

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 October 2016
Subject: Manchester Locality Plan – A Healthier Manchester
Report of: Joint Director, Health and Social Care Integration

Summary

The report provides an update on progress towards implementation of the Locality Plan Transformation Programme, with a specific focus upon the three main change pillars and progress towards securing investment from the Greater Manchester Transformation Fund to enable.

Recommendations

The Committee is asked to note the contents of this report.

Wards Affected: All

Contact Officers:

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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.

None

1.0 Introduction

1.1 Since the previous update report to Health Scrutiny (8th September) work has progressed to:

- Mobilise key actions – most notably in the development of the Single Commissioning Function, the development of care models design work associated with the MLCO, and key programme developments associated with the Single Hospital Service.
- Finalising submission of the investment proposition to the GM Transformation Fund seeking investment support to implement key work programmes contained in the Locality Plan; and
- complete the overarching implementation plan against which progress will be monitored and for which investment is required; and
- strengthen the collaboration and coherence across the 3 programmes into the development of a single integrated health and care system for the city.

2.0 Background

2.1 The scale of ambition and challenge contained within Manchester's Locality Plan – A Healthier Manchester – reflects the complexity of a health and care system that has evolved over time to a point where it is neither coherent in terms of how it meets the needs of the local population, or efficient in terms of the effective deployment of resources. The current system of health and care commissioning and delivery presents unacceptable differences in terms of quality, outcomes, patient/citizen experiences and cost. As a consequence the Locality Plan seeks to offer a comprehensive approach to addressing the health and care needs of the population as a whole, and therefore requires a transformation programme that establishes a coherent single system to address those needs.

2.2 The changes we are intending to make in our health and care system in Manchester are significant. Through the development of the **Single Hospital Service** we are pursuing a merger of 2 Foundation Trusts (UHSM and CMFT) with the addition of a major service from a third Trust (NMGH). We are intending to merge 3 CCGs along with the commissioning functions of MCC for adult social care and public health into a **single commissioning function** from April 17. Finally, we have significant ambitions to scale up activity, through strengthened early intervention and prevention, as well as more proactive targeting of services to residents with both rising risk and high needs, in our developing integrated care models to be delivered through the **Local Care Organisation**. At the heart of this will be a single unifying clinical strategy which ensures care provided to patients/residents is co-ordinated, targeted effectively, is 'joined up' and optimises the clinical and care support available to best effect.

2.3 Throughout this scale of system change our focus remains on our residents ensuring we deliver improvements in their health and well being, improvements in service standards, supported self reliance and the sustainable financing of our single health and care system. Attached as an

appendix is the over-arching milestone plan for the Locality Plan. This continues to build and be refined.

- 2.4** To assist in the journey towards developing a single health and care system it is intended that resources will be secured from the Greater Manchester Transformation Fund to enable us to invest in those change programmes that can demonstrate that they make a significant contribution to achieving our goal of clinical and financial sustainability. Para 6.0 below provides further update on the progress towards securing investment monies to support the implementation of Manchester's Locality Plan.

3.0 Single Commissioning Function

- 3.1** As previously reported commissioners have committed to establish a single commissioning function for health and care for the city. In July the three CCGs and Manchester City Council commissioned Deloitte to undertake an options appraisal and recommend a preferred organisational arrangement for establishing this function.
- 3.2** The primary recommendation of the report was to establish a function which comprised a single statutory CCG with a partnership agreement with Manchester City Council. In the first instance this agreement would include adult social care and public health. Children's services would be incorporated at a later date and subject to further review.

The preferred option will ensure the following:

- Commissioning can drive improvement to the health of the population of Manchester better and faster.
 - There is a single commissioning function for the City of Manchester with a single Accountable Officer and Executive Team.
 - This is established to be an effective commissioner of the single hospital service, local care organisation and other providers of health and social care.
 - It will enable a stronger role for the NHS with regard to the wider determinants of health e.g. employment and housing.
 - To retain and develop strong clinical leadership as a key component of commissioning in Manchester.
 - To ensure there is local focus to commissioning and provision and ensure local sensitivity to care delivery.
 - To be more strategic and outcomes focused with a stronger role for providers in service redesign.
- 3.3** These recommendations have been supported by the Boards of North Manchester, South Manchester and Central Manchester CCGs. They will be considered by the Council's executive on the 19th of October. It is important to note that the changes to CCG constitutions will require approval from the GP membership. This will be required to complete the merger of the three CCGs

3.4 The working title for the new organisational arrangement is 'Manchester Health and Care Commissioning' (MHCC). Whilst the approval process is still in progress it is important to establish a more detailed project plan, the governance and resources to ensure it is feasible to implement MHCC by April 1st 2017. The following sections describe progress with this.

3.5 The governance has been established as follows:

- A steering group comprising senior officers, executive members and CCG lay members to oversee the development of MHCC.
- An executive sub-group to oversee the day to day design and implementation of MHCC.
- A Senior Responsible Officer (SRO) (Ed Dyson) and Programme Director (James Williams) have been identified to lead the programme on behalf of the four organisations.
- The SRO is working with the leads for the single hospital and local care organisation to ensure the three develop in a coherent way.
- The SRO is working with the Greater Manchester Health and Social Care Partnership with regard to agreeing a suitable process for the merger of the three CCGs.

3.6 It is important in the design and implementation of a new organisation to have strong stakeholder engagement, particularly staff involvement. The workstreams of the programme plan will include the technical aspects of creating new organisational arrangements, the purpose and strategy of the organisation and the process we will need to go through to form a new statutory body. Workstreams are as follows.

- Establishing the **mission, vision and values** of the new organisation. This will set out the purpose of the new function and how it intends to operate. This will build from existing work such as Our Manchester and the Locality plan but will be developed as part of the first stage of staff and stakeholder engagement.
- Development of a **Commissioning strategy** which will set out MHCC's 5 year plan for ensuring implementation of the locality plan and delivery of its statutory duties. Collectively this will establish the means by which we improve the health of the population, ensure safe and effective services as well as working within our financial resources.
- Establishing the **structures and systems of governance** which will include organisational structures i.e. committees, policies
- **Human resources and organisational development plan** which will deliver the technical and practical requirements of changing organisational arrangements including structures and job roles. It will also look at how to effectively bring together a number of staff groups and develop a new culture, ways of working and a collective ownership of the organisation.
- **Financial and transactional** requirements to develop budgets (including pooled budgets), short, medium and longer term financial plans as well as the technical aspects of merging ledgers, transference of assets and novation of contracts.

- 3.7 The necessary standards of programme management are in place including stakeholder plans, risk registers and project management.

4.0 Single Hospital Service

- 4.1 Since the previous update to Scrutiny good progress has been made across the Programme and the following updates can be reported:

4.1.1 Engagement with NHS I and the Competitions and Markets Authority (CMA)

Liaison with national and regional NHS Improvement (NHSI) colleagues has continued with discussion increasingly focussed upon the Transactions Process that will need to be completed to enable the merger of the 2 Foundations Trusts (CMFT and UHSM) and the format of this. NHS I are currently revising this process and it is likely that a Strategic Case and Business Case will need to be completed prior to formal consideration of the transaction.

Engagement with the CMA has continued through NHS I and the newly appointed advisors. Further formal engagement with the CMA is not anticipated until the benefits case is further developed.

4.1.2 Establishment of the Programme Team

The core Programme Team structure has now been appointed to and the majority of post holders have commenced in role. Resourcing has predominantly been through secondment of staff from the three Trusts. Clinical leads have been appointed and are providing the necessary clinical leadership and guidance across the Programme. Lead posts for support services are being established with several individuals now in post.

The Programme Team is now in the process of developing a formal programme plan, against which progress will be monitored and reported.

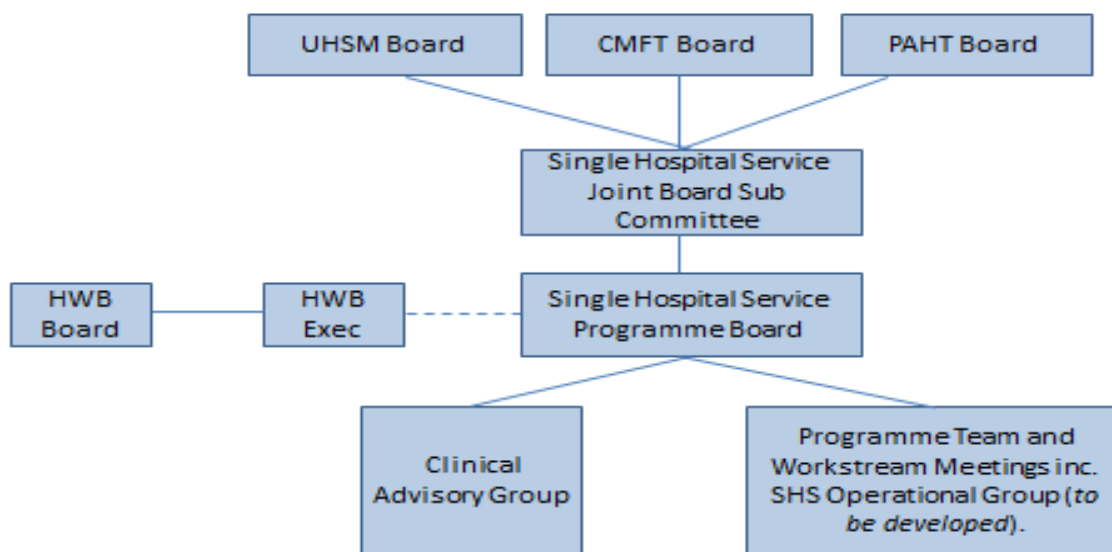
4.1.3 Appointment of External Advisors

Hempsons and Aldwych have been appointed as the legal and health economic external advisors respectively. Initial meetings have been held with both advisors and they are currently focussing upon developing a detailed timeline for the work and progression of the benefits case for the CMA. The benefits case is critical in the CMA's decision making process and will be developed in close collaboration with clinicians.

4.1.4 Governance Structure

A revised, robust governance structure has now been agreed for the Programme. This is illustrated in the diagram below. This structure includes the establishment of a Joint Board Sub-Committee and a Programme Board,

which includes representation from the Council, commissioners and the Locality Care Organisation.



4.1.5 Stakeholder Engagement

Engagement between the Programme Team and key stakeholders has continued. There is an increasing focus on engagement with key clinical specialty areas in development of the benefits case for the CMA.

More broadly, a structured engagement strategy is being developed and this will be discussed at the next Programme Board meeting. It will encompass engagement with the public, staff from across the three Trusts, Healthwatch, Commissioners and other key organisations. The communication and engagement strategy will be fully aligned with the wider programme plan and timeline to ensure timely, focussed engagement with key stakeholders.

5.0 The Manchester Local Care Organisation

5.1 Since the previous reports to Health Scrutiny the following work has been undertaken:

5.1.1 The **vision**, role and purpose of the MLCO has been strengthened. It will be a partnership between the main statutory health and social care providers in the city and also from a wide range of non-statutory organisations, such as the voluntary, community and social enterprise sector. It will be a joint venture to provide the following:

- A high standard of care closer to home;
- Co-ordinated partnership working to simplify care pathways and accessibility to services; and
- Delivery of population health.

- 5.1.2 The MMLCO will have a clear focus on people, prevention and caring for those who are at risk of hospital intervention through an assets based approach. It will co-ordinate care across primary, community and secondary settings working alongside a range of health and care providers, on 5 key population cohorts that will be the initial focus for the new models of care.
- 5.1.3 These 5 cohorts comprise 14% of the Manchester population (92,500) but they place significant demand on hospital, residential and nursing based services, accounting for 44% of all secondary care spend and 95% of residential and nursing care activity. These 5 cohorts are:
- Frail older people
 - Long term conditions and end of life
 - Children and young people
 - Mental health, learning disabilities and dementia; and
 - Complex lifestyles.
- 5.1.4 There are also 2 cohorts where preventative activity will focus (these groups comprise 273,100 people):
- Adults with long term needs;
 - Children in families at risk based on social circumstances
- 5.2 To shape the care models to be delivered by the MMLCO and focussed upon these cohorts, a series of workshops were held throughout July/August attended by 150+ clinicians and care professionals, representatives from carers forums and the voluntary and community sector. From those workshops 12 major care initiatives were identified which represent a system wide view of what is required. These are:
- (i) Main integrated point of contact;
 - (ii) Better identification of current and future needs;
 - (iii) Care management which promotes individual resilience;
 - (iv) Extending and expanding roles within primary care;
 - (v) End of life integrated model across Manchester;
 - (vi) Increased use of specialists in out of hospital settings;
 - (vii) Services provided in lower acuity settings;
 - (viii) Enhanced carer support;
 - (ix) Better use of community resources for prevention;
 - (x) Better use of community resources to support and respond to needs;
 - (xi) Shared care records and care plans; and
 - (xii) Innovative funding mechanisms which could improve autonomy and accountability for spend.
- 5.3 This work has provided the basis for identifying the resources required to establish and deliver the new models of care (see para xxx below);
- 5.4 In terms of delivery, below are high level milestones in terms of key dates for which investment will be required. The outputs, notably the MMLCO full

business case and full implementation plan for the models of care will clarify the resource requirements and phasing for the following years:

Figure 1 – High level milestones

		Q3 FY1617			Q4 FY1617			Q1 FY1718		
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
LCO organisational architecture	Agreement re: LCO risk & gain share									
	Creation of LCO shadow Board									
	LCO Outline business case signed off									
	LCO Full business case signed off									
LCO Organisational vehicle established										
LCO models of care	Full implementation of integrated neighbourhood team - adult social care and community district nursing									
	Further development of cohort models									
	Further development of LCO operating model									
	Full implementation plan for care models									

5.5 Although further work is required to refine the full implementation plan, initial thinking suggests that the priority cohorts for FY18 + FY19 being frail older people and people with Multiple Long Term Conditions / End of Life, with Complex Lifestyles and Children & Young People beginning work in FY18 but with implementation following in FY19 onwards. The prioritisation of the frail older people and multiple long term condition cohort is due to the impact on reduced admissions to acute settings, reducing delayed transfers of care and also residential admissions. This is reflected in figure 2 below.

Figure 2 – Indicative phasing for implementation of care model components by cohort

	FY17	FY18	FY19	FY20	FY21
LCO Architecture - core components					
Frail Older people					
Multiple Long term conditions / end of life					
Mental Health, LD, Dementia					
Children & young people					
Complex Lifestyles					

5.6 Integrated Neighbourhood Teams

Members will be aware of the development work underway to build the 12 Integrated Neighbourhood Teams that form the building blocks to the model of integrated working that will be the MMLCO. A fuller report on this work will come to a future meeting of Health Scrutiny at a date to be confirmed. However, by way of update on progress on the first phase of integration of adult social care and community district nursing please note the following

- Staff forming the 12 teams are being engaged locally and also through citywide communications, and neighbourhoods are reporting that staff are enthused about the opportunities for improved service delivery and to implement new ways of working;
- A single working set of agreements around governance and line management have been established and captured in a formal document (memorandum of understanding); and

- The Gorton & Levenshulme Integrated Neighbourhood Team will be co-located from 03/10/16; the first to 'go live' with all the remaining neighbourhoods scheduled to 'go-live' by the end of the March 2017;
- In order to build upon the integrated neighbourhood teams links have been established between integrated neighbourhood teams with the 'Buzz' service to raise awareness amongst health and care staff of the communities in which they work, and to build collaborative networks with the voluntary, community and social enterprise sector; and
- Engagement with GPs to help identify how integrated neighbourhood teams can work more closely GPs and what opportunities there are to build upon the existing model

6.0 Greater Manchester Transformation Fund

- 6.1 Final stages of preparation of the investment submission to the GM Transformation Fund is underway. Given the scale of the change programme (see para 2.2), and the stages of development of each of the '3 pillars', it is difficult to be definitive regarding the quantum and phasing of the associated costs and benefits involved. As a consequence we have taken a phased approach to securing investment funding from GM..

Submission date	Content
June 16	An initial investment proposition was submitted to support the commencement of the implementation of the single hospital service review and immediate requirements for 2016/17.
October 16	<p>An investment proposition to support the wider implementation plan, covering five GM themes:</p> <ul style="list-style-type: none"> ▪ Radical upgrade in population health prevention, ▪ Standardising community care, ▪ Standardising acute hospital care, ▪ Standardising clinical support and back office services ▪ Enabling better care. <p>The proposal covers the implementation of:</p> <ul style="list-style-type: none"> ▪ Manchester's integrated community model of prevention and care. Delivered at a neighbourhood level, this model involves clinically led multidisciplinary teams working with local communities, the voluntary and community sector, and providers of domiciliary and residential services. ▪ The single hospital service, identifying/refining investment requirements into 2017/18 and 2018/19 ▪ The single commissioning system for the city.

6.2 Phase 1 Submission:

The evaluation of the June submission has resulted in an award of **£2.946m** to support the development of the Single Hospital Service Programme, specifically in the award of initial funding for the core programme team and external specialist advice required to progress the case to the Competition and Mergers Authority (CMA) (see para 4.1.1 above). Some conditions are attached to the award, and steps are now being taken to finalise the Investment Agreement for this funding.

6.3 Phase 2 Submission:

For our phase 2 submission it is intended to seek **'earmarked investment'** over 4 years from the Transformation Fund.

The investment proposition is scheduled for submission to GM by mid October 2016 and the approach we are pursuing is to seek support as follows:

- Acknowledging the scale of the Transformation Programme for Manchester and the different trajectories of each of the 3 programmes ('3 pillars'), it is difficult to be precise over the quantum and phasing of the associated costs and benefits, that will inform the investment ask;
- As a consequence the Manchester proposal seeks agreement from GM to earmark significant investment over 4 years from the Transformation Fund;
- For 2016/17 the investment ask is anticipated to be approximately £8.5 m (in addition to the phase 1 funding allocation), increasing over future years according to the phasing of the implementation of the key Programmes and delivery of benefits associated with them;
- This earmarked funding will be reviewed and released in accordance with a robust gateway approach;
- It is expected that the investment gateway approach will be overseen by a newly formed Board (see below para 7.0); and
- As the Transformation Programme progresses the future costs, benefits and programme plans of the '3 pillars' and their inter-dependencies will become more certain.

Engagement is currently underway with GM regarding this approach.

7.0 Proposed Changes to Governance

- 7.1 A report will be submitted to the Health and Well Being Board in November, seeking support to the establishment of The Manchester Transformation Fund Accountability Board.

7.2 It is intended that The Manchester Transformation Fund Accountability Board is established which will provide a robust accountability and assurance framework locally for the effective deployment and return on investment of TF monies received.

It will fulfil the following functions:

- The Board to take direct responsibility for accounting for the public funding endeavouring to draw down progressively from the Transformation Fund and other national programmes – in accordance with a series of milestones linked to benefits generation and capture to support the delivery strategy;
- Supported by a new system wide Finance Executive (see below) the Board receive business cases from programme leads for review, as the first stage ahead of submission to GM for seeking draw down of funding; subject to approval the Board will oversee finalisation of the investment agreement with GM;
- With the support of the HWBB, to enter into the Legal Agreement (Investment Agreement) with GM on the arrangements for drawing down Transformation Fund and other funding;
- Within the locality to enter into formal agreement with individual organisations/Boards, for the release and deployment of TF resources against clear deliverables and intended benefits;
- To monitor the effectiveness of the deployment of the investment resources upon the changing health and care system, and impact upon the transforming profile of demand and provision of services. (This will consequently enable monitoring of the impact upon the movement of resources from acute and residential sectors to integrated out of hospital services);
- To oversee the effective development and execution of each of the 3 change programmes ('3 pillars'); and
- To ensure that these are mutually inter-dependent and fully aligned with a single integrated clinical strategy.

The Board will report to the HWBB and align with the work of the Executive Health and Well Being Group providing regular updates on the TF locally.

It is proposed that this Board is commissioner led, will meet monthly and comprise the following membership:

- Proposed chair - Ian Williamson – Interim SRO, Single Commissioning Function;
- Sir Mike Deegan – Interim SRO, Single Hospital Service;

- Gill Heaton – Interim SRO, Manchester Locality Care Organisation (until the CEO or equivalent role is appointed for the MLCO by the partners)
- Dr Tracey Vell - Primary Care representation
- Sir Howard Bernstein – Chief Executive, Manchester City Council
- Bev Humphrey – Chief Executive, GMW

7.3 Finance Executive

To support the work of the Manchester Transformation Fund Accountability Board, a Finance Executive representing the health and care economy across the city will be established. It will provide financial advice to the Manchester TF and Accountability Board on:

- Progress towards closing the funding gap;
- Financial assessment of business cases for release of investment monies;
- Financial reporting on the Transformation Fund;
- The financial health of the single health and care system and the impact of the transforming profile of demand and provision of services upon funding flows.

The Executive will comprise the following representatives:

- MCC – City Treasurer
- CCG's – Chief Finance Officer
- Single Hospital Service – Finance Director
- MLCO – Finance Director
- Mental Health Trust (GMW) – Finance Director

8.0 Next Steps

8.1 Key next steps include the following:

- Finalise submission to GMTF and engage with GM regarding formalising our Investment Agreement, taking account of any changes required to the submission;
- Finalise the Investment Agreement with GM for the phase 1 TF monies agreed for the Single Hospital Service;
- Subject to agreement by the HWBB establish the MTFAB and Finance Executive;
- Progress the key actions identified in the milestone plan for the next quarter with particular focus upon investment requirements and the production of business cases and delivery plans for consideration by the MTFAB

LP PORTFOLIO PLAN - DETAIL v0.6

Programme	Project/Workstream	Product	Product type	Delivery date	Lead	Dependencies	RAG	RAG Comment
LP Portfolio	Investment	GMTF bid submitted	Investment	30/09/2016	LB	Delegated authority given to Chief Officers to submit bid on 07/10/16		
		Manchester TFAB established	Control	30/11/2016	LB	To be approved at Nov HWB		
	Governance	Finance Executive established	Control	30/11/2016	LB	To be approved at Nov HWB		
		Investment gateway process put in place	Control	30/11/2016	LB	To be approved at Nov HWB		
		Control & monitoring environment repurposed	Control	31/10/2016	AS	New governance in place		Needs to now reflect revised governance arrangements.
		Locality Plan updated	Strategy	Dec-16	LB			
		Equality Impact Assessment on the Locality Plan produced	Strategy	Oct/Nov 16	AS			
Local Care Organisation	LCO Organisational Architecture	LCO architecture principles agreed	Design	07/09/2016	JA			
		LCO Operational Executive established	Design	07/11/2016	JA			
		LCO Shadow Board established	Design	02/01/2017	JA	Previous milestone	TBC	
		Full Business Case	Design	06/03/2017	JA		TBC	
		Regulatory sign off	Design	28/04/2017	JA		TBC	
		LCO vehicle established	Implementation	29/05/2017	JA		TBC	
	One Team Phase 1	South INTs implemented	Implementation	05/12/12016	PS	Enabling programmes		See detailed locality implementation plan
		Central INTs implemented	Implementation	05/12/12016	DE	Enabling programmes		See detailed locality implementation plan
		North INTs implemented	Implementation	05/12/12016	EF	Enabling programmes		See detailed locality implementation plan
	Care Model	Value Proposition complete	Design	03/10/2017	JA			
		High level Care Model design complete	Design	31/08/2016	JA			
		Detailed Cohort Level work begins	Design	10/10/2017	JA			
		Detailed Core Component work begins	Design	10/10/2017	JA			
Single Commissioning Function	SCF Establishment	Approval of recommended options of organisational form	Design	28/09/2016	ED			
		Delivery Plan produced	Design	30/09/2016	ED			
		Delivery Plan approved	Design	Nov-16		Previous milestone		
		Formal decision to implement new organisational form	Design	Jan-17				
		Member approval established	Design	Feb-17				
		New commissioning organisation live	Implementation	Apr-17		Previous milestone		
	Transaction & contracting	LCO Prospectus complete	Design	TBC	TBC		TBC	
		LCO contract developed	Design	TBC	TBC		TBC	
		LCO contract signed	Implementation	TBC	TBC		TBC	
		SHS contract developed	Design	TBC	TBC		TBC	
SHS contract signed	Implementation	TBC	TBC		TBC	All milestones TBC - derived by AS from existing documentation		

SHS establishment - transactional	Project 1 & 2	Complete CMA submission	Design	TBC following approval of external advisors.	PB	TBC following approval of external advisors.	TBC	Can't RAG rate against progress yet as milestone delivery dates have not been set.
	Project 1	NHS I FBC submission	Design		PB		TBC	
	Project 1 & 2	CMA approval to form new Trust	Design		PB		TBC	
	Project 1	NHS I approval to form new Trust	Design		PB		TBC	
	Project 1	Trust Board/Council of Governor approval	Design		PB		TBC	
	Project 1	Creation of new Trust	Implementation		PB		TBC	
	Project 2	Submission of FBC for transfer of NMGH from PAT to new Trust	Design		PB		TBC	
	Project 2	NHS I approval for transfer of NMGH from PAT to new Trust	Design		PB		TBC	
	Project 2	Trust Board/Council of governor approval of transfer of NMGH from PAT to new Trust	Design		PB		TBC	
Estates	1. Foundations	Validate SHAPE Data & Property Assessment	Design	Dec-16	LEGs			
	1. Foundations	Complete 12 Neighbourhood Estates Strategies	Design	Mar-18	LEGs			Resource still to be secured to undertake the work - subject to GMTF funding
	1 foundations	Tactical Neighbourhood Hub Delivery	Implementation	Apr-17	Local One Team Implementation Groups, Supported by LEGs			Locality resource still to be confirmed.
	1. Foundations	Financial Analysis & Investment Strategy	Design	ongoing				Resource still to be secured to undertake the work - subject to GMTF funding
	1. Foundations	Combined estates governance review	Design	Apr-17	SEG			Resource ask to be confirmed with SHS Programme
	2. Locality Plan Demand Analysis	Single Hospital System Estates	Design	In line with SHS plan	SEG			Resource ask to be confirmed with SHS Programme
	2. Locality Plan Demand Analysis	One Team and the Local Care Organisation	Design	In line with LCO plan	SEG			Resource still to be secured to undertake the work - subject to GMTF funding
	2. Locality Plan Demand Analysis	Single Commissioning Function	Design	In line with SCF plan	SEG			Resource still to be secured to undertake the work - subject to GMTF funding
	3. Project Specific	Gorton Hub Development	Design	Stage 2 by October 16	SEG		NA	Resource secured to complete scheme to Stage 3 design
	3. Project Specific	West Gorton Medical Practice Replacement Accommodation	Design	Summer 17	Gorton Hub Project Board, Central LEG		NA	
	3. Project Specific	Bowes St (Former Stagecoach Site)	Design	TBC	Central LEG		NA	Resource still to be secured to undertake the work - subject to GMTF funding
	3. Project Specific	North Manchester General Hospital	Design	TBC	Central LEG		NA	
	3. Project Specific	Withington Primary Care Centre	Design	TBC	North LEG		NA	
	3. Project Specific	Spire Hospital	Design	Initial assessment by Oct 16.	South LEG		NA	

Communications	Awareness Raising	Regular internal and external bulletins	Comms	Various	NG		
	Awareness Raising	Web presence developed	Comms	Jan-17	NG		
	Inspiring communities	Development and delivery of two behaviour change campaigns each year	Comms				
	Inspiring communities	Proactive media stories showing how local people are supporting better health within their own communities	Comms	Ongoing	NG		
	Inspiring communities	Promotion of opportunities to improve health and wellbeing	Comms	TBC	NG		Detail still to be determined
	Inspiring communities	Staff facing campaigns	Comms	TBC	NG		Detail still to be determined
	User engagement	Community Engagement Exercises	Comms	Ongoing	NG		
	User engagement	Consultation requirements to be scoped and planned for	Comms	TBC	NG	Three pillars	Will be scheduled by the three pillar programmes
	User engagement	Deliver health focused Our Manchester engagement programme	Comms	Mar-17	NG		
	Support for Transformation programmes/Healthier Manchester	Development of campaign schedule, with identified and allocated campaign spend, for life of 'A Healthier Manchester'	Comms	Dec-16	NG		
IM&T	Phase 1 Implementation	ICT infrastructure work for 12 neighbourhood hubs delivered	Implementation	Mar-16	PA	Budget availability	Awaiting confirmation of budget. AS negotiating.
	Phase 1 Implementation	Tactical IM&T solutions delivered to support new ways of working in INTs	Implementation	Mar-16	PA	System configuration time/cost	Discussions ongoing with suppliers and partner IT teams.
	Market Review	Practitioner reference group established	Design	Oct-16	PA		
	Phase 2	Delivery plan for Phase 2 design & implementation developed	Design	Oct-16	PA	Clarity from LCO and SHS on programme	
	GM	Develop stronger interface with GM, particularly in terms of Datawell	Stakeholder	Oct-16	PA		
Workforce	To be developed	Programme Plan developed and signed off	Initiation	14/10/2016	MJ		

Name key:

Name	Role	Name	Role
LB – Lorraine Butcher	Joint Director, Health & Social Care Integration	ED – Ed Dyson	Lead Commissioner, Single Commissioning Function
AS – Andrew Southworth	Programme Manager, Locality Plan	PB – Peter Blythin	Programme Director, Single Hospital Service
JA – John Ashcroft	Programme Director, Manchester Provider Board	NG – Nick Gomm	Citywide Communications Programme Lead
PS – Peta Stross	Operational Implementation Lead - South	PA – Parveen Anwar	Programme Manager, IM&T
DE – David Evans	Operational Implementation Lead - Central	MJ – Margot Johnson	Citywide Workforce Programme Lead
EF – Emma Flynn	Operational Implementation Lead - North	SEG/LEG	Strategic Estates Group/Local Estates Group