

Manchester's Locality Plan

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December 2015

The task

Manchester's health and care organisations are working together to:

- Plan and deliver the changes we require
- Put the needs of the city, and its people, above organisational interests
- Make better use of money by keeping people well so they do not need as much expensive acute or long term care
- Reduce waste and stop doing things which have limited, or no, value
- Create a simpler, easier to navigate, system
- Partner with local people, our staff and community organisations

HWBB decisions

In November 2015, the Health and Wellbeing Board supported:

- The development of a single commissioning system and function advocated by the 4 commissioning bodies;
- The intention of commissioners to procure 'One Team', through a single contract with a single contract holder;
- The intended shift of resources out of acute hospital sector into the out of hospital care component, enabling continued investment in building the community infrastructure to be delivered via 'One Team';
- 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;

Milestones

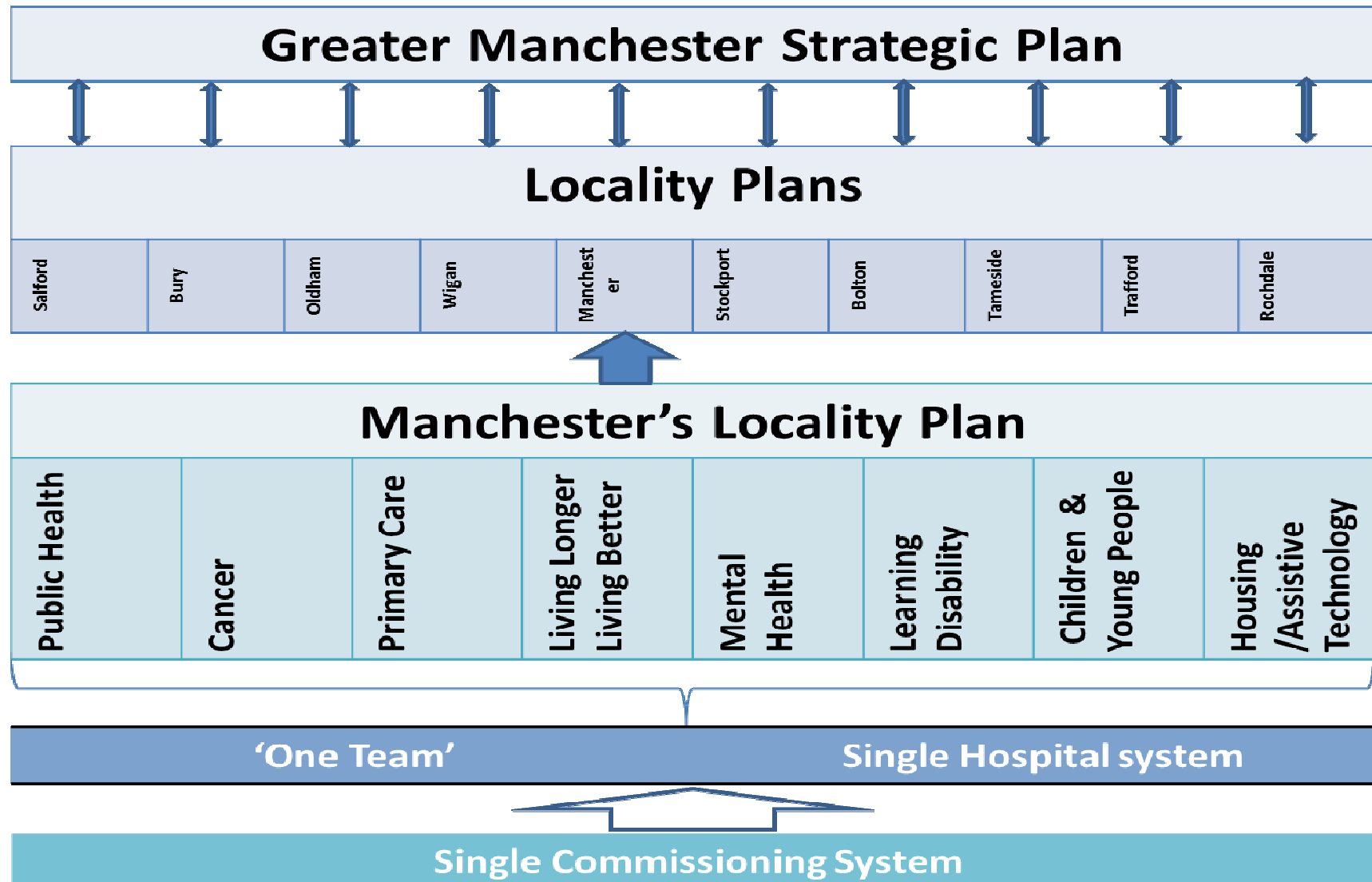
By January 2016

- Confirm DGH services to be part of One Team and develop contracts
- Progress to developing a single commissioning leadership team for Manchester
- Confirm approach to pooled budget across commissioning bodies (Jan HWBB)
- Confirm timetable for roll out of neighbourhood teams
- Finalise governance arrangements for Locality Plan and establish in shadow form
- Commence communications and engagement with stakeholders
- First phase review of Single Hospital Service underway
- Draft Implementation Plan
- Confirm requirements from GM Transformation Fund

By April 2016

- Locality Plan finalised with detailed implementation plan
- Governance arrangements in place
- Working arrangements for single commissioning approach in place
- Framework for integrated community model finalised and clear phasing agreed
- Early adopter of primary care transformation within the community model commenced
- Commissioning of first phase of One Team through a single contract and pooled budget in place
- First phase of Single Hospital Service completed
- Second phase of Single Hospital Service review commenced
- Investment secured from GM Transformation Fund

How it all fits



Single Commissioning System

- Work to a common plan
- Drive best value from our collective resource
- Knit together our organisational and collaborative governance
- In practice.....
 - Joint leadership team
 - Developing teams around work programmes
 - Joint commissioning arrangements where value added
- Gain benefits & retain strengths

One Team

- Validation of in-scope services and provision
- Development of draft Outcomes Framework with associated KPIs
- Robust cost benefit analysis
- Development of draft 'One Team' service specification suitable for insertion into contracts from April 16
- Review of current contracting arrangements and consideration of new type of contracts
- Alignment of project milestones

Single Hospital Service

- Project initiated by Manchester Health and Wellbeing Board to scope a single hospital service for the city of Manchester
- Partnership between CMFT, UHSM and PAT
- Takes account of existing work e.g. Healthier Together and North East Sector Transformation Programme
- Action plan developed – 2 phases
- Independent Director appointed, Project Manager identified
- External consultancy procurement commenced
- Initial joint communications published
- Joint communications plan developed
- Memorandum of Understanding progressed

A phased approach

Phase 1

- Analysis of the existing service portfolios of all three trusts. This will include data on all six benefits assessment themes. It will also include consideration of activity flows into and out of Manchester.
- Establishment and facilitation of the specialty (or specialty group) based clinical work-streams. This will involve supporting the clinicians to review and assess the data provided for each specialty to identify the potential benefits of increased alignment for each benefit theme.
- Facilitation of the Clinical Conferences including provision of analysis to support discussion and debate.
- Integration of the data, analysis and potential benefits developed through each clinical work-stream into an overall package of analysis and potential benefits for a fully-aligned single hospital service for Manchester.

A phased approach

Phase 2

- Research on the potential options for governance and organisational arrangements, considering both UK and international examples.
- Generation of a long list of governance and organisational arrangement options
- Development options for assessment criteria, identifying the evidence base for different criteria and what has been used successfully elsewhere.
- Data gathering and analysis of the long list options against the chosen assessment criteria
- Facilitate assessment of the options in two stages:
 - Short list of options based on key hurdle criteria
 - Final assessment to identify the preferred options to deliver the benefits identified in stage 1 most rapidly and most reliably, potentially including a staged process through other intermediate arrangements if necessary.

Next steps

- Final decisions regarding resourcing project
- Approval from Monitor & TDA re use of external consultancy
- External consultants appointed
- Phase 1 commencement December 2015
- Phase 1 report March 2016 – Benefits assessment
- Phase 2 commencement March/April 2016
- Phase 2 report June 2016 – governance and organisational arrangements

Discussion

Any questions?