

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

Report to: Manchester Health and Wellbeing Board – 31 August 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 an overview of progress towards implementing the Locality Plan, and work that is progressing in determining investment requirements to enable transition to new arrangements.

Recommendations

The Board is asked to:

- Note the update and progress on each of the 3 Pillars;
 - Note the developing work on the investment proposition for Greater Manchester Transformation Fund for submission in September.
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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
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	

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 (April 2016)

1.0 Implementation of the Locality Plan

- 1.1 At the meeting of the HWBB held on 8th June the Board received a progress update on: actions underway to progress implementation of the '3 pillars'; the transformation priorities identified in the Plan; actions to secure first stage investment to support implementation of the single hospital service; and, the arrangements for supporting key work programmes through the deployment of the programme management resources currently available.
- 1.2 This report seeks to provide a further update including: on investment support received to date from the GM Transformation Fund (GMTF); work underway to submit a second stage investment proposition; and, further update on the progress towards implementation of the '3 pillars' acknowledging their interdependencies.

2.0 Investment / Implementation Planning - Greater Manchester Transformation Fund

- 2.1 The scale and complexity of the change programme required to deliver the ambition of the Locality Plan is significant. Consequently, it will be necessary to align investment planning with the implementation plan. This will require a phased approach to securing investment from the GMTF.

2.2 First Phase Submission – June 2016

Since the previous report to HWBB feedback has been received on the first phase submission for investment from the GMTF. Interim funding has been provided by the GMTF to the SHS programme to allow the establishment of the SHS Programme Team and also to secure external legal and health economist advice. This is necessary to enable the programme to progress key actions against the challenging timeframes and milestones identified. Further liaison is ongoing with GM regarding other identified costs associated with the development of the clinical interface and care pathways that will need to be scoped across the out of hospital and acute sectors.

2.3 Second Phase Submission – Sept 2016

The second phase submission in September for investment support from GM remains the focus to ensure key development work is completed on each of the 3 pillars to support implementation. This submission will enable some revision ('course correction') on the investment required for the Single Hospital Service but will primarily focus on the investment requirements for delivery of the integrated care models and the establishment of the Locality Care Organisation. It will additionally identify as appropriate one off investment that may be required to re-shape the commissioning landscape.

The intention is to submit the investment proposition to GM by the week beginning 26th September. The proposition will then be subject to (a) independent evaluation; (b) consideration by the Transformation Fund Oversight Group (TFOG); (c) decision by the Strategic Partnership Board Executive. Confirmation is awaited from GM for the scheduling of TFOG.

The second phase submission must demonstrate benefits associated with the LCO and the delivery of the out of hospital care models. It is recognised that future phasing into the integrated models of care governed through the LCO will require future submissions to the GMTF for future tranches of investment that aligns with the implementation plan.

3. Single Hospital Service

3.1 A report setting out the high level implementation requirements for the Single Hospital Service, primarily in relation to the creation of a new city wide hospital Trust, was considered at the meeting of the HWBB on the 22nd July 2016.

3.2 Since that meeting the Single Hospital Service work programme has progressed well. Progress is outlined below:

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

Liaison with national and regional NHS I colleagues has been established and continues to mature. A positive introductory meeting took place with the CMA on Monday 1st August. This meeting provided an opportunity for the Trusts/Programme Team to present the background of SHS proposals, to discuss the wider context and to explore further the CMA processes.

3.2.2 Greater Manchester Transformation Fund

As indicated above interim funding has been provided by the GMTF to the SHS Programme. Further work is underway to support the development of the investment proposal required to comprise the second stage wider submission in September 2016.

3.2.3 Programme Team Structure and Recruitment

The Programme Director has now taken up his role and a structure for the Programme Team has been developed and costed. A Programme Management Office (PMO) function and clinical lead posts are being established, part of which includes lead posts for Communications / Engagement, HR/OD, IMT, Finance and other areas related to the transaction work. Processes are in place to appoint suitable individuals and it is hoped that successful candidates will be able to join the team at the beginning of September, at the latest. Once the team is fully established it is anticipated that a formal programme plan will be developed and that progress against this plan can be reported.

3.2.4 External Advisor Procurement

A specification for external legal and health economic advisors has been developed and a formal procurement process is underway. It is expected that this process will be concluded by Friday 26th August and that a contract will be awarded on this date. Securing advisor expertise will allow the process of developing the CMA Benefits Case to move at pace.

3.2.5 Governance Structure

Work is being undertaken to develop a robust governance structure to support the work of the Single Hospital Service programme and the delivery of key outputs. Alignment with the governance structures for the delivery of the Locality Plan is a key consideration in this area. The Programme Director (SHS) is working with the Joint Director (Locality Plan) to ensure this coherence.

3.2.6 Stakeholder Engagement

Contact between the Programme Director and key stakeholders including senior representatives from: Manchester City Council; Trafford Metropolitan Borough Council; Healthwatch; Commissioners as well as individual clinician based groups across all three Trusts has been established. The development of a structured engagement plan is underway.

4. Locality Care Organisation

4.1 The ambition within the Locality Plan is to establish an LCO which is capable of holding a single contract with commissioners for out of hospital care from April 2017. Work is underway to identify the investment required to request from GMTF in September to enable implementation of new models of care through the LCO.

4.2 In the report to the HwBB on 8th June a number of milestones were identified which outlined the work that was required to be delivered. Below is a summary against each of these milestones.

4.2.1 Joint Commissioner/Provider engagement and scope of LCO

A provider/commissioner steering group is established and meets on a weekly basis. Through this forum work has been ongoing to define the scope of the LCO and phasing of services into it. A budget mapping exercise articulating the scope of the LCO has been completed and endorsed by the Joint Commissioning Executive. Phasing is being finalised and is being informed by the ongoing work around models of care.

4.2.2 LCO – Models of Care

To date, a series of 10 workshops have taken place focussing specifically on high priority population cohorts who are consuming a very high amount of health and care resources. There has been strong engagement with on average 25-30 attendees for each workshop. The outputs of these workshops have been consolidated and are informing the Cost Benefit Analysis which is currently taking place. This will be completed in early September and inform the developing investment proposition.

4.2.3 LCO – Organisational Architecture

To date there have been 4 workshops, 2 focussing upon the functional components of the LCO, namely the 'front door' and 'neighbourhood teams', and 2 focussing upon organisational form. There is a strong emerging consensus regarding the functional components of the LCO and this has been

aligned with the care model work. A further workshop on the shape of the LCO is scheduled for early September.

4.2.4 Greater Manchester Transformation Fund

A single document business case identifying the investment requirements for the LCO is currently being developed incorporating the elements identified above. This will be finalised in September and will include the output of the Cost Benefit Analysis. This will be a key element within the investment proposition.

4.2.5 Ongoing work alongside the NHS England National Team

There continues to be weekly dialogue between the NHS England National Team and the LCO Programme Director and senior clinicians.

5.0 Single Commissioning Function

5.1 As indicated previously, a coherent and strong commissioning function is a pre-requisite for the effective commissioning of a transformed health and care system in Manchester, with the aim of improving outcomes and delivering clinical and financial sustainability. From April 2017 progress is required within the commissioning pillar to enable the effective commissioning of the first stage Single Hospital Service, and the Locality Care Organisation.

5.2 Since the previous update to the HWBB on 8th June 2016 the work programme for the single commissioning function has progressed as follows:

a. Options Appraisal

External support has been secured to undertake an independent options appraisal to support the North, Central, South Manchester Clinical Commissioning Groups (the CCGs) and Manchester City Council (MCC) to move towards a more formal single commissioning function/system in Manchester.

The options appraisal is as a minimum covering the following areas:

- Description of current arrangements;
- Summarising the key features of a single commissioning function utilising evidence based examples from elsewhere appropriately recognising the local, city wide and GM context;
- Developing options that would potentially meet the key features and requirements and appraising the options against the key features and requirements; and
- Providing a report that includes all of the above with a recommendation for more formal commissioning arrangements in Manchester.

b. Progress to date

A series of stakeholder interviews have taken place with MCC and CCG colleagues as well as with wider stakeholders within the Manchester and GM

system. Focus groups have been held with the Joint commissioning Executive and staff in the CCGs and MCC. A joint board session was held in July which was attended by governing body members of the 3 CCGs and colleagues and Lead Member (Adults) from MCC. The interviews and focus groups have highlighted a number of areas of progress, where integrated processes are already in place for specific areas or projects. This provides a good foundation for further formalising single commissioning. The external advisors are currently finalising a road map for commissioning transformation and will be presenting their findings and high level options back to the CCGs and MCC w/c the 22nd of August.

c. Next Steps/Timeline

- 25/7 – 12/8 - all engagement and work on options completed
- 23/8 – options presented to CCGs Chief's and Chairs Meeting, with invited representation from MCC
- 24/8 – options presented to the Joint Commissioning Executive (JCE)
- 30/8 – options presented to MCC Executive Team
- 31/8 – options presented and recommendations to the Joint Board Session (with MCC colleagues)
- 31/8 - update on progress to HWB Board
- Preferred option ratified by CCG board/MCC boards during September 2016
- Final paper presented to HWB Board on 2nd November 2016

6.0 Next Steps

6.1 Work is progressing to co-ordinate the key actions to support implementation detailed in this report and to secure submission of the investment proposition to GMTF by the end of September. These are:

- Actions to ensure alignment between LCO and SHS as a single system week commencing 5th September;
- Confirmed direction of travel with senior leaders week commencing 12th September;
- Drafting of the over-arching investment proposition including a single implementation plan for the Locality Plan; and
- Meeting of the Executive Health and Well Being Group 21st September to review the submission;

7.0 Conclusion

Work is continuing at pace now to bring to fruition key actions regarding to implement the ambition contained within the Locality Plan. This financial year was intended to secure the establishment of the foundations of the key change programmes (the '3 pillars'). To-date the work programmes are on schedule for achieving key milestones acknowledging that investment support is required to support those deliverables.