

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

Report to: Manchester Health and Wellbeing Board – 8 June 2016
Subject: Manchester Health and Social Care Locality Plan Update
Report of: Lorraine Butcher, Joint Director Health & Social Care Integration

Summary

The purpose of this report is to give a high level overview of progress towards developing the Locality Plan including a summary of the key workstreams, progress to date and milestones.

Recommendations

The Board is asked to:

- Note the update and the progress;
- Note the immediate focus on the publication of the Stage 2 report on the Single Hospital Service;
- Note the need for the Transformation Priorities to strengthen their focus by developing clear milestone plans;
- Note the progress on the enabling workstreams;
- Note the intentions contained in para 5 concerning proposals for the Transformation Fund;
- Note the support arrangements over the next two quarters and in particular the deployment of the programme management team (para 6).

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
Improving people’s mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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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 Manchester Locality Plan (April 2016)

Strategy and Plan

Following the GM assessment of the Locality Plan, work is progressing to address the findings and to get the Plan to a position of being 'investment ready'. Actions to date include:

- Work underway to refresh the financial plan and align it to the Locality Plan;
- Procurement underway via the MPB for support to develop the care models design and LCO governance arrangements;
- Dialogue undertaken with GM on further external support opportunities (GM support package 2), to be confirmed on completion of care models design work;
- Revisions to draft outcomes framework for the LCO including the KPIs;
- The developing Implementation Plan which secures a single integrated approach across the three pillars and associated workstreams.

1. Three Pillars

The three pillars underpin the ambition articulated in the Locality Plan and together will drive the radical transformation of the health and care system in Manchester, with the aim of delivering clinical and financial sustainability. It is clear that development work undertaken on the three pillars needs to be aligned; development work cannot happen in isolation. Alignment should help to achieve coherent commissioning of a single health and care system across the City, underpinned by a strong financial model that demonstrates increased value, productivity and efficiency, enabling the reinvestment of resources from the acute sector into a strengthened model of health and care within the community.

2.1 Pillar 1 – Single Commissioning Function

A coherent and strong commissioning function is a pre-requisite for the effective commissioning of a transformed health and care system in Manchester and is a key lever for the effective delivery of the ambitions contained in the Plan. Progress is now being made towards developing this function with proposals for:

- A shadow joint commissioning executive to be put in place from 1st June 2016;
- An interim accountable officer for the single commissioning function in place with immediate effect (Ian Williamson, Central CCG);
- An independent options appraisal of more formal integrated arrangements to be commissioned by the four commissioning organisations;
- Subject to approval, the more formal arrangements to be in place by Sept 2016; and
- That a special joint board of the three CCGs is established to secure support for these actions.

The first meeting of the Joint Commissioning Board took place on the 23rd May. A key focus is to support the development of the Implementation Plan by identifying phase 2 commissioning priorities for implementation in 2017/18.

2.2 Pillar 2 - Single Hospital Service

Following endorsement of the recommendations of the Stage 1 report of the Single Hospital Service by the HWBB, the stage 2 report will be presented to the HWBB on 8th June. In addition commissioners are considering their response to the draft report.

Additional to the focus upon the Single Hospital Service and related to it, is the ongoing work within the North East Sector to identify the individual and collective implications of the Locality Plans across Bury, Rochdale, Oldham and Manchester upon out of hospital care arrangements as well as upon the vision for acute care more widely, and in this context upon PAHT. A reporting timeline of late July/early August 2016 is anticipated for this work.

Linked to this, external support has been secured to support the work of the four localities in identifying the collective impact upon the existing provider (PAHT), and a report is due to the NES Oversight Group in June 2016.

2.3 Pillar 3 – Locality Care Organisation/One Team

Work is progressing to implement the first phase of One Team with teams scheduled to begin roll-out across the City by the end of the second quarter. Engagement with the primary care sector is ongoing, with a view to better shaping the role of primary care in One Team. Additional capacity is being secured through the secondment by providers to key roles. The key focus over this quarter and next is to secure the developed care models, financially modelled and subject to CBA. With GM funded support, further work then will be undertaken to enable an investment proposition to be made to the Transformation Fund. Additional capacity is being secured to support the development of the LCO organisation form.

3 Transformation Priorities

In addition to the development work to establish the three pillars, there are a number of transformation priorities which will interlink and be delivered through the pillars to form the whole system transformation. Work required on all of these includes:

- A strengthened approach to commissioning as part of a whole system approach and not as separate areas of work; and
- Their interface both as part of One Team to inform the improvement of community patient pathways as well as the in hospital patient pathways.

For all of these areas ongoing work is underway to strengthen the focus of these priorities in the context of the three pillars. A brief overview of current status is given below. Each of them will need to be a focus of the work of the Joint Commissioning Board and the Manchester Provider Board to determine their sequencing into the LCO.

3.1 The Public's Health – Person, Partner and Place

This is a strong workstream (led by Public Health and primary care colleagues) with a clear immediate focus on the development of a primary care led prevention programme. The objectives are to use and strengthen assets that promote health,

tackle the 'root causes' (social) of ill health, early identification of Long Term Conditions (LTCs) 'finding the missing 1000s', and proactive management and optimisation of care for LTCs. The Self Care Strategy which relates to a number of transformation priorities will come under the remit of this workstream.

Closely connected to the Our Manchester approach there is an emerging proposal for consideration for Transformation Fund. The proposal is currently subject to further development and engagement and as appropriate financial modelling. It will need to be considered by providers and commissioners to ensure whole system support and could only be considered as part of the LCO investment proposition.

3.2 Primary Care

In addition to the work outlined above, a key focus is on the development of primary care co-commissioning and successful award of early adopter status for the development of new contractual forms (MPC Contract) and opportunities for practices across Manchester. There is now a strong vision and engagement in LCO/One Team development from primary care leaders, and a clear focus on the implementation of citywide primary care standards. A baselined milestone plan still required for this work.

3.3 Urgent and Emergency Care

This is a new priority contained in the Plan and has been included due to the lack of focus and strategic direction of this city wide. It is now receiving strengthened focus with a clear work programme emerging, supported by the PMO.

3.4 Cancer Care

The Cancer transformation priority has six interlinking programmes, being jointly managed and delivered by the CCGs and Macmillan. The transformation priority follows the full cancer life course, from early detection through to end of life care, with a focus on better detection and diagnosis, reducing the variation in standards across the city, and improving patient pathways and patient and carer support.

Aside from the End of Life programme which started roll out in December 2015, all programmes are moving into the implementation phase over the next two months. The exception is the Support for Carers programme, which is still in the initiation stage.

At a GM level, a Programme Manager for the GM Cancer Vanguard was appointed in April, with a workplan imminent following confirmation of funding for the Vanguard from the NHSE New Care Models Team.

3.5 Mental Health

This priority is multi-layered being part of the agreed GM strategy for integrated mental health services.

Clearly a key focus in this area is the transaction to a new provider that is currently

underway. On behalf of the Secretary of State, the TDA (now NHS Improvement) is the vendor of the assets and liabilities of Manchester Mental Health and Social care NHS Trust. The TDA has designed the acquisition process such that it will enable the services currently provided by MMHSC to transfer to provider that can provide clinical and financial sustainability.

After concluding a comprehensive options appraisal and in line with the Greater Manchester Devolution agenda, as part of Gateway 2 of the above transaction process, approval was given to proceed to a local competition within the Greater Manchester footprint. The competition will be evaluated on the basis of an Acquisition Proposal (AP) submitted by the Potential Acquirers.

A process has been designed from initial launch of the Acquisition Proposal (AP) Bundle to confirmation of Preferred Acquirer by the TDA Board that spans a period of 18 weeks. Moving at pace is regarded as important in helping maintain service delivery to patients in a period of change. The early identification of a Preferred Acquirer will allow early transitional management arrangements to be instigated, thus further supporting delivery of services within MMHSC and allowing the Acquiring Trust to identify opportunities to integrate delivery prior to formal transfer.

Alongside the work on the Transaction and ahead of it taking place, discussions between commissioners and providers are ongoing to confirm the alignment of mental health into the One Team programme alongside future phasing priorities. The vision continues to be one of: mental health community teams to be under an integrated line management structure alongside the rest of the community infrastructure; for them to be co-located wherever possible; that these teams will align clearly through the neighbourhood team structure; and, that the LCO will be the overarching co-ordinator of the contract for these services.

3.6 Learning Disability

As well as being the subject of GM focus due to fast track programme associated with reducing the reliance on inpatient care, this is also a local priority within the Plan. The All Age Disability Strategy has recently been approved by HWBB; this now needs to move into being translated into an implementation plan. Currently commissioning of LD services and support is undertaken separately by the NHS and Local Authority. The emerging work programme will examine both the delivery of services within the integrated community model of One Team and the bringing together of the commissioning function to ensure a holistic approach to commissioning of services for these clients.

The work programme still needs to be defined and milestones set.

3.7 Children and Young People

This area is subject to significant review in GM. This review is being supported externally and is looking at how to make better use of existing resources, transform services to focus on improving outcomes and drive down variation in performance across the ten boroughs. Significant work is also being undertaken as part of PSR and the embedding of, for example, early help hubs and MASH. In terms of health

and care integration this has not had a strong focus at a locality level given changes in leadership of the statutory post holder of DCS. The forthcoming quarter will begin to examine this priority and phasing within the context of Manchester's Plan.

3.8 Transforming Home Care and Residential Care

This was a recent addition to the Plan as a Transformation Priority with a required focus upon shaping a new model of care delivery from an existing traditional model of homecare, residential and home care models. The priority actions in 16/17 are to engage with care providers regarding the development of the new care model, and to commence the development of a specification to enable procurement of new arrangements in 17/18. A work programme with milestones is in development.

3.9 Housing and Assistive Living Technology

There is a clear programme of work relating to older people's housing and accommodation for LD clients with clarity relating to 16/17 objectives. There is strong alignment with the objectives of One Team with the establishment of transitional temporary bed spaces within sheltered and extra care schemes.

4 Enabling Better Care

4.1 Estates

This is a robust workstream with strong governance and programme management. At GM the development of the Memorandums of Understanding (MOU) for consideration by each organisation's governance process is a positive step in creating a robust and collaborative process for delivering the estates strategy underpinning the GM Strategic Plan.

Locally, this workstream is split into two elements, the tactical workstream focusing on the provision of the short term estates required to support phase one implementation of One Team; and a strategic workstream focusing on delivery of the long term vision for 2020. The latter workstream is not constrained by the existing buildings, ownership or estates management arrangements in Manchester, but focuses upon what would be needed to support the long term vision of the Locality Plan.

4.2 Information Management and Technology

This is emerging now as a stronger workstream with its own programme management support and resources. It has a clear focus on two priority areas:

- The Locality IMT Task and Finish Groups - focussing upon the short term tactical requirements to enable the first phase of neighbourhood teams to go live; and
- The Market Review Task and Finish Group – this group is setting out the requirements for a Case Management and Patient Co-ordination System for the medium to long term strategic direction.

4.3 Workforce

Workforce governance arrangements and workplans are still forming to underpin the Locality Plan Workforce Programme. The GM Strategic Workforce Lead is currently leading this work for Manchester, which ensures a strong link with the GM direction of travel. Steps are being taken to secure local leadership of this workstream from providers.

5.0 Transformation Fund Proposals – Year 1

- 5.1 It is the intention that Manchester will seek to draw down two tranches of Transformation Fund investment this year. Both will remain part of our whole Locality Plan and cannot be seen as individual propositions. A single programme management team will be developed to support all transformation programmes within our Locality Plan.
- 5.2 Short term external support is needed to get us to a point where our programme management team is fully equipped. However at all times the mainstream management of our different organisations, including HR/OD, Finance, estates and IMT staff need to prioritise implementation of the Locality Plan transformation programmes.
- 5.3 To be successful, any investment proposition submitted will need to be part of our whole Locality Plan. This will need to include an agreed Financial Plan for the whole plan showing the gap for the Manchester system for the next five years and how the various elements of the plan will combine to close that gap. The Locality Financial Plan does not need to be at the same level of detail as the specific investment proposition.
- 5.4 The Implementation Plan submitted in June will therefore need to have clear milestones for the further development of our LCO and the Single Commissioning Executive as the other two main pillars of our plan. This will include milestones for the national pilot of the primary care MPC contract. There will also need to be clear milestones for all other transformation programmes within the plan. Work is underway to update the Implementation Plan to ensure it meets the requirements.
- 5.5 It is the intention to submit a proposal for a second tranche of Transformation Fund in September for the implementation of the LCO. This will be accompanied by an Investment Agreement between GM and Manchester setting out how the investment in the new care models will lead to reductions in activity in the acute sector and in residential care and then to decommissioning, the savings from which will be used to replace the one off Transformation Funding to enable the continuation of the new care models.
- 5.6 The Transformation Fund money to be secured at the end of June can include funding for the programme management costs of implementing the Single Hospital Service Review and how it relates to the LCO.
- 5.7 Further proposals for Transformation Fund investment will follow in future years

as other transformation programmes within the Locality Plan become ready to implement.

6. Support/Resources

- 6.1 In the context of the above the phasing of support for the development of the LCO is as follows:-
- 6.2 The Locality Plan programme management team will be focused on supporting the LCO development, save for a small resource which will be retained to support wider Locality Plan work.
- 6.3 From the beginning of June until August – external support will be secured to assist in the development of the LCO care models and organisational form.
- 6.4 From July/August work will be undertaken to support CBA of the LCO care models and to produce the draft investment agreement for LCO to be submitted to the Transformation Fund in September.
- 6.5 A single programme management team will be used to support all transformation programmes within the Locality plan.