

**Manchester City Council
Report for Information**

Report to: Young People and Children Scrutiny Committee – 26 January 2016
Health and Scrutiny Committee – 28 January 2016
Executive – 17 February 2016
Finance Scrutiny Committee – 25 February 2016

Subject: Manchester Health and Social Care Locality Plan – A Healthier Manchester

Report of: Joint Director for Health and Social Care Integration

Summary

In line with the budget report, this report outlines current progress in the development of the Manchester Health and Social Care Locality Plan. The purpose of this report is to inform discussion on and provide members with the latest draft lo Plan setting out the approach to health and social care integration which are central to the budget options and business plan for the Children and Families Directorate.

The Plan is currently in draft stage with a final version to be considered by the Health and Wellbeing Board and Council Executive in March. Importantly the Locality Plan complements the recently launched GM Strategic Plan for Health and Social Care Devolution.

This report was considered at the Health and Wellbeing Board on 11th November 2015.

Recommendations

That Scrutiny Committees note and comment on the draft Locality Plan as it relates to the budget and business plan proposals for the Children and Families Directorate.

The Executive is recommended to:

1. Note the latest draft locality plan as it relates to the Budget and business plan proposals for the Children and Families Directorate.
 2. Note that the final revised Locality Plan will be submitted to the Executive in March.
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Wards Affected:

All

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	The Locality Plan is a key strand in improving health outcomes for the population and a key contributor to economic performance in the region and sub-region, through it's aim of having a healthier population and workforce.
Reaching full potential in education and employment	The Plan strongly promotes the removal of health barriers and an emphasis upon early intervention and prevention to enable residents to fulfil their potential
Individual and collective self esteem – mutual respect	The Plan actively promotes the well being of residents, and particularly the emotional well being.
Neighbourhoods of Choice	The Plan promotes a model of neighbourhood working by professionals working with the community and voluntary sector within communities to deliver it's combined ambition.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The proposals contained in the draft Locality Plan form part of the draft revenue budget submitted to the Executive on 17th February 2016

Financial Consequences – Capital

None

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Draft Manchester Locality Plan – Health and Wellbeing Board, 16th September 2015

The Draft Manchester Locality Plan – Health and Wellbeing Board 11th November 2015

Governance and Accountability Framework – Health and Wellbeing Board 13th January 2016

1.0 Introduction

- 1.1 Across Greater Manchester and within the city, health and social care partners are working together to reform health and social care services to support the shared ambition of improving health outcomes for residents as quickly as possible. In Manchester health and social care commissioners are working on the development of the Locality Plan.

2.0 Background

On 11th November 2015, the Health and Wellbeing Board considered the revised draft Locality Plan and endorsed the recommendations supporting it's continuing development. A copy of that report and draft are attached as appendices.

This report seeks to inform discussion and provide members with the latest information on the Locality Plan which are central to the budget options and business plan for the Children and Families Directorate.

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 11 November 2015

Subject: Manchester Health and Social Care Locality Plan

Report of: Lorraine Butcher, Joint Director Health and Social Care Integration

Summary

The Health and Well Being Board previously received a report on the developing Manchester Health and Social Care Locality Plan on the 16th September 2015. This report aims to provide an update on progress to date and seek support to key elements in the Plan that will underpin the radical transformation of health and social care provision in Manchester in the future.

Recommendations

The Board is asked to:

- Endorse the revisions to the Locality Plan and consider and comment upon this latest draft;
- Support the development of a single commissioning system and function advocated by the 4 commissioning bodies;
- Support the intention of commissioners to procure ‘One Team’, which from April 2016 means the integration of front-line community services at neighbourhood level, through a single contract with a single contract holder;
- Note that this approach intends to lever a shift of resources out of the acute hospital sector into the out of hospital care component of the contract, enabling investment in the community based infrastructure of care and support to be delivered through ‘One Team’; and
- Support the development of a Single Manchester Hospital Service with the providers working together to determine the most appropriate form of governance to ensure effective delivery and accountability.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start Educating, informing and involving the community in improving their own health and wellbeing Moving more health provision into the community	The Manchester Locality Plan aims to support the Health and Wellbeing Strategy by identifying the most effective and sustainable way to improve the health and social care of Manchester people. By inputting to the CSR, it will influence the resources available to Manchester, and

Providing the best treatment we can to people	Greater Manchester.
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Background documents (available for public inspection):

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The draft Manchester Locality Plan

Introduction

As reported previously, the partnership of health and care providers in Manchester has continued to work on the development of the city's Locality Plan for health and care integration. Over time this Plan has evolved to become a commissioner-led whole system strategic document which outlines the strategic approach to improving the health outcomes of residents whilst also moving towards financial and clinical sustainability of health and care services. The key purpose of the Plan is explicitly :

- To contribute towards the overall Greater Manchester 'ask' of Central Government to help deliver effective and sustainable integration;
- To articulate Manchester's proposals and provide a shared blueprint for the city's health and social care integration;
- To make clear the impact upon health and social care services if an appropriate settlement is not achieved through the forthcoming Comprehensive Spending Review

The Manchester Locality Plan

Since the previous report to the Board on 16th September 2015, significant discussions have been undertaken among commissioner and provider organisations regarding the scale of ambition and vision for the future health and well being of the residents of the city and what actions are required to ensure future health needs are addressed through provision that is both clinically and financially sustainable.

What has emerged over this period is the strengthened view that the Plan is the Commissioning Plan for health and care integration, and that it contains 3 pillars which together will drive the radical transformation of health and care services in the city. These pillars are mutually dependent and are:

- A **single commissioning system** ('One Commissioning Voice') ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services;
- '**One Team**' delivering integrated and accessible out of hospital community based health, primary and social care services; and
- A '**Single Manchester Hospital Service**' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city.

A Single Commissioning System

The bulk of health and care services in Manchester are commissioned by the following bodies:

- North Manchester NHS Clinical Commissioning Group
- Central Manchester NHS Clinical Commissioning Group
- South Manchester NHS Clinical Commissioning Group
- Manchester City Council
- NHS England

NHS England is responsible for the commissioning of 'specialist health' services.

For 'non-specialist' services the 3 Manchester CCG's and City Council hold the resources for health and care services provided for Manchester residents and patients on GP registers. Increasingly it has become evident that the functions of commissioning have been fragmented across the commissioning organisations resulting in a multiplicity of transactional arrangements but more importantly a fragmentation of care provision and inefficient use of resources.

Over recent months a programme has been launched by the Commissioners, 'Working Better Together', undertaking a review of current commissioning arrangements and strengthening the focus and role of commissioners which is:

- To define the desired outcomes;
- To create the environment for change to happen;
- To ensure health and care standards are met and improvements are made.

What has emerged from this work is the intention of partners to commission with 'one voice', agreeing joint strategic priorities across all of the organisations; agreeing accountability and delegated authority arrangements across each of the partners; adopting an integrated way of staff working, combining where appropriate resources in line with agreed programmes; and jointly managing market provision. Development work is underway to shape this programme further.

Parallel to this work has been the development of a single specification for out of hospital care – 'One Team – Place Based Care'.

One Team

Over the preceding 6 months, the 4 commissioning organisations (3CCGs and Council) have developed a specification for 'One Team – A Place Based Model of Care' for community based care in the city. This model of care is the means by which the commissioners intend to grow community based care and make the shift from a current system which has too much reactive, expensive and institutional care to one which enables, encourages and promotes health and well being through place based, integrated working that prevents ill health and keeps people living well in their community.

Within scope of the 'One Team' will be:

- All community health services for children and adults (from the Council and including identified services from the District General Hospitals in the city);
- All adult social care services including assessment and care management;
- Residential, nursing and home care;
- Public health well being and screening services;
- Commissioned services from the voluntary, community and faith sectors;
- Adult community mental health services;
- Primary care mental health and IAPT
- Primary care (including over time and subject to a separate development workstream GPs)
- Urgent care and first response services

The 'One Team' specification was approved by the Board on 10th June 2015. With

this specification came an invitation to providers to:

- Respond to how they would put this service model into practice with an initial focus upon primary care, community health, adult social care and community mental health services; and
- Describe how they would organise themselves collectively to deliver this.

A partnership of 11 providers gave a joint response to this specification which was a major step forward in the city. There is widespread support for the service model, and the providers are currently considering how they will need to collaborate to make this vision for the model of care out of hospital a reality.

Work is now underway by commissioners to develop a further iteration of the specification with more granular details to be more prescriptive about what is required, the scope of the services to be included, and details of how success will be measured. The basis for delivery is built from the 12 neighbourhood teams.

The intention by commissioners is to develop a **single contract** for Manchester which will be used to commission to this specification. The details of the type of contract and the term of the contract will be explored further but it will be with a single contract holder and it will need the means to actively shift resource out of the acute component in the out of hospital care component of the contract. The intention is that existing providers of the services actively collaborate to determine how they will together deliver the services required by the contract.

A Single Manchester Hospital Service

The hospital services in Manchester include some of the best and most highly regarded teams in the UK, with real areas of excellence in clinical care. However, there are also significant inconsistencies and variations in the way that acute hospital services are provided at present. Standards of care can be variable, best practice is not consistently adopted or adhered to, and there are important gaps in services alongside areas of service duplication. The existing arrangements also fail to provide a clear Manchester focus for acute hospital care, or for the relationship between providers and commissioners.

A 'Single Manchester Hospital Service' would be a partnership working approach which would aim to deliver consistent and complementary arrangements for providing acute hospital services across Manchester, with the aim of eventually achieving a fully-aligned hospital model. This would encompass a range of clinical single services, and optimised arrangements for support services, estates utilisation, and back office functions.

It is proposed that the project would be developed through a two stage process. Firstly, reviewing the service portfolios of the 3 Trusts and developing a detailed exposition of the potential benefits of a fully aligned hospital service model. Secondly, undertaking a detailed appraisal of the most appropriate governance arrangement.

Clearly providers will need to consider governance arrangements and specifically determine how they will organise themselves to optimum effect to ensure delivery of

the single contract specified by commissioners.

Financial Position

In total Manchester spends £1.1bn on health and social care services, excluding specialist services. The strategies and priorities described in this Plan represent Manchester's health and care partners' agreed approach to managing a predicted 'do nothing' deficit of £284m by 2020/21. A summary financial plan for the 5 years to 2020/21 has been projected for Manchester, taking account of pressures and demographic changes over the period, together with the estimated changes in resources for health and social care. The deficit originates from net estimated challenges across health and social care of £163m and £121m respectively.

It is recognised that a deficit of this magnitude will only be avoided through strong commissioning across the 5 commissioning organisations, and by strong partnership working by providers. Providers have agreed to the principle that the delivery of the transformation programmes will enable a shift in resources between hospital and community settings.

Applying the Greater Manchester savings opportunities identified within the draft CSR submission to Manchester, indicates that Manchester has a potential position (Scenario 1) which converts the significant 'do nothing' deficit of £284m to an approximate break even position. However, the alternative scenario 2 to date (and subject to further review) currently indicates a potential deficit of £149m remaining.

Benefits Analysis Summary by Scenario by 2020/21	Scenario 1	Scenario 2
	£m	£m
Do nothing gap 2020/21	284	284
Additional Funding	-154	-44
Net Locality Transformation Plans	-81	-81
Provider Cost Improvement	-94	-34
Estate and Back Office Transformation	-34	-34
Other	58	58
Closing position (Surplus) / Deficit	-21	149

Proposed Next Steps

Work is ongoing among partner organisations to continue to strengthen and refine the Locality Plan. This will involve a focus upon quantifying the impact upon the population and anticipated improvements in health outcomes, underpinned by a clear performance and accountability framework.

Development work continues to implement the first phase of the Neighbourhood Teams scheduled for 2016.

As reported to the Board previously work continues to secure additional capacity to enable the development work to progress in implementing the 'One Team' programme. This is not fully resolved and further engagement with partners is

required to progress.

Work is also underway reviewing the Governance and Accountability arrangements for the Locality Plan with a report scheduled to be presented at the next meeting of the Health and Well Being Board in January 2016.

Additionally work continues to be undertaken in identifying and agreeing the financial gap to inform the 'investment ask' of central Government for both Manchester and Greater Manchester.

The final draft of the Plan will be presented to the Health and Well Being Board at its next meeting on 13th January 2016.