

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

**Report to:** Manchester Health and Wellbeing Board – 30 August 2017

**Subject:** Locality Plan Refresh and MHCC Strategy update

**Report of:** Ed Dyson, Executive Director of Planning and Operations,  
Manchester Health and Care Commissioning

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**Summary**

This paper sets out progress with the development of the Locality Plan refresh and Manchester Health and Care Commissioning (MHCC) strategy.

As the MHCC strategy development and Locality Plan refresh have developed the direction and key milestones have been consistent. Therefore, the paper proposes both work to a common narrative and strategic aims.

The strategic direction continues from that set out in the Locality Plan. However, there are some important developments. There is a shift in focus from organisational change to service transformation, incorporation of the Our Manchester strategy and a stronger emphasis on the wider determinants of health.

To reflect these developments revised governance beneath the Health and Wellbeing Board is proposed.

**Recommendations**

The Health and Wellbeing Board is asked to:

- i. Support the proposed direction set out in the Locality Plan refresh and its alignment with the commissioning strategy
- ii. Agree that organisations will work with MHCC to develop milestones to support delivery of the aims of the refreshed Locality Plan
- iii. Support the proposed governance outlined, endorse the terms of reference for the Manchester Transformation Accountability Board (TAB) and delegate to the TAB establishment of other groups within the governance structure

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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 proposed alignment of the Locality Plan refresh and MHCC strategy would shift the focus from organisational change to service transformation, incorporating the Our Manchester strategy and a stronger emphasis on the wider determinants of
Improving people's mental health and wellbeing	

Bringing people into employment and ensuring good work for all	<p>health. The strategic aims would focus on:</p> <ul style="list-style-type: none"> <li>• Aim 1: Improve the health and wellbeing of people in Manchester</li> <li>• Aim 2: Strengthen the social determinants of health and promote healthy lifestyles</li> <li>• Aim 3: Ensure services are safe, equitable and of a high standard with less variation</li> <li>• Aim 4: Enable people and communities to be active partners in their health and wellbeing</li> <li>• Aim 5: Achieve a sustainable system</li> </ul>
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:** Dr Philip Burns and Councillor Bev Craig

**Contact Officers:**

Name: Ed Dyson  
 Position: Executive Director of Planning and Operations  
 Telephone: 0161 765 4755  
 E-mail: [edward.dyson@nhs.net](mailto:edward.dyson@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.

Manchester Locality Plan – A Healthier Manchester

Manchester Health and Care Commissioning Strategy

## 1. Introduction

Since the approval of the Locality Plan in April 2016 there have been a number of achievements against its objectives, spanning how the system works, organisational changes, service changes, and the Greater Manchester Transformation Funding.

Through the formation of MHCC, a commissioning strategy has been in development over the last 6 months which seeks to clearly articulate the mission, vision, values and strategic aims of MHCC. In many respects the strategy is a continuation of the strategic direction within the City for a number of years, however, the strategic aims that have been developed and also the areas of focus which will be described later in the paper, do bring to the fore that improving the health and wellbeing of people in Manchester will not be achieved through provision of health and social care services alone.

As a strategic commissioner, MHCC will link with and influence partners across the wider determinants of health such as housing, education, and employment as well as empower people and communities to be more active partners in their health in order to really affect the transformation required across the system.

## 2. Strategy Refresh

### 2.1 Achievements to Date

An overview of recent progress and achievements is provided in the section below.

#### 2.1.1 System Working

The joint working within the Manchester system has brought a number of opportunities. These include the pace and success of implementation of significant changes including establishment of commissioning arrangements and the new arrangements for mental health services.

It has allowed us to seize the opportunity devolution has given us. We have made a strong contribution to the Greater Manchester Health and Social Care Partnership and have recently benefitted from significant investment from the Greater Manchester Transformation Fund.

These successes have been a result of a common strategic direction and effective working relationships. The principles established within the Locality Plan, listed below, have acted as a guide to this and should be retained.

**Principle one** - People and place of Manchester will have priority above organisational interests.

**Principle two** - There will be partnership with the people of Manchester, the workforce, voluntary and community organisations.

**Principle three** - The partnership will work to safeguard children, young people and adults, enhancing their health and well-being and protecting the rights of those in the most vulnerable situations.

**Principle four** - Commissioners and providers will work together on reform and strategic change.

**Principle five** - Costs will be reduced by better co-ordinated proactive care which keeps people well enough not to need acute or long term care.

**Principle six** - Waste will be reduced, duplication avoided and activities stopped which have limited or no value.

**Principle seven** - The health and social care system is made up of many independent and interdependent parts which can positively or adversely affect each other. Strong working relationships will be developed within the system with clear aims and a shared vision for the future.

### 2.1.2 Organisational changes

Manchester Health and Care Commissioning was established on the 1<sup>st</sup> April 2017. This established, for the first time, a single commissioning organisation for health, social care and public health.

The Manchester Provider Board (MPB) has emerged as the single qualifying bidder from MHCC's procurement process for a single contract holder for out of hospital care and establishing a Local Care Organisation (LCO). If the MPB is successful in the Award stage it will start to deliver integrated out of hospital care in the twelve neighbourhoods in Manchester planned from April 2018.

The Competition and Markets Authority (CMA) has now cleared the merger of CMFT and UHSM. To complete the merger will require decisions by the respective Trusts' Boards, NHS Improvement and approval of the process by the respective Council of Governors of the Trusts. The intention has always been to follow this merger with North Manchester General Hospital transferring into the new Trust. The process for this will now be pursued.

Whilst not a key feature of the Locality Plan the successful transaction of Manchester Mental Health and Social Care Trust into the Greater Manchester Mental Health Trust is a significant organisational change which is already demonstrating patient benefits.

These are each significant achievements and steps forward in system development. It is important that they are seen through to completion. However, there have always been enablers to improve outcomes and we need to shift our focal point toward service change in order to achieve our goals.

### 2.1.3 Service Changes

Notwithstanding the system progress around organisational changes, there has also been some significant progress made in terms of service improvement and developments over the last 18 months across the health and care system, some highlights of which are summarised below:

**Primary Care Access:** People across Manchester have consistently fed back through survey results that they would like to see improvements around being able to see a GP when they need to. The system has responded and now all patients registered with a GP practice in Manchester can access primary care seven days a week (Mon-Fri 8am-8pm and provision on Sat/Sun). The extended access service is available evenings (Mon-Fri between 6.30pm-8.00pm) and weekends:

- Provided through 12 hub sites across Manchester
- Offers appointments with GPs, Practice Nurses and Health Care Assistants
- Utilises a shared IT system enabling patients to be seen with their full medical record
- Offers access to pre-bookable and same day appointments, offering high quality primary care consultations with local clinicians.

**Identification and improved management of cancer:** The Macmillan Cancer Improvement programme in Manchester is a system wide change programme designed to improve the outcomes and experience for people affected by cancer in Manchester and has run from 2014 and is due to be completed in December 17. The programme has delivered improvements to a range of cancer pathways across Manchester, which has resulted in:

- A new model of palliative and supportive care for patients in North Manchester.
- Incorporation of the effective elements of the cancer locally commissioned service into primary care standards, intended to support improvements in uptake to national cancer screening programmes, serious event analysis following an emergency presentation, and use of practice based cancer and palliative care registers. The North Manchester Palliative Care Service is now being considered for development, so that the improved outcomes can be rolled out across the city.
- The design and testing of a new model of aftercare for patients with breast cancer, which will inform the Greater Manchester Cancer Vanguard project of transforming aftercare for breast, colorectal and prostate cancer pathways.
- The Lung Cancer Early Diagnosis Pilot - More than 2,500 people had a lung health check, resulting in 42 lung cancers being found, majority at an early stage, and identified 250 patients with undiagnosed COPD who have been able to benefit from optimised treatment. This Lung Health Check Service is being rolled out to all GP practices in North Manchester.

**Identification and improved management of chronic disease:** We know in Manchester that we have some of the poorest health outcomes relating to cardiovascular, respiratory and cancer disease in the UK. Over the last 18 months, Manchester CCGs have focused on three disease priorities; Diabetes, Heart Failure and Respiratory, with much of the delivery being targeted through the Manchester Standards implemented in primary care.

To support the improvement in diabetes management, practices have been working to ensure patients received all 8 care processes. This has resulted in an improvement with some practices improving by 65% within a 12 month period. Work was also undertaken with the lowest achieving practices, ensuring patients across Manchester receive a standardised level of care.

In Central Manchester the CCG supported practices to medically optimise and develop self-management plans for patients with Heart Failure in primary care. This piloted approach has identified the need for an integrated community Heart Failure service which will develop a whole system approach to address issues with diagnostics and provide an overall improved patient pathway. A new service commenced in April 2017 which will pilot a self-testing pathway for a cohort of suitable Atrial Fibrillation (AF) patients.

Children and adults Asthma, and COPD were two conditions targeted by the primary care standards. Work focused on improvement of systematic patient annual reviews, and post hospital discharge reviews, with the development of mutually agreed self-management plans and patient education. Outcomes proved positive. In 17/18, MHCC prioritised Respiratory as a work programme in order to drive improvements for patients with respiratory conditions.

Additionally, South Manchester has been working to pilot a multi-disciplinary virtual clinic targeting specific cohorts of patients. This allows primary and secondary care colleagues to work together to ensure patients receive optimal management and medication optimisation. Outcomes of this pilot in 10 practices have demonstrated a reduction of unplanned admissions and significant prescribing cost savings. This model is currently being worked up to support a second cohort of practices across Manchester.

**New integrated models of health and social care:** Over the last 18 months, the building blocks for the new integrated models of care across Manchester's health & care system have been laid down, including:

- The development of the organisational, operational and legal framework to support a full incorporation of the Local Care Organisation in 17/18.
- The development of 12 Neighbourhood Profiles to inform the preventative work that needs to be undertaken to improve health and wellbeing within specific neighbourhoods. Alongside this, LCO has completed 'Future Search' Neighbourhood strategy events which will result in Neighbourhoods having a clear plan for their area, alongside a clear plan for all neighbourhoods to deliver effective integrated care.

- The development of a new approach to social prescribing, supported by new and innovative links with the VCS to be delivered through neighbourhood health and care teams.
- A training programme for all community based health & social care staff (700+) in enabling self-care.
- In terms of the implementation of new and innovative models of care, the Local Care Organisation is implementing High Impact Primary Care model, and design work for target cohorts. The North Manchester Community Assessment and Support Service (CASS) has been implemented, which is an integrated intermediate care and reablement service comprising of hospital based navigators, crisis response, intermediate care beds, intermediate care home pathway and reablement. This service won the “Improving Safety in Primary Care” award at the National Patient Safety Awards in July 2016.
- Across the city, there is a phased implementation of 12 Integrated Neighbourhood Teams (INTs) integrating social work services with the majority of community health services, following the model developed collaboratively by providers.

***Mental health:*** The acquisition of Manchester Mental Health and Social Care Trust (MMHSCT) in January 17, and the joint contract, has enabled a shared understanding between Manchester City Council, CCGs and Greater Manchester Mental Health Trust (GMMH) on the challenges facing mental health services and access to the right support. This has led to a transformation programme within the GMMH contract for priority and integrated pathways of care which require development. These are:

- Improving Access to Psychological Therapies (IAPT) - for increased access, recovery and waiting times to meet the national standard. Improvements have been made in 16/17 which saw an increase in access from 8.75% at the end of 15/16 to 13.89% at the end of 16/17.
- Acute and urgent Care - enhanced 7 day Community Mental Health Teams; home based treatment and Mental Health liaison in acute hospitals, the development of a section 136 suite in the city.
- Month on month reduction since March 17 in out of area placements.
- Community engagement - helping people manage in the community by supporting community groups and activities which contribute to mental wellbeing.
- Less fragmentation in the mental health services in the city – for example, the first episode in psychosis service has transferred from Rotherham and Doncaster and South Humber Mental Health Foundation Trust (RDASH) to GMMH and Mental Health liaison/RAID services at the NMGH site from Pennine care to GMMH. This reduced fragmentation will enable improved care pathways and was a clear strategic aim of the MHIP.

Mental health commissioners in the CCG and Manchester City Council are building on the joint working developed through the acquisition process. This collaborative approach has set a good foundation in which to further develop joint commissioning within MHCC and has enabled a process to develop a

joint Local Authority and CCG funding panel for the future and a joint contract between the CCG and Manchester City Council. It has also secured additional funding into the system; Manchester has been awarded national NHS monies for the delivery of pilots for post diagnostic dementia support, and successfully secured more investment in mental health in line with the national parity of esteem requirement to align the MHCC growth to mental health growth.

**Secondary Care services:** Over the last 18 months, there have been significant and continued improvements in service provision for patients. Some highlights include the work being undertaken across the system to improve the urgent care system, and improvements to stroke services.

In response to the pressures on the urgent care system in Central and South Manchester, Commissioners and providers pursued a new approach to utilise the Commissioning for Quality and Innovation (CQUIN) funding available - it was used to provide an unprecedented level of resourcing to initiatives to support the quality, infrastructure and sustainability of our urgent and emergency care services. Through this new approach significant improvement across the system was achieved. Some examples of improvement in the system which have supported delivery include:

- Fast track GP referrals to assessment areas
- 30 minute transfers from A&E to wards from beds becoming available
- Development of a next day 'Bring Back' system for medical patients to reduce overnight stays
- Reductions in NHS reportable delayed transfers of care
- Improve effective patient flow to reduce medical outliers
- Expand medical assessment unit referral pathways (including headaches, cellulitis, extended respiratory criteria) to support deflection

The ongoing embedded delivery of the above improvement schemes into 2017/18 combined with our resilience investment has seen Central Manchester Foundation Trust and South Manchester University Hospital NHS Trust deliver the strongest performance across Greater Manchester and England.

Hospital stroke care across GM and East Cheshire was reconfigured in 2015 to centralise hyperacute services onto three sites (Fairfield General, Stepping Hill, Salford Royal). Following this reconfiguration, the quality of stroke services has improved, with **Fairfield General** being the **highest rated stroke unit** in the country. The latest data (Aug-Nov 2016) showed that stroke patients in all boroughs of GM and East Cheshire had access to 'A' rated stroke care. For Manchester CCG, this is an improvement from level D/C rated care in 2014.

Fuller details of quality improvements in secondary care services can be found in the Annual Quality Accounts published by UHSM, CMFT and PAHT.

#### **2.1.4 Transformation funding**



Manchester has successfully bid for investment from the Greater Manchester Transformation Fund GMTF. The funding up to 2021 is summarised as follows:

**Locality programmes**

Out of hospital care (LCO)	£32,130,298
Mental Health Services	£4,000,000
Single hospital services*	£31,608,854
Enablers	£879,562

*\*SHS has requested more funding than this value, but this has been held back for a) potential funding from other sources including NHSI and NHSE and b) stage two costs (NMGH) held back. These costs have been excluded from this table.*

**Greater Manchester programmes (Manchester share)**

Primary Care**	£6.9m (cumulative)
Mental Health	TBC
Healthier Together	TBC

*\*\*This represents the GMTF element of funding only which is subject to approval. An additional £1.8m per annum is also funded from CCG baselines for 7 day access*

## 2.2 Changes which influence strategy development

A Healthier Manchester will have two key developments in terms of content and direction. In January 2016 the Our Manchester strategy formally launched and has been adopted by partners in health and social care across the city. It seeks to develop a new approach by public sector organisations with people and communities. In practice, this means having a different conversation with residents and partners, working together to build relationships and really listen to the people we work with. Starting from strengths - what people can do, rather than what they cannot do. This is aimed at helping people across the city lead better lives. It puts people at the centre of everything we do.

For health and social care we see this as an opportunity, in developing the strategic aims. Aim 2, which is concerned with the system's role in strengthening the wider determinants of health and Aim 4 which is aimed at enabling people and communities to be active partners in improving their own health and wellbeing, are essentially grounded in the Our Manchester approach, and were heavily influenced by the community and voluntary sector.

The Locality Plan includes work relating to prevention and early intervention but currently does not have sufficient focus upon the wider determinants of health. Less than 20% of the health outcomes of a population are determined by the provision of healthcare. Key determinants such as the economy, employment, education, housing and social networks are the greater contributors to population health - ([Dahlgren and Whitehead, 1992](#); [World Health Organisation, Social Determinants of Health: The Solid Facts, 2003](#)). Our work going forward will form a greater connection with these, applying

evidence based interventions, to address the social determinants of health and address the causes of ill health for our population. This will need to be the longer term strategy for the system, reflecting the timescales of Our Manchester, because the impacts of improved housing, employment, transport on health and care will be less evident in the short term.

### **2.3 What people have told us**

In line with the principles of Our Manchester, we have spent the last two years listening to local people's views on health and care services. These have helped to shape MHCC's commissioning strategy and the approach to the locality plan refresh. Below is a summary of what people have told us:

The general public told us:

- They want to be more active and want information and opportunities on how to do this
- They want to eat healthier and want information and opportunities on how to do this
- They want to use green spaces and parks to improve their overall health and wellbeing
- They want better access to public transport that covers and crosses the city of Manchester

People using social care told us:

- They want better communication across health and care and only telling their stories once
- They want us to raise awareness of how to report a hate crime and understand the impact on health and well-being
- They want a review of paid carers and focus on reliability, short visits and quality of the visits made to people's homes
- They want a joined up approach to health and care training and support offered to people on personal budgets and personal health budgets
- They want better information about advocacy options available and work of the Manchester Advocacy Hub

People using GP services told us:

- They want improved access to a GP practice and more awareness of the 7 day service available
- They want continuity of care from a named GP and an improvement in the quality of care
- They want the choice of male or female GP available for appointments
- They want to be treated with dignity and respect by practice staff

People using hospital services told us:

- They want better communication between hospitals and GP practices and the sharing of patient results in a timely way
- They want to be able to tell their story once and if seeing multiple consultants and a GP, for someone to be a key worker and take responsibility overall for the patient
- They want improved access to transport choices across the city to be able to attend hospital appointments
- They want the sending out of multiple appointment letters to stop and use technology more such as text or email

People affected by mental health problems told us:

- They want someone to talk to quickly (and at any time)
- They want a preventative service that will stop them going into crisis and who to contact in a crisis situation
- They want to co-produce and co-design services that meet their needs
- They want an improvement in the continuity of care for them as a service user

People living with a learning disability told us:

- They want to raise awareness of the importance of health and wellbeing screening appointments to carers and support workers
- They want GP practices to be pro-active in inviting people with a learning disability in for an annual health check
- They want to ensure that accessible equipment is available for people with a learning disability at health appointments
- They want health and care staff to understand preferred choice and method of communication as an individual and in an easy read format

Carers have told us:

- They want more control over their daily life
- They want support to improve their health and well-being
- They want to be involved in discussions about the person they care for
- They want improved access to GP appointments

People affected by cancer have told us:

- They want opportunities for peer to peer support to take place and importance of volunteering
- They want to co-produce and co-design services that meets their needs and recognise the importance and value of user involvement
- They want cancer awareness information and key messages to be targeted for trans community
- They want increased choices of wigs for black and minority ethnic women

People living with visual impairments told us:

- They want an improvement in information provision
- They want an improvement in service user/patient representation in commissioning
- They want training for health and care staff to understand issues/barriers
- They want accessible health and care venues and a better understanding of what this means

Disabled people told us:

- They want better communication across health and care
- They want opportunities for peer support to enable people to take more control of their health
- They want an improvement in the attitudes of health and care staff towards disabled people
- They want better information about advocacy options and work of the Manchester Advocacy Hub

People living with loss of hearing or partial deafness told us:

- They want more use of BSL interpreters for health and care appointments
- They want increased information, advice and support
- They want health and care staff to understand preferred choice and method of communication as an individual
- They want improved access to GP appointments

Refugees, Asylum Seekers and Migrants told us:

- They want support to register with a GP practice and how to do it
- They want equitable access to interpretation and translation services at health appointments
- They want information on mental health support and emotional wellbeing – what is available and where
- They want information on HIV treatment and access to services

Lesbian, Gay, Bisexual and Trans people told us:

- They want all GP practices in Manchester to have completed Pride in Practice
- They want health and care services not to make assumptions of a person's sexual orientation
- They want to see an improvement in the levels of trust by trans people to health professionals and less negative patient experiences
- They want timely, effective and unbiased support for young people seeking gender reassignment

Black, Asian and Minority Ethnic people told us:

- They want information on the NHS complaints process and what support is available to make a complaint
- They want assurance of confidentiality processes in place around inappropriate disclosure of patient information to health staff who do not need to know
- They want to be treated with dignity and respect by health and care staff and not in a discriminatory way
- They want information on health and care services available in the community and how to access them

Homeless people told us:

- They want help with practical support like form filling, understanding and accessing benefits and opening a bank account
- They want information on health and care services available in the community and how to access them
- They want continuity of care and the ability to register at a GP practice of their choice

Older people told us:

- They want continuity of care with a named GP who knows them and is aware of their health conditions
- They want access to low cost age appropriate exercise and fitness classes
- They want provision of health and care advice in the community rather than visiting a GP practice
- They want opportunities to share their life skills with children and young people

Young people told us:

- They want mental health to be considered as important as physical health and that young people deserve to be seen as a whole person
- That GP practices, pharmacies, friends and family were the most common places they used to find health and care information
- They want free access to sports facilities, classes and activities for young people who may not be able to afford them
- They want health and care to make it easier for young people to access mental health support without labelling it as a negative

Military veterans told us:

- They want a local directory of services that ex-service personnel and veterans can use
- They want awareness and training for health and care staff on needs of military veterans so they know how to support them

- They want health and care to work collaboratively across services to support their needs
- They want to be signposted to other services that will help them back into civilian life

Students told us:

- They want increased awareness of NHS 111 and its role within the health system
- They want information on healthy eating, dietary advice, nutrition and meal planning
- They want access to mental health advice and resources to manage their emotional and wellbeing
- They want health and care services to make use of social media to share key messages and resources

Carers affected by dementia told us:

- They want a point of contact by telephone or face to face to understand what to expect when someone is diagnosed with dementia
- They want increased awareness and training to health and care staff on dementia as per the NICE guidance
- They want information on continuing healthcare and how it works
- They want information on respite care and increased availability of it for people they care for

## **2.4 Commissioning strategy and Locality Plan**

In developing the MHCC strategic plan the aims developed were heavily influenced by the Locality Plan and the health and social care strategic direction. There was no differentiation in what MHCC seeks to commission from the Locality Plan. However, as described above it has generated some additional areas of focus for the refreshed Locality Plan.

## **2.5 Proposed strategic aims**

The Locality Plan had descriptions of the features of the desired system by 2021. It does not however have clear and measurable aims. The proposed aims, which are the aims of MHCC, are described below; if supported as system aims, short and long term indicators will be identified to track during the course of the Locality Plan.

### **Aim one – Improve the health and wellbeing of people in Manchester.**

- Proactively support people's health by starting well, living well, aging well and at the end of life.
- Improve both mental and physical health.
- Provide services fairly to reduce local variation in healthy lives.

### **Aim two – Strengthen the social determinants of health and promote healthy lifestyles**

- People will be enabled to have healthy lifestyle choices and prevent ill health.
- The health and care system will support improvements in housing, jobs, education, the economy and people's social connections.

### **Aim three – Ensure services are safe, equitable and of a high standard with less variation**

- Co-ordinate health and care, ensuring safety, quality, value for money and high standards for all.
- Care and support will be proactive and ill health identified early.

### **Aim four – Enable people and communities to be active partners in their health and wellbeing**

- Build on the strengths of communities, voluntary groups and social networks.
- Invest in individuals and carers, supporting them to manage their own health.

### **Aim five – Achieve a sustainable system**

- Balance our finances now and in future years.
- Reinvest savings into better care.
- Develop our workforce so we have committed, healthy skilled people where and when they are needed.

## **2.6 New focus**

For the last 18 months strategic focus has been upon organisational change although it is important to recognise service improvements which have taken place. The 'three pillars' have been the focal point of delivery. This was important and the service transformations were not considered possible without a simplified and more coherent system in Manchester. It is important that organisational changes are followed through in their establishment, their maturity and how they work together. However, looking forward a new focal point which focuses upon changes to services and our relationship with residents needs to be developed.

The new areas of focus, which will deliver the strategic aims, proposed are:

#### ***'Our Services'***

This means:

- Developing integrated, well-coordinated and proactive care
- Standardised care which consistently follows evidence based pathways and interventions

- Connecting with communities, delivering excellent user experience in neighbourhoods where possible
- Completing organisational changes to commissioning and provision
- Maximising potential through research and innovation in the city.

***'Our People'***

This means:

- Addressing the causes of poor health outcomes across Manchester with interventions that will impact on in the short, medium and long term
- Achieving equity in quality and service provision across the city
- Engaging and empowering residents in positive lifestyle choices regarding smoking, diet, exercise and alcohol
- The Health and Care system being an exemplar of the Our Manchester approach.
- Working with others to bring opportunities for education, employment, good housing, a developing economy and social inclusion.

***'Our Outcomes'***

This means:

- Delivery of quality, safety and performance across the system
- Achieving financial balance across the health and social care system in the short and medium term
- Good levels of recruitment, retention and staff satisfaction
- Modern buildings and technology supporting effective working.

The figure below seeks to show how the achievement of the strategic aims will be supported by the focus on delivery across the system in these three areas, and the underpinning approach that the system follow to achieve these.



<b>To improve the health and wellbeing of people in Our Manchester</b>			
<b>System Aims</b>	<b>Strengthen the social determinants of health and promote healthy lifestyles</b>	<b>Ensure services are safe, equitable and of a high standard with less variation</b>	
	<b>Enable people and communities to be active partners in their health and wellbeing</b>	<b>To achieve a sustainable system</b>	
<b>What we focus on</b>	<p><b>Our Services</b></p> <ul style="list-style-type: none"> <li>• Integrated and proactive care</li> <li>• Standardisation of clinical services</li> <li>• Connection to communities</li> <li>• Completing organisational change</li> </ul>	<p><b>Our People</b></p> <ul style="list-style-type: none"> <li>• Breaking out of the cycle of health inequalities</li> <li>• Addressing the causes of poor health across the life course</li> <li>• Develop and support delivery of the Manchester Population Health Plan</li> <li>• Deliver equity across services</li> <li>• Positively contribute to wider determinants of health</li> <li>• Empowered, connected communities</li> </ul>	<p><b>Our Outcomes</b></p> <ul style="list-style-type: none"> <li>• Delivery of quality, safety and performance across the system</li> <li>• Deliver financial sustainability</li> <li>• Develop a sustainable workforce</li> <li>• Development of technology to sustain and drive improvement across system</li> </ul>
<b>Approach</b>	<p>Application of the Locality Plan Principles Outcome Focused Grounded in Our Manchester Evidence based Investment</p>		

To support the emphasis on delivery, within the strategy, milestones for each of these areas are being developed with partners, including the community and voluntary sector. These are being developed into a Plan on a Page, and will support how the system will track delivery of the Locality Plan. This requires further development with partners.

## 2.7 Manchester Agreement

The strategic refresh outlined above is included in the Manchester Agreement (MA) which will be sense checked and ultimately approved by the Manchester Transformation Fund Accountability Board at its August and September meetings.

The MA will sit alongside the Greater Manchester Investment Agreement to provide additional assurance about how investment and reform will reduce demand in the city. It will detail how the investments being made in new models of care will reduce demand for acute health services and through decommissioning, release cashable savings for reinvestment. It will do this by tracking and monitoring key metrics over time, evaluating the impact that the

new approaches have on people's lives and setting out how partners will share risk and reward. It will show the inputs and outputs required from the main programmes of change and how these link to the outcomes and population health impacts required.

The MA, therefore, seeks to further strengthen the partnership between key health and social care partners in Manchester, to better enable the delivery of system wide transformation.

## **2.8 Next steps**

For the Locality Plan Refresh, the key next steps are to complete the draft of the document, through engagement with partners across the Health and Care system. Key to the refresh will be for organisations to adopt the strategic aims outlined above, and the proposed three areas of focus as an integral part of their respective strategies.

As a system, the milestones that need to be achieved over the next 10 years in order to deliver the Locality plan, and also the health care contribution to Our Manchester also need to be articulated, which will be done with partners in the development of the draft document. This will build on the work that has already been taking place through the refresh of the Health and Wellbeing Strategy in 2016, the development of the MHCC Strategy, and latterly through the Manchester Agreement.

The governance described in the section below is being revised to achieve the change in focus of the system.

## **3 Revised Health and Wellbeing Governance**

To recognise the change in organisational arrangements and the increasing focus upon service change it is proposed that the governance beneath the Health and Wellbeing Board is amended. These changes have been reviewed and supported at the Manchester Transformation Fund Accountability Board (MTFAB).

### **3.1 Proposed changes**

- The Executive Health and Wellbeing Group will shift its focus to become a wider stakeholder group, renamed the Health and Wellbeing Strategic Reference Group. It will act as a reference point for the direction and delivery of the Locality Plan.
- The MTFAB will act as a smaller Executive Group which can oversee the delivery of the plan, make decisions and connect the health and social care system into Greater Manchester and the broader system strategy. The group will be renamed the Manchester Transformation Accountability Board to reflect the broadening of scope from the Transformation Fund to the Locality Plan as a whole. Draft terms of reference for the Manchester Transformation Accountability Board are included at Appendix 1.

- With support from the Health and Wellbeing Board the terms of reference for other groups can be approved by the Accountability Board, the broad purpose of these groups are set out in Appendix 2.
- An additional enabling workstream will be added for performance and evaluation.
- The Locality Plan Delivery Group will refresh its working arrangements and set out a work programme for the remainder of the financial year and 2018/19.
- The co-ordination of the Locality Plan will transfer to MHCC. This will be aligned with strategic commissioning activities. This will not remove the ethos of joint working nor the vision behind the Locality Plan but it will allow strategic commissioning to become inextricably linked with the vision of the Locality Plan.

### **3.1.1 MHCC**

The Locality Plan Programme Office Team will transfer into the Planning and Operations Directorate of MHCC, and will report to the Executive Director of Planning and Operations. Regular reports on progress will be provided to the MHCC Executive Committee, and to the MHCC Board.

### **3.1.2 Locality Plan delivery**

Through the locality plan refresh, and the articulation of the three focus areas for the system, the delivery of the Locality Plan needs to become the 'business as usual' for the health and care system. As such, organisations will need to identify and make available capacity for delivery. To deliver the locality plan aims, teams will need to be enabled to work across organisations and the city, which is in line with the principles set out in the original locality plan. This will be particularly important for the enabling workstreams such as IM&T and workforce.

## **4. Recommendations**

The Health and Wellbeing Board is asked to:

1. Support the proposed direction set out in the Locality Plan refresh and its alignment with the commissioning strategy
2. Agree that organisations will work with MHCC to develop milestones to support delivery of the aims of the refreshed Locality Plan
3. Support the proposed governance outlined, endorse the terms of reference for the Manchester Transformation Accountability Board (TAB) and delegate to the TAB establishment of other groups within the governance structure

## **Appendix 1: Manchester Transformation Accountability Board Terms of Reference**

### **DRAFT (v0.2) Terms of Reference – Transformation Accountability Board (TAB)**

#### **1. Purpose and Accountability**

A review was undertaken in July 2017 of the governance arrangements in place to oversee the implementation of the Locality Plan. This review recommended that the Manchester Transformation Fund Accountability Board (MTFAB) adjust its remit to take on a broader role in the oversight of the delivery of the Locality Plan, above and beyond its previous responsibilities related to GM Transformation Fund (see *'ToR MTFAB v1.1 Final'* for full details of previous responsibilities) .

The Transformation Accountability Board (TAB) will be supported by a Strategic Reference Group which will evolve from the current Executive Health and Wellbeing Group (EHWG).

For assurance purposes, the TAB will provide regular updates to the Health & Wellbeing Board (HWB), as required. The TAB will also account directly to the GM Health and Social Partnership for the delivery of outcomes in the Investment Agreements with GM.

#### **2. Objectives and Activities**

The TAB will:

- Oversee, on behalf of the Manchester Health and Wellbeing Board, the implementation of the Manchester Locality Plan.
- Act as the conduit between the Manchester system and the Greater Manchester Health and Social Care Partnership. This will involve accounting directly to GM for the delivery of outcomes of the GM Investment Agreement; further negotiations around investment agreements over the lifecycle of the Locality Plan; and accounting to GM for securing financial and clinical sustainability.
- Act as the link, at a strategic level, between the health and social care system and the broader City Strategy (*'Our Manchester'*).
- Be responsible for the development and deployment of the Manchester Investment Agreement.

In order to fulfil these functions the main activities of the Board will be as follows:

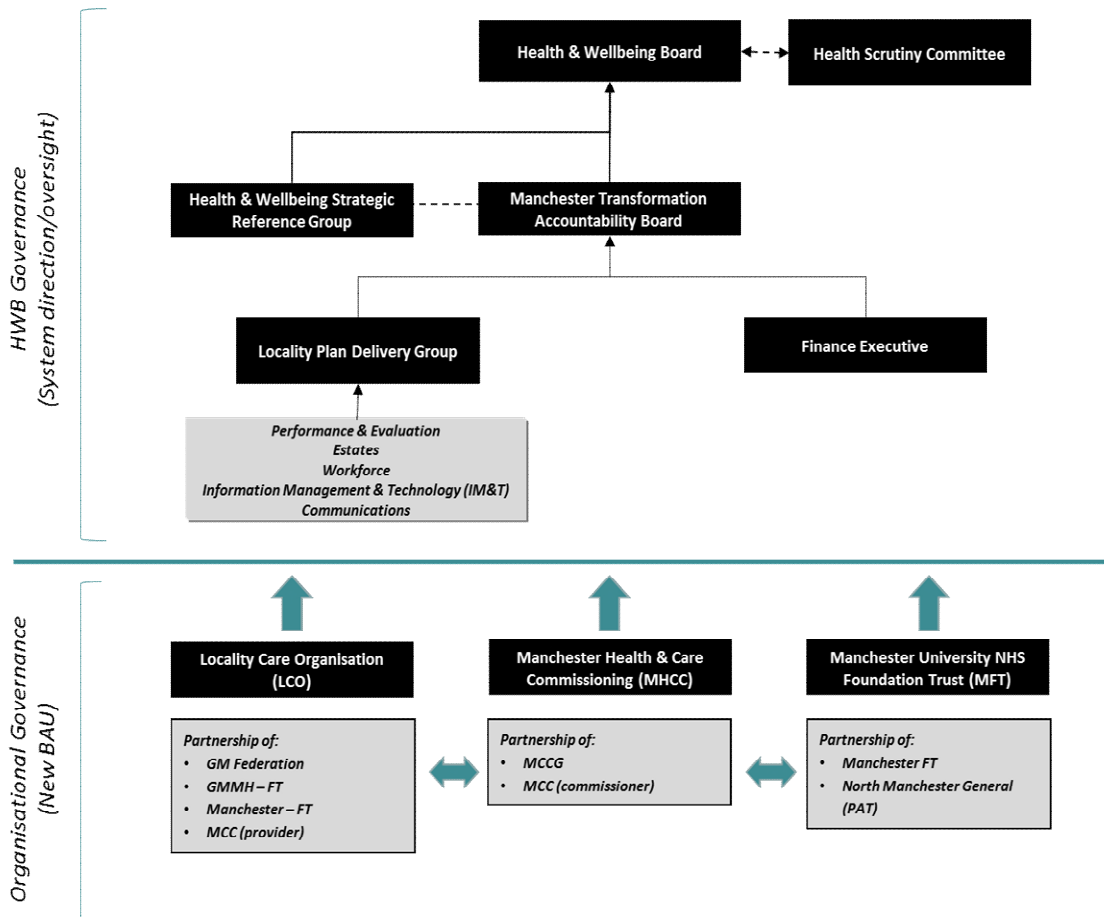
- Commission an update of the Manchester Locality Plan for delivery in Autumn 2017, and oversee the implementation and delivery of an annual transformation planning process to meet locality plan objectives.
- Agree and oversee, at a strategic level, the Manchester Agreement, ensuring its component parts (strategy, performance, benefits, evaluation, risk and gain share) are synchronised and are helping to deliver system change.
- Hold the Locality Plan Delivery Group to account for implementation of the Locality Plan, to receive assurance regarding delivery and to resolve issues escalated to it.

- Support the enabling programmes to ensure coherent system wide strategies for workforce, digital/IM&T, estates and communications.
- Work with the system wide Finance Executive to ensure decisions on transformation priorities are fed by robust business cases, and decision making takes full account of the impact on health outcomes and financial sustainability, and is linked to clear deliverables and intended benefits.
- Work with the Performance and Evaluation Programme to support it to monitor the effectiveness of the deployment of the investment resources upon the changing health and care system, and the impact upon the transforming profile of demand and provision of services.
- With the support of the Health and Wellbeing Board, enter into legal agreements with external funding bodies.
- Oversee the effective development and delivery of all programmes led by the Locality Plan Delivery Group.
- Ensure that these programmes are mutually inter-dependent and fully aligned with a single integrated clinical strategy.
  - Be the main link with GM on the designation and deployment of external financial and non-financial resources across the Manchester system.

The ultimate objective of the TAB is to support the delivery of the Manchester Locality Plan.

### **3. Governance and Authority**

The diagram below indicates how the TAB is positioned within the system wide transformational governance structure. The TAB reports into the Health & Wellbeing Board. Several governance bodies report into the TAB, as detailed below.



#### 4. Reporting

The Board will provide a report to each Health & Wellbeing Board, and to other governance forums as required.

#### 5. Membership

Job Title	Organisation	Role on TAB
CAO	Manchester Health and Care Commissioning	Leadership in relation to commissioning of health, social care and public health. Chair of the TAB *
CEO	Manchester FT (SHS)	Leadership in relation to provision of secondary care services for the new FT and conduit to NMGH in lieu of transfer to New – FT
CEO	Manchester LCO	Leadership in relation of out of hospital services within the scope of the LCO and conduit to services within the future scope of the LCO
CEO	Manchester City Council	Leadership in relation to the broader responsibilities of the City Council

		including providing the link to the City Strategy
CEO	Greater Manchester Mental Health	Leadership in relation to the effective incorporation of the new mental health provider in Manchester and strong strategic connection of mental health
	MACC	Leadership in relation to voluntary, community and faith sector
	GP Federation	Leadership in relation to Primary Care services.

\* The Leader of the City Council currently Chairs this meeting on a time limited basis.

Others may attend the TAB at the discretion of the Chair. In the first instance this will include:-

The Chair of the Finance Executive.  
The Chair of the Locality Plan Delivery Group.

## 6. Meeting schedule and Support

The Board will meet monthly for the duration of the implementation of the Locality Plan, which at the time of writing is scheduled to run up to March 2021. The meeting will be convened and supported by the Locality Plan Programme Office.

## 7. Quorum

Given the importance of the business the MTFAB needs to conduct, each occurrence of the MTFAB must be in a position to make decisions with enough authority to allow binding action to be conducted. The MTFAB will be quorate if at least half of the standing members of the Board are present. All members must make every effort to designate a representative to take their place in their absence as and when non-attendance is unavoidable. Absent attendees can also make arrangements to feed into decision making outside of the formal Board meeting, as agreed by the Board.

## 8. Review period

These Terms of Reference will be reviewed on an annual basis, led by the Chair, with the next review due in August 2018. The Chair can bring this review date forward if circumstances change.

## **Appendix 2: Summary of other Groups within Health and Wellbeing Governance**

### **Health and wellbeing strategic reference group**

- To provide the Health and Wellbeing Board and the Transformation Accountability Board with a broader perspective regarding the direction and progress of the Locality Plan,
- To contribute to the strategic direction of the health and social care system,
- To act as a critical friend to the development and delivery of the Locality Plan.

### **Finance Executive**

- Update and maintain and assure implementation of the system wide five year finance plan which underpins the Manchester Locality Plan
- Review and recommend proposals for release of transformation funding. Proposals should be supported by robust business cases, which clearly demonstrate financial impact linked to clear deliverables and benefits.
- Monitor the effectiveness of the deployment of the investment resources upon the health and care system and track the implementation against metrics in Investment Agreements with GM and Manchester contracts;
- Ensure that plans deliver cashable savings that support financial sustainability for partners and delivery of the locality finance plan.

### **Locality Plan Delivery Group**

- To lead the implementation of the Locality Plan including:-
  - Transformation programmes,
  - Enabling programmes,
  - Effective programme and project management,
  - Reporting of progress, impact, risks and issues.
- To ensure effective co-ordination with business as usual arrangements within Manchester's health and social care system

### **Enabling Programmes**

- Each enabling programme will:-
  - Ensure the supporting infrastructure develops strategically and operationally in line with the transformation programmes,
  - Connect leadership and delivery across the system.
- Enabling programmes include:-
  - Information management and technology (IM&T),
  - Estates,
  - Workforce,
  - Performance and evaluation,
  - Communications