

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

Report to: Manchester Health and Wellbeing Board – 18 January 2017

Subject: Future of North Manchester General Hospital

Report of: Chief Operating Officer, North Manchester CCG

Summary

The report provides the detail and the summary of the Project Initiation Document (PID), agreed across all key stakeholders for the development of a clinical and financially stable plan for the future provision of hospital and well-being services at North Manchester General Hospital (NMGH).

Recommendations

The Board is asked to support the Project Initiation Document and to receive regular updates on the progress of the development of North Manchester General Hospital.

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 site currently provides maternity and paediatric services which will be strengthened by the involvement of St Mary's at NMGH.
Improving people's mental health and wellbeing	The site currently provides mental health services and the PID has the full support of Greater Manchester West in participating in the development of the site.
Bringing people into employment and ensuring good work for all	As part of the implementation plan, we will look to securing potential employment opportunities for people living in Manchester.
Enabling people to keep well and live independently as they grow older	As part of the implementation plan, we will work with the Local Care Organisation to support the services key to supporting people to keep well and live independently including supporting integration with social care.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	Service development on the site will focus on support to families including troubled families.
One health and care system – right care, right place, right time	Fundamental to the development and improvement of services on the site will be

	building on integrated and accessible services and the right services for the local population.
Self-care	The development will ensure that all care provided from the site promotes self-care and independence.

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Background documents (available for public inspection):

None

Introduction

1. The following report outlines the way in which commissioners will work together with stakeholders across the health and care system in Manchester and Greater Manchester to develop a plan for the a vibrant future for North Manchester General Hospital site, integrating improved hospital provision with a range of wider services to best meet the needs of patients in one place.

Background

2. The Manchester Locality Plan and the implementation of the three pillars facilitating the Single Hospital Service (SHS), Local Care Organisation (LCO) the Single Commissioning Function (SCF) is central to the NMGH development. Any proposals will be aligned with the wider developments for North Manchester and the city.
3. NMGH is currently part of Pennine Acute NHS Trust (PAHT) but will transfer to become part of the SHS in Manchester once the new organisation has been formed by the merger of University Hospital of South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT). It is anticipated that the transfer will happen between October 2018 and March 2019.
4. NMGH is a busy general hospital site currently offering a wide range of district general hospital services. It has recently received a rating of inadequate by the Care Quality Commission (CQC) and has some very challenged services in relation to urgent care, maternity and paediatrics. The leadership of Salford Royal Foundation Trust (SRFT) has been secured by NHS Improvement to manage PAHT services and lead the implementation of the Improvement Plan across the whole trust.
5. As Manchester moves to a SCF, the CCG commissioners and Manchester City Council will work with partners and stakeholders to agree a future for NMGH which aligns with the development of the SHS and the LCO in Manchester to secure a vibrant and sustainable future.
6. In order for NMGH to have a sustainable future, we need to identify what the right service mix would need to be for the current and future population of North Manchester and its catchment. This includes commissioners being clear about commissioning intentions for what is expected to remain on the site. The site also has old and disused buildings and estate issues that need to be addressed.
7. North Manchester Clinical Commissioning Group (NMCCG) has commissioned the Greater Manchester Transformation Unit to work with key stakeholders to develop a PID which describes how we will work together to agree a viable and exciting future for services on the North Manchester site (see appendix 1). The paper outlines the proposed design principles, strategic interdependencies and the process to develop the plans for the site underpinned by a governance process that aligns the stakeholders and key strategies. In summary, proposals for the future operation of NMGH will have

a focus on what the local population needs, be co-produced with local communities and be aligned with the plans for SHS, PAHT and the LCOs in Manchester and neighbouring boroughs.

8. The site is expected to retain many of its current District General Hospital (DGH) functions. Mental health services are currently provided on the NMGH site from Greater Manchester Mental Health Services Foundation Trust. However, the services will transform to recognise the changing nature of acute care, focussing on co-morbidities and frailty, more pro-active care, prevention and primary care management and well-being including mental health. The LCO will provide integrated health and social care and will be central to this.
9. The scope of this work will encompass all of the services currently provided from the NMGH site, and will look at how these can most appropriately be provided in the future to ensure that NMGH remains a key asset for the local community, and that the existing NMGH catchment population continues to have appropriate access to effective health and social care services.
10. There is likely to be surplus estate as a result of the re-development. A number of opportunities are being highlighted for wider use including an academic facility focussing on integrated care, recognising the successful community services that PAHT has developed with commissioners, housing options, alignment to adult social care, etc. These will align with wider plans for the North Manchester locality and constituent neighbourhoods.
11. The estate at North Manchester is largely of poor quality with a small number of sites relatively newly developed. Considerable work has been undertaken to assess the capital requirements and proposals are being assessed in Greater Manchester with the potential of a small amount of capital to be released for early works. More substantial capital will be required for the full development. Whilst NHS capital is limited, there is potential to access other sources afforded by the establishment of the Memorandum of Understanding in Greater Manchester to lever access to capital from sources not routinely used by the NHS.
12. A more detailed plan will be produced in the next three to six months and will be underpinned by a comprehensive engagement process. There may be a requirement for public consultation and this will be reflected in the implementation plan.

Recommendation

The Board is asked to support the Project Initiation Document and to receive regular updates on the progress of the development of North Manchester General Hospital.

Title	Project Initiation Document – system collaboration to determine a sustainable clinical and financial plan for North Manchester General Hospital site		
Author(s)	Jo Purcell (North Manchester CCG) and NHS Transformation Unit		
Version	V0.3		
Target Audience	Manchester City Council Health and Wellbeing Board, North Manchester CCG, Pennine Acute Hospitals Trust, Salford Royal Foundation Trust, Central Manchester Foundation Trust, University Hospitals South Manchester Foundation Trust, Greater Manchester West Mental Health NHS Foundation Trust, North East Sector CCGs, MACC.		
Date Created	21/11/2016		
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Document Status	Final		
Description	Overview of how the system will work together to develop a plan for a the clinical and financial sustainability of the North Manchester General Hospital site		
File name and path	S:\SERVTRAN\Standardising Acute and Specialised Services\NE Sector\NMGH Transformation Nov 2016\3. PID		
Document History:			
Date	Version	Author	Notes
13/12/2016	0.1	Lucy Davies (Transformation Unit (TU) Project Manager)	Working draft
14/12/2016	0.2	Mellanie Patterson (TU Head of Programme Delivery), Alex Heritage (TU Deputy Chief Executive) and Jo Purcell (Chief Operating Officer, North Manchester CCG)	Review
03/01/2017	0.3	Task & Finish Group	Feedback and finalise
Reviewed by:			Jo Purcell

Distribution

Ver.	Group	Date	Comments
0.2	Task & Finish Group	16/12/2016	Working draft for further development
0.3	Health & Wellbeing Board	06/01/2017	Final PID for Health & Wellbeing Board meeting on 18 th January 2017

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1. Purpose and scope of this document

This Project Initiation Document (PID) describes how the Greater Manchester health and social care system will work together to develop a vibrant future for the North Manchester General Hospital site, integrating improved hospital provision with a range of wider services to best meet the needs of patients in one place.

This year Pennine Acute NHS Trust (PAHT), of which North Manchester General Hospital is part, received an inadequate CQC rating. Immediate action has already been taken to stabilise fragile services, overseen by an Improvement Board and with support from across the system. As these improvements embed and take effect, there is a need to look ahead to the clinical and financial sustainability of the site.

North Manchester commissioners have initiated a piece of work to describe a bright future for North Manchester General Hospital site. This work presents an opportunity to develop a future service informed by the health and wellbeing needs of the population that use the site, rather than working within the constraints of traditional hospital service design.

Whilst the work will be commissioner led, it must involve the wider system to ensure it is developed with close regard for the wider transformation of the Trust, the development of the Manchester Single Hospital Service, the Local Care Organisation and the implications of Theme 3 transformation work stream.

The process must engage all stakeholders, prioritising the needs of the population, sharing that future with local people and giving reassurance to staff at a time of uncertainty.

It has been prepared by North Manchester CCG, supported by the Transformation Unit and a Task and Finish Group, with invited input from:

- Ruqia Allana, Services Manager, North Manchester Black Health Forum
- Jane Arands, Deputy Head of Clinical Transition, Greater Manchester West Mental Health NHS Foundation Trust (GMW)
- Ailsa Brotherton, Head of Service Improvement, NHS Improvement
- Rich Browning, Chief Executive, Healthy Me Healthy Communities
- Katy Calvin Thomas, Director of Strategy, PAHT
- Lindsey Darley, Divisional Care Director, PAHT
- Stephen Gardner, Deputy Programme Director, Single Hospital Service (SHS)
- Kim Green, Senior Finance, Central Manchester CCG
- Brian Goodman, BUZZ
- Robin Lawler, Chief Executive, Northwards Housing
- Dr Iain Lawrie, Consultant & Honorary Clinical Senior Lecturer in Palliative Medicine & Director of Medical and Dental Education (Undergraduate), PAHT
- Mary Lee, Assistant Director of Clinical Performance, GMW
- Professor Matt Makin, Medical Director, PAHT
- Lindsey McCluskie, Director of Estates and Facilities, Salford Royal NHS Foundation Trust and PAHT
- Dr Sohail Munshi, Chair, Greater Manchester Association of GP Federation
- Margaret O'Dwyer, Deputy Chief Officer, Bury CCG
- Nicky Parker, Deputy Director, Adult Social Care, Manchester City Council
- Dr Jeffrey Schryer, Clinical Lead, Bury CCG
- Dr Anton Sinniah, Deputy Medical Director, PAHT
- Tamara Zatman, Senior Project Manager, PAHT

The document describes:

- Design principles – describing how we want to work together and what we want to achieve;
- Key strategic interdependencies;
- How stakeholders will be involved in developing the design;
- How decisions will be taken (and issues/risks managed) through existing governance structures; and
- A high level plan of activities that will take place in order to achieve a shared strategy.

2. Design principles

The design principles below will ensure an inclusive approach to design and consistent decision-making:

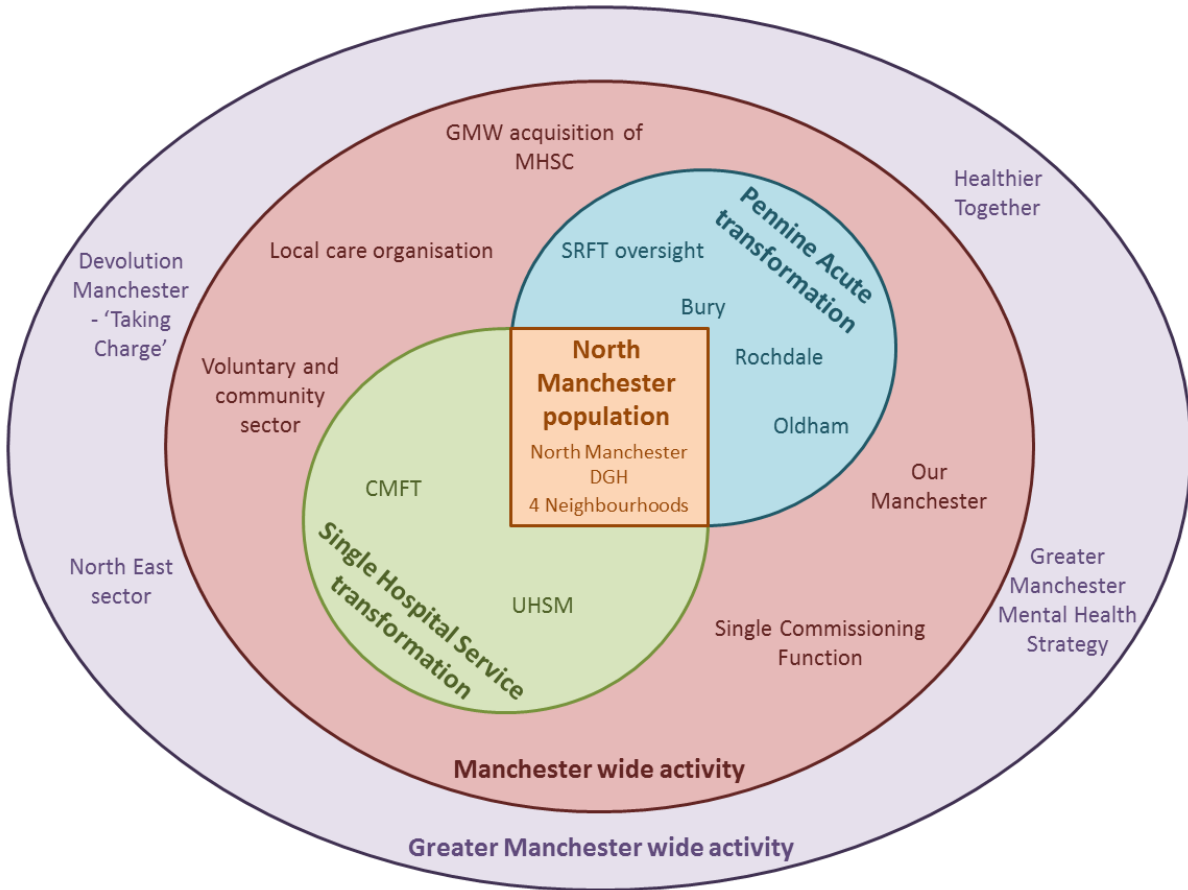
1. The project will set out a clinically and financially sustainable vision of the future of the site.
2. The work will be commissioner led.
3. The vision will:
 - Be a shared vision, achieved by empowering patients, clinicians and managers to co-design the deliverables with Providers, Local Authorities, GM Health and Social Care Partnership and other stakeholders;
 - Be aligned and supportive of emerging Devolution Theme 3 proposals, Greater Manchester Health and Social Care (GMHSC) Partnership strategic plan 'Taking Charge', Manchester Single Hospital Service proposals, the developing PAHT clinical strategy, the Manchester Locality Plan and the developing Local Care Organisations providing out of hospital services; and
 - Not negatively impact upon the clinical and financial sustainability of the remaining three hospitals that make up PAHT nor the sites of the Single Hospital Service.
4. To achieve successful partnership working and co-design, organisations and individuals will operate with trust, openness and transparency. The urgency of the challenge requires organisations and individuals to manage priorities to attend design events and respond promptly to requests for information and support.
5. The design itself will:
 - Be driven by the health and social care needs of the North Manchester population and patients that access North Manchester General Hospital;
 - Work within the context of 'Our Manchester';
 - Take into account the diverse needs of the population, including protected groups and optimising input from faith and community groups in North Manchester;
 - Ensure that care will be provided in the most appropriate setting;
 - Strive for excellence, identifying and building on local best practice and seeking out national best practice and innovative solutions;
 - Take into account best use of estate (thus minimising capital and transition costs);
 - Be future proofed (for example taking into account likely population growth and changes in need);
 - Be flexible and agile in response to ongoing transformation programmes; and
 - Be aligned to local and national strategies (e.g. the Five Year Forward View and any GM clinical strategy that is developed by Devolution Theme 3).

3. Key strategic interdependencies

There are a number of strategic transformation programmes under development across Greater Manchester, several of which are interdependent with the design of the North Manchester General Hospital site (as described in Figure 1 below):

1. Commissioners are preparing **Locality Plans** that describe the development of Local Care Organisations offering the community more integrated, community based care. These plans may significantly reduce and change demand for traditional hospital services and will therefore have a significant impact on the design of the site. The ability to complete the North Manchester General Hospital site strategy will be dependent on progression of Locality Planning in Manchester and surrounding boroughs.
2. The health and social care partner organisations in Manchester have committed to creating a new merged Foundation Trust to provide a single hospital service in Manchester. The programme will bring together University Hospitals of South Manchester (UHSM) and Central Manchester Foundation Trust (CMFT) in the first instance. North Manchester General Hospital will be incorporated in the second phase, and therefore both strategies need to be aligned.
3. Under the stewardship of SRFT, PAHT are currently preparing an ambitious **PAHT strategy**. All of the sites that remain part of PAHT will need to be clinically and financially sustainable. The Trust may look to achieve this by strengthening links with other Greater Manchester Trusts. The North Manchester General Hospital site strategy and PAHT strategy will need to be aligned, but can be developed in tandem.
4. **Healthier Together** will be initiating implementation in April 2017.
5. The **Greater Manchester Mental Health and Wellbeing Strategy** sets out the vision for mental health services for the people of Manchester and is underpinned by the four principles of Prevention, Access, Integration and Sustainability.
6. GMW have acquired MMHSCT effective from the 1st of January 2017 and the organisation will be known as **Greater Manchester Mental Health NHS Foundation Trust (GMMH)**. As part of the acquisition, GMMH has identified key areas for Clinical Transformation which involves services delivered at the North Manchester General site and include:
 - Urgent Care (RAID Core 24 Liaison Service) and Home Based Treatment
 - Provision of Section 136 Suite (although it has not been agreed where this will have located).
 - Improving Access to Psychological Therapies
 - Enhanced Community Mental Health Teams
 - Review of Single Point of Contact
 - Community engagement including GP/Primary Care Engagement, Neighbourhood development and One Team/LCO
 - OATs including Acute, PICU and Rehabilitation and the Rehabilitation pathway
7. Greater Manchester Health and Social Care Partnership is developing a **GM wide strategy for the re-design and procurement of home care services and residential and nursing home services**. The strategies will need to align to ensure the most appropriate services and capacity is commissioned for North Manchester.
8. The **Standardising Acute and Specialised Care work stream (“theme 3”)** has recently shortlisted a number of GM-wide transformation projects aimed at improving quality and reducing the GM deficit. Each of these projects may impact on the North Manchester General Hospital provision. In scope services include Cardio-respiratory, Benign urology, Vascular, Neurorehabilitation, Paediatrics, Breast and MSK orthopaedics services. Specialised HIV (part of Infectious Diseases) and Specialised Ophthalmology will follow in the second wave. Theme 3 projects are initiating in early 2017 and therefore the North Manchester General site strategy will need to take into account potential implications as they emerge.

Figure 1: Outline of some of the strategic interdependencies of which to be cognisant



4. Stakeholders

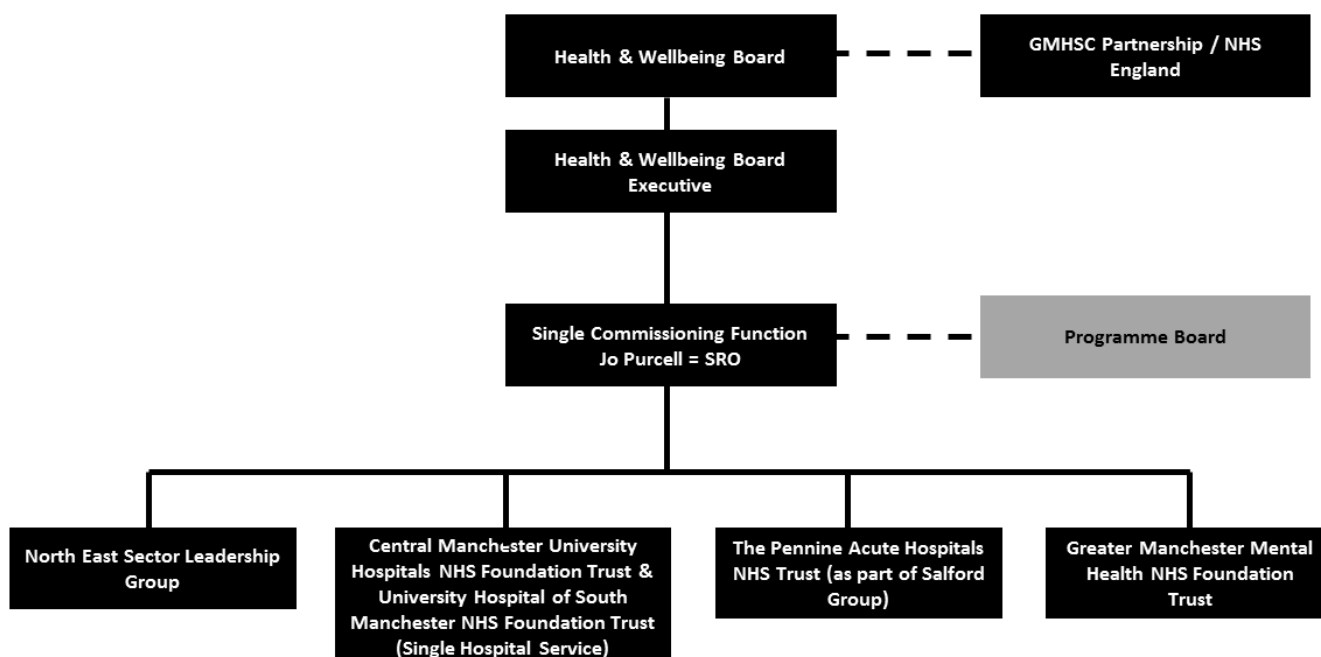
The groups that will need to be aware of and, to varying extents, be involved in the design process include, but are not limited to:

- The population of North Manchester (and patients who access the North Manchester General Hospital site, specifically Bury, Heywood, Middleton, Rochdale and Salford residents)
- Clinicians, managers and other staff that support the North Manchester General Hospital site (and staff from the wider PAHT footprint where they might be impacted by the changes including Strategic Clinical Networks and primary care)
- PAHT commissioners (CCGs) and their local authorities through revised North East Sector governance arrangements
- The CQC, NHS Improvement and the PAHT Improvement Board
- Provider leadership teams – PAHT, CMFT, UHSM, SRFT and other providers that may be impacted by the change
- Greater Manchester Mental Health NHS Foundation Trust
- Councillors including Executive Members and Ward Councillors from North Manchester Health Scrutiny.
- CCG Patient and Public Engagement Forum
- Local Care Organisation (Manchester Provider Board)
- Local Authority departments responsible for adult social care
- Local Authority departments responsible for growth and reform
- North West Ambulance Service
- The Provider Federation Board (PFB)
- The Association of Governing Groups (AGG)
- The Manchester Single Hospital Service Programme
- The PAHT Transformation Programme
- Unions / Staff Side
- The voluntary and community sector
- Faith groups
- Healthwatch
- Health Education North West (HENW)
- Higher education providers
- MPs
- Care homes
- Home care providers.

5. Governance

The governance route for the assurance and sign off of the deliverables is outlined below:

Figure 2: Governance structure



As a commissioner-led project, North Manchester Clinical Commissioning Group will obtain sign off from:

- Acute providers with an interest in the development of the site:
 - The Pennine Acute Hospitals NHS Trust
 - Including Salford Royal NHS Foundation Trust (SRFT) in its current accountability role
 - Central Manchester University Hospitals NHS Foundation Trust (CMFT)
 - University Hospital of South Manchester NHS Foundation Trust (UHSM)
- Mental health providers providing services at NMGH:
 - Greater Manchester West Mental Health NHS Foundation Trust who are in the process of acquiring Manchester Mental Health & Social Care Trust (MHSC) and will become known as Greater Manchester Mental Health NHS Foundation Trust (GMMH).
- Neighbouring organisations who may be affected by / affect any potential changes:
 - Bury Clinical Commissioning Group
 - Heywood, Middleton & Rochdale Clinical Commissioning Group
 - Oldham Clinical Commissioning Group
 - Salford Clinical Commissioning Group
 - Pennine Care NHS Foundation Trust
- Commissioners who will become part of the Manchester single commissioning function:
 - North Manchester Clinical Commissioning Group
 - Central Manchester Clinical Commissioning Group
 - Manchester City Council
 - South Manchester Clinical Commissioning Group.

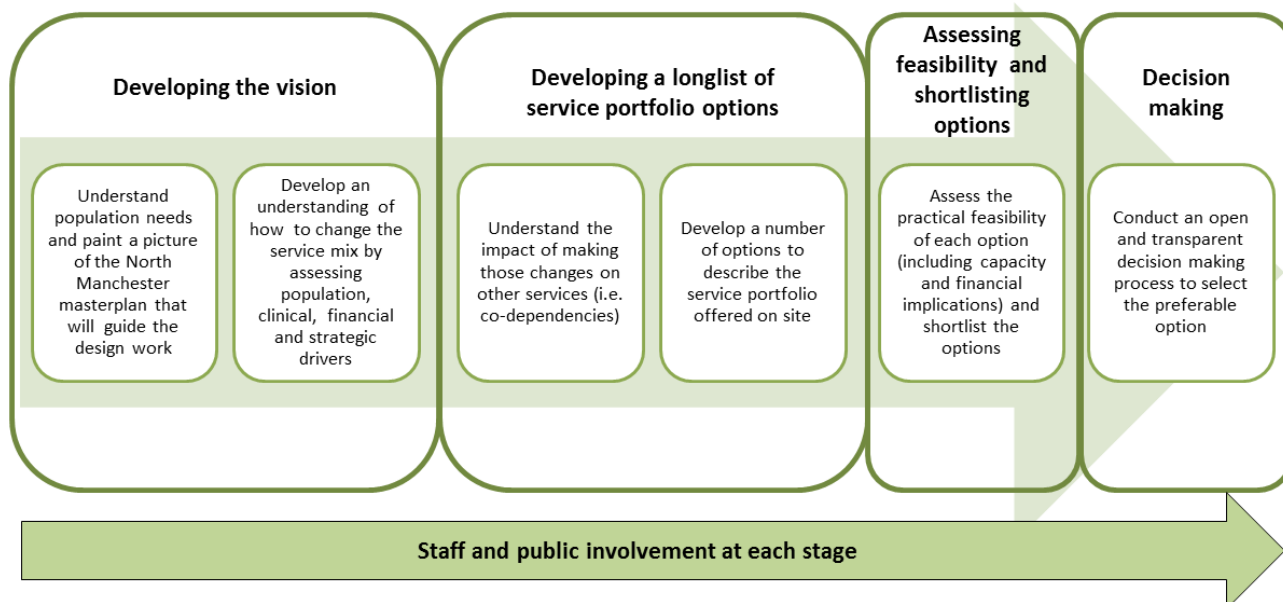
Decision making will occur at the Health and Wellbeing Board, with endorsement from the Greater Manchester Health and Social Care Partnership and NHS England.

Jo Purcell (Chief Operating Officer, North Manchester CCG) will be the Senior Responsible Owner (SRO) and main contact for this project.

6. Approach and specification of work

The project will deliver a **clinical and financial strategy** that has been endorsed as described in the above governance section. The figure below outlines an overview of the approach which is underpinned by co-production with staff and public:

Figure 3: Development approach



Within the first 3 months, involve staff, patients and other stakeholders in developing a vision and longlist of service portfolio options:

- Analyse population needs and then, using this, and involving patients, staff and stakeholders, paint a picture of the future of the site, a “Masterplan” to guide the design work.** Support this work with a communications and engagement plan.
- Conduct a detailed analysis of what might drive a change in the service mix and how that mix might change:**
 - Assess population needs and feedback.
 - Assess clinical sustainability of the services currently offered (and those linked to them across PAHT and other organisations).
 - Assess the PAHT, Locality Plan, Theme 3 and Single Hospital Service strategies and other developments (e.g. of an intermediate care facility) to determine if these might impact on the ideal service mix.
 - Assess the financial sustainability of the site; how might financial considerations impact on the design of the site and how might the services and functions of the site contribute to closing the financial gap across Manchester?Using this analysis generate a simple list of services that we might change; what new services would we introduce to the site, what would we deliver more or less of and what would we consolidate elsewhere?
- Understand the impact of making those changes on other services** (a co-dependency analysis). If a service is reduced, increased or introduced, what might that mean for other services that are already available on the site?
- Using the above, set out a longlist of options for the service portfolio on the site.**

Within 6 months assess the feasibility of each option on the longlist in order to generate a shortlist and initiate the decision making process:

5. Assess the practical feasibility of each option and discount those that are not feasible. For example:
 - Understand how patient activity levels within the hospital would change; can requirements for beds and workforce be practically accommodated?
 - Assess the physical capacity of the site; would the transition and capital costs be too high?
 - Assess how revenue and costs would change; would the site be financially sustainable?
6. **Conduct an open and transparent, commissioner led process to assess and identify the best clinically and financially sustainable option**, placing the needs of the population and protected groups at the heart of the decision and ensuring the preferred strategy delivers the masterplan.

7. Critical risks

As referenced in Section 3 Key Interdependencies, the context in which this project is operating is complex and changing. The programme approach should be responsive and key gateway points should be scheduled at which the scope, implementation plan and risks are reviewed.

The programme will need to be cognisant of existing fragile services and will need to monitor operational safety. The high level risks include:

- Risk of staff leaving the organisation during uncertainty about positive plans for the NMGH site. There is a need to be very transparent and clear on timescales and the process to be taken.
- Risk of not achieving a shared vision if all stakeholders are not engaged in the process and strong partnership working does not occur.
- Risk of not understanding the full picture if input from the communication and engagement with community care is not considered, including workforce.
- Risk of duplicated work effort as numerous transformation programmes are occurring in a relatively short time period. There will need to be strong partnership working and communication.
- Risk of plans not aligning and moving at the same pace therefore creating unnecessary expenditure/blockages.
- Risk of not achieving level of transformation desired through the Locality Plans if the pace does not move fast enough.
- Risk of services not being prepared for change if the pace moves too fast.
- Risk of stakeholders not having the resources to implement changes (e.g. workforce).
- Risk of finances causing delay depending on availability, constraints and opportunities for any necessary funding.
- Risk of limiting the opportunities for the best and most effective services by not being ambitious enough.

8. Resourcing

It is anticipated that, where possible, the resource to deliver the approach will be sourced from organisations internal to the governance structure in order to further build upon and connect to existing transformation work. The proposed roles include:

- Executive Sponsor
- Senior Responsible officer
- Programme Director
- Programme Manager
- Project Support Officer
- Public Health Expert
- Consultation Expert
- Modeller/ analyst
- Health planners
- Enabling work stream leads
 - Adult social care lead
 - Estates and facilities lead
 - Workforce & HR lead
 - Finance and modelling lead
 - Clinical lead
 - Nurse lead
 - AHP lead
 - Operational lead
 - Non-clinical lead
 - Communications and engagement lead