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

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

Subject: Manchester Local Care Organisation – Provider Update

Report of: Michael McCourt, Chief Executive – Manchester Provider Board

Summary

The Manchester Provider Board (MPB) is continuing to lead the development of a Local Care Organisation (LCO) across the city of Manchester. Following the appointment to the Executive Team and being identified as the single capable provider in the procurement process by Manchester Health and Care Commissioning (MHCC), work continues to develop the organisational form, new models of care and business case to support the procurement process.

Partner organisations have agreed the initial legal structure of the LCO with a Working Group established to develop future governance arrangements ahead of service delivery in April 2018.

There have been a series of neighbourhood development events across all neighbourhoods in Manchester, to ensure that the LCO design will meet the needs of neighbourhoods as well as co-ordinating the city wide services.

Business cases for the new models of care have been approved ensuring that the schemes can be rolled out from August 2017, subject to review and management by the Manchester Provider Board.

The Manchester Provider Board is also continuing to work closely with Manchester Health and Care Commissioning to progress with the procurement process.

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the development of the interim legal structure of the Manchester Provider Board which will be established ahead of service delivery in April 2018 and the programme plan;
2. Note the progress in regards to the implementation of the new models of care for 2017/18 and the engagement activities co-ordinated by the Manchester Provider Board; and
3. Note the continued progress made by Manchester Provider Board in the procurement process to date.

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 Provider Board have since January 2016, been developing models of care and thinking around a Local Care Organisation which will deliver and contribute towards the Health & Wellbeing Boards 7 strategic priorities.
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	

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Manchester Locality Plan

1. Introduction

- 1.1 This report provides a brief update on the development of the Local Care Organisation by the Manchester Provider Board, including the development of service and clinical models and strategy, as well as progress in relation to the procurement process set by Manchester Health and Care Commissioning.

2. Background

- 2.1 In January 2016, it was agreed by the Health and Wellbeing Board that the Manchester Provider Board would be responsible for the development of a Local Care Organisation for the city of Manchester and further development and implementation of the One Team model of care approach. Since then, the providers have worked together to develop and implement new models of care and are responding to the formal procurement process launched by Manchester Health and Care Commissioning in March 2017.

3. MPB Organisational Structure and Programme Plan

- 3.1 Further to the initial 44 and 100 day plans that were implemented from March 2017, the Executive Team have continued to progress the three core programme areas;
1. Building the organisation, including organisational form;
 2. Developing from vision to strategy, including implementation of new models of care; and
 3. Managing the change through transaction.
- 3.2 Following the Manchester Provider Board's successful submission of the Qualification Questionnaire, during the initial procurement phase for the Local Care Organisation, a management condition was attached to the recommendation of the Manchester Provider Board being identified and continuing as the single capable provider, which was to inform Manchester Health and Care Commissioning of the agreed legal structure of the Manchester Provider Board consortium by 3rd July 2017.

Further to the request, a working group was established in June 2017, which proposed a legal structure that was signed off by the Chief Executives of the main partner organisations;

- Central Manchester University Hospitals NHS Foundation Trust (as a precursor to the Single Hospital Service)
- Greater Manchester Mental Health NHS Foundation Trust
- Manchester City Council
- Manchester Primary Care Partnership

A response confirming the outcomes of discussions was submitted to Manchester Health and Care Commissioners by the LCO Chief Executive on

behalf of the Manchester Provider Board and working groups have since been established to refine the future governance arrangements of the Local Care Organisation up to and from 1st April 2018.

- 3.3 As part of the programme of developing a new Local Care Organisation, it was recognised by the Executive Team that the level of resourcing within the Manchester Provider Board was not sufficient to deliver the scale of change at the pace required. Commitment from the Chief Executives of the four main partners was sought and received to support the development of the Local Care Organisation moving forward through the procurement process and into service delivery in April 2018.

Discussions are ongoing and being managed through the city wide Locality Workforce Transformation Group to identify existing resource within both providers and commissioners who can focus on supporting the continued development of the Local Care Organisation.

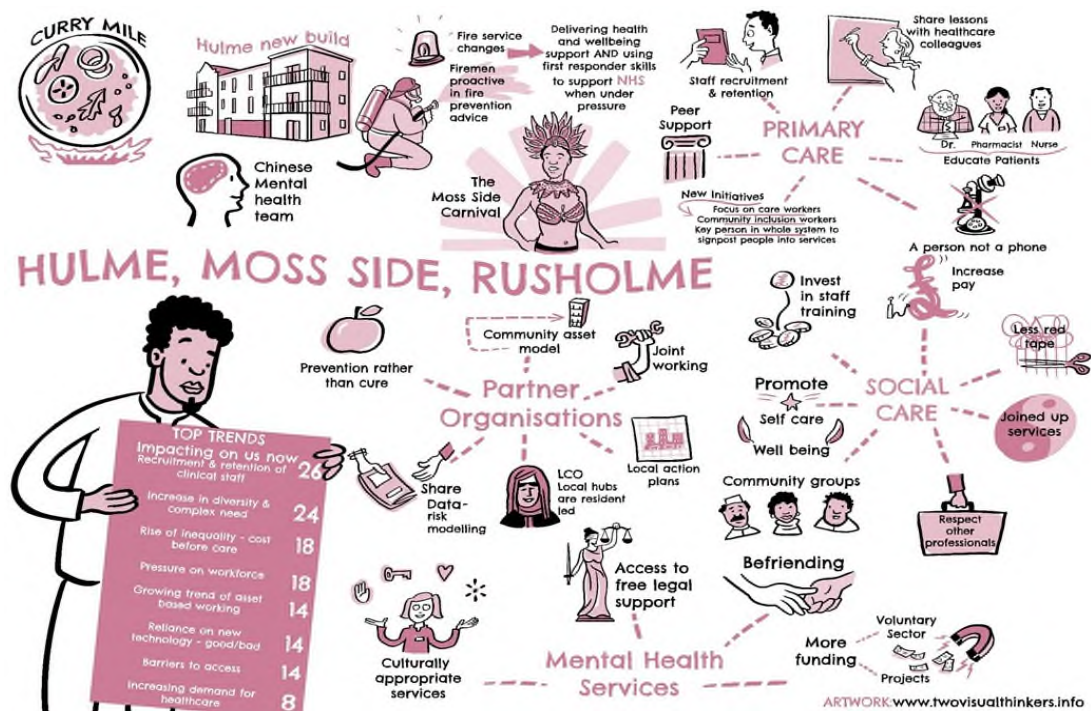
- 3.4 A programme plan outlining the 3 core work streams was circulated to all partner organisations in July 2017 and comments were received in regards to key milestones and activities required to establish a Local Care Organisation by April 2018. The plan is currently being refined in line with the procurement process with Manchester Health and Care Commissioning to ensure that both providers and commissioners are working to the same objectives. The plan will also incorporate the revised timescales for the new models of care work streams following approval at the Manchester Transformation Fund Accountability Board in August 2017. The intention is that following these developments, the plan will be shared and reported to a range of forums, including the Health and Wellbeing Board.

4. New Models of Care and City Wide Engagement

- 4.1 Further to the approval of the High Impact Primary Care model and Home from Hospital business cases by the Manchester Transformation Fund Accountability Board which are in the process of being implemented, the remainder of the business cases were approved at the Manchester Transformation Fund Accountability Board in August 2017 and are now subject to implementation following review by the Manchester Provider Board Executive Team.
- 4.2 Further to the new models of care work that is ongoing, the Manchester Provider Board Executive undertook a series of engagement events with each of the neighbourhoods across Manchester, which has now concluded. Each event had a wide range of interagency staff and community representatives in attendance. The following place-based events were held:
- Ancoats Bradford Beswick & Clayton
 - Ardwick & Longsight
 - Cheethamhill & Crumpsall
 - Chorlton Park, Burnage & Didsbury
 - Chorlton, Whalley Range & Fallowfield

- Gorton & Levenshulme
- Harpurhey, Blackley & Charlestown
- Hulme, Moss side & Rusholme
- Miles Platting, Newton Heath & Moston
- Withington & Fallowfield
- Wythenshawe
- Wythenshawe & Northenden

In addition, there was an event focussed specifically on children and young people and two, day-long Citywide events were held. An example output from one of the neighbourhoods is illustrated below:



The outputs of these events are being used by the MPB executive in the continued development of an LCO care strategy and have also been shared with all attendees of the events and a process of ongoing engagement with neighbourhoods is being planned. This will assist with both the development of a business case for the LCO and ensure that the models of care are promoted across the conurbation. The co-designed emerging strategic goals and priorities from the engagement events are listed below;

Goals

- Manchester is the world leader in innovative person centred health and social care technologies.
- We will be a great organisation to work for and with creating opportunities for and investing in the people of Manchester.
- People and communities will be involved in decisions about their health and care
- Over the next 10 years Manchester is internationally recognised as a city where all residents live healthier, happier and longer lives.

Priorities

- The LCO champions and invests in community development which addresses the social determinants of health and wellbeing.
- We will invest in information technology to maximise the potential of health and social care economy.
- The communities of Manchester and the LCO will together transform Health and Social Care building upon existing strengths and resources to create local, responsive and accessible services.
- We need an LCO that recognises the importance of the first 5 years of a child's life and is committed to working with families and communities to address lifelong inequalities.
- We need an LCO that works collaboratively to deliver seamless care within a culture of shared responsibility for the person not the problem.
- We need a LCO that can make the best use of existing resources using a sustainable model which reflects the local community to eradicate health inequalities
- We need an LCO that actively cares and supports colleagues and communities

5. Local Care Organisation Procurement Process

- 5.1 Further to the Manchester Provider Board being identified as a capable provider by MHCC in June 2017, the next stage of the procurement process began formally Friday 7th July. There are four streams of work taking place in the form of a range of strategic dialogue sessions. The four streams are service model; performance and quality; finance; and contracting.

A joint executive to executive meeting agreed what the work programme for the period would be in order to shape the remainder of the strategic dialogue discussions with the view to a final proposal being submitted by Manchester Provider Board to Manchester Health and Care Commissioning for review.

- 5.2 The Manchester Provider Board Executive are using the seven recommendations from the draft Integrated Support and Assurance Process (ISAP) guidance to self-assess progress. The intention is to use this set of seven recommendations and review on a monthly basis in order to monitor progress. This self-assessment will be shared with the Health and Wellbeing Board and other relevant meetings, to provide assurance and visibility around progress and anticipated progress for the month ahead.

- The service design needs to be right from the outset
- Cost information that legacy providers share with commissioners must be transparent
- Commercial skills and awareness will be needed
- Commissioners need to be clear on the role of external advisors and ensure that sufficient expertise is provided. The advice from different external advisers needs to be corroborated and the proposals should be consistent with the advice given
- Appropriate terms should be agreed at the start of the procurement process

- Contract award and/or commencement of service delivery should be delayed if issues are unresolved
- NHS Improvement and NHS England should scrutinise the arrangements for these complex contracts through an integrated process.

5.3 Commissioners have set a timetable for the procurement process and the Transaction that would follow as set out below:

- Integrated Support and Assurance (ISAP) checkpoint 2 Oct 2017
- ISAP checkpoint 3 Feb 2018
- Service commencement April 2018

6. Recommendation

6.1 The Health and Wellbeing Board is asked to:

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