

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

**Report to:** Manchester Health and Wellbeing Board – 9 March 2016

**Subject:** Single Hospital Service Review

**Report of:** Sir Jonathan Michael, Independent Director, Single Hospital Service Review

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**Summary**

The report identifies the good progress made against the action plan for the development of a Single Hospital Service for the City of Manchester as identified in the Manchester Locality Plan and discussed at the previous Health and Wellbeing Board in January 2016.

**Recommendations**

The Board is asked to:

- Note progress with the City of Manchester Single Hospital Service Review.
- Note the revised timeline for reporting arrangements.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
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 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:** Lorraine Butcher, Director of Health and Social Care

**Contact Officer:**

Name: Alison Olivant  
Position: Programme Manager, Single Hospital Service Review  
Telephone: 0161 625 7125  
E-mail: alison.olivant@uhsm.nhs.uk

**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
- Single Hospital Service Review Terms of Reference

## **1.0 Introduction**

This paper briefly sets out progress with the Single Hospital Service Review process.

## **2.0 Background**

The proposal to establish a Single Hospital Service for the City of Manchester forms one of the three pillars of the Manchester Locality Plan and provides opportunities to improve health outcomes for the city population through:

- A partnership between the three current acute hospital providers PAT, CMFT and UHSM
- Development of single service models for a range of specific services
- A clear Manchester focus
- Standard operating procedures/patient pathways
- Reduced duplication/triplication and elimination of service gaps or weaknesses
- Improved opportunities to attract staff with specialist skills
- Improved use of estate
- Support services
- Back office functions
- Information management and technology, including electronic patient record systems
- Improved planning
- Opportunities to enhance patient care through research and innovation

The work will take account of Healthier Together and the North East Transformation Programme. It will also recognise the impact that a Single Hospital Service might have on neighbouring populations (e.g. Trafford).

The Terms of Reference for the review outlined a two phase approach.

- Phase 1 – Benefits Assessment
- Phase 2 – Governance and Organisational Arrangements

The review is scheduled for completion by 8th June 2016:

## **3.0 Progress**

Since the last meeting of the Manchester Health and Wellbeing Board, good progress has been made in relation to the development of a potential single hospital service for the City of Manchester:

- Independent Director, Sir Jonathan Michael, established in post and supported by a Programme Manager and an analytical team from McKinsey.
- Terms of Reference agreed for the Steering Group and fortnightly meetings arranged. The first meeting took place on 20th January 2016.
- Clinical Stocktake completed.
- Approach to identify ‘exemplar’ services to illustrate benefits/implications agreed and list of exemplar services confirmed.

- Approach by which the implications of single service models will be illustrated agreed.
- Clinical event for approximately 40 clinicians, from across secondary and primary care, to start to work through the implications of single services models, held on 2nd February 2016. A further two events are planned for the 2nd March and the 23rd March to complete this work.
- Independent Review Director has held meetings with approximately 50 individuals in which key stakeholders have been able to provide insight into the local health and social care economy and participate in the single hospital service review process. Further meetings with wider stakeholders have been arranged.
- Communications plan agreed and communications regarding the review structure, process and outcomes completed. Key messages and communication documents have been circulated in January and February 2016.

The Terms of Reference for the Single Hospital Service Review highlight that the Review Director should confirm timescales at the earliest opportunity. Initially it was thought possible to submit the first stage report to the Health and Wellbeing Board on the 9th March 2016. However, in order to maximise clinical engagement and commitment in this review process, it is now proposed that the first stage report will be presented to a special meeting of the HWBB to be convened towards the end of April (date to be confirmed). The second stage report will be presented to the HWBB as originally scheduled on the 8th June 2016.

#### **4.0 Next Steps**

Additional work is required to:

- Further develop single service models with senior clinicians (clinical events planned for the 2nd and 23rd of March).
- Work with senior clinicians to identify the implications/benefits of single service models, against the framework agreed by the Steering Group.
- Finalise data analysis to illustrate the current variability in service provision across the City and to make quantitative/qualitative assessments of the implications of single service models.
- Commence the second stage of the review (following completion of Stage One).

#### **5.0 Conclusion**

The Independent Review Director is confident that the excellent progress made within the Single Hospital Service Review will continue over coming weeks. Although it is not anticipated that the overall timeline for delivery will be affected it is proposed that completion of the first stage of the review be extended for a few weeks in order to maximise clinical engagement/commitment. It is anticipated that the first stage of the review will be completed by the end of April 2016 and the second stage by the beginning of June 2016.