

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

Report to: Manchester Health and Wellbeing Board – 9 March 2016
Subject: Manchester Health and Social Care Locality Plan Update
Report of: Lorraine Butcher, Joint Director Health & Social Care Integration

Summary

The Health and Well Being Board previously received a report on the developing Manchester Health and Social Care Locality Plan (“the Plan”) on the 11th November 2015. This report aims to provide a progress update in the context of changes in national, regional and local policy and operating environments, and highlights how these changes are influencing the development of the Plan.

Recommendations

The Board is asked to:

- Note the ongoing work to update the Plan before a further submission to the GM Health & Social Care Devolution Team in late March 2016;
 - Support the intention to ensure the Plan is reviewed and updated on a six monthly basis,
 - Note the need for transformation priorities to better align objectives and delivery timescales.
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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	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.
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	

Lead board member:
Mike Eeckelaers.

Contact Officers:

Name: Lorraine Butcher
Position: Joint Director, Health and Social Care Integration
Telephone: 0161 234 5595
E-mail: lorrainebutcher@nhs.net

Name: Geoff Little
Position: Deputy Chief Executive
Telephone: 0161 324 3280
E-mail: g.little@manchester.gov.uk

Name: Joanne Newton
Position: Chief Finance Officer, Manchester Clinical Commissioning Groups
Telephone: 0161 765 4201
E-mail: joanne.newton6@nhs.net

Name: Caroline Kurzeja
Position: Chief Officer, South Manchester Clinical Commissioning Group
Telephone: 0161 765 4051
E-mail: caroline.kurzeja@nhs.net

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 Manchester Locality Plan (November 2015).

1. Background

Manchester's Locality Plan complements the recently launched GM Strategic Plan for Health and Social Care Devolution. It is currently subject to further revisions since the most recent draft was considered by the Health and Wellbeing Board in November 2015. Importantly, the following work is currently being undertaken before the Plan can be finalised:

- Activity and financial modelling to inform the scale of interventions and ambition required to be delivered over the five year period 2016 – 21;
- Some sharpening of the Plan's strategic focus and ambition ensuring all key required activity is captured; and
- In accordance with NHS Planning Guidance, ensuring the Plan reflects and complements the Operational Plans of the Manchester's CCGs.

The Plan is underpinned by a citywide agreement to collaborate on the development of three 'pillars', namely:

- 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.

An updated version of the Plan will be submitted to the GM Health & Social Care Devolution Team in late March 2016 for further review and challenge. The GM Team has signalled its intention to support localities to further develop their plans over that period. As a result, the March submission of the Locality Plan has now been positioned at a GM level as a further revision, rather than a 'final submission' as was originally the case.

This is a positive development, in that it recognises the fluid nature of transformation planning at present, given the need to align with CCG operational plans and council's budgeting processes over the next few months; and the emerging process for accessing the GM transformation fund.

2. Developments since November 2015

A draft version of the Plan was presented to the Health & Wellbeing Board in November 2015. Since then, developments at a national, regional and local level have further informed and shaped locality planning.

2.1 National developments

- NHS planning guidance for 2016/17 was released in December 2015. Guidance is published by NHS England, NHS Improvement (the new body which will bring together Monitor and the NHS Trust Development Authority (TDA)), the Care

Quality Commission, Public Health England, Health Education England and NICE – the bodies which developed the Five Year Forward View (5YFV) in October 2014.

- The planning guidance is backed up by £560 billion of NHS funding, including a new sustainability and transformation fund which will support financial balance and the delivery of the 5YFV, and also enable new investment in key priorities. For Manchester that is the Transformation Fund devolved to GM to drive the implementation of the GM Plan.
- As part of the planning process, all NHS organisations have been asked to produce two separate but interconnected plans:
 - A local health and care system sustainability and transformation plan, which will cover the period October 2016 to March 2021; (this is, in effect the Manchester Locality Plan).
 - A plan by organisation for 2016/17 - this will need to reflect the emerging sustainability and transformation plan.

2.2 Greater Manchester (GM) developments

- The final draft of the Strategic Plan ‘Taking Charge of our Health and Social Care in Greater Manchester’ was released in December, and provides further context and guidance for development of locality plans. In particular, it outlines GM’s five transformation themes, to which locality plans should be aligned:
 - Radical upgrade in population health prevention;
 - Transforming community based care and support;
 - Standardising acute and specialist care;
 - Standardising clinical and back office services; and
 - Enabling better care.
- As a result of Greater Manchester’s Comprehensive Spending Review (CSR) submission a £450m transformation fund has also been agreed with NHS England. The Fund is split over the five year period of the Plan, with £60m available in 2016/17. Work to determine access criteria and fund management is ongoing.
- The turn of the year also saw significant developments related to mental health, with the production of a GM wide mental health strategy; and communications and engagement, with the #Takingcharge campaign launched across the GM region.

2.3 Manchester developments

- Manchester has engaged BDO Healthcare on a short term basis to assist in the following areas:
 - Activity and financial modelling to inform the scale of interventions and ambition required to be delivered over the five year period; and

- Development of propositions for investment whether from local resources or from the GM Transformation Fund.
- Investment propositions are being developed around One Team implementation, Urgent Care First Response (UCFR), and Primary Care prevention. Exploratory work is also underway to understand whether investment requirements exist around community mental health, and the wider care continuum.
- Providers developed an outline memorandum of understanding (MoU) for a Manchester Local Care Organisation (LCO) in January 2016, and have developed an outline work programme to deliver an LCO. This work is being governed by the Manchester Provider Board.
- Hospital Trust Providers are also collaborating on the Single Hospital Services review, with an appraisal of the most appropriate organisational and governance arrangements to deliver identified clinical benefits due in May 2016.
- Further progress has been made in defining the Primary Care transformation priority, with Manchester's expression of interest in leading developments in Primary Care as an early adopter well received at a GM level. Support to secure further clinical release time locally has been received from NHSE and this will assist now in realising the ambition of primary care being central to the emerging One Team model of care in Manchester.
- Revisions to the health and social care governance structures were agreed by HWB in January 2016. The Locality Plan Programme Board has since met, with the executive leads for each transformation priority supporting the revision of the Plan for submission to GM in late March 2016. The Joint Director is currently looking to secure technical programme resources on an ongoing basis to support the delivery of the Plan.
- The focus of Public Health transformation has shifted to developing a primary care based prevention programme looking to tackle long-term conditions and health inequalities, underpinned by a population health approach, making the most of community assets. It is expected this work will be the subject of a bid to the GM Transformation Fund.
- The TDA has clarified the transaction process for mental health services, with latest plans indicating that the process will have concluded by the end of 2016. As a result, providers and commissioners have agreed that the bulk of the integration work around Mental Health will take place in 2017/18, once the identity of the new provider has been confirmed.
- A review of the North East (NE) Sector has commenced with the objective of understanding the collective implications of four district Locality Plans for Pennine Acute Hospitals NHS Trust (PAHT) and Pennine Care Foundation Trust as the main provider trusts serving NE sector residents. PAHT and Pennine Care are responding to potentially different locality plans. Additionally PAHT must also manage the implementation of the Healthier Together decisions for Royal Oldham, North Manchester General and Fairfield General Hospitals, as the main

single service for Emergency General Surgery, acute medicine and urgent and emergency care, with Oldham being the specialist hub. At the same time, Manchester's draft Locality Plan includes a proposal for a Single Hospital Service bringing together the organisation and delivery of services across CMFT, UHSM and PAHT. The GM Provider Federation Board will develop proposals for acute trusts to form clusters or group level for relevant clinical services. All four district Locality Plans include proposals for the integration of community health and adult social care services. It will therefore be important for commissioners across the four districts to have their own view of future organisational arrangements across the NE Sector, given the interdependencies of workstreams.

- Finally, and of critical importance to delivering year one of the Locality Plan, arrangements to deliver One Team working across Manchester are well advanced. The intention is to start the roll out of the 12 integrated Neighbourhood Health & Care Teams, and the integrated Intermediate Care & Reablement Teams from July 2016 onwards, with the likelihood that the roll out will take place over seven months, in three stages. This approach will help minimise disruption to staff and residents whilst ensuring a high quality of care to be maintained during the transition. The Manchester Provider Board has agreed to govern the implementation and future design and shaping of One Team services.

3. Improving collaboration

The Locality Plan Programme Board has recognised the need to better align the objectives and delivery timescales of the transformation priorities. There are two aspects to this. The first is the need to describe transformation collectively on a system wide basis, rather than in transformation priority silos. The Plan will describe the system wide transformation Manchester is seeking to achieve in 2016/17, rather than solely representing the transformation priorities in their individual programme silos. This helps to reinforce the collective effort needed, and mutual dependency between transformation priorities.

Secondly, there is a practical challenge to ensure transformation priorities are developing delivery plans that are aligned to the system changes agreed for the period in question, and as a result deliver against the agreed outcomes for that period. These delivery plans also need to be mutually reinforcing, in that they need to be developed in relation to each other and take advantage of the synergies between the different transformation priorities.

4. Learning system

The intention is that the Plan will be a 'live' document, reviewed and updated every six months by the Locality Plan Programme Board. Portfolio/programme planning in such a complex environment is challenging, hence the need for a 'live' reference point.

This will also help to embed a regular and consistent feedback loop into transformation planning. Manchester's health and social care system now needs to marshal its resources and collaborate to ensure transformation is supported by robust evidence, and that each stage of implementation is evaluated effectively with

learning fed back into the planning cycle for future phases of transformation. This will go some way to ensuring the health and social care system is operating as a learning system, whereby lessons are captured at every stage and drive future improvement.

5. Next Steps

Based upon the above the Plan is currently being revised and will be available for further comment and review both locally and by GM, through its emerging locality support arrangements, later in March.