Central Manchester</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>19.5</td>
<td>6 - 38</td>
</tr>
<tr>
<td>NHS South Manchester</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>23.1</td>
<td>8 - 39</td>
</tr>
<tr>
<td>NHS Stockport CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>31.2</td>
<td>7 - 62</td>
</tr>
<tr>
<td>NHS Trafford CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>32.7</td>
<td>16 - 54</td>
</tr>
<tr>
<td>NHS Wigan Borough CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>36.3</td>
<td>6 - 65</td>
</tr>
<tr>
<td>NHS Bolton CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>31.2</td>
<td>6 - 60</td>
</tr>
<tr>
<td>NHS Bury CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>30.9</td>
<td>9 - 67</td>
</tr>
<tr>
<td>NHS Salford CCG</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>23.6</td>
<td>6 - 60</td>
</tr>
</tbody>
</table>

- Emergency Access: currently 100% within 20 mins
- Public Transport: currently all except Tameside CCG within 75 mins
- Analysis undertaken at inter peak (10am – 4pm)
Source Travel Time Data

- Transport for Greater Manchester was asked to provide travel time data which would be used to contribute to the assessment of Healthier Together options.
- Travel accessibilities produced to various hospital locations based on where the population lives and travel times by car and public transport timetables.
- Car travel times derived from TfGM’s countywide road traffic model.
- Public transport times based upon timetables and routeing algorithm to find lowest time route.
- Data provided to Healthier Together and then data used by representatives from Mott Macdonald to undertake the option assessment.
Road Traffic Travel Times

1. Travel times taken from the standard countywide road traffic model
2. Includes all motorway, A and B roads, plus majority of minor roads
3. Includes the impacts of congestion, with Travel times validated against DfT’s TrafficMaster travel time database
4. The model is part of a system of models used to undertake ‘What If?’ testing for long term transport planning such as:
   – the statutory Local Transport Plan and local transport land use plans
   – new capital infrastructure proposals as part of funding bids to government and detailed engineering design
   – Transport Assessments of large developments to support planning applications by developers and councils
5. Represents average conditions in a non-school holiday period
Public Transport Times

1. TfGM database of public transport services used, similar to the online journey planner
2. Includes all services for standard bus, rail and Metrolink
3. Used timetables for the middle of the day, and assumes these services run reliably
4. Includes time for walking to stops, waiting for services, interchanging and walking to final destination
5. Excludes the money cost of travel
Example: Option 5.1

High Quality  •  Safe  •  Accessible  •  Sustainable
4. Assess compliance of each option with the standards

Example: Option 5.1 Car travel time
4. Assess compliance of each option with the standards

Example: Option 5.1 Public transport travel time
Increase in Travel Time
Option 5.1 indicative total increase in travel time based on 12/13 activity data

- Option 5.1: total additional car travel time for 12/13 specialist activity: 614 hours.
- Option 5.1: total additional public transport travel time for 12/13 specialist activity: 1,408 hours.
How has this been used?
## 1. Evaluation of shortlist

<table>
<thead>
<tr>
<th>Shortlist Option number</th>
<th>Medium List Number</th>
<th>Standard 1: % of CCG population with 20 min Emergency Access to Local</th>
<th>Standard 2: % of CCG population with 45 min Emergency Access to Specialist</th>
<th>Standard 3: Range of CCG population compliance with Public Transport 75 minute access to Specialist</th>
<th>Number of CCGs with increase in average travel time &gt; 10 minutes</th>
<th>Average increase in journey time to nearest specialist site (GM)</th>
<th>Total additional journey time (hours)</th>
<th>Number of CCGs with increase in average travel time &gt; 5 minutes</th>
<th>Average increase in journey time to nearest specialist site (GM)</th>
<th>Total additional journey time (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4 specialist site options</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>24</td>
<td>100%</td>
<td>100%</td>
<td>98% - 100%</td>
<td>6 / 12</td>
<td>7.3</td>
<td>1,280</td>
<td>6 / 12</td>
<td>3.6</td>
<td>677</td>
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<tr>
<td>4.2</td>
<td>25</td>
<td>100%</td>
<td>100%</td>
<td>96% - 100%</td>
<td>6 / 12</td>
<td>8.0</td>
<td>1,782</td>
<td>6 / 12</td>
<td>3.7</td>
<td>833</td>
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<tr>
<td>4.3</td>
<td>2</td>
<td>100%</td>
<td>100%</td>
<td>96% - 100%</td>
<td>7 / 12</td>
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<td>2,254</td>
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<td>3.8</td>
<td>871</td>
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<tr>
<td>4.4</td>
<td>3</td>
<td>100%</td>
<td>100%</td>
<td>96% - 100%</td>
<td>6 / 12</td>
<td>8.8</td>
<td>1,957</td>
<td>6 / 12</td>
<td>3.8</td>
<td>849</td>
</tr>
<tr>
<td><strong>5 Specialist site options</strong></td>
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</tr>
<tr>
<td>5.1</td>
<td>15</td>
<td>100%</td>
<td>100%</td>
<td>96% - 100%</td>
<td>5 / 12</td>
<td>6.7</td>
<td>1,408</td>
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<td>3.0</td>
<td>614</td>
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<td>5.2</td>
<td>14</td>
<td>100%</td>
<td>100%</td>
<td>96% - 100%</td>
<td>6 / 12</td>
<td>7.1</td>
<td>1,707</td>
<td>5 / 12</td>
<td>2.9</td>
<td>637</td>
</tr>
<tr>
<td>5.3</td>
<td>11</td>
<td>100%</td>
<td>100%</td>
<td>98% - 100%</td>
<td>6 / 12</td>
<td>6.4</td>
<td>1,207</td>
<td>5 / 12</td>
<td>2.8</td>
<td>481</td>
</tr>
<tr>
<td>5.4</td>
<td>12</td>
<td>100%</td>
<td>100%</td>
<td>98% - 100%</td>
<td>5 / 12</td>
<td>6.0</td>
<td>907</td>
<td>5 / 12</td>
<td>2.8</td>
<td>458</td>
</tr>
</tbody>
</table>
2. Evaluation of shortlist

<table>
<thead>
<tr>
<th>Quality &amp; Safety</th>
<th>Access</th>
<th>Affordability and VfM</th>
<th>Transition</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialties within the single services</td>
<td>Clinical Effectiveness and Outcomes</td>
<td>Patient Experience</td>
<td>Distance and time to access services – Car/ Ambulance</td>
<td>Transition costs</td>
</tr>
<tr>
<td>• CMFT</td>
<td>• SRFT</td>
<td>• Oldham</td>
<td>• Bolton</td>
<td>++</td>
</tr>
<tr>
<td>• CMFT</td>
<td>• SRFT</td>
<td>• Oldham</td>
<td>• Wigan</td>
<td>++</td>
</tr>
<tr>
<td>• CMFT</td>
<td>• SRFT</td>
<td>• Oldham</td>
<td>• UHSM</td>
<td>++</td>
</tr>
<tr>
<td>• CMFT</td>
<td>• SRFT</td>
<td>• Oldham</td>
<td>• Stockport</td>
<td>++</td>
</tr>
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<td>• CMFT</td>
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<td>• Oldham</td>
<td>• Stockport</td>
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<td>• Wigan</td>
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<td>• Oldham</td>
<td>• Wigan</td>
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<tr>
<td>• CMFT</td>
<td>• SRFT</td>
<td>• Oldham</td>
<td>• Bolton</td>
<td>++</td>
</tr>
</tbody>
</table>

High Quality • Safe • Accessible • Sustainable
Transport events

• 6 events - facilitated by GMCVO

• Engaging with: transport providers, community transport, TfGM, patient groups, health and social care providers and commissioners, elected members, Healthwatch, Health and Wellbeing boards

• To understand the impact on specific groups and identify potential solutions
What we’re doing next

• Detailed travel time analysis available to CCGs and providers
  – Car/ambulance travel time
  – Public transport travel time

• FAQs and one page briefing

• Additional local events to collate issues
Workforce Transformation

Kirstie Baxter
Head of Workforce Transformation

August 2014
The New Workforce Arrangements

- One Health Education England
- One Health Education North West
- Three Local Workforce and Education Groups
Greater Manchester LWEG

Andrew Foster, CEO and Chair*
Michael McCourt, CEO
Henry Ticehurst, Medical Director
Jackie Bird, Nursing Director*
Judith Morris/Mandy Sunderland, Nursing Director
Jon Lenney, HR Director*
Andrew Maloney, HR Director
Rob Forster, Finance Director
Bill Gregory, Finance Director
Wendy Fairhurst, Primary Care*
Malcolm Brown, Primary Care
Lesley Jones, Public Health Director*
Vince Ramprogus/Chris Cutts, Higher Education

www.nw.hee.nhs.uk
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Strategic Plan for Workforce Transformation

**Enablers:** Workforce leads and infrastructure, CPWD, workforce strategy, education commissioning, public health, primary care, education management, workforce transformation, post graduate medical and dental and directly (and not) commissioned activities.

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Priorities for 2014/15

• Produce the ‘workforce chapter’ for Healthier Together

• Commission a single whole system workforce planning tool

• Analyse the primary care position and define the LETB offer

• Begin building capacity and capability in community based teams, including the third sector
Next Steps for Healthier Together

- Consultation closes 30th September 2014
- Progress the workforce modelling and assessment of wider implications
- Reconvene the HR and Workforce Group and staff side Partnership Forum
- Continue the engagement
Adult Major Trauma Services in Greater Manchester

6 August 2014
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Changes in adult major trauma services

- Patients used to be taken to nearest A and E, irrespective of injury.
- The North West had some of the worst outcomes for trauma
- National review of services undertaken in 2011/12.
- Major trauma networks were set up with different levels of care provided at A and E, Trauma Units and Major Trauma Centres (MTCs).
- National service specification sets out the requirements and standards for every MTC.
- Majority of areas established single MTCs where the most severely injured patients would be taken.
Adult major trauma in Greater Manchester

• GM has 3 hospitals in an Adult Major Trauma Centre Collaborative (MTCC) – CMFT / SRFT / UHSM.
• Significant improvement in outcomes already seen.
• All 3 hospitals must meet range of national quality standards for receiving sites.
• Work undertaken with the GM MTCC has shown that 3 centres is not sustainable in the long term.
• Need to consider move to 2 or even 1 centre for GM Adult Major Trauma.
• This work will be undertaken alongside other work to enhance specialist emergency centres across GM.
Commissioning arrangements for major trauma

- NHS England (CWW Area Team) commissions all Major Trauma Centres across the North West.
- CCGs commission Trauma Units and A and E.
- All must work closely together to ensure seamless patient care.
- NHS England works very closely with Healthier Together.
How will this work be taken forward?

• Expert Panel of national clinical leaders set up to advise on commissioning plans.

• Detailed work to be undertaken with 3 trusts during September / October 2014.

• Any changes proposed will be taken alongside Healthier Together decisions.

• All 3 trusts will still be involved in providing adult trauma care at some level and for providing other specialised services.

• Further discussions with OSCs will be important.
Questions?