

# DevoManc: The role of health research & innovation



## Part 1 - Devolving health and social care innovation(s)

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# DevoManc: the role of health research & innovation

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Managing Director  
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# AHSN Licence Conditions

- Focus on the needs of patients and local populations: support and work in partnership with commissioners and public health bodies to identify and address unmet medical needs, whilst promoting health equality and best practice.
- Build a culture of partnership and collaboration: promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.
- Speed up adoption of innovation into practice to improve clinical outcomes and patient experience - support the identification and more rapid spread of research and innovation at pace and scale to improve patient care and local population health.
- Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services.

# What Does Devolution Offer?



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*The overriding purpose of the initiative represented in this Memorandum of Understanding is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM).*

*This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.*

**.....A focus on people and place**



# THE HEALTH DEVOLUTION TIMELINE

- Whitehall discussions
- **September 2014** – Chancellor of Exchequer conversation
  - Permissive Atmosphere
  - NHS England initially surprised but then very enthusiastic
- **October 2014** - NHS England – Five Year Forward View
- **27<sup>th</sup> Feb 2015** Memorandum of Understanding signed
- **April 2015** - all decisions about GM taken with GM
- **April 2015** - shadow governance arrangements
- **By October, 2015** - initial elements of the Business Case to support CSR agreed
- **During 2015** - production of the final agreed GM Health and Social Care Strategic Clinical & Financial Sustainability Plan
- **December 2015** - Funds to be devolved and governance sign off
- **April 2016** - Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 arrangements in place.

# CENTRAL VS LOCAL CONTROL – LOCAL REVENUE STREAMS

- Paris 83%
- Berlin 75%
- New York 66%
- England 5%



# WORKSTREAMS & WORK AREAS

## Strategic Initiatives

- Clinical & Financial Sustainability Plan (including CSR submissions)
- Early Implementation Priorities
- Mental Health Strategy
- Research, Innovation & Economic Growth Strategy
- Capital & Estates
- Workforce Transformation
- Support Services Strategy (overall efficiency and joint working developments)

## Devolving & Integrating Responsibilities and Resource

- Resources & Finance
- Primary Care
- Specialised Services
- Prevention & Public Health
- Workforce Training and Development & Support to Challenged Trusts

## Establishing the Leadership, Governance & Accountability

- Programme Board & Infrastructure
- GM Health & Care Strategic Partnership Board
- GM Joint Commissioning Board
- GM Provider Forum
- Establishing the Relationship with Regulators\*

## Enablers

- OD & Leadership Development
- Communications, Patient/Public Engagement
- Information, data sharing and digital integration





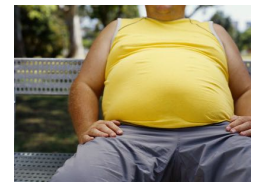
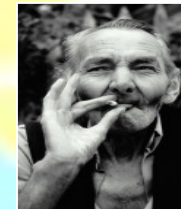
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# THE GM HEALTH CHALLENGE

- Early priority in MIER
- The economic impact of ill health
  - Early years
  - Cost of worklessness
  - Chaotic Families
- Smoking, obesity, alcohol became economic & productivity issues



# The Financial Challenge

- Estimated devolved budget - £6,000m
- Estimated gap to address - £800 - £1,000m
- 13 – 17%
- Existing cost containment measures will not deliver this
- A need to address the allocative efficiency issue
  - A fully engaged Wanless scenario
- Disruptive innovation adopted at scale and pace becomes an essential part of the solution

# How Can Academic Health Science Help?

- An opportunity to align a research, innovation & economic growth strategy that supports local service aims – an early devolution priority
- Moving the “15-20 year adoption gap”
- Provision & Use of Evidence
- Single gateway will assist in addressing adoption & diffusion
- Public sector economics vs health economics
- Innovation has to come with fully worked up cases:
  - Economics
  - Implementation methodology
    - Investable propositions
    - Behavioural science
    - Evaluation

# The Challenges

- Are all interests aligned?
- Single governance?
- The supply side shortfall
- Public support
- Financial requirement vs timescale – the fixed cost problem



# THE GREATER MANCHESTER HEALTH SYSTEM

- Greater Manchester Strategic Health Authority 2002-2006
- Association of Greater Manchester PCTs – 2004
  - Devolved pan-GM decision making capability
    - Making It Better – Maternity & Children's Services Reformation
    - Stroke Services
    - Specialised Cancer services
    - Stoke services phase 1
- Association of CCGs
  - Healthier Together
    - Devolved governance model in place
    - Acute services + Primary Care
  - Stroke services phase 2
- Devolution – a natural progression



# Thank You

[www.gmahsn.org](http://www.gmahsn.org)  
[www.intohealth.org](http://www.intohealth.org)

