



Health Scrutiny Committee

Date: Tuesday, 21 July 2020

Time: 2.00 pm

Venue: Virtual meeting – Webcast at -

https://manchester.publici.tv/core/portal/webcast_interactive/485357

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Advice to the Public

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Supplementary Agenda

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This report provides a brief update to the Committee on activity relating to public health and adult social care following on from the report presented to the Council Executive on 3rd July 2020

- 8. North Manchester General Hospital Update** 13 - 20
Report of the Group Executive Director of Workforce and Corporate Business, Manchester University NHS Foundation Trust and the Executive Director of Strategy, Manchester Health and Care Commissioning

This paper provides an update on progress in relation to delivering the future strategy for North Manchester General Hospital (NMGH), including the planned acquisition of NMGH by Manchester University NHS Foundation Trust (MFT) as part of a Single Hospital Service in Manchester; the delivery of the wider site strategy (or 'proposition'); and the Health Infrastructure Plan capital redevelopment of the site.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This supplementary agenda was issued on **Friday, 17 July 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 21 July 2020

Subject: Covid-19 Activity Update

Report of: The Director of Adult Social Care and The Director of Public Health

Summary

In light of the current national and international public health emergency situation, Manchester and Greater Manchester (GM) declared a major Incident on Friday 20 March 2020. This activated multi-agency response arrangements in line with the GM generic response plan and the pandemic flu plan. The Prime Minister's unprecedented announcement at 8.30pm on Monday 23 March set out the seriousness of the situation and the expectations of all residents, businesses and public services.

This report provides a brief update to the Committee on activity relating to public health and adult social care following on from the report presented to the Council Executive on 3rd July 2020

Recommendations

The Committee are asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The 'Our Manchester' approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by	

unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: David Regan
 Position: Director of Public Health
 E-mail: d.regan@manchester.gov.uk

Name: Bernadette Enright
 Position: Executive Director of Adult Social Services
 E-mail: bernadette.enright@manchester.gov.uk

Background documents (available for public inspection):

Not applicable.

1. Public Health

- 1.1 As of 16 July 2020, there were 2983 confirmed cases of COVID-19 in Manchester, a rate of 544.7 per 100,000 population. To date, there have been 401 registered deaths of Manchester residents involving COVID-19. Of these, 78 deaths (19.5 %) occurred in a care home. The infection rate and the number of deaths involving COVID-19 in Manchester is continuing to fall, from the peak of the week ending 17 April 2020.
- 1.2 The national contact tracing service (NHS Test and Trace) was launched on 28 May and people who test positive for COVID-19 are now automatically referred into the service. A national £300 million ring fenced fund has been made available to LAs to support the development of local COVID-19 Outbreak Management plans.
- 1.3 Greater Manchester (GM) has been selected as one of 11 national Beacons (pilots) for Test and Trace, and Tameside will be the host authority. This is in recognition of the work that has been undertaken to develop a GM model that is aligned to the national service.
- 1.4 The Director of Public Health (DPH) at the City Council has led the development of the Manchester COVID-19 Local Prevention and Response Plan (Outbreak Plan) with local partners. It covers the management of outbreaks in all settings including care homes, schools and the workplace. In Manchester there is also a focus on groups that may be at particular risk, such as the homeless population. The Plan was signed off by the Leader of the Council, Executive Member for Adult Health and Wellbeing, Chief Executive and DPH and published on the Council website on 30 June 2020, in accordance with the national deadline. The plan will be presented to the Health and Wellbeing Board on 8 July and the Manchester Health Scrutiny Committee on 21 July 2020
- 1.5 The national service will undertake contact tracing by phone and work closely with local teams in Manchester and Greater Manchester (Public Health England) to respond to outbreaks in various settings and deal with more complex cases.
- 1.6 The success of the service will be dependent on an effective testing strategy and Manchester has made excellent progress on this to date. Manchester, along with Trafford, implemented a local policy to test all hospital patients prior to discharge to care homes, well in advance of the national directive.
- 1.7 Manchester key workers also have very good access to pillar 2 testing sites including the regional testing centres at the Etihad and Airport and the Army Mobile Testing Units (MTUs). Also the new national model for Care Home testing will give more control to LAs through the DPH and Director of Adult Social Services. This will ensure that extra care, mental health and learning disability facilities will have better access to testing.

- 1.8 As the lockdown is eased, there is a need to shift the focus of local COVID-19 monitoring systems towards the early identification of an emerging 'second wave' of coronavirus in Manchester. Directors of Public Health are now starting to receive better data sets for local authority areas from pillar 2 testing sites. In addition to the number of newly confirmed cases of COVID-19, there are a number of existing indicators that would naturally lend themselves to inclusion in an 'early warning' dashboard:
- Daily number of registered deaths involving COVID-19
 - Total deaths involving COVID-19 in Manchester hospitals
 - New diagnoses of COVID-19 amongst patients
 - Residents / customers of care providers confirmed as COVID Positive
 - Number of resident / customers of care providers with COVID-19 symptoms
 - Number of 111 telephone triages
- 1.9 Furthermore, other data sets relating to footfall and transport use would also be included. These indicators would form the basis of a local COVID-19 surveillance system that would focus very clearly on identifying an upturn in the spread of COVID-19 (or the risk of transmission) in the population. It will be important to distinguish random from genuine variations and, hence, help to ensure that any decisions taken are based on the best available evidence.
- 1.10 In developing this system, the DPH will work with colleagues and seek to repurpose elements of the existing MCC COVID-19 and Manchester Health and Care Commissioning (MHCC) dashboards in order to create a new product that better serves as an early warning system for Manchester, learning from the experience of Leicester and other areas.

2. Adult social care response

- 2.1 ASC continues to manage its response through the ASC COVID response plan which feeds into MCC response co-ordination as well as into MLCO command.
- 2.2 The plan is predicated on delivering three key objectives:
- (1) Continuity of care for vulnerable people assessed under the Care Act
 - (2) Minimising risk of harm/fatality
 - (3) Protecting credibility of health and social care and partners

Assessment

- 2.3 Delivery of Care Act assessment and support planning remain the key priorities for the service.
- 2.4 A streamlined strengths based assessment form remains in place to expedite the assessment process. This has been continually reviewed since its introduction and feedback from staff continues to be positive. This work has formed part of the overall ASC response to the Care Act Easements, noting that there has not been any need to enact the Easements at stage 3 or 4.

In house provider services

- 2.5 Our in house provider services are continuing to support citizens. Some services remain closed (with support being provided via safe and well calls) but planning is underway to look at necessary service adjustments to enable services to be fully operational.

Support to Care Providers in the independent sector

- 2.6 A weekday daily ring-around to 218 services providing care and support continues to be conducted to identify pressures and provide the response and support required to maintain continuity of care and, where possible help providers to self-manage any outbreaks of the virus.
- 2.7 There are 91 care homes recorded by CQC in Manchester and contact is made through the daily ring-around to 81 (with the remaining 10 a combination of empty homes, MFT or MLCO/MCC direct provision and a children's service with CQC registration).
- 2.8 The engagement and daily contact with care providers, allows the Manchester health and social care system to gather intelligence about available capacity and whether any service users or staff have symptoms of COVID-19 and are being isolated and/or have been tested positive for the virus. Across all providers the vast majority are self-reporting as green. Within the self-reported position, care homes are reporting 3 amber and none are red at the time of writing.
- 2.9 Care Homes continue to be supported by the Community Infection Control Team including managing outbreaks, undertaking risk assessments, and ensuring basic infection control measures in place. Over 421,000 items of PPE have been delivered to Care Homes via the mutual aid hub. All care homes can access testing by contacting the Manchester Testing Hub. Testing is delivered by one of three routes: courier of swabs from the local PHE lab for staff to swab residents themselves, co-ordinated by the Community Infection Control Team; by the local Community Swabbing Teams where staff are not confident or able to swab residents; or through the national Department of Health and Social Care (DHSC) care home testing portal, whereby swabs are delivered to the care home and staff swab the residents themselves. A new model for whole care home testing and repeat testing will be implemented from mid July
- 2.10 A number of financial support measures have been put in place for Care Homes. This has included passporting 75% of the £3.4m of the government's infection control fund, which is to provide support to providers to deliver infection control to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The funds have been passed onto Care Homes on a 'per bed' basis.

Transfers of care from hospital to the health and care services within the community

- 2.11 The integrated health and social care control room working with social workers, nurses, transfer teams and care providers is supporting discharge from hospitals across Manchester. This continues to operate with a total of 637 residents having been transferred through this route by the end of June, with the appropriate support being put in place to support them to return home, or into a care home or intermediate care

Support to citizens in the community

- 2.12 Adult service areas have conducted safe and well checks with the cohort of vulnerable adults on the government shielded list, with the same approach to safe and well checks being taken for other individuals in receipt of packages of care and known to social work. The checks ensure referrals into the Manchester Community Response Hub and other support options as well as assessment or reassessment where required.

3. Planning ahead for the recovery

- 3.1 Health and Social Care partners will work together to refresh the Our Healthier Manchester Locality Plan that sets the long-term vision and priorities for the city of Manchester - improving health outcomes for citizens, tackling health inequalities, and ensuring the health and social care system is financially sustainable. The Locality Plan was recently refreshed and while the overall aims are expected to be similar, the context in terms of the impacts of Covid-19 on health and well-being is significantly changed and more challenging across the city, as well as being highly uncertain and dynamic.
- 3.2 The Locality Plan refresh will set the context for reviews of the more detailed priorities and plans that will be developed by Health and Social Care partners in the city. It will also be aligned with the Our Manchester Strategy reset and the review of other city-wide strategies that have an impact on health and well-being.
- 3.3 Although there are still significant challenges with the response to Covid-19, work is now starting on planning ahead for the recovery. A Health and Social Care workstream has been established that will work closely with the other recovery workstreams, involving key partners from across the city through the Transformation Accountability Board. The workstream will consider the following issues.
- 3.4 Increasing the economic impact of health and social care during the recovery. This includes the role that health and social care organisations have as important 'anchor institutions' within the city, increasing the social value of health and social care organisations, and the roles of health and social care in achieving the city's zero carbon ambitions. The health and social care sector can also be a catalyst of wider regeneration, for example through the plans to redevelop the North Manchester General Hospital site. Health innovation and

life sciences as important drivers of the economy, as set out in the Manchester Inclusive Growth Strategy. Health and work are highly interdependent issues so this workstream will also look at how to support residents to be fit for work, particularly in light of the impacts of Covid-19.

- 3.5 Supporting our residents and communities with their health and social care needs. This includes narrowing inequalities with a focus on the differential impacts that Covid-19 has had on different communities in the city, protecting the most vulnerable, and improving the social determinants of health and reducing poverty. This work will also look at the role of the VCSE sector in relation to health and social care. The work will look at the improvements and innovations developed during Covid-19, learn lessons and mainstream improvements made.
- 3.6 Changes to our ways of working and organisations. This will focus on making the Hospital Cell and Community Cell arrangements work effectively to deliver the response and recovery from Covid-19, as well as helping Manchester Local Care Organisation achieve its 10-year ambitions. It will include a focus on the financial sustainability of health and social care. It will look at how to support our workforce to deliver and progress, and plan organisational change effectively across partners.
- 3.7 Updating our strategies, evidence and intelligence. This will include updating the Locality Plan and Population Health Plan, and the importance of health and well-being within the Our Manchester Strategy reset. It will capitalise on the Michael Marmot review of health equity 2020 including focus on health outcomes and the wider determinants of health for residents. It will ensure that inclusion and equalities are front and centre to all of the above work, reflecting on the significant health impacts that Covid-19 have had on Black, Asian and Ethnic Minorities within Manchester as well as nationally. Evidence and intelligence will underpin all of the recovery work including listening to the diverse voices of Manchester's population and building our services around a better understanding of what is important to them.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 21 July 2020

Subject: North Manchester General Hospital update

Report of: Peter Blythin, Group Executive Director of Workforce and Corporate Business, Manchester University NHS Foundation Trust and Ed Dyson, Executive Director of Strategy, Manchester Health and Care Commissioning

Summary

This paper provides an update on progress in relation to delivering the future strategy for North Manchester General Hospital (NMGH), including the planned acquisition of NMGH by Manchester University NHS Foundation Trust (MFT) as part of a Single Hospital Service in Manchester; the delivery of the wider site strategy (or 'proposition'); and the Health Infrastructure Plan capital redevelopment of the site.

Recommendations

Health Scrutiny Committee is asked to note the report and support the strategic direction of the programme.

Wards Affected: This primarily affects wards in North and East Manchester and neighbouring boroughs.

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The NMGH site redevelopment presents an opportunity to provide modern health and care estate which is delivered in line with the city's zero-carbon target.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Stimulating local regeneration and economic renewal is a fundamental principle of the future strategy for NMGH. The delivery of economic and social benefits is a core part of the strategy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Stimulating local regeneration and economic renewal is a fundamental principle of the future strategy for NMGH. The delivery of economic and social benefits is a core part of the strategy.

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Proposition for the future of NMGH was founded on the principle of addressing inequalities and improving outcomes for local people. This remains – and is even more important – following the COVID-19 pandemic.
A liveable and low carbon city: a destination of choice to live, visit, work	The NMGH site redevelopment presents an opportunity to provide modern health and care estate which provides assets for local communities and is delivered in line with the city’s zero-carbon target.
A connected city: world class infrastructure and connectivity to drive growth	NMGH has been included on the national Health Infrastructure Plan, which would provide significant capital investment for the site redevelopment. Digital innovation and physical connectivity of the site are key parts of the strategy.

Contact Officers:

Name: Stephen Gardner

Position: Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust

Telephone: 0161 276 4795

E-mail: Stephen.Gardner@mft.nhs.uk

Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 This paper provides an update on progress in relation to delivering the future strategy for North Manchester General Hospital (NMGH), including the planned acquisition of NMGH by Manchester University NHS Foundation Trust (MFT) as part of a Single Hospital Service in Manchester; the delivery of the wider site strategy (or 'proposition'); and the national Health Infrastructure Plan capital redevelopment of the site.

2.0 Background

- 2.1 NMGH is of strategic importance in Manchester. It forms a key part of the plans to deliver a Single Hospital Service in the city and to deliver high quality integrated health and care services. NMGH is also an important anchor institution, with a role to play in its local community which goes beyond the delivery of health and care services.
- 2.2 The future strategy for NMGH identifies the site as a location for significant investment in health infrastructure which is intended both to improve the quality of health and care provision and to stimulate local regeneration. In doing so, the intention is to advance people's health outcomes through improvements in services and – importantly – in the wider determinants of health, which cannot be delivered through health and care services alone.
- 2.3 The impact of COVID-19, in particular, the role it has played in exacerbating inequalities, has reiterated the importance of delivering the future strategy for NMGH. This paper provides an update on progress.

3.0 Development of a Single Hospital Service

3.1 Interim arrangements for 2020/21

- 3.1.1 On 1st April 2020, revised arrangements for the management of PAHT came into effect. On this date an independent Board of Directors for PAHT was re-established and revised management agreements were put in place with MFT and Salford Royal NHS Foundation Trust (SRFT). Consequently, the management of NMGH transferred from SRFT to MFT. It is expected that these arrangements will remain in place until a formal transaction process is completed.
- 3.1.2 The principal objectives of the PAHT Board in 2020/21 are to oversee;
- 1) The two management agreements between PAHT and MFT and SRFT.
 - 2) The disaggregation and acquisition processes resulting in the eventual dissolution of PAHT.
- 3.1.3 A revised hospital leadership team at NMGH, led by Chief Executive Dena Marshall, formally took up post on 1st April 2020. Under the management agreement, MFT now holds responsibility for all clinical services that were previously managed by the North Manchester Care Organisation (NMGH and

the services run out of NMGH). These include most services delivered on the NMGH site and some services provided on other PAHT sites e.g. Breast Surgery and Oral and Maxillofacial surgery.

- 3.1.4 The management arrangements adopted at 1st April made limited changes to the structures that had been in place previously, and this was appropriate to minimise disruption at the point when the management agreement came in to effect. There had always been an ambition to utilise MFT's Managed Clinical Services (MCS) to provide the most effective leadership to services such as Obstetrics, Paediatrics and Critical Care on the NMGH site. The circumstances of the COVID-19 Pandemic meant that NMGH had to make early calls for support from MFT group resources, and this has accelerated the development of plans and working relationships. As such, the MCS model was implemented across NMGH from 1st July 2020. Specifically, St Mary's Hospital and the Royal Manchester Children's Hospital (RMCH) now provide leadership to Women's and Children's services respectively, and Clinical and Scientific Services provide leadership to Critical Care, Anaesthesia and Therapies.
- 3.1.5 It was initially agreed that the Executive Chief Delivery Officer at SRFT would continue to hold the role of Accountable Emergency Officer (AEO) for the NMGH site. However, given the system wide response required to manage COVID-19 it was latterly agreed that the AEO role for NMGH would transfer to the Chief Operating Officer at MFT. MFT has also been able to support the NMGH response to COVID-19 in several areas including; provision of Personal Protective Equipment (PPE), support to the NMGH Intensive Care Unit, provision of clinical equipment and input from RMCH for children with life limiting conditions.

3.2 Delivering the Transactions

- 3.2.1 MFT is working to achieve key transaction processes and deliver the NMGH acquisition by April 2021. SRFT has described an aspiration to deliver their element of the PAHT transaction three months earlier in January 2021.
- 3.2.2 Governance is in place to manage the transaction and disaggregation activities. The most significant disaggregation work streams relate to Clinical Services and Corporate Services. In both of these areas 'Safe Transition Plans' are being developed, and these set out for each individual service area, the arrangements for how services, patient pathways, staff, contracts, equipment etc. will be disaggregated and aligned to the appropriate acquiring organisation.
- 3.2.3 Colleagues within NMGH and MFT have started to scope and plan the activities that will be required to integrate NMGH formally into the MFT group at the point of acquisition, and these will be set out in a Post-Transaction Implementation Plan.
- 3.2.4 A Heads of Terms document will be established in advance of the proposed transactions, to confirm a shared view of how the transactions will be

structured. This is due to be in place by the end of July 2020, to provide a firm basis from which to carry forward the rest of the transaction activities.

4.0 The future of NMGH: a healthcare-led approach to civic regeneration

4.1 *The Future of the NMGH Site: A healthcare-led approach to civic regeneration* (also known as ‘the proposition’) was developed in the summer and autumn of 2019. This set out how the capital redevelopment of the NMGH site could provide improved health and care facilities, act as a catalyst for local regeneration and support improved health outcomes for local people.

4.2 This was instrumental in ensuring that NMGH was included as one of the hospitals to benefit from significant investment through the national Health Infrastructure Plan (HIP) programme, which was announced in the autumn of 2019. The proposition has also formed the basis for the strategic thinking of key statutory organisations since its development.

4.3 A significant programme of work is now in place to deliver the strategy set out in the proposition and to support the development of the capital business case for the HIP programme. Key aspects of this include, but are not limited to:

- Master planning
- Regeneration and economic benefits
- Service model development
- Design and construction
- Communication and Engagement
- Business case development

4.4 Along with the nearby Northern Gateway housing development, the capital redevelopment of the NMGH site is a significant opportunity for investment and renewal in North Manchester. A Strategic Regeneration Framework (SRF) is in its early stages of development. This will set out the blueprint for the redevelopment of the hospital site over the next 15 years. It proposes:

- A **new acute hospital** providing modern, best-in-class healthcare facilities; embracing integration, innovation and technology.
- A **modern mental health hospital** offering a high-quality and effective care environment.
- A **wellbeing hub** to deliver integrated community-based care and wellbeing services, responding to the specific needs of the local population. This will become a destination for the local community through the variety of service it offers, combined with meeting spaces and a community café.
- A **learning hub** to support training for healthcare staff and to maximise employment opportunities for the local community.

- A new **residential community** focused on keeping people well at home. The housing will be diverse and could include key worker accommodation, social housing, stepdown care, and extra care.
 - New **high-quality commercial space** to support small and medium businesses, particularly in the healthcare and life sciences sector. This space will support and inspire innovation and enable businesses to locate and expand in North Manchester, benefiting local employment.
 - A **village green**. This will be a high quality outdoor space, acting as a focal point for the Campus, and a vital connection to the local neighbourhood.
- 4.5 Significant engagement will take place with staff, the local community, service users and key stakeholders to support and inform this work over the coming months and years. This will include elected members, the Health and Wellbeing Board and Health Scrutiny Committee. The Strategic Regeneration Framework provides us with a good opportunity to continue this work - raising awareness in the local community and beyond, and gathering further insight to build on what we have learnt from our initial community engagement work. The plans for each of the elements of the site will similarly be informed through discussions with a range of stakeholders, including service users, VCSE organisations and local communities.
- 4.6 It is recognised that there have been significant changes in the operating environment in recent months, including the on-going response to COVID-19, the learning that has arisen from the pandemic response, changes to the economic outlook, and the city's recovery plans. The negative effects of COVID-19, in areas such as health, employment and education, will be most significantly felt in communities like those to be found in North Manchester. It is therefore all the more important that the ambition for the future of the NMGH site is realised.
- 4.7 Key messages from the proposition are being updated and incorporated into a number of key documents in the coming months, to ensure that the impact of the pandemic is taken account of in the future plans for the site. These will include the social and economic benefit plans; the SRF; and the outline business case for the HIP programme.
- 4.8 Good progress is being made in relation to the HIP business case development. Key milestones include:
- A Strategic Outline Case was submitted on 31st January 2020 and was recommended for endorsement and approval to proceed to outline business case stage by the NHS England / Improvement and DHSC Joint Investment Committee on 30 April 2020.
 - An Enabling Plan was submitted on 30th March 2020. Part of this has been approved, with the remainder to be considered in the near future.

- The programme is working to submit an outline business case in January 2021. This has moved from November 2020 due to the impact of the COVID-19 pandemic on the original timetable.

4.9 The Joint Investment Committee also provided specific feedback which challenged the Strategic Outline Case in terms of the cost envelope, requesting an option that would fall within the original cost envelope from the 2018 masterplan (£450m). The Strategic Outline Case preferred option totalled £576m (with IM&T and Backlog Maintenance as linked but separate cases). There is an imperative to address the cost envelope challenge in order to successfully progress the business case. MFT is now working with partners to define the scope for the next stage of design that responds to the Committee's feedback.

5.0 Recommendations

5.1 Health Scrutiny Committee is asked to note the report and support the strategic direction of the North Manchester programme.

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