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MANCHESTER CITY COUNCIL

Health Scrutiny Committee

Date: Wednesday, 6 September 2023
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Cooley, Curley, Hilal, Karney, Muse, Reeves, Riasat, Stogia and Wilson

Agenda

1. Urgent Business
To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. [2.00-2.05] Minutes 5 - 10
To approve as a correct record the minutes of the meeting held on 19 July 2023.

5. [2.05-2.25] Pennine Acute Disaggregation Update 11 - 82
Report of the Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration

This report presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust and re-provision of services by both Manchester University NHS Foundation Trust and the Northern Care Alliance.

6. [2.25-2.55] Integrated Care Systems 83 - 94
Report of the Deputy Place Based Lead, Manchester Integrated Care Partnership

The purpose of this report is to update Health Scrutiny Committee, following the UK Government's reforms to health and social care, which established Integrated Care Systems on 1 July 2022, including Greater Manchester Integrated Care System (NHS GM). The report also provides an update on the governance arrangements that have developed over the last year for NHS GM and the Manchester locality.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

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Further Information

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This agenda was issued on **Tuesday, 29 August 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 19 July 2023

Present:
Councillor Green – in the Chair
Councillors Bayunu, Cooley, Curley, Hilal, Karney, Muse and Reeves

Apologies: Councillors Riasat and Wilson

Also present:
Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care
Professor Cheryl Lenney OBE, Chief Nurse, Manchester University NHS Foundation Trust
Dr Sarah Vause, Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service
Esme Booth, Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust
Celine Doyle, Mental Health Lead, Burnage Academy for Boys

HSC/23/31 Minutes

Decision

To approve the minutes of the meeting held on 21 June 2023.

HSC/23/32 Implementing Ockenden: One Year On

The Committee considered the report of the Saint Mary's Managed Clinical Service, Manchester University NHS Foundation Trust that described that Dame Donna Ockenden had been appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020, with the second and final report being published in March 2022.

A report detailing Saint Mary's Managed Clinical Service progress against delivering the immediate and essential actions to both reports was presented at the Health Scrutiny Committee on 22 June 2022. This report provides a further update on our progress against the remaining actions.

Key points and themes in the report included:

- Providing an introduction and background;
- Discussion of the Manchester Foundation Trust response to emerging findings from the first Ockenden report;
- Discussion of the Manchester Foundation Trust response to findings from the final Ockenden report;

- Information on the support for the maternal health of women and families from Black African, Asian and other ethnic minority groups;
- Information on the response to the Care Quality Commission s29A warning letter, noting that a s29A warning notice stated the reasons why the CQC considered that a trust needed to make significant improvements; and
- Progress on success measures.

Some of the key points that arose from the Committee's discussions were:

- Welcoming the use of appropriate language and terminology throughout the report;
- What research, if any had been undertaken to understand the psychological impact the findings of the Ockenden Report and the increased awareness of the issues identified had on women and families from Black African, Asian and other ethnic minority groups;
- Noting that written information booklets were provided in 11 languages, what provision was made for speakers of other languages;
- What provision was made to provide maternity services for refugee women and disabled women;
- Noting comments regarding staff recruitment and retention;
- What were the barriers to implementing the recommendation that 'The transitional care model offered at the Wythenshawe site should be replicated across the three sites without delay'; and
- Noting the reported work analysing a large data set of birth outcomes that found differences in the rates of fetal growth restriction in certain geographical areas with high ethnic diversity and enquiring what were the geographical areas.

The Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust made reference to the Maternity Voice Partnership that had been established across all three hospital sites. She advised this forum captured and articulated the voice of service users. She stated this feedback from women and their families, including those from different ethnicities was important to inform services and responses. She stated that she was not aware of any specific research into the psychological impact the findings of the Ockenden and increased awareness of the issues identified had on women and families from Black African, Asian and other ethnic minority groups. In response to a specific question the Committee was advised that further information on the 12 Black and Asian maternity equity standards that was referred to in the report would be circulated following the meeting for information.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service made reference to the initiatives to engage and support women and families from Black African, Asian and other ethnic minority groups, noting that consideration was also given to wider health inequalities, such as socio and economic deprivation. She made reference to the advice work undertaken across a range of health-related topics such as Vitamin D and vaccinations. She commented that this engagement with women helped understand the needs, concerns and risks experienced by women. She also stated that raising awareness of health inequalities amongst staff was also important to support this activity and address health inequalities. She further made reference to the intention to increase

the number of staff across the workforce that reflected the women that were cared for.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service commented that it was important to recruit and train the staff so they were equipped with the required skillset to safely complete the transition of the care model offered at the Wythenshawe site across the other sites.

The Chief Nurse, Manchester University NHS Foundation Trust stated that translation services, either face to face or via telephone was utilised for speakers of other languages. She added that they would not use a family member as a translator. She said that if it became evident that there was a need to publish a booklet in another language this could be arranged. The Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust advised that there were specialist staff who worked with asylum seekers, adding that these staff had established community links and worked closely with the VCSE sector. She stated that a Specialist Midwifery Advocate would support a disabled person and devise specialist individual care plans, including those in the home setting.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service advised that the geographical areas referred to in the research into the rates of fetal growth restriction were Longsight, Levenshulme and Fallowfield. She added that this research would inform targeted intervention work to improve health outcomes. The Chair stated any future update reports should include this, and any other relevant data sets, and where possible this should be provided at a ward level.

Decision

To note the report.

HSC/23/33 Adverse Childhood Experiences & Trauma Informed Practice

The Committee considered the report of the Deputy Director of Public Health that provided an update to a report considered at the meeting of the committee on 7 September 2022 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice.

Key points and themes in the report included:

- Providing an update on the work done to strengthen the ACEs programme objectives, through extensive engagement and consultation with stakeholders to ensure that the programme was fit for purpose following the impact of COVID-19 and within the context of Making Manchester Fairer;
- Providing an update on the ACEs and Trauma programme of work across the city including a good practice example of culture change from Manchester Housing Services and a collaboration between Z-Arts and the Burnage Academy for Boys; and
- Next steps.

The Committee then heard from Celine Doyle, Mental Health Lead, Burnage Academy for Boys. She described the art project that had been delivered at the school that engaged with 13 boys who had experienced displacement from their country of birth. She spoke of the positive outcomes that the boys experienced via the project and the legacy this had provided for the school. The Committee welcomed this testimony and the positive contribution this had made to the young people. The Programme Lead described this was one of the four schools and four creative providers using a trauma informed lens.

The Committee further welcomed the case study that related to the work of Housing Services. The Head of Neighbourhood Services stated that Housing Services were a key partner in North Manchester and Trauma Informed Practice was embedded in their approach, adding that this was the only approach that worked. The Chair acknowledged this powerful statement.

The Committee then received a written statement from Councillor Doswell, Lead Member for Trauma Informed that had been submitted. In her statement Councillor Doswell spoke of her own experience of Adverse Childhood Experiences, praising the staff involved with this work and endorsing the report to the Committee. The Chair thanked Councillor Doswell for her continued commitment to this area of work.

Some of the key points that arose from the Committee's discussions were:

- Was the work described shared and implemented by other housing providers and other key partners, such as the police;
- Welcoming the positive contribution this work had delivered for the city, recognising that this approach and understanding would continue to be rolled out across different sectors and partners; and
- The need to ensure this work was embedded across services for all generations, not just young people.

The Head of Neighbourhood Services advised that there was a desire from different housing providers to deliver and adopt this work, recognising that some were at different stages in this work. She said that there was a Housing Group who met regularly, and this area of work was discussed and provided a forum to share good practice. Celine Doyle, Mental Health Lead, Burnage Academy for Boys commented that there were a lot of schools adopting the Trauma Informed model of practice. She referred to the Trauma Informed Network of Schools that would help build traction across the secondary school sector in Manchester. She added that an evaluation of this work and the outcomes of this would be undertaken.

The Deputy Director of Public Health informed the Committee that an element of the Making Manchester Fairer Work Force Development Group considered how Trauma Informed Practice would be embedded across all services, including all age groups. She further commented that one of the themes of the Making Manchester Fairer Plan was to consider Community power and social connections and she recognised that the Police were a key partner in this work and conversations would include how they could adopt Trauma Informed Practice.

The Programme Lead stated that consideration was always been given as to how this work could be expanded, noting that since September 2022 over 1,000 individuals have attended a training session. This included elected members, staff from the Manchester Jewish Museum, the Afro-Caribbean Alliance, MCC Homelessness Directorate, Manchester Sensory Support Service, Department for Work and Pensions, a number of schools, Greater Manchester Police, Primary Care, housing providers and a range of voluntary sector organisations. With specific reference to work with the police he described the training delivered to officers working within the Violence Reduction Unit and to PCSOs. He acknowledged that more needed to be done, especially with the training of new recruits to the police service. The Chair made reference to her experience of the police who had undertaken this training and the positive difference this had made in how they interacted with young people and their families.

The Programme Lead commented that he welcomed the continued support of the Committee for this area of work and he acknowledged the observations from the Members in regard to other sectors that would benefit from this approach and training, including Care Homes.

The Executive Member for Healthy Manchester and Adult Social Care commented that he respected and endorsed the ambitions as described within the report. He added that the refreshed ACEs and Trauma Responsive Programme needed to include discussion and consideration of the significant impact the pandemic had on citizens of all ages, adding that the impact of the pandemic and associated trauma would be realised for many years to come.

Decision

To note the report.

HSC/23/34 Draft Terms of Reference and Work Programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

The Committee considered the report of the Governance and Scrutiny Support Unit that presented the draft terms of reference and work programme for the proposed Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

The Committee were invited to agree the membership of the Task and Finish Group, the terms of reference and work programme.

The Executive Member for Healthy Manchester and Adult Social Care stated that he would attend each meeting of the Group to provide any verbal updates that were relevant to the Group.

Decision

The Committee;

1. Appoint Councillors Bayunu, Curley, Green and Wilson as members of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

2. Approve the terms of reference of the Task and Finish Group.

3. Approve the work programme of the Task and Finish Group, noting the comments above.

HSC/23/35 Overview Report

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

Decision

The Committee notes the report and agrees the work programme.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 6 September 2023

Subject: Pennine Acute Disaggregation Update

Report of: Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration (MICP)

Summary

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA). This is the third phase of change proposals arising from the dissolution of PAHT to be considered by Scrutiny.

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
- An overview of the disaggregation approach and context of complex services
- A summary of proposals to disaggregate the third phase of complex services namely Dexa (bone density) scanning, Ear, Nose & Throat (ENT), Urology and Trauma & Orthopaedics
- A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

Recommendations

The Committee is recommended to:

1. Consider, question and comment upon the information in this report;
2. Endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint; and
3. Endorse the assessment made by the working group that the changes identified in phase 3 do not constitute a ‘substantial variation’.

Wards Affected: North Manchester wards including Ancoats & Beswick, Charlestown, Cheetham, Clayton & Openshaw, Crumpsall, Deansgate, Harpurhey, Higher Blackley, Miles Platting & Newton Heath, Moston, Piccadilly.

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
An Equality Impact Assessment has been completed for each service change proposals through a partnership approach between MFT and NHS Greater Manchester Integrated Care (Manchester).

Manchester Strategy outcomes	**Summary of how this report aligns to the OMS/Contribution to the Strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable health and social care is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city. Equality Impact Assessments have been completed for each service change with actions identified to mitigate any negative impacts.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

The following documents disclose key 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.

1. Service Change Proposal for Dexa scanning
2. Service Change Proposal for Ear, Nose and Throat
3. Service Change Proposal for Urology
4. Service Change Proposal for Trauma & Orthopaedics

1.0 Introduction and Purpose

1.1 This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA). It particularly focuses on planned service changes to disaggregate North Manchester General Hospital (NMGH) services from the legacy PAHT and integrate them into MFT and the remainder of the legacy PAHT sites into the NCA.

2.0 Strategic Context

2.1 In January 2016, health care partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital trust for Manchester. The findings of the report were endorsed by all the participating organisations.

2.2 At the same time, a process was determining the future of the Pennine Acute Hospitals Trust (PAHT), and the preferred option was for NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT). MFT formally acquired the NMGH on 1 April 2021, and SRFT acquired the remaining elements of PAHT on 1 October 2021.

2.3 MFT and the NCA developed business cases to support the acquisitions, and these recognised the potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively.

2.4 In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with considerable progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.

3.0 Overview of disaggregation

3.1 At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for ‘Day 1’ as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA agreed that these SLA arrangements should be gradually wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the ‘disaggregation’ of

legacy PAHT services and has been ongoing since the transactions were completed in 2021.

3.2 The process of disaggregation has required significant collaboration and co-operation between NCA and MFT. It has involved splitting services between the two organisations using an agreed set of principles. This includes separating of the workforce, budget and waiting lists and is a complex and wide-ranging piece of work that has implications across a variety of areas including Information Management & Technology (IM&T), finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHS England / Improvement (NHSEI) as part of the Transaction Review process.

3.3 For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop the best clinical model, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

4.0 Progress of disaggregation: phases one and two

4.1 At the time of the transactions, approximately ninety SLA arrangements were in place. More than half of these arrangements have been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted low numbers of staff and have not required any changes to patient pathways.

4.2 Since summer 2022, the NCA and MFT have been developing plans for the disaggregation of ‘complex’ services, potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities[1] through a series of large-scale meetings to ensure a collaborative approach. A group of lead commissioners from each Locality, chaired by the nominated GM ICB lead Mike Barker (Place Based Lead for Oldham) has overseen the development of this work.

4.3 A GM Service Change Framework has been agreed (see appendix 1) and has been followed for all complex service changes.

4.4 In September 2022, the first phase of complex services was disaggregated; Clinical Haematology, Sleep services and Foetal Medicine pathways. The second phase of changes will come into effect in September 2023 and affects some Cardiology, Gastroenterology, Rheumatology and Urology pathways. These changes were considered by Scrutiny committees in the affected localities in January 2023. Safe transition plans for this next phase of

[1] Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

changes are being developed as well as working closely with Localities to ensure that GPs and other referrers are aware of the changes.

5.0 Which services are affected in phase three?

5.1 The final phase three complex service changes are planned to be implemented between January and March 2024 and affect the following specialties:

- DEXA or bone density scanning
- Ear, nose and throat (ENT) pathways
- Inpatient Urology
- Trauma & Orthopaedic (T&O) surgical pathways

5.2 The integration of these services into MFT and NCA, maximises realisation of the benefits envisaged in the organisational restructuring of PAHT. Moreover, it delivers safe and sustainable services for the populations of Bury, Oldham, Rochdale and North Manchester.

6.0 Approach – GM Service Change Framework

6.1 For each service or clinical pathway, as with earlier phases, the GM Service Change Framework has been followed (see appendix one).
A joint working group of clinicians is established to oversee development and agreement of clinical models. This group works jointly to understand the options for safely integrating or re-providing services within MFT and NCA and develop proposals which support several important factors, including quality and safety, efficiency, patient experience, access/travel, and health equity.

6.2 Detailed service change proposals have been developed. Patient engagement is then undertaken alongside equality impact analysis, travel analysis and quality impact assessment.

7.0 Approach – Patient Engagement

7.1 A range of patient engagement approaches have been used including review of existing feedback on the services affected, as well as bespoke surveys and engagement events. These have included questionnaires or surveys, deliberative events and engagement with existing patient forums such as Healthwatch and Manchester Patient & Public Advisory Group. This work has also been assured by the Greater Manchester Integrated Care System via their engagement team and considered by the GM Engagement and Inclusion Assurance Group (EIAG).

Table 1 – Summary of engagement activities and themes

Engagement activity	Service changes	Summary	How has this informed the proposals
Outpatient setting surveys - ~300 surveys in 8 different clinics	ENT Urology T&O	These have shown that most patients arrive for their care by car. These have also shown patient views on the impact of travelling to other sites.	For urology, patients expressed a preference for travelling to MRI over Wythenshawe. This has informed the selection of MRI as the preferred option.
Deliberative events - two held with a total of 13 attendees. Over 400 former patients invited to attend.	T&O	These events demonstrated a preference for activity to be delivered at NMGH where possible. Patients who live near NMGH shared their experience of travelling to Fairfield General and Rochdale Infirmary multiple times during their pathway.	T&O – the proposed model is to provide as much of the pathway at the local hospital as possible with only limited elements (elective surgery) to be provided at a dedicated elective hub.
Healthwatch feedback	DEXA ENT Urology T&O	Manchester, Trafford, Salford, Bury, Rochdale and Oldham Healthwatch met. Healthwatch groups recognised the case for change and welcomed the proposals and welcomed the planned patient engagement. Feedback from Rochdale Healthwatch suggested improvements to letters sent to patients in advance of Phase 1 changes.	Letters to be sent to patients for Phase 2 will be updated in light of feedback from Rochdale Healthwatch.
Manchester Patient & Public Advisory Group	DEXA ENT Urology T&O	The group understood the challenge of delivering services across IT systems and recognised the case for disaggregation to avoid this. The group felt that support should be offered for	Options to support patients with travel and travel costs will be reiterated with GPs and Booking Teams in advance of the changes so these can be promoted to patients.

Engagement activity	Service changes	Summary	How has this informed the proposals
		patients with travel and travel costs. The group identified concerns about patients travelling by public transport who must arrive for surgery very early in the morning.	MFT have confirmed that where appropriate later start times can be accommodated for patients travelling by public transport.

8.0 Phase 3 – summary of the proposals

8.1 The table below summarises the current and future plans for each service area included in Phase 3. An accompanying slide pack is also provided to explain the changes in more detail. The changes impact the NMGH catchment area. This includes residents living in wards in Salford, Bury, Rochdale, Oldham and Manchester (see appendix 2 for NMGH catchment map). A more in-depth description of the impact on Manchester residents specifically is provided in table 3 overleaf.

8.2 In line with the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB), for each area an assessment of whether the new pathways constitute 'substantial variation' has been completed. See appendix 1 for the Service Change Framework and appendix 2 for each 'Substantial Variation Assessment'.

Table 2 – summary of service change proposals and substantial variation assessments

Specialty	Current and future services	Substantial Variation Assessment
DEXA: This is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks). This change relates to consultant referred DEXA scanning only.	**Current services** • Patients who receive care at NMGH and need a DEXA scan as part of their diagnosis must currently travel to Royal Oldham Hospital for their scan. Note this affects consultant referred DEXA scanning only. **Future services** The above referenced NCA service at Oldham remains, but in addition: • It is proposed that North Manchester residents access bone density DEXA scans at	It is recommended that this **change does not constitute substantial variation** because it affects a limited number of patients and travel and access is similar or better for most of the NMGH catchment population.

Specialty	Current and future services	Substantial Variation Assessment
	Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).	
ENT: These services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat.	**Current services** North Manchester catchment patients currently receive ENT services from NCA clinicians at: • Fairfield General Hospital (FGH) for inpatient and day case care for adults • Royal Oldham Hospital (ROH) for inpatient and day case care for children • Outpatient clinics are provided by NCA clinicians at NMGH **Future services** The above NCA services remain, but in addition; • MFT to provide ENT services for the NMGH catchment population • For adults, provide 23-hour inpatient, day case and outpatient services at NMGH • For children, provide day case and outpatient services at NMGH, with overnight stay services at Royal Manchester Children's Hospital	It is recommended that this **change does not constitute substantial variation** because it increases choice for patients by creating a new service at NMGH. Patients will now be able to choose to access existing services at Fairfield General Hospital and Royal Oldham as well as NMGH. For the NMGH catchment this represents services closer to home.
Urology: part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.	**Current services** NMGH is the inpatient Urology site for the whole of PAHT. Outpatients and other aspects of the service are provided across the PAHT sites. MFT and the NCA propose that urology services fully separate in Jan 2024. **Future services** The NCA have previously proposed and agreed the following model to commissioners:	It is recommended that this **change does not constitute substantial variation** because it affects a limited number of patients and 95% of current activity will remain as it is now at NMGH. Of the patients affected, a proportion

Specialty	Current and future services	Substantial Variation Assessment
	• Bury residents will receive inpatient care at Salford Royal Hospital • Rochdale and Oldham residents will receive inpatient care at ROH For the North Manchester catchment • NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery (95% of current patient care) • Robust on call arrangements will ensure safe care for emergency patients A small number of patients having complex planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI.	are elective patients who can choose to have their care at either Royal Oldham Hospital or Manchester Royal Infirmary.
Trauma and orthopaedics: These services are concerned with the diagnosis and treatment of conditions of the musculoskeletal system including bones and joints and structures that enable movement such as ligaments, tendons, muscles and nerves.	**Current services** National guidance and best practice recommend that trauma (emergency) and planned T&O surgery is delivered in separate surgical hubs. This has been shown to reduce waiting times and improve outcomes. The PAHT service model was to run two services as follows: • Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) providing care for Oldham and Rochdale residents • NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations	It is recommended that this **change does not constitute substantial variation** because patients will be able to choose whether to access their elective orthopaedic care at either the elective hub at Fairfield General Hospital as they do now or at the MFT elective hub at Trafford General Hospital. Some of the NMGH catchment are closer to Fairfield General Hospital and others

Specialty	Current and future services	Substantial Variation Assessment
	Future services NMGH and the patient flows for this catchment will be provided by MFT. The MFT elective hub is at Trafford General Hospital. This means that, North Manchester residents needing planned T&O surgery can choose to attend the MFT hub at Trafford or the NCA hub at Fairfield General. All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery. FGH catchment residents will now access trauma care at the hub at Royal Oldham for inpatient trauma and at Rochdale Infirmary for ambulatory care. This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH and instead be transferred to Oldham.	are closer to Trafford General Hospital. For trauma care affecting the FGH population, travel analysis shows that Royal Oldham is closer for the Rochdale population but further for the Bury population.

9.0 What does this mean for the North Manchester population?

9.1 For the **North Manchester** population, typically the key hospital site used most is North Manchester General. However, under the legacy PAHT arrangements North Manchester residents access some services at Fairfield General Hospital, Rochdale Infirmary and Royal Oldham Hospital. When the services described above are disaggregated, or separated, from what was the PAHT footprint, services at North Manchester General become part of wider MFT pathways. Other services provided at other former PAHT sites are being disaggregated and will be provided at NMGH or another MFT site. This means that if patients choose to attend NMGH, their full package of care will be provided by MFT. In all cases the aim is to provide services locally at NMGH where appropriate to do so.

Table 3 – summary of the impacts for North Manchester residents

Specialty / service	Estimated number of Manchester population affected based on current activity levels	Summary of impact
DEXA (bone density scanning)	~230 Manchester residents (55% of 420 NMGH catchment residents who may be affected)	Currently provided at Royal Oldham. Proposed to be provided at MRI. This is closer for most North Manchester residents.
ENT	~4,920* adult and children Manchester residents (55% of 8,950 NMGH catchment residents who may be affected)	Currently provided at Fairfield General and Royal Oldham Hospitals. Proposed to be provided at NMGH This is closer for all North Manchester residents. Patients can choose an NCA pathway if they prefer.
Urology	~385 Manchester residents (55% of 700 NMGH catchment residents who may be affected)	Currently provided at NMGH. 95% of urology will remain at NMGH. Proposed that complex planned and emergency surgery to be provided at MRI. The survey completed suggested that most urology patients (74%, 29 of 39 respondents) arrive by car. Travel to MRI is shorter than to NMGH for some Manchester residents and is slightly longer for residents in the very North of the city.
T&O - planned surgery	~825* Manchester residents (55% of 1,500 NMGH catchment residents who may be affected)	Currently provided at the NCA elective hub at Fairfield General Hospital. Proposed to be provided at the MFT elective hub at Trafford General. Trafford is closer for half the North Manchester population; Fairfield is closer for the remainder. Travel to Trafford by public transport is more direct than to Fairfield (an average 1.1 or 1.5 changes respectively). Patients can choose to access either Fairfield or Trafford. Note that patients must choose which organisation to attend at the start of their pathway. Communications with GPs and referrals teams will ensure that this is made clear to patients.

**This represents a proportion of the current patients. When implemented, residents in the very north of the Manchester locality may choose to have their elective care at an NCA site and as such this figure may be lower.*

9.2 Options are currently being explored about what support could be provided to patients to travel to and from Trafford General Hospital for their elective orthopaedic procedure. There is already support available for travel to and from hospital and it will be important for providers to provide this information to patients to ensure they are fully aware of what support is available. It is important to note, that NMGH patients are already having to travel to Fairfield General Hospital.

10.0 Next steps

10.1 The activities described in this paper have been overseen by a nominated working group which includes representation from Manchester locality. The preceding sections describe the background, progress to date and latest stages of disaggregation to provide the Manchester Health Overview and Scrutiny Committee (HSC) with an overview of the phase three service changes and their impact. Further detail is available on request.

11.0 Recommendations

11.1 Manchester Health Scrutiny Committee is asked to endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint.

11.2 The Health Scrutiny Committee is also asked to endorse the assessment made by the above working group that the changes identified in phase 3 do not constitute a ‘substantial variation’.

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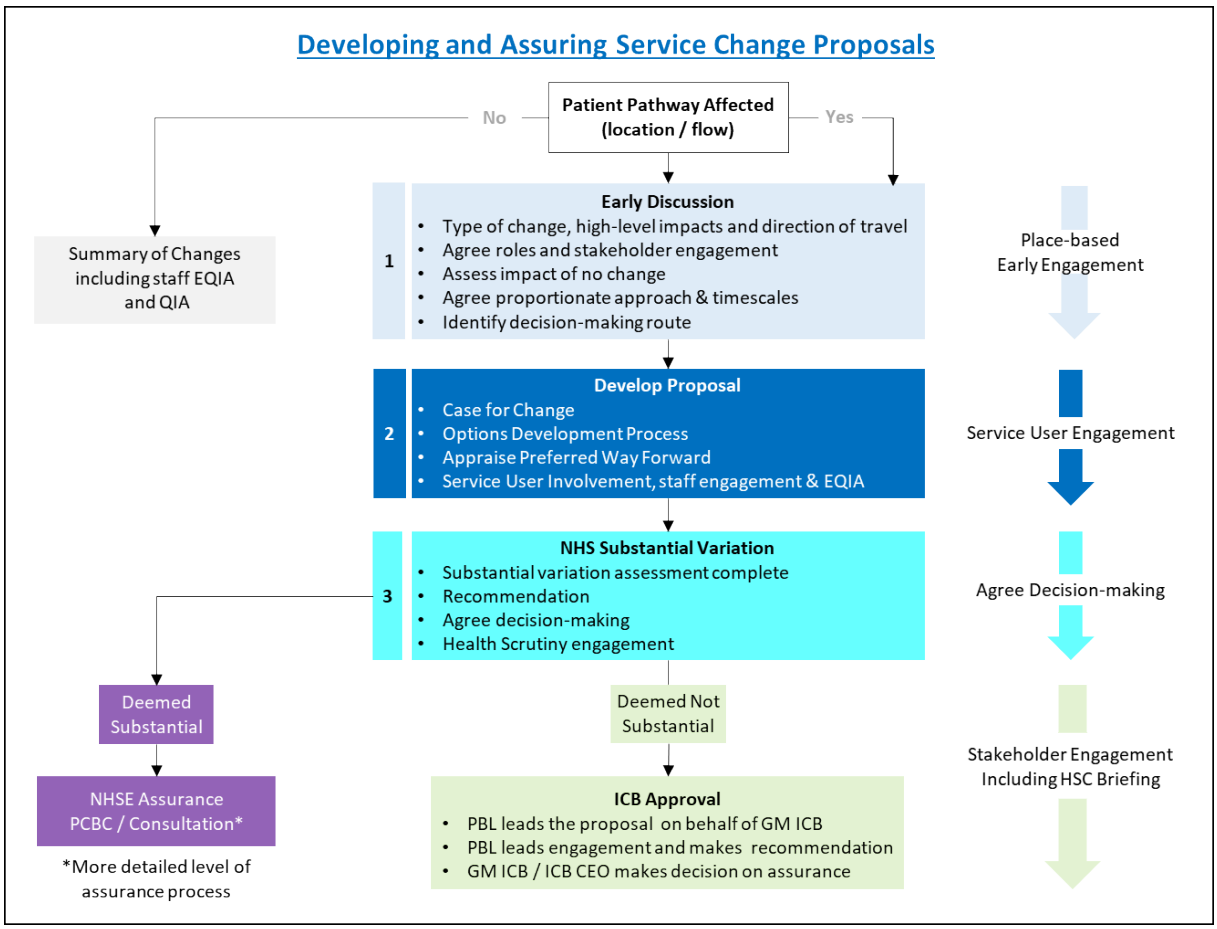
Appendix 1: Service Change Framework for GM ICB



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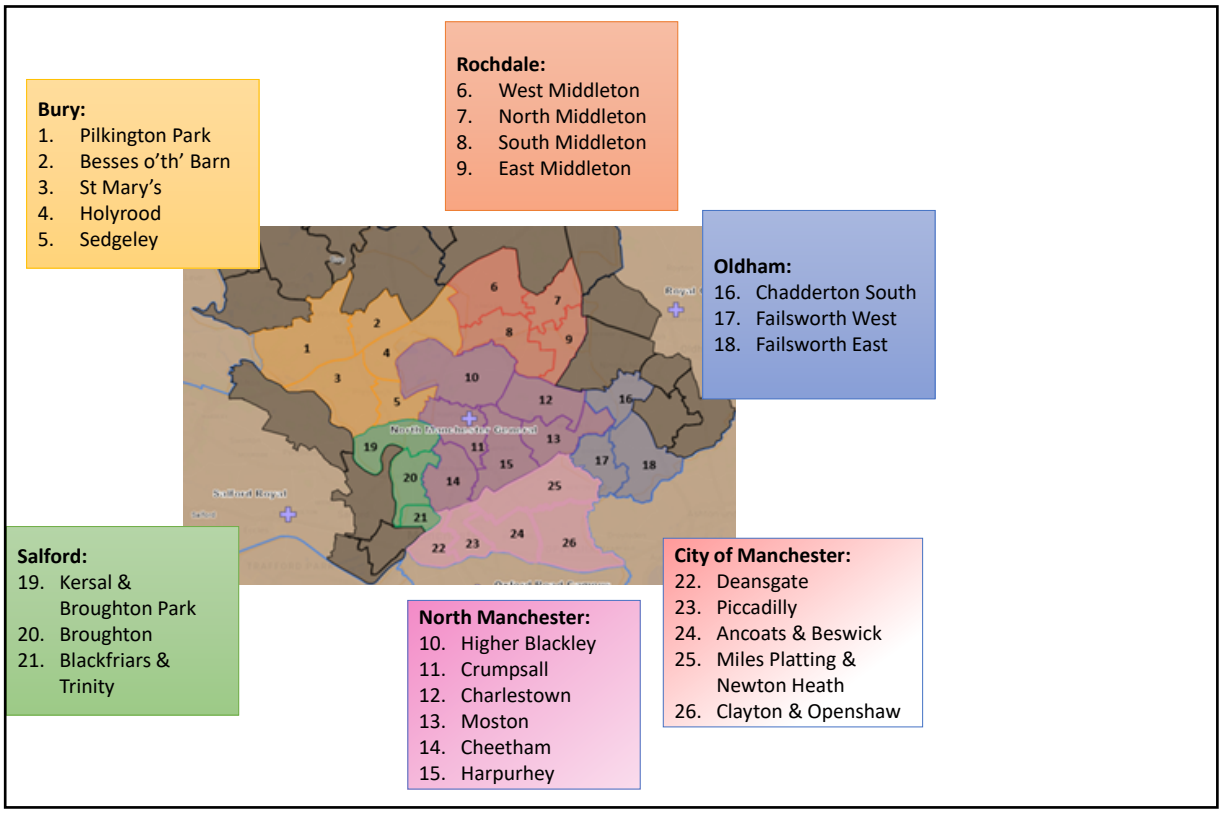
Appendix 2: NMGH Catchment map



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Appendix 3: Substantial Variation Assessments

Service Change Proposal for DEXA Scans

The proposal is that the management and provision of consultant referred bone density (DEXA) scans for NMGH and its catchment population should be transferred from the Northern Care Alliance NHS FT (NCA) to Manchester University NHS FT (MFT) and be provided at the Manchester Royal Infirmary (MRI) site.

DEXA scans are not provided at the NMGH site and at present, patients from the NMGH catchment area who are referred by NMGH consultants travel to Royal Oldham Hospital (ROH) for this scan. Common referring specialties are rheumatology, breast, orthopaedics and elderly care. Patients often receive the rest of their care at NMGH but must travel to ROH for this specific diagnostic test. This means that most of the patient care is delivered in the MFT EPR "Hive", but these specific tests are provided for under NCA systems. There is a risk that information is lost when transferring information between MFT and NCA systems. This proposed change would bring all aspects of patient care for this cohort into MFT systems.

Substantial variation assessment:

Domain		
Patient Population Affected	• The patient population affected is the NMGH catchment for the outpatient DEXA scan service. • The population affected is largely those patients resident in North Manchester. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Based on historic activity patterns the change of location will affect approximately 420 patients per year (Manchester ~230, Bury ~60, Rochdale ~40, Oldham ~40 and Salford ~40 per year based on historic activity). • Patient choice will be maintained or improved. • Overall capacity will be maintained.	Not Substantial Variation
Access	• A full travel analysis has been completed for the affected population. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Public transport times are improved for most residents in the NMGH catchment area when comparing travel to MRI compared to ROH. Some residents in the east of the catchment area will experience increased journey times. Similarly, car journey times are improved for residents in the west and south of the catchment with residents in the east experiencing longer journey times.	Not Substantial Variation

Domain		
	• Travel costs are, on average, cheaper to MRI compared to ROH.	
Type / Rationale for proposed service change	• The change forms a part of strategic plans to integrate NMGH into MFT to maximise the benefits of single services. The strategic approach has previously been agreed through a robust and rigorous process, with this proposal being one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The implementation of the Hive Electronic Patient Record (EPR) system at NMGH has further necessitated the changes as the service currently navigates the complexities of working across two separate digital environments. This involves access to more than one IT system with increased potential for human error. • The proposal is a partial change to existing service provision with local access retained. There is no change to the service for patients from the Bury, HMR and Oldham locality catchments and an equivalent service provision for NMGH catchment patients.	Not Substantial Variation
Wider community & other services	• Limited/no impact on co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site and close digital integration with primary care. • There are no wider community impacts. • There is no adverse impact on health inequalities as current service provision will be maintained.	Not Substantial Variation
NHSE Four Tests & Stakeholder Views	• Support from clinical commissioners to be progressed alongside the development of plans. • Proposal supported by key stakeholders and will be further progressed alongside the development of plans. • Strong consultant staff engagement, input and support. • Communication with patients will explain the changes and offer the opportunity for further engagement. However, as patients are expected to receive care at their current location, and remain under their current Consultant, it is not intended to undertake an active Patient Choice exercise.	Not Substantial Variation
Recommendation:		

Domain		
It is recommended that the service change proposals for Dexa scanning **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include: • This change represents a small number of patients who already travel for this specific diagnostic test. • This proposed change means an improvement in journey times for most of the catchment population.		

Service Change Proposal - ENT

Electively, the ENT service for NMGH catchment residents includes outpatients (at NMGH and FGH), day case and inpatient elective care (FGH for adults, ROH for children). ENT cancer surgery is undertaken at MRI. Non-elective ENT presentations at NMGH for adults are treated on site (in the limited cases when immediate surgery is required) or transferred to FGH for adults or transferred to ROH for children.

ENT is typically a core service of a District General Hospital, however, there has not been a full ENT offer at NMGH for some time. This means that some NMGH catchment residents may need to travel to FGH or ROH for routine ENT outpatients and all minor procedures. Through the disaggregation of the service, MFT propose to create an enhanced ENT service at NMGH. This service would be provided for adults by the ENT Managed Single Service which is led by MRI. For children the NMGH service would be provided by Royal Manchester Children's Hospital (RMCH) clinicians. This will also allow emergency ENT provision at NMGH to be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH.

Disaggregation of the service and creation of this service at NMGH requires the following pathway changes:

Patient catchment	Pathway	Current Delivery Site	Proposed Delivery Site	Catchment Activity
NMGH	Adult acute inpatients	FGH	NMGH	250 non-elective
NMGH	Adult day case and elective procedures	FGH	NMGH	350 DC, 110 Elective / planned
NMGH	Adult outpatient procedures	NMGH/ FGH	NMGH	6,000
NMGH	Paediatric acute inpatients	ROH	NMGH	25 non-elective

NMGH	Paediatric day case and elective procedures	ROH	NMGH	200 DC, <5 Elective / planned
NMGH	Paediatric outpatient procedures	NMGH/ ROH	NMGH	1,500-2,000

*Excludes ENT cancer resections, which are currently and will remain undertaken at MRI

There are no planned changes for the NCA population and therefore this paper and assessment is only for the NMGH catchment.

Substantial Variation Assessment:

Domain	Assessment	Assessment
Patient Population Affected	• Based on an initial review of 2019 activity patterns the change proposal will affect c.950 inpatients per year and ~8,000 outpatients from the **NMGH catchment.** This is broken down in the table above. For a locality breakdown see appendix 1. • This means that these patients will be able to access care for this core service closer to home whereas currently many adults and children need to travel – often for routine care. • Children within the NMGH catchment currently being referred to RMCH will also be able to access their outpatient and elective day case procedures at NMGH. • In addition, patient choice will be a key feature of the proposal, ensuring that these patients will still be able to choose to continue to access the existing provider/site for planned activity should they wish to do so. • Based on an initial review of 2019 activity patterns the change proposal will affect no patients from the **NCA catchment**. • The proposal ensures that there is no reduction in total capacity levels for the system.	Not substantial variation
Access	**For NMGH catchment residents** • A full travel analysis has been completed. • Journey times to NMGH are shorter or considerably shorter for the NMGH catchment population compared to both FGH and ROH by both car and public transport. • When compared to FGH public transport journey times are the same or up to 60 minutes shorter to NMGH. • Journey times are improved to NMGH compared to ROH for the majority of the NMGH catchment population except for wards in Oldham – residents	Not substantial variation

Domain	Assessment	Assessment
	in these wards may wish to choose the NCA for their ENT care. • Travel costs are expected to decrease in all cases.	
Type / Rationale for proposed service change	• The change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process with the service change proposal one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal changes existing service provision to significantly improve local access. • Emergency ENT provision at NMGH will be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH. Adult patients will no longer need to be transferred to FGH for their procedure. • There is no reduction in overall system capacity. • A full Quality Impact Assessment has been undertaken. Patient experience will be improved, and risks reduced. No adverse impacts were identified across any domain.	Not substantial variation
Wider community & other services	• There is no impact on any co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. • There are no known wider impacts across the community. • A full equality impact assessment has been completed. The proposal will benefit the diverse and relatively deprived population of North Manchester, which should contribute to narrowing of health inequalities. No negative impacts of the proposed changes were identified. There will be a continuous review of the changes to ensure no negative impacts to any patients and rapid mobilisation of mitigations in the event impacts are identified.	Not substantial variation
NHSE Four Tests & Stakeholder Views	• Patients will continue to be able to choose where they would like to access care and can choose either an MFT or NCA pathway. • The proposals have been presented to the Patient and Public Advisory Group (PPAG) of Manchester	Not substantial variation

Domain	Assessment	Assessment
	Health and Care Commissioning, NCA Healthwatch and Manchester and Trafford Healthwatch. • A patient survey has been completed. • The proposed changes and new service provision are clinically led seeking to deliver consistently high-quality care. Care will be delivered to the same standards as at present, as a minimum. The future pathways will provide enhanced options for diagnostic pathways for patients. • ENT staff have been substantially engaged on plans and progress for the proposals through a combination of routine and extraordinary forums. Clinical and operational leadership are involved in all discussion and decision making with regard to the changes and have therefore been responsible for communicating with staff.	
Recommendation: It is recommended that this change **does not constitute substantial variation.** This proposal is to create a core ad comprehensive service at NMGH provided care closer to home with significant improvements in journey time and cost of travel for NMGH catchment residents. This proposal allows for creation of safer emergency provision to the busy NMGH A&E and a more robust on call / out of hours rota. With this change all Manchester residents will have access to equitable ENT services.		

Table: estimated number of affected patients per locality per annum based on historic activity.

Locality	ENT
Manchester	4923
Bury	1343
Rochdale	895
Oldham	895
Salford	895
Total	**8,950**

Substantial Variation Assessment – Urology

NMGH is currently the inpatient Urology site for the former PAHT footprint. Outpatients and other aspects of the service are provided at ROH, FGH and RI. NCA and MFT have agreed that full disaggregation of the service is the preferred exit strategy in line with other complex services. This would mean that ~30% of activity is retained by MFT (the NMGH catchment population) and ~70% would be provided by NCA for its population.

The NCA have previously agreed a model of care for Urology with commissioners through a prior decision-making process. The model is as follows:

- Bury residents to receive inpatient urology care at Salford Royal Hospital
- Rochdale and Oldham residents to receive inpatient urology care at Royal Oldham Hospital

Therefore, the scope of **this paper is focused on the changes for the NMGH catchment.**
Once the service is disaggregated the service at NMGH will be considerably smaller than currently and it will no longer be viable to maintain the full current model of care at NMGH. Instead, it is proposed that NMGH provides a comprehensive suite of local care including outpatients, urological investigations, day case and short stay, high volume low complexity surgery. A robust on call arrangement is proposed to ensure safe care for patients presenting with urological emergencies. Complex inpatient urology surgery is proposed to be delivered at MRI.

This represents phase 1 of the urology single service model development within MFT. Wider discussions are underway to determine the longer-term model for urological care across MRI, Wythenshawe, NMGH and Trafford.

Substantial variation assessment:

Domain	Assessment	Assessment
Patient Population Affected	• The NMGH catchment is affected by the proposal, this includes Manchester residents in the Northern part of the city, as well as a proportion of Bury (typically Prestwich and Whitefield) and HMR (typically Middleton) residents, who consider NMGH as their local district general hospital. • Most patients will continue to access care at NMGH for outpatient (~14,500 appointments per annum), day case (~1,350 procedures per annum) and high-volume low acuity urology surgery (~800 procedures per annum) and diagnostic services. • The activity data shows that approximately ~150 elective and ~550 non-elective inpatients (~4% of NMGH urology patients; of these an estimated ~385 are Manchester residents, ~105 Bury residents, ~70 residents from Oldham, Rochdale and Salford respectively) will be	Not substantial variation

Domain	Assessment	Assessment
	affected by the proposed changes and would receive care at MRI. These represent patients needing more complex inpatient care– likely once in a lifetime surgery. All outpatient care related to this surgery will continue to be provided at NMGH. • The proposal will include a review of patient pathways to ensure effective access to a full range of pathways designed to optimise care within MFT. • Patient choice will be a key feature of the proposal, ensuring that patients have a choice in which organisation to access for planned activity.	
Access	• For the small number of urology patients who would receive their care at MRI, journey times to MRI compared to NMGH are longer by public transport and car for a proportion of the population affected. MRI is closer for a smaller proportion of the population. This means that on average, travel costs are more expensive to the MRI but only marginally. • However, MRI and NMGH are relatively close (~5 miles) and there are good transport links to the MRI for much of the population. • Patients will only need to travel for their inpatient care. All outpatient activity will be provided at NMGH.	Not substantial variation
Type / Rationale for proposed service change	• The proposed change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process. The service change proposal is one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal is a partial change to existing service provision with local access retained for outpatient, day case and high-volume low complexity urology and diagnostic services. • The proposal will see North Manchester catchment patients accessing inpatient care at established MFT services. • There is a strong focus on outcomes and clinical quality as phase 1 of the proposal forms part of the urology single service model development within MFT.	Not substantial variation

Domain	Assessment	Assessment
	• A key part of the proposal is to maximise care closer to home through the strengthening of ambulatory pathways. Intended benefits include a greater proportion of patients seen, treated and discharged without the requirement to be admitted to a bed. • There is also a strong focus on safety as phase 1 of the proposal will enable North Manchester catchment and NCA patients to receive care from one organisation and in one digital system. This will mitigate risks associated with the transfer of MFT and NCA patients and information between systems. • A Quality Impact Assessment (QIA) and Equality Impact Assessment (EQIA) have been completed and these support the principle of ensuring that incorporation of activity into MFT will have no negative impact on equality or quality.	
Wider community & other services	• The changes release capacity at NMGH which could be reprofiled to support other North Manchester catchment activity. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • The patients who will access MFT services will be absorbed into the current MFT infrastructure • There are no known wider impacts across the community. • A full equality impact assessment and quality impact assessment has been completed.	Not substantial variation
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • Similar hub and spoke models already exist and the model of care aligns to GIRFT recommendations including Urology Area Network developments Strong public and patient engagement	Not substantial variation

Domain	Assessment	Assessment
	• Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This includes bespoke surveys ndertaken in outpatient settings, discussion of proposals at MHCC Public and Patient Advisory Group, Healthwatch presentations the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. Strong staff engagement, input and support • There is strong engagement from clinical and operational staff involved in the service across MFT. A series of MFT urology workshops have been held to identify how the service at NMGH could be developed and delivered in the short, medium and long term. Clinical discussion to advance aspects of the clinical model are continuing and this includes clinical lead discussion with members of the Urology team, NMGH, MRI Medical Directors and inputs from Group Strategy and the WTWA Senior Leadership Team. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes Urology. A bipartite clinical working group, workforce group and disaggregation group provide oversight, leadership and support for the phase 1 proposal which will see complete disaggregation of the historical PAHT footprint for urology as the NMGH urology service will fully separate from the NCA urology service.	

Recommendation:

It is recommended that the service change proposals for Urology **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.

Domain	Assessment	Assessment
• Most patients will continue to access care locally at NMGH for outpatient, day case and high-volume low acuity urology and diagnostic services. Patients needing to access MRI will do so for once in a lifetime inpatient surgery. This model aligns with GIRFT recommendations. • The change proposal has followed a structured approach with full support from commissioners/localities and clear evidence of service user involvement that will continue through to and beyond implementation of changes.		

Service Change proposal - Trauma & Orthopaedics

Before transaction, Trauma and Orthopaedics (T&O) operated as a single service across the former PAHT footprint delivered from North Manchester General Hospital (NMGH), Royal Oldham Hospital (ROH), Fairfield General Hospital (FGH) and Rochdale Infirmary (RI).
Under PAHT, the Trust operated a two-axis model whereby NMGH and FGH served as one axis (with trauma surgery delivered at NMGH) and ROH and RI served as the other (with trauma surgery at ROH). All electives for the totality of PAHT were centralised at FGH with several day case operating lists at RI.

As part of the overall Transaction, NCA and MFT agree that full disaggregation of T&O services for North Manchester is the preferred exit strategy and agree for this to happen in line with other complex services by the 31 March 2024.

Once disaggregated, MFT will provide an orthopaedic elective and trauma service for NMGH catchment patients, and the NCA will provide an elective and trauma service for the FGH catchment patients, connecting into their wider organisational models.

Elective – *affects Manchester residents*
The elective orthopaedic service on the NMGH/FGH axis consists of outpatients delivered locally and elective day case and elective inpatient procedures largely provided out of FGH, with some daycase procedures at RI.

After disaggregation, MFT will provide elective services to North Manchester catchment GP referrals and all NMGH A&E arrivals. The MFT site where day case and inpatient procedures are provided will be Trafford General Hospital (TGH). Patients will be able to choose whether to access their elective care at TGH or FGH. NCA will continue to provide elective service for Bury catchment GP referrals as well as FGH A&E arrivals. FGH A&E patients requiring Trauma surgery will be redirected to Royal Oldham Hospital (ROH).

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Trauma – *unlikely to affect Manchester residents unless they attend Fairfield A&E*
The non-elective/trauma service consists of virtual fracture clinic (VFC), fracture clinic (FC), day case trauma, and inpatient trauma. This is serviced by a trauma rota covering each axis. Patients arriving at FGH requiring a trauma procedure are transferred by ambulance to NMGH for treatment. NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.

After disaggregation, there will be no change for residents living in the NMGH catchment area – these residents will continue to access trauma care at NMGH as they do now. Patients arriving at FGH A&E for treatment will no longer be transferred to NMGH for trauma care but instead will transfer (or be conveyed directly by

ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. There will be no change to the delivery of fracture clinics, these will remain at FGH.

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Category	Service	Current site of delivery	Proposed site of delivery for (NCA)	Proposed site of delivery for (MFT)
Trauma Services	Fracture Clinic	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day case	NMGH & RI (low volume)	RI	NMGH (no change)
	Inpatient	NMGH	ROH	NMGH (no change)
Elective services	Outpatients	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day Case	FGH & RI	FGH & RI (no change)	TGH
	Inpatient	FGH	FGH (no change)	TGH

Substantial variation assessment:

<table>
<tr><th>Domain</th><th>Narrative</th><th>Assessment</th></tr>
<tr><td>Patient Population Affected</td><td>The patient population affected by the proposed service change will predominately be those that live in the NMGH and FGH catchment areas.

Trauma – affects FGH catchment residents
The trauma planning assumption indicates that activity derived via an A&E attendance will be served by the Trust associated with that A&E. Currently, Fairfield General Hospital (FGH) arrivals (NCA) are transferred to NMGH (MFT) for trauma procedures/treatment.
Initial modelling (2019/20) has identified that approximately 650 patients are transferred from FGH A&E to NMGH per year for a trauma. The distribution by locality is as follows:<table><tr><th>Locality</th><th>Estimated maximum number affected per annum</th></tr><tr><td>Bury</td><td>~400</td></tr><tr><td>HMR</td><td>~200</td></tr><tr><td>East Lancashire</td><td>~20</td></tr></table></td><td>Not substantial variation</td></tr>
</table>

Bolton	~10
Oldham	<10
Manchester	<10
Other	~10
Total	**~650**

- Of these patients, 296 have an inpatient trauma procedure at NMGH, 170 have a day case procedure at NMGH and the remaining 188 patients are discharged without procedure
- Under the new clinical model, FGH patients will no longer be transferred to NMGH but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma.
- There will be no change to the delivery of Fracture Clinic, these will remain at FGH.
- It is assumed that NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.
- People living in the NM catchment area will continue to access trauma services at NMGH as per the current service model, and there will be no change.

Elective

- For the NM catchment most people requiring planned / elective care will continue to receive a significant element of their care at NMGH, including outpatients, tests and diagnostic procedures.
- Where patients require an operation/procedure, patients will be able to choose whether to access this care at the NCA elective hub at FGH as they do now or at the MFT elective hub at Trafford General Hospital.
- This is expected to impact ~1,500 patients per year based on 2019 activity profile (it is estimated this could affect ~825 Manchester residents, ~225 Bury residents and ~150 residents from Oldham, Rochdale and Salford respectively).
- The elective pathways for the NCA population will remain unchanged.
- Patient choice will be a key feature of the proposal. Some people who reside in the North Manchester General Hospital catchment area may choose FGH (Bury) for their surgery and this will mean that they will also have outpatient appointments and diagnostics at FGH. Others may choose to have their surgery at TGH. If so, they would have outpatient appointments and

	diagnostics at NMGH, and just the surgery element of their pathway at TGH.	
Access	**Trauma** • Residents in the NMGH catchment area will continue to access trauma services at NMGH. All elements of the trauma pathway will continue to be delivered from NMGH and little will change from a patient access perspective for patients in this area. • People living in the FGH catchment area, under the new service model, will no longer be transferred to NMGH for their trauma surgery but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. On average travel times for the FGH catchment are improved under this change. **Elective** • Outpatient and diagnostic activity will continue as per the current service model, both at NMGH and at FGH. More outpatient activity is likely to be delivered at NMGH than currently to ensure that people from the NMGH catchment area do not have to travel to FGH but can receive that element of their care at NMGH (patients can still make a choice). • However, people from the NMGH catchment area requiring an elective planned surgical procedure/operation will now be able to choose whether to access this at FGH in Bury or Trafford General Hospital. • Access for elective planned surgical procedure/operation for the NCA population will remain unchanged. • A detailed travel analysis has been undertaken. The key headline messages for elective are related to the change in travel time for patients travelling to TGH instead of FGH under the new clinical model: o The average journey time by car for the overall catchment area (North Manchester) is 3 minutes longer to TGH than to FGH (19 minutes compared to 16 minutes). o Average journey times by public transport are, on average, 12 minutes longer to TGH than FGH (76 minutes compared to 63.9 minutes) but are more direct with fewer interchanges. As such the cost of public transport is marginally lower. o Residents in the south of the catchment are closer to Trafford General; residents in the north of the	Not substantial variation

	catchment are closer to Fairfield General. Patients may therefore choose to attend their closest hospital.	
Type / Rationale for proposed service change	**Elective** • The service change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services and is part of the transaction process. • It is paramount that a long-term and sustainable service model for the ongoing provision of trauma and orthopaedic services at NMGH is established for the NMGH catchment area. • The rationale for offering orthopaedic elective surgery at Trafford General Hospital as well as FGH for the NMGH catchment area is to maintain access to high quality, safe and highly reliable care, and to benefit from the treatment outcomes associated with a 'high volume, low complexity' clinical model, based on recommendations from GIRFT, which Trafford General delivers. These models of care are associated with a better patient experience, less variation and better patient outcomes. The models are reflective of recommendations made through GIRFT and TGH already operates a GIRFT type Surgical Hub for Orthopaedics, and this service would increase capacity to accommodate the transfer of NMGH patients. • The new clinical model for orthopaedics for the NMGH catchment area will benefit from the Single Service model rolled out across MFT, delivering high quality and good outcomes for patients, in a more effective and efficient way, sustaining services now and into the future. The NMGH service will benefit from the scale of the MFT T&O service and the size of the workforce. **Trauma** • Equally, changes to the provision of trauma care to the FGH catchment area will enable the NCA to scale up and benefit from a Trust wide single service model across multiple sites for T&O services • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Patients will benefit from the strong T&O patient quality indictors at ROH (i.e. LoS and readmissions)	Not substantial variation

	• Patients will also benefit from improved treatment outcomes associated with a 'high volume, low complexity' clinical model at RI based on recommendations from GIRFT. These models of care are associated with a better patient experience, less variation and better patient outcome.	
Wider community & other services	• The proposal forms part of large-scale plans to deliver patient benefits, high quality, and sustainable care with better outcomes through the creation of single services for NCA and MFT. For example, the recent deployment of a single electronic patient record across all MFT sites will derive significant benefits to the standard and quality of care. It means that patient records will be contained in one space and will not cross multiple digital systems in different organisations. • There are no other known wider implications or co-dependencies across the communities of the proposed changes.	Not substantial variation
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services for NCA and MFT. Benefits include the use of the new electronic patient record system across every MFT site. • Delivering a planned elective orthopaedic service adopting the HVLC (high volume, low complex) clinical delivery model will deliver a service that is high quality, highly reliable, effective, and sustainable. • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Strong public and patient engagement • Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This has included, patient surveys and engagement events, discussion of proposals at Manchester Public and Patient Advisory Group, Healthwatch presentations, the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. The NHS	Not substantial variation

	constitution emphasises patient choice, and the patient will have access via the applicable DOS provisions. Support from clinical commissioners • Some of this work includes reorganising or restructuring services, and a process of engagement and dialogue with commissioners is being maintained to manage these changes. The proposal is being reviewed by Integrated Care Boards / Localities with the process led by the Place Based Lead for Oldham on behalf of the Integrated Care Board. The proposal has and will continue to be developed through a collaborative process with system partners. Strong staff engagement, input, and support • There is strong engagement from clinical and operational staff involved in the service across MFT and the NCA. A series of workshops have been held to identify how the service at NMGH and FGH could be developed and delivered in the short, medium, and long term. Clinical discussion to advance aspects of the clinical model are continuing with both organisations and this includes clinical lead discussion with members of the T&O teams and Leadership Teams. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes T&O. A bi-partite clinical working group, workforce group and disaggregation group will provide oversight, leadership and support which will see complete disaggregation of the historical PAHT footprint for T&O as the NMGH T&O service will fully separate from the NCA T&O service.	

Recommendation:

It is recommended that the service change proposals for trauma and orthopaedic single service model development within MFT **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for

the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.

- The key change for elective planned (inpatient/daycase) care affects residents in the NMGH catchment area. Patients will be able to choose whether to have their procedure at TGH or FGH. The travel analysis has demonstrated that the travel time, both by car and public transport to TGH is longer than to FGH, but not substantially. Travel to TGH by public transport is more direct with fewer changes. Travel by car is slightly more expensive, however, the cost of public transport is lower. The south of the catchment is closer to TGH; the north closer to FGH. There are existing mechanisms for patients and their carers to access support with travelling to hospital and the costs of travel. These will be promoted to patients through patient letters, MyMFT and referral / booking teams.
- The key changes for trauma care (patients presenting at A&E) affects residents in the FGH catchment, predominantly Bury. These residents will transfer from FGH (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. The travel analysis has demonstrated that the travel time by car for Bury patients is minimally higher and for Rochdale residents is significantly lower. By public transport, for all Bury residents is higher but lower for Rochdale residents. Some Bury patients may already choose to go to a different hospital site that is closer.

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NMGH Complex Service Change Proposals

Health Scrutiny Committee

August 2023

Purpose and background

Purpose

The purpose of this slide deck is to provide Scrutiny Committee with a summary of service change proposals arising from the dissolution of Pennine Acute Hospitals Trust (PAHT).

These changes are the final stages of a long term strategy for Greater Manchester that includes the dissolution of PAHT, the formation of a 'Single Hospital Service' for Manchester under Manchester University Foundation Trust (MFT) and the formation of the Northern Care Alliance (NCA).

Background – Timeline

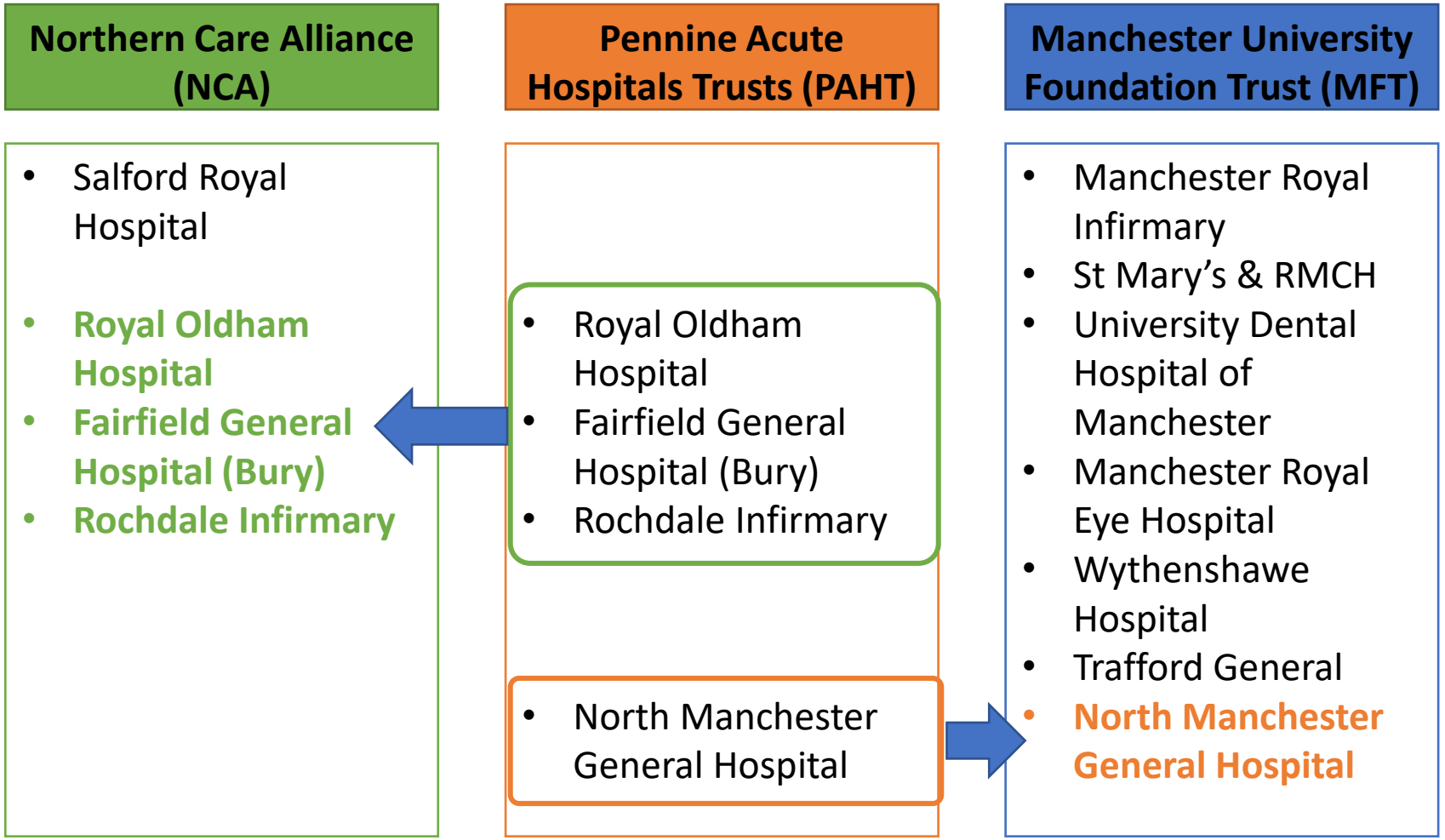
- **2016** - An independent review of hospital services in Manchester concluded the most effective route to achieving clinical, safety and efficiency benefits was to create a 'single hospital service' for Manchester. Prior to this Manchester Royal Infirmary, Wythenshawe Hospital and North Manchester General Hospital were all run by different organisations.
- **2016** – Pennine Acute Hospital Trust (PAHT; included Fairfield General Hospital in Bury, Rochdale Infirmary, North Manchester General Hospital and Royal Oldham Hospital) was rated 'inadequate' by the Care Quality Commission (CQC).
- **2017** - NHS Improvement undertook an option appraisal in respect of the long-term future of Pennine Acute Hospital Trust (PAHT). The preferred option was for North Manchester General Hospital (NMGH) to be acquired by Manchester University Foundation Trust (MFT), and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT).
- **1st April 2021** – MFT formally acquired the NMGH site and services through a commercial transaction.
- **1st October 2021** – SRFT acquired the remaining elements of PAHT through a statutory transaction and became the Northern Care Alliance (NCA).
- **2021 to 2023** - MFT and the NCA have strong post-transaction joint working arrangements and are continuing to work through these structures to agree the most appropriate timing for disaggregation of the more complex services.

Background information – organisations and acronyms

Pennine Acute Hospitals Trust (PAHT) has been dissolved.

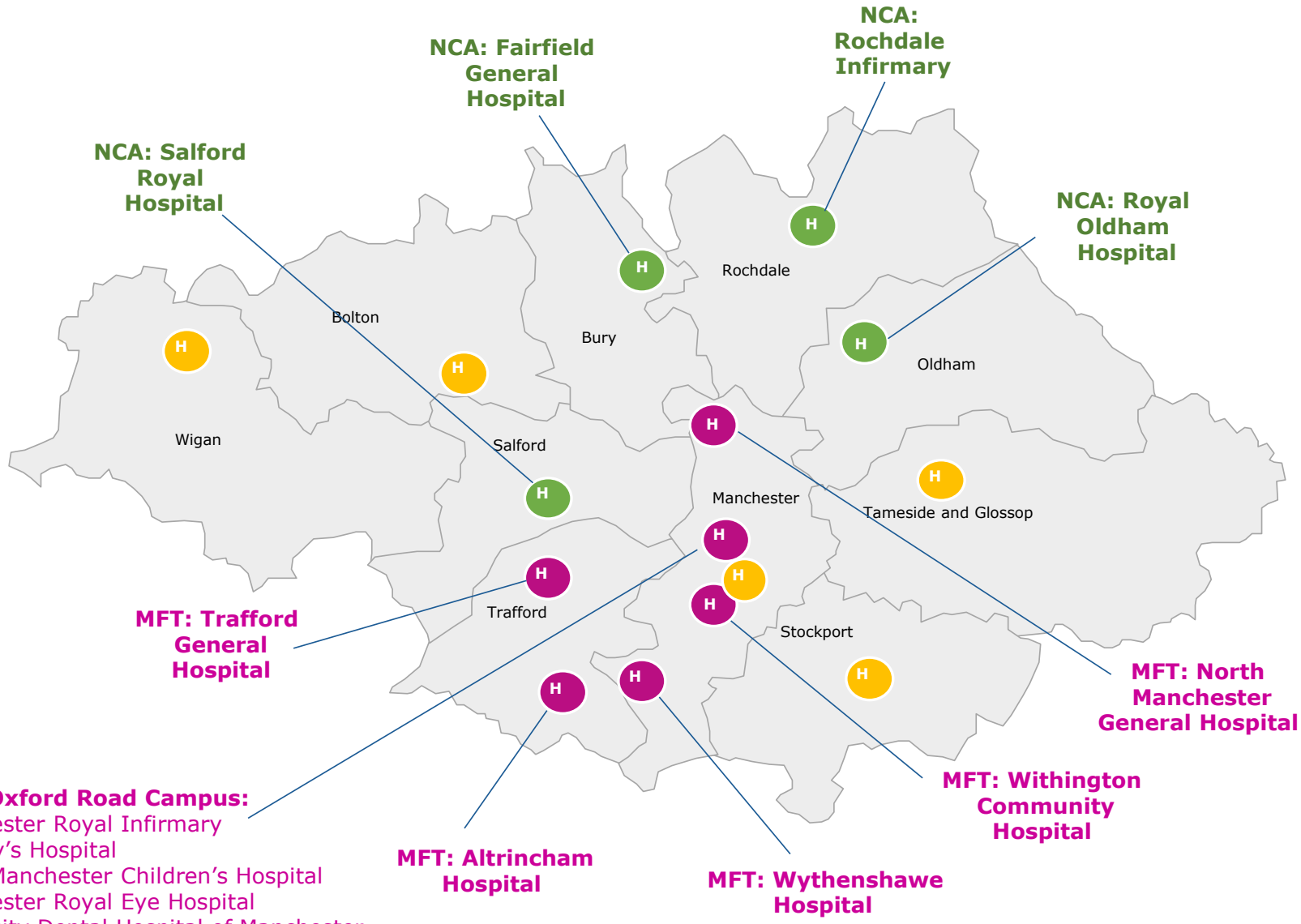
The Northern Care Alliance (NCA) has been formed between Salford Royal, Royal Oldham, Fairfield General and Rochdale Infirmary.

Manchester University Foundation Trust (MFT) has acquired North Manchester General Hospital.



Background information – organisations and hospitals

Map of Greater Manchester showing the **Manchester Foundation Trust (MFT)** and **Northern Care Alliance (NCA)** hospitals now that the dissolution of Pennine Acute Hospital Trust (PAHT) is complete.



Introduction – disaggregation of complex services

- PAHT had four hospitals and delivered services across these sites. This meant whilst a patient may attend for example NMGH for their outpatient appointment, they may have had diagnostic tests at another PAHT site. The same patient might also have had surgery and an inpatient stay on another PAHT site.
- 'Disaggregation' is the term used to describe the unpicking of these arrangements so that NMGH can be separated from the three other PAHT sites.
- Work has been underway since the dissolution of PAHT to disaggregate NMGH. Working relationships between MFT and NCA are strong and good progress has been made.
- The final stage has been a set of services that present the most complex challenges for service disaggregation. These are services that will potentially require **a change in location or change in patient flows**. As such, there has been **strong engagement** and early discussions with all relevant commissioners / localities to ensure the impact on patients and residents is considered.
- A structured approach has been agreed to disaggregate complex NMGH services in a safe and effective manner.
- The first of these were considered in **July 2022** and included Clinical Haematology, Sleep Services and Fetal Medicine.
- A second phase was considered in **March 2023** and included Cardiology, Rheumatology, Gastroenterology and 6 Urology pathways
- A **third and final phase** is now being considered including DEXA (bone density scanning), Ear, Nose & Throat, Urology and Trauma & Orthopaedics. These changes are described in this slide deck.

Background information – NMGH Catchment

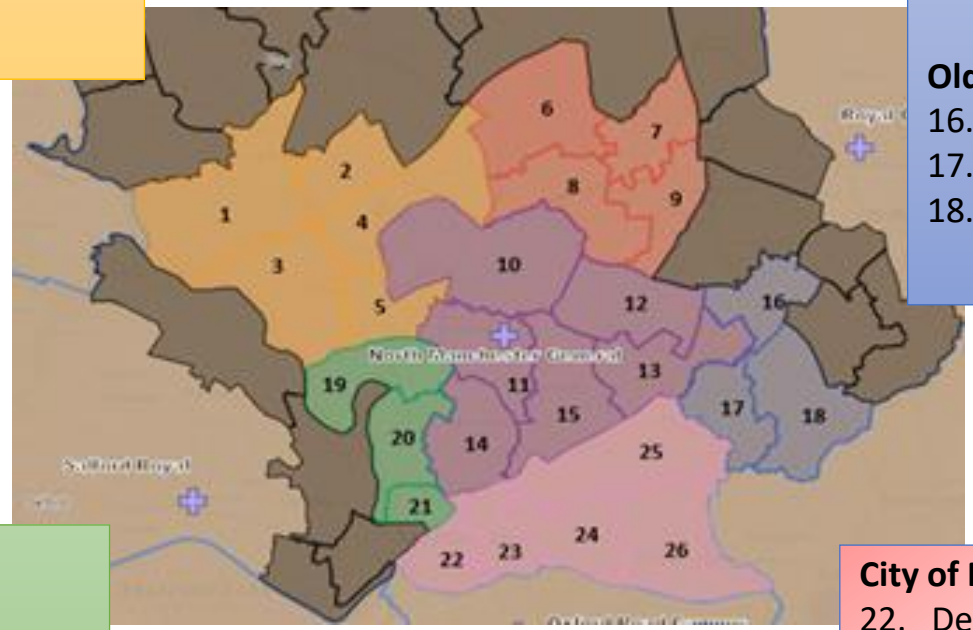
The ‘catchment area’ of North Manchester General includes a population of ~400,000 people from wards in Salford, Bury, Rochdale, Oldham and Manchester.

About 50% of patients attending NMGH are from Manchester.

This means MFT and NCA must engage with patients and stakeholders from each locality when disaggregating NMGH services.

Bury:
1. Pilkington Park
2. Besses o’th’ Barn
3. St Mary’s
4. Holyrood
5. Sedgeley

Rochdale:
6. West Middleton
7. North Middleton
8. South Middleton
9. East Middleton



Oldham:
16. Chadderton South
17. Failsworth West
18. Failsworth East

Salford:
19. Kersal & Broughton Park
20. Broughton
21. Blackfriars & Trinity

North Manchester:
10. Higher Blackley
11. Crumpsall
12. Charlestown
13. Moston
14. Cheetham
15. Harpurhey

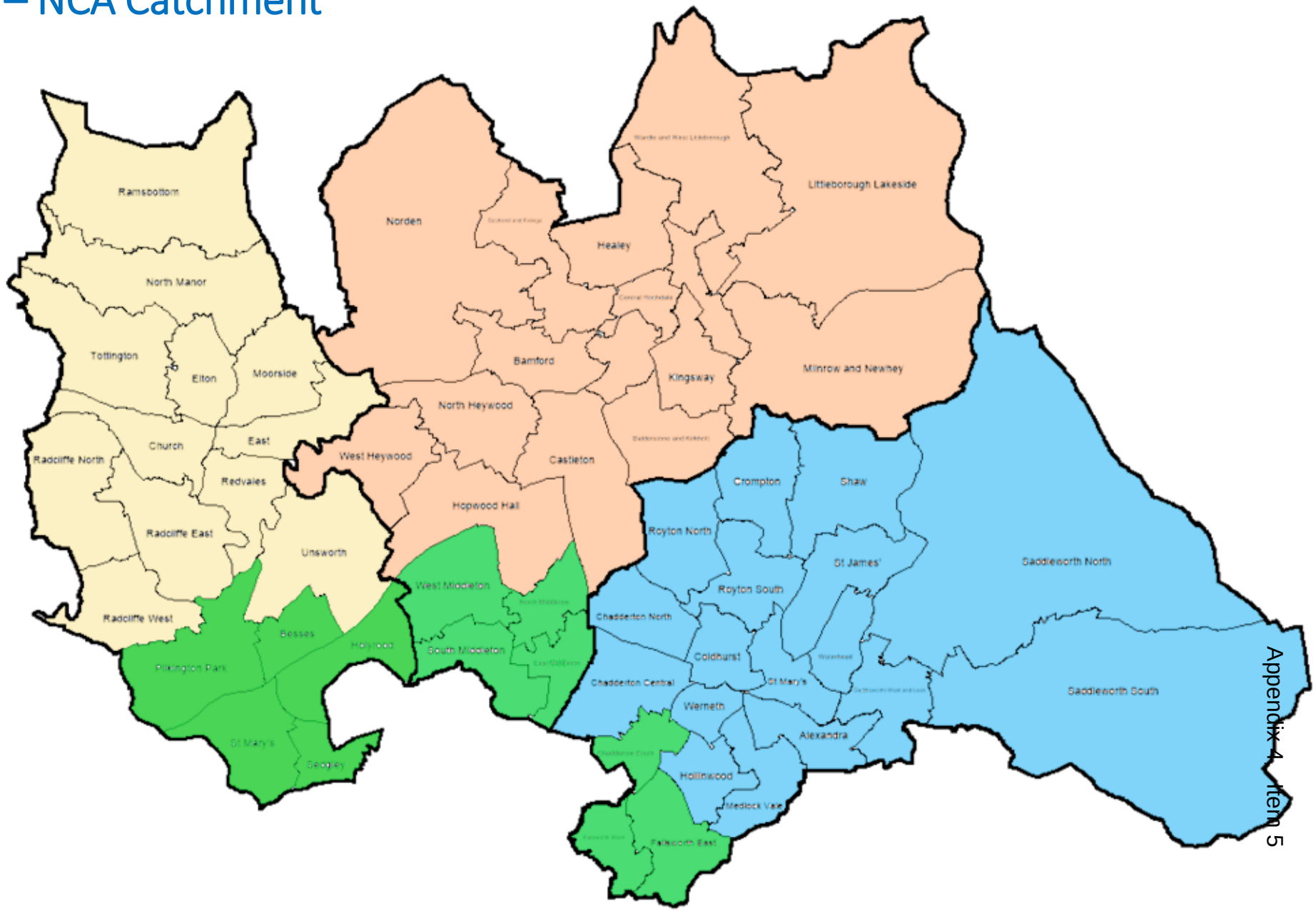
City of Manchester:
22. Deansgate
23. Piccadilly
24. Ancoats & Beswick
25. Miles Platting & Newton Heath
26. Clayton & Openshaw

Background information – NCA Catchment

The ‘NCA catchment area’ affected by these changes includes people from wards in Bury (yellow), Rochdale (orange), and Oldham (blue).

Note that the NCA also provides care for residents in the rest of Salford but they are not affected by these changes.

(The green area are the Bury, Rochdale and Oldham wards in the NMGH catchment area.)



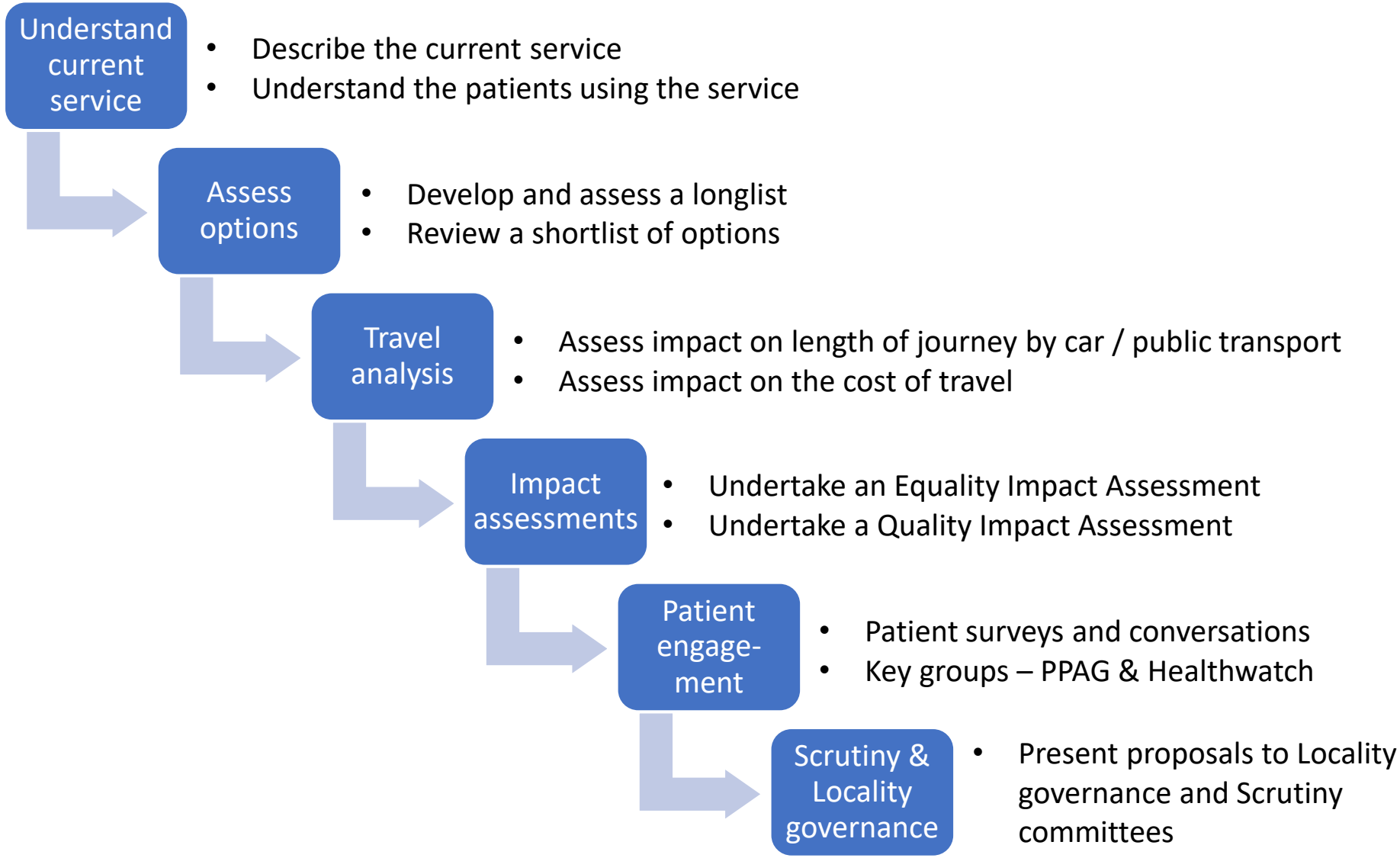
Background information – IT Systems

- NCA and MFT are progressing their plans for investment in the former PAHT sites and services.
- This includes the new Electronic Patient Record (EPR) system (called Hive) which was implemented across MFT including at NMGH in September ‘22.
- This means that MFT and NCA use different IT systems and as such when patients move between MFT and NCA provided services, their information crosses between the two IT systems.
- There is a risk that information is lost between systems.
- Features such as automatic notifications do not work across systems.
- For example, if an MFT patient has a test at an NCA site, the MFT clinician does not get an automatic notification when the result is available. Instead the clinical team must manually check in with the NCA team to access results. This has the potential to delay patient pathways.
- This is a key reason for disaggregation of many of the services.

Approach

For all the services in this presentation, the same approach has been taken as shown in the diagram, right.

Scrutiny committees are asked to consider if the proposed changes constitute substantial variation.



DEXA (Bone Density) Scanning

DEXA (Bone Density) Scanning

What is DEXA (Bone Density) scanning?

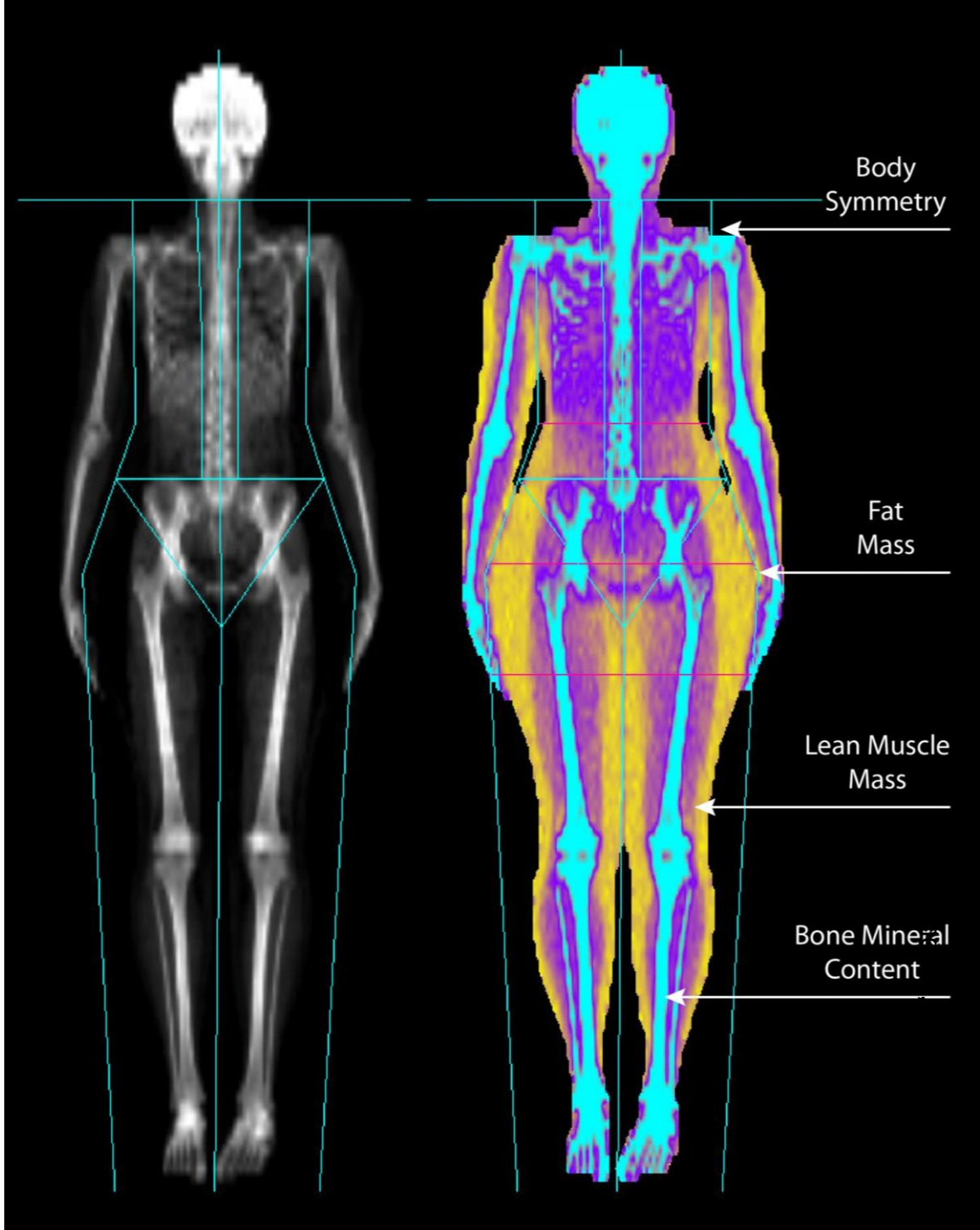
- DEXA (Bone Density) scanning is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks)
- This change affects patients in the **NMGH catchment**
- Approximately 420 residents who access outpatient specialty services at NMGH (typically breast, rheumatology, orthogeriatrics) subsequently require DEXA scans for bone density

Current Service Model

- Patients who are seen at NMGH who need a DEXA scans must currently travel to Royal Oldham Hospital for their scan

Key drivers for change

- The current pathway means that an MFT patient has a scan that is recorded in an NCA IT system. Working across two IT systems leads to a risk of patient information not being visible, accurate or complete
- Greater access to DEXA scans as MRI has two scanners
- The MRI DEXA is accessible for patients who use a hoist for mobility



DEXA (Bone Density) Scanning

Preferred way forwards

- To make a change to current patient pathway so North Manchester residents access bone density DEXA scans at Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).

Travel Analysis

This proposed change would affect ~420 patients per year from the NMGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times for the NMGH catchment to **MRI** compared to **ROH**. Key findings include:

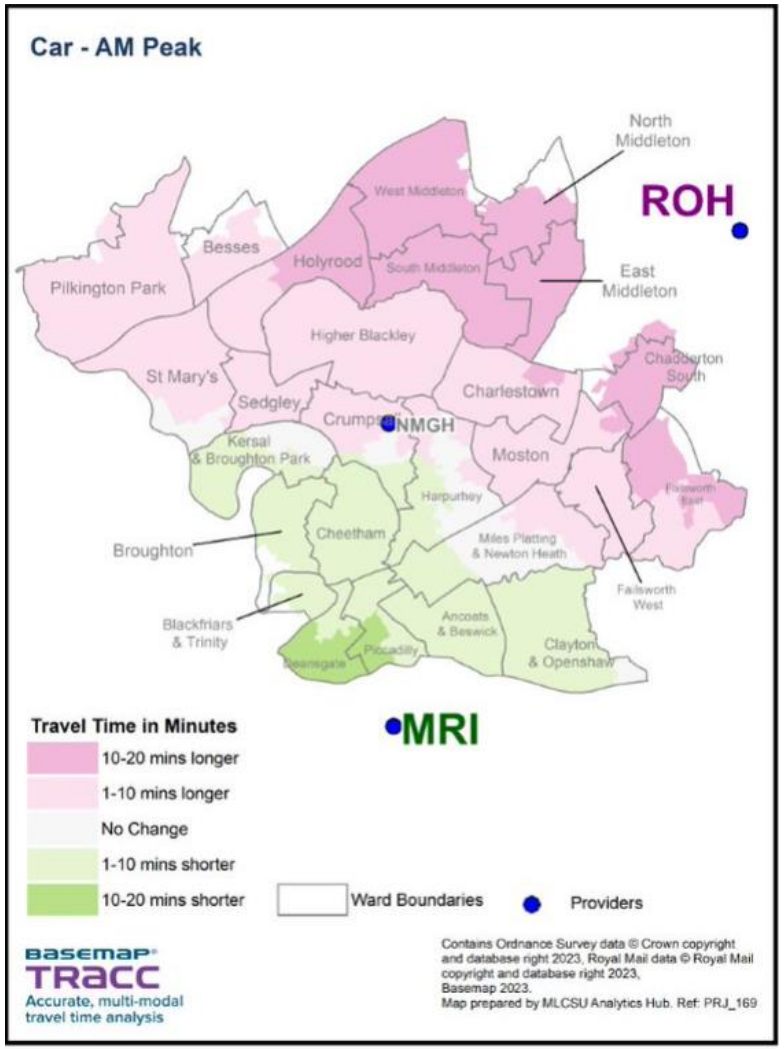
- Car journeys are longer on average by **+2.6 minutes** (13.8 minutes to ROH compared to 16.4 minutes to MRI). Journeys are shorter in 9 wards and longer for 17 of 26 wards
- Public transport journeys are shorter on average by **-9.1 minutes** (52.7 minutes to ROH compared to 43.6 minutes to MRI). Journeys are shorter in 17 wards and longer in 9 of 26 wards
- On average transport costs will be cheaper for car and public transport use, 23 pence and 69 pence cheaper respectively
- Car parking costs would be broadly similar.

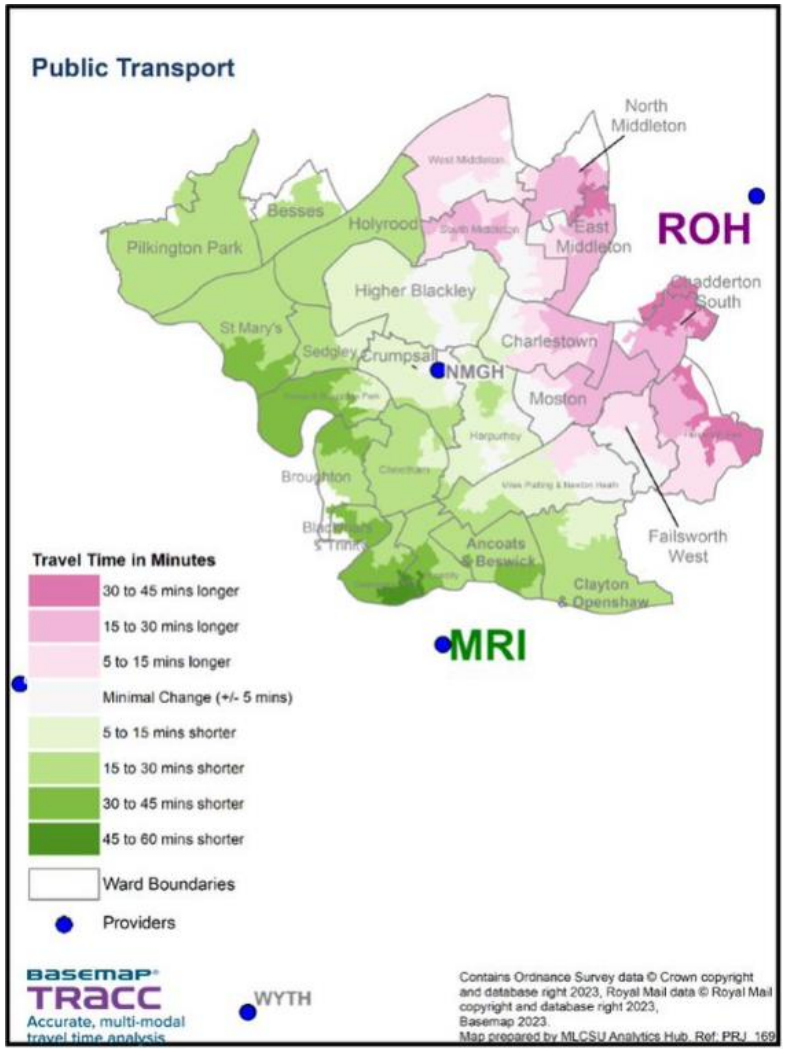
DEXA (Bone Density) Scanning – Travel analysis

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **MRI** is compared to the time taken to travel to **ROH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Urology

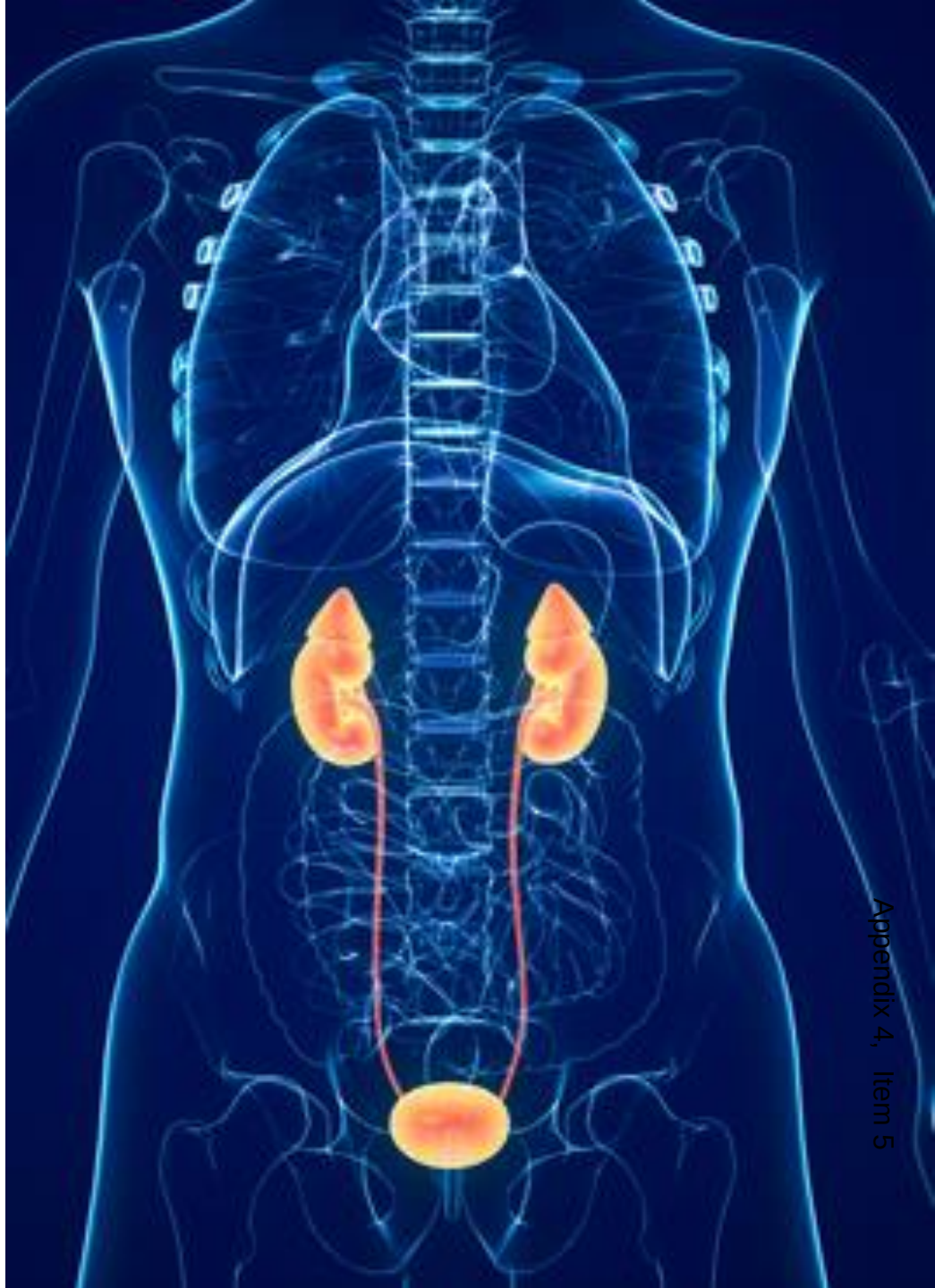
Urology

What is Urology?

- Urology is a part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.
- This change affects residents in the **NMGH catchment**.
- More men than women access the NMGH urology service and the greatest proportion are between 51 - 74 years of age and of white British ethnicity.

Current Service Model

- Inpatient procedures are only provided at NMGH
- Outpatients are provided at all sites (NMGH, FGH, ROH and RI)
- Day case procedures are provided at two sites (NMGH and RI)
- Since September 2022, there has been a transition so that urology outpatient and day case work at the NMGH site has been used for North Manchester catchment patients
- Since September 2022, there has been a transition so that urology outpatient and day case work at the FGH, ROH and RI sites have been used for NCA catchment patients



Urology

Key drivers for change

- It was agreed some time ago that the best long-term solution for PAHT was for NMGH to operate as part of MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- NMGH is the inpatient Urology site for the whole of PAHT. Outpatients and other aspects of the service are provided across the PAHT sites.
- MFT and the NCA propose that urology services fully separate in Jan 2024
- The NCA have previously agreed the following model to commissioners:
    - Bury residents will receive inpatient care at Salford Royal Hospital
    - Rochdale and Oldham residents will receive inpatient care at ROH
- When the NCA move their inpatients from the NMGH site, approximately 30% of activity will remain which is not enough to provide a full inpatient service

Preferred way forward

- The majority of urology care for NMGH catchment residents will continue to be provided at NMGH. Around 95% of these patients attending NMGH now will continue to do so:
    - NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery
    - Robust on call arrangements will ensure safe care for emergency patients
    - A small number of patients having planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI. An option was also considered to provide this at Wythenshawe but this was discounted because of the greater impact on travel
- The proposed changes will see North Manchester catchment patients access inpatient care at established MFT services
- A key part of the proposal is to maximise care closer to home
- Intended benefits include a greater proportion of patients seen, treated and discharged without having to be admitted to hospital

Urology

Travel Analysis

This proposed change affects patients needing emergency surgery (~550 patients) and planned complex inpatient surgery (~150 patients).

A detailed travel analysis was conducted by reviewing and comparing travel times to **MRI** compared to **NMGH** for the NMGH catchment. Key findings include:

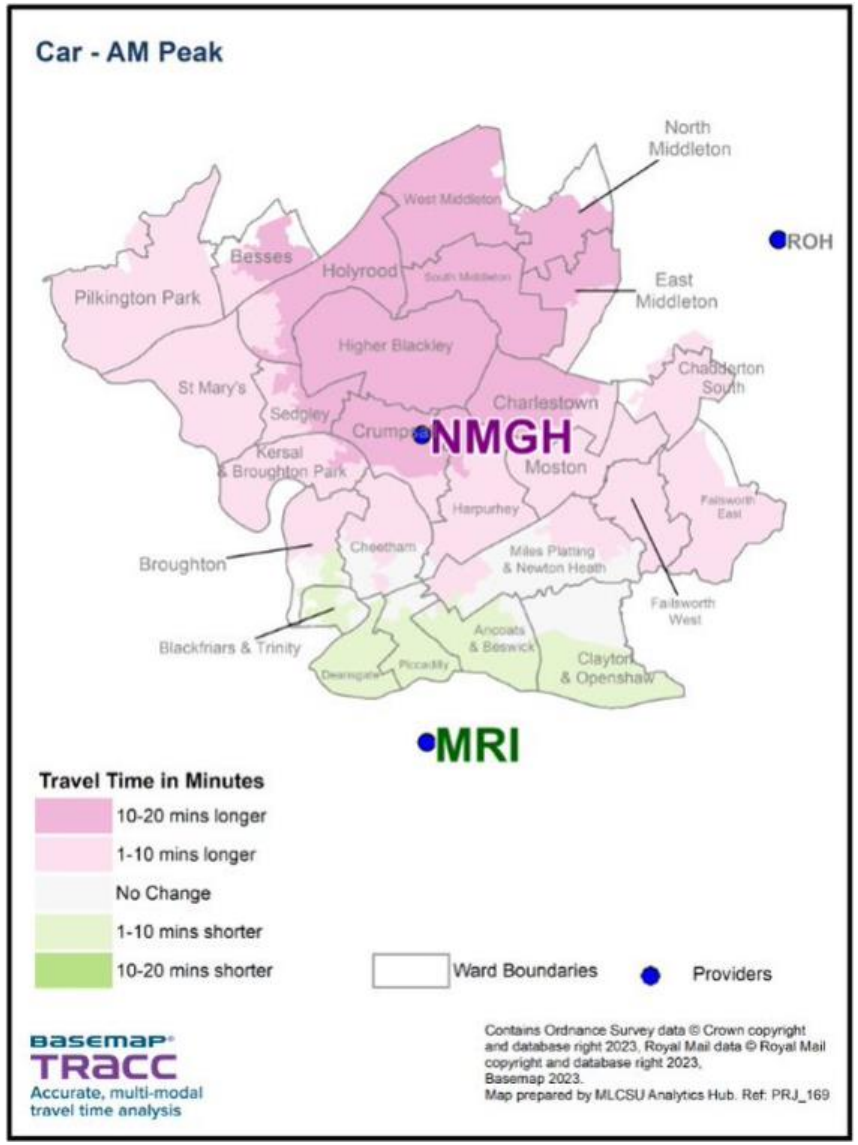
- Urology patients undertaking treatment at MRI instead of NMGH will experience longer car journeys on average (**+6 minutes**) and longer journeys via public transport (**+15 minutes**).
- Correspondingly average transport costs are more expensive for car and public transport use, 49 pence and £1.62 respectively.
- An option was considered for inpatient urology to be delivered at Wythenshawe however MRI was preferable because of the lesser impact on travel.

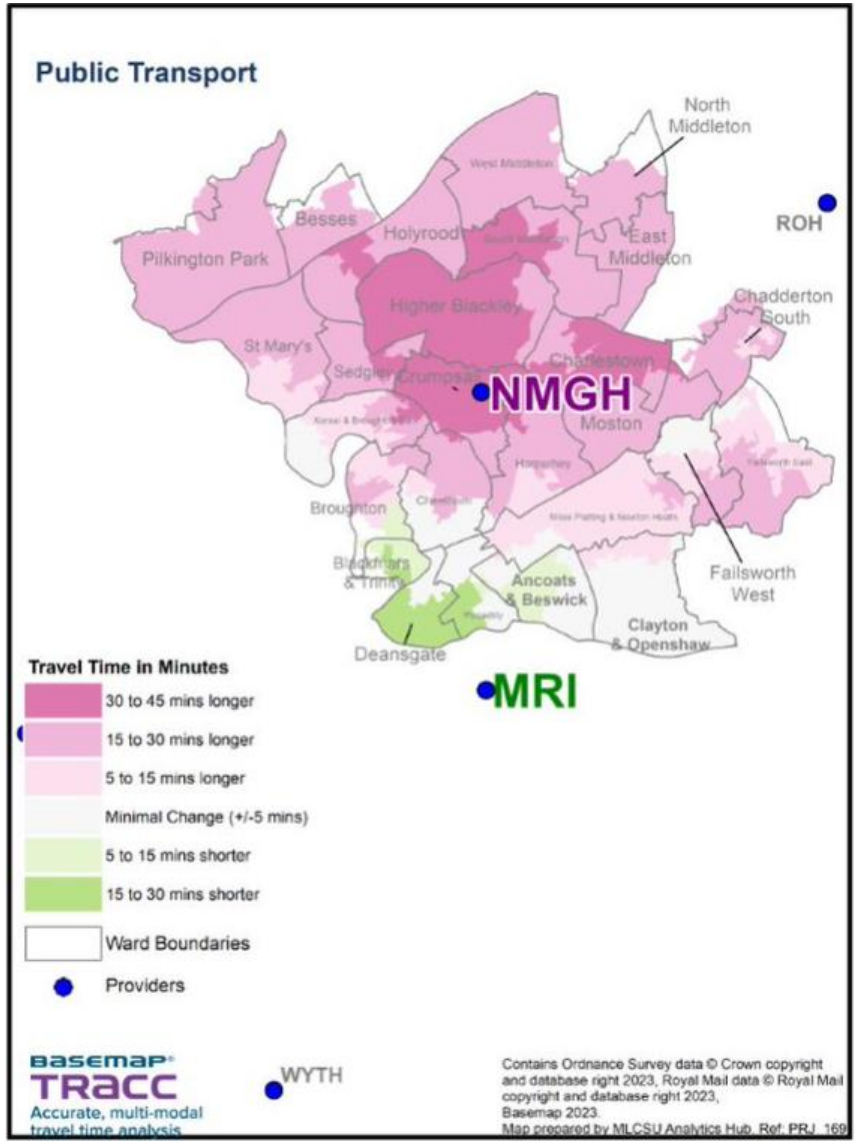
Urology – Travel analysis – preferred way forwards

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **MRI**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



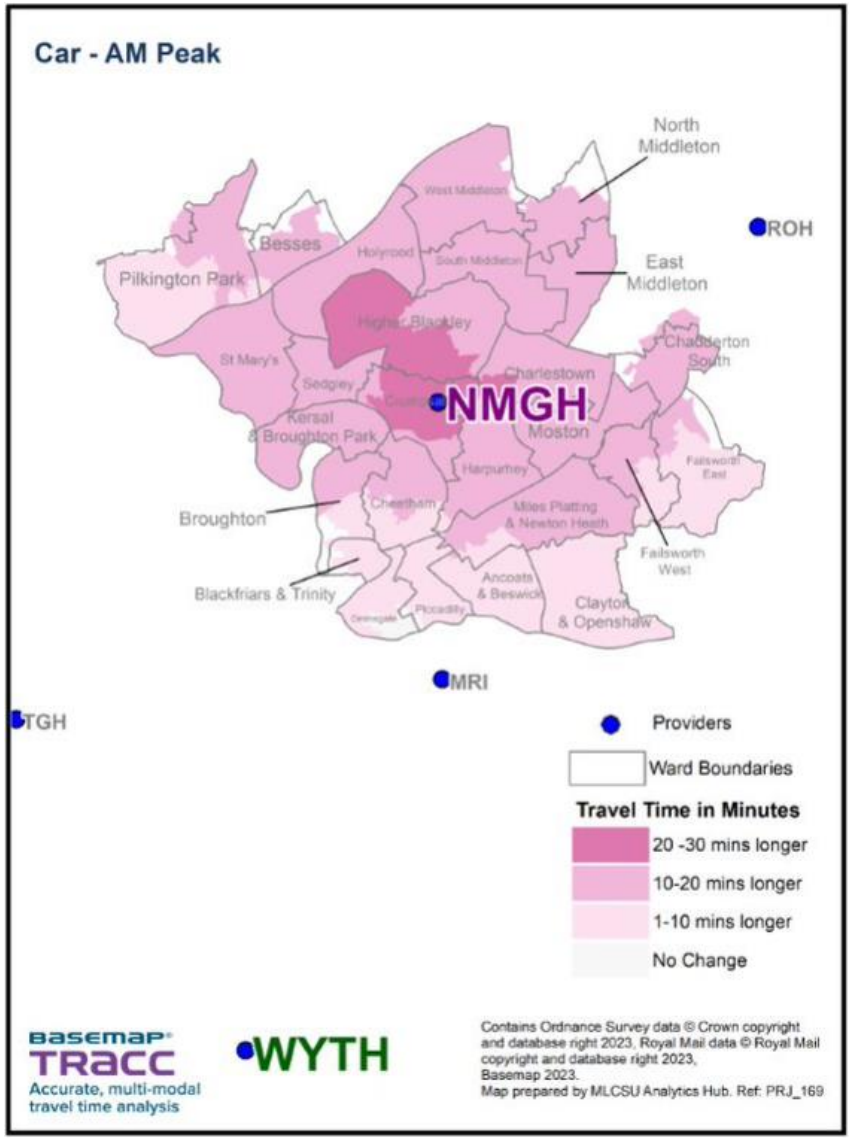


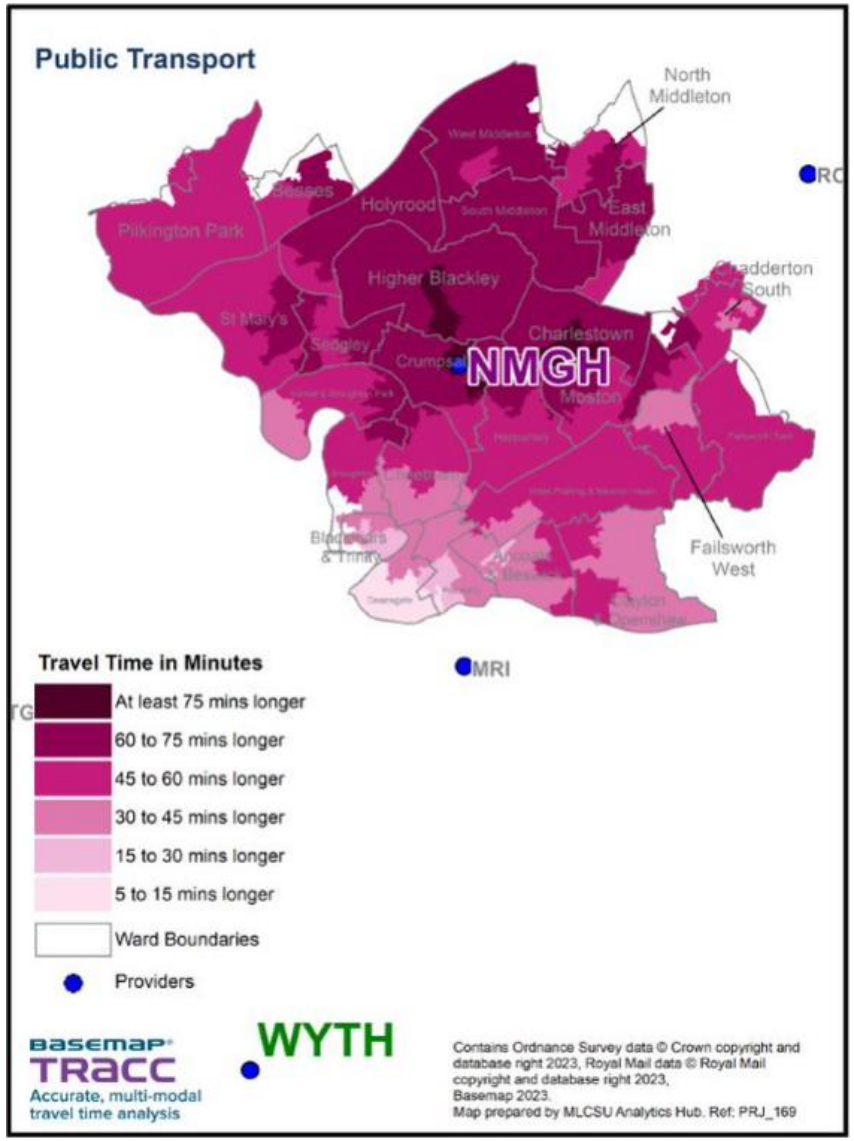
Urology – Travel analysis – discounted option

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **WYTH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Trauma & Orthopaedics

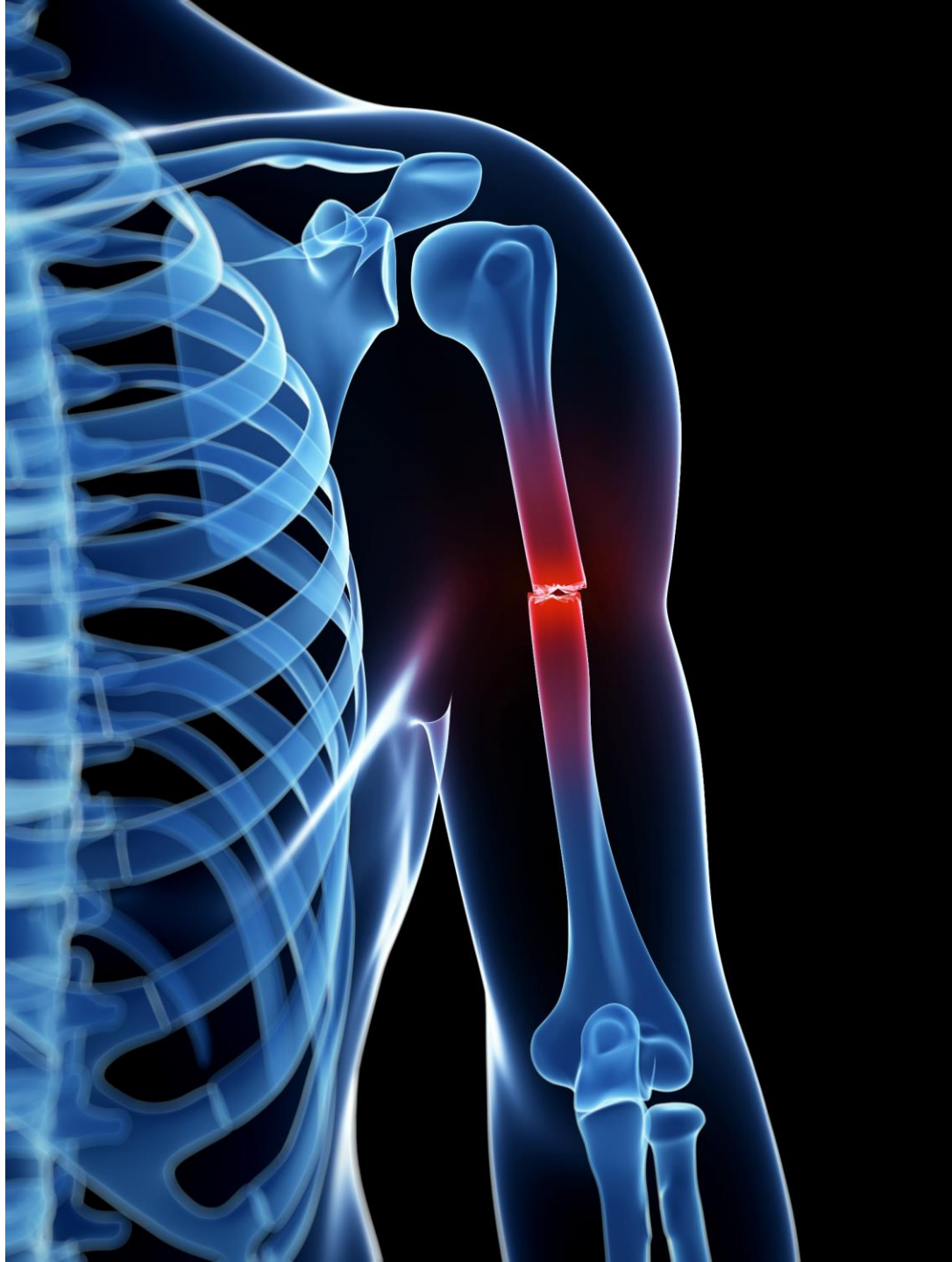
Trauma & Orthopaedics (T&O)

What is Trauma & Orthopaedics?

- Trauma and orthopaedics is a service concerned with the diagnosis and treatment of conditions of the musculoskeletal system including bones and joints and structures that enable movement such as ligaments, tendons, muscles and nerves.
- There is no marked difference between ethnic groups or age ranges in relation to T&O service usage as issues with the MSK system can affect anyone.
- The proposed changes will affect **NMGH catchment residents and NCA catchment residents – primarily residents in Bury**.

Current Service Model

- National guidance and best practice recommends that trauma (emergency) and planned T&O surgery is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- The PAHT service model was to run two services as follows:
    - Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) provide care for Oldham and Rochdale residents
    - NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations



Trauma & Orthopaedics

Key drivers for change

- It was agreed some time ago that the best long-term solution was for NMGH to join MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- The current model means that patients must cross between IT systems for their care. For example:
  - A patient attends A&E at NMGH with an MSK condition.
  - The prescribed treatment for this is a planned operation at a later date
  - All planned surgery is provided at Fairfield
  - This means the A&E attendance and information is in an MFT IT system
  - This means that the planned surgery is recorded in an NCA IT system
- There is a risk of information being missing or incomplete when working across IT systems.
- This also means that the doctors and nurses must work across two IT systems.
- The proposed models will allow NCA and MFT services to benefit from Trust-wide single services and a sustainable service model.

Preferred way forwards

- National guidance and best practice recommends that planned and emergency T&O care is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- There are two groups affected by this change:
  - NMGH catchment residents having planned surgery at Fairfield General
  - FGH catchment residents accessing trauma care at NMGH
- The MFT planned orthopaedic hub is at Trafford General Hospital. **NMGH residents needing planned T&O surgery will attend this hub.**
- All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery.
- **Residents in the Fairfield General Catchment will be transferred (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma**. This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH.
- All outpatients and follow up care for these patients will be provided closer to home at FGH.

Trauma & Orthopaedics – Travel analysis

Travel Analysis – Planned surgery for NMGH Catchment

Trafford General Hospital (TGH) compared to Fairfield General Hospital (FGH)

This proposed change affects ~1500 patients from the NMGH catchment who need elective surgery.

A detailed travel analysis was conducted by reviewing and comparing travel times to **TGH** compared to **FGH** for the NMGH catchment. Key findings include:

- Patients travelling from Fairfield General Hospital (FGH) to Trafford General Hospital (TGH) will on average take **3 minutes longer by car and 13 minutes longer public transport**.
- Fuel costs for car journeys are on average 49 pence more expensive, with public transport costing 39 pence less on average.

Travel Analysis – Trauma care for FGH catchment residents

Royal Oldham Hospital (ROH) for inpatient trauma and RI for ambulatory trauma compared to NMGH

This proposed change affects ~650 emergency patients needing trauma care from the FGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times to **ROH** and **RI** compared to **NMGH** for the NCA catchment. Note this analysis assesses the impact on the total NCA catchment population. The population most affected by this change is the FGH catchment which includes residents in Bury and Rochdale.

Key findings include:

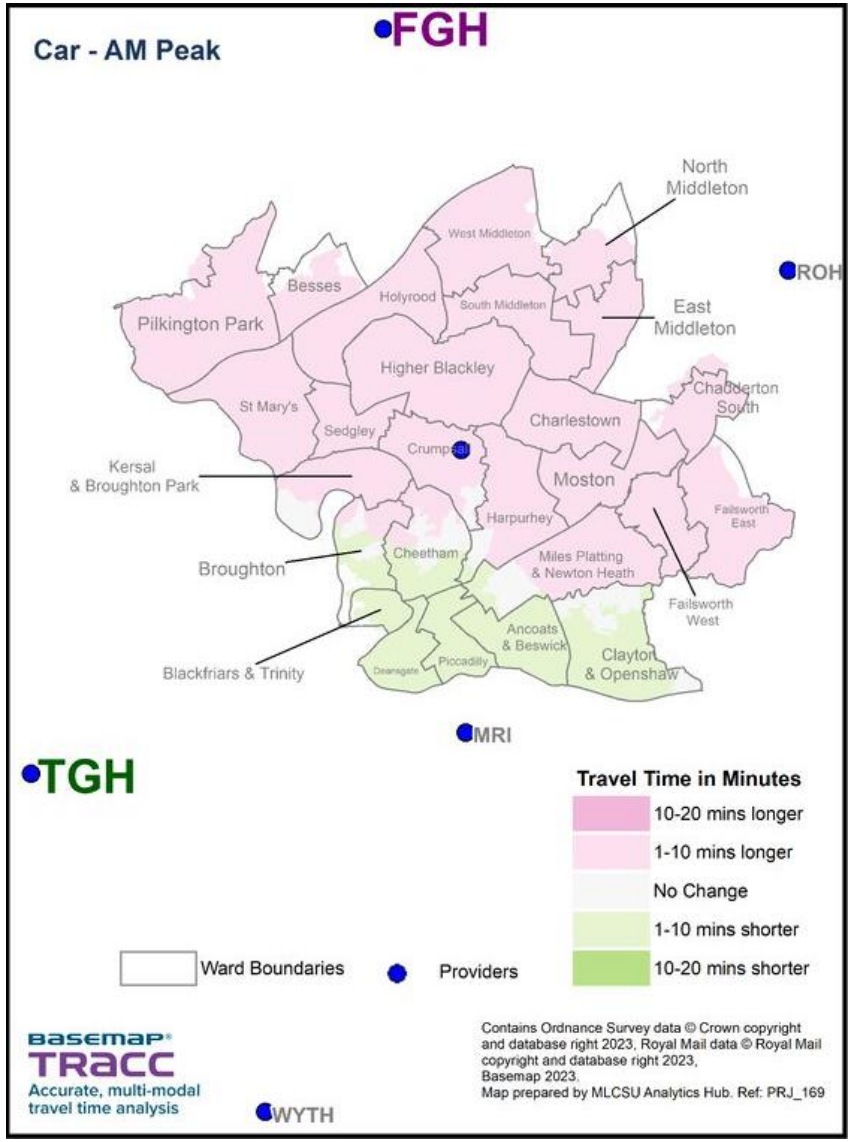
- For the NCA catchment, patients travelling to **ROH** instead of NMGH will experience **car journeys** taking **5 minutes less on average**. Patients travelling to **RI** instead of NMGH will experience car journeys taking **3-4 minutes less on average**. NB for Bury residents journey times to ROH and RI are minimally higher, journey times for Rochdale residents to ROH and RI are notably lower.
- For the NCA catchment, public transport to **ROH** compared to NMGH is **12 minutes shorter** on average and likewise to **RI** compared to NMGH is **12 minutes shorter**. NB for Bury residents, public transport journeys to ROH and RI are longer – some Bury residents may already choose to go to a nearer site. For Rochdale residents journeys to ROH and RI are notably shorter.
- Fuel costs for car journeys are on average 41 pence cheaper, with public transport costing £1.97 less on average.

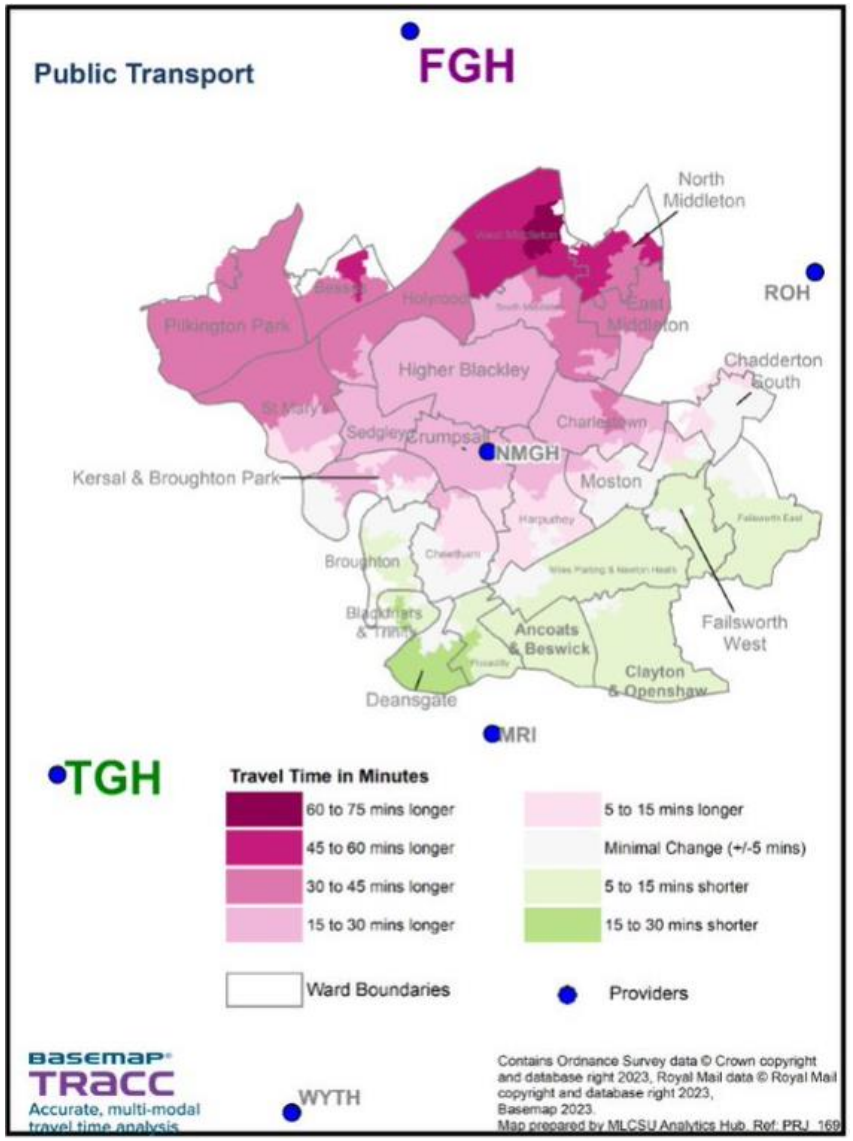
Trauma & Orthopaedics – Travel analysis – Planned T&O surgery for NMGH catchment

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **TGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



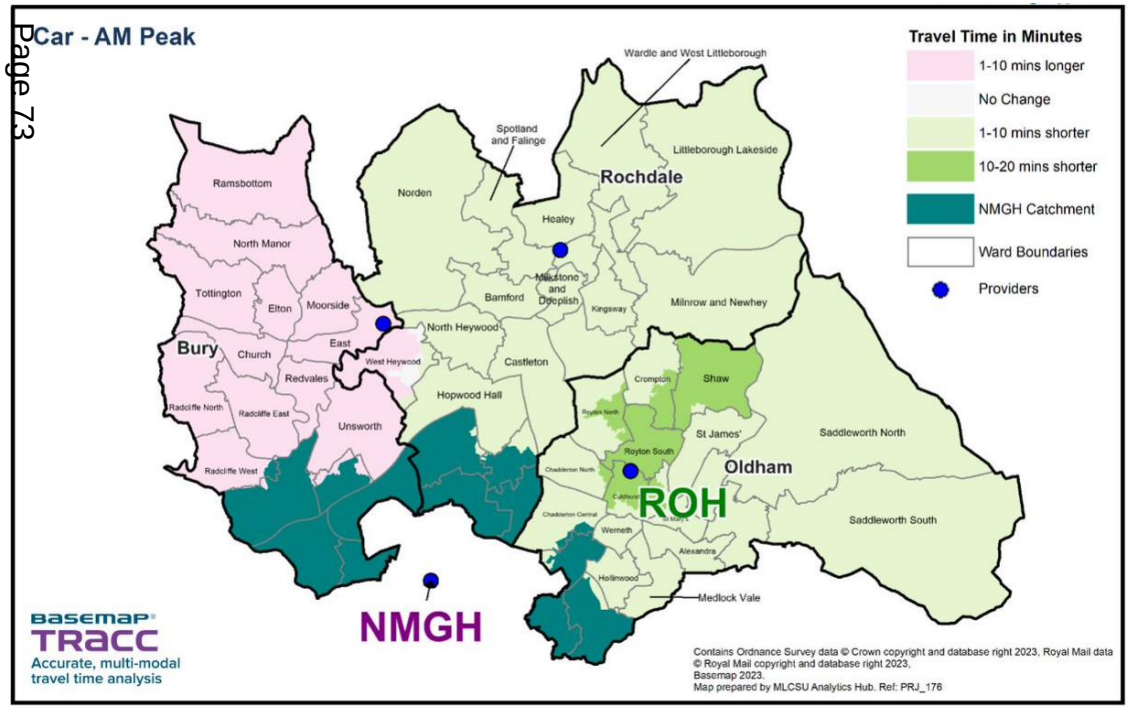


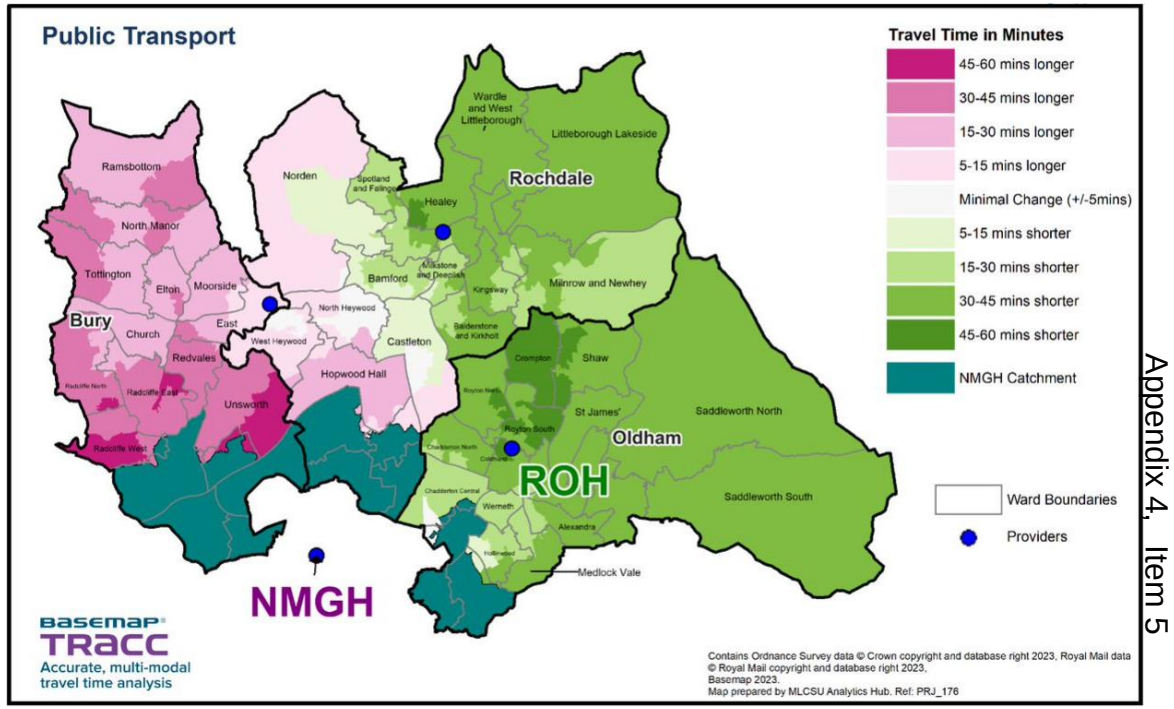
Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **ROH** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



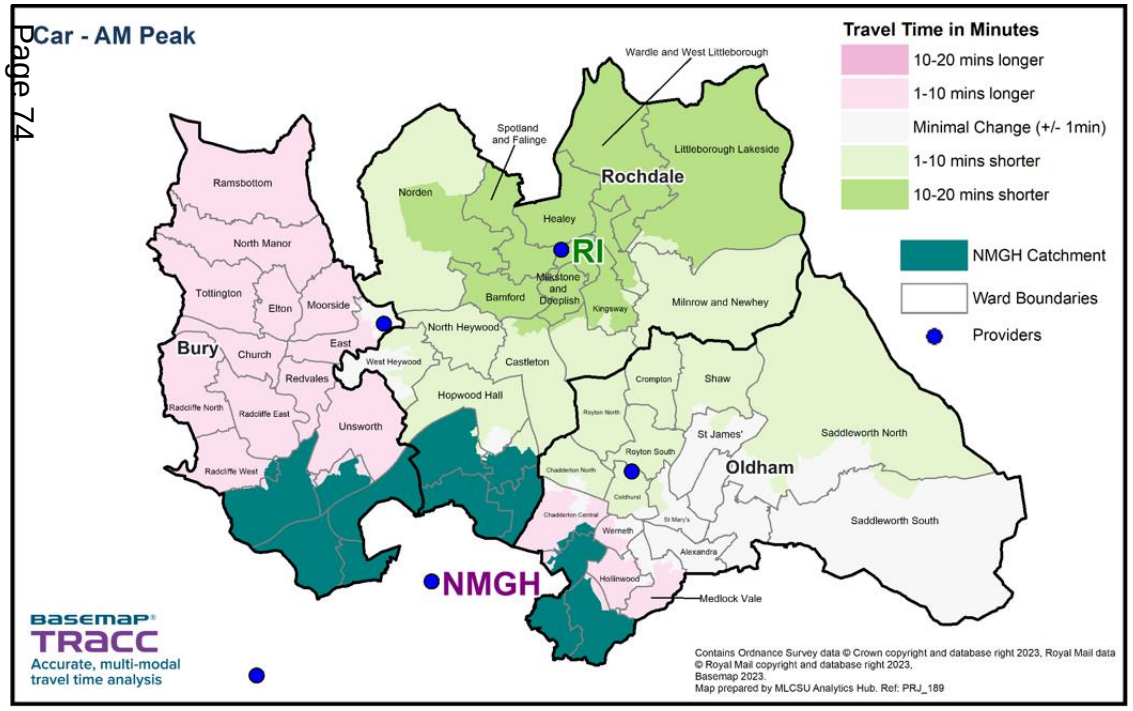


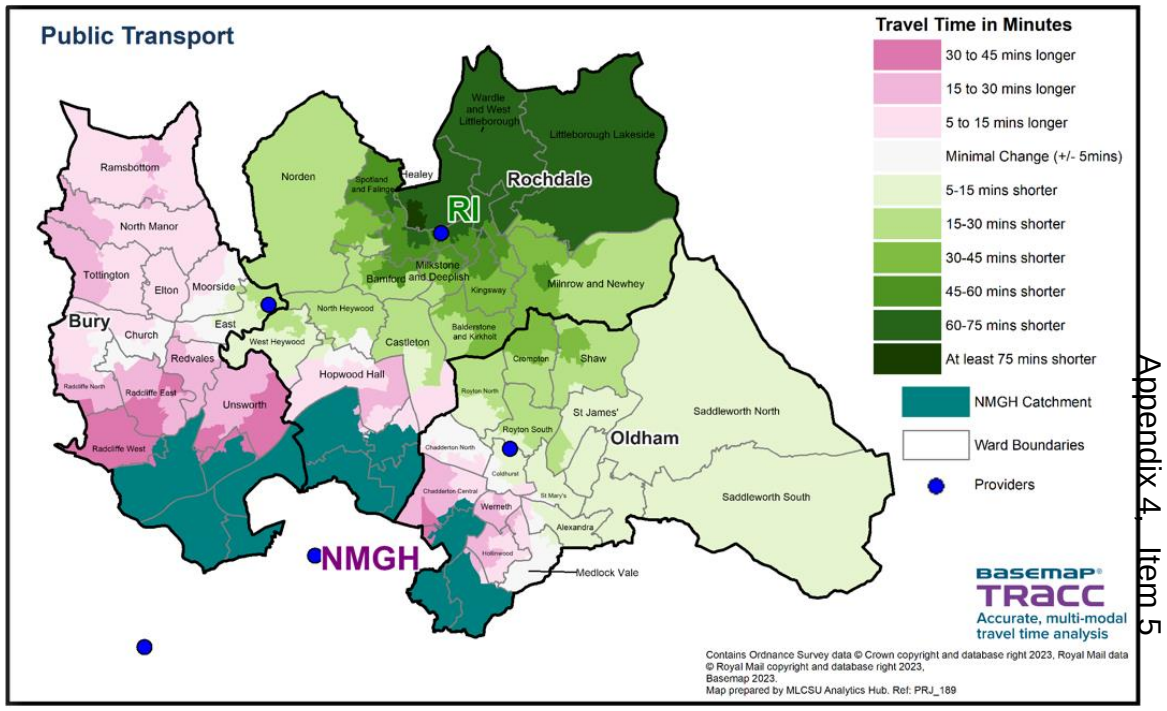
Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **RI** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Ear, Nose and Throat (ENT)

Ear, Nose and Throat (ENT)

What is ENT?

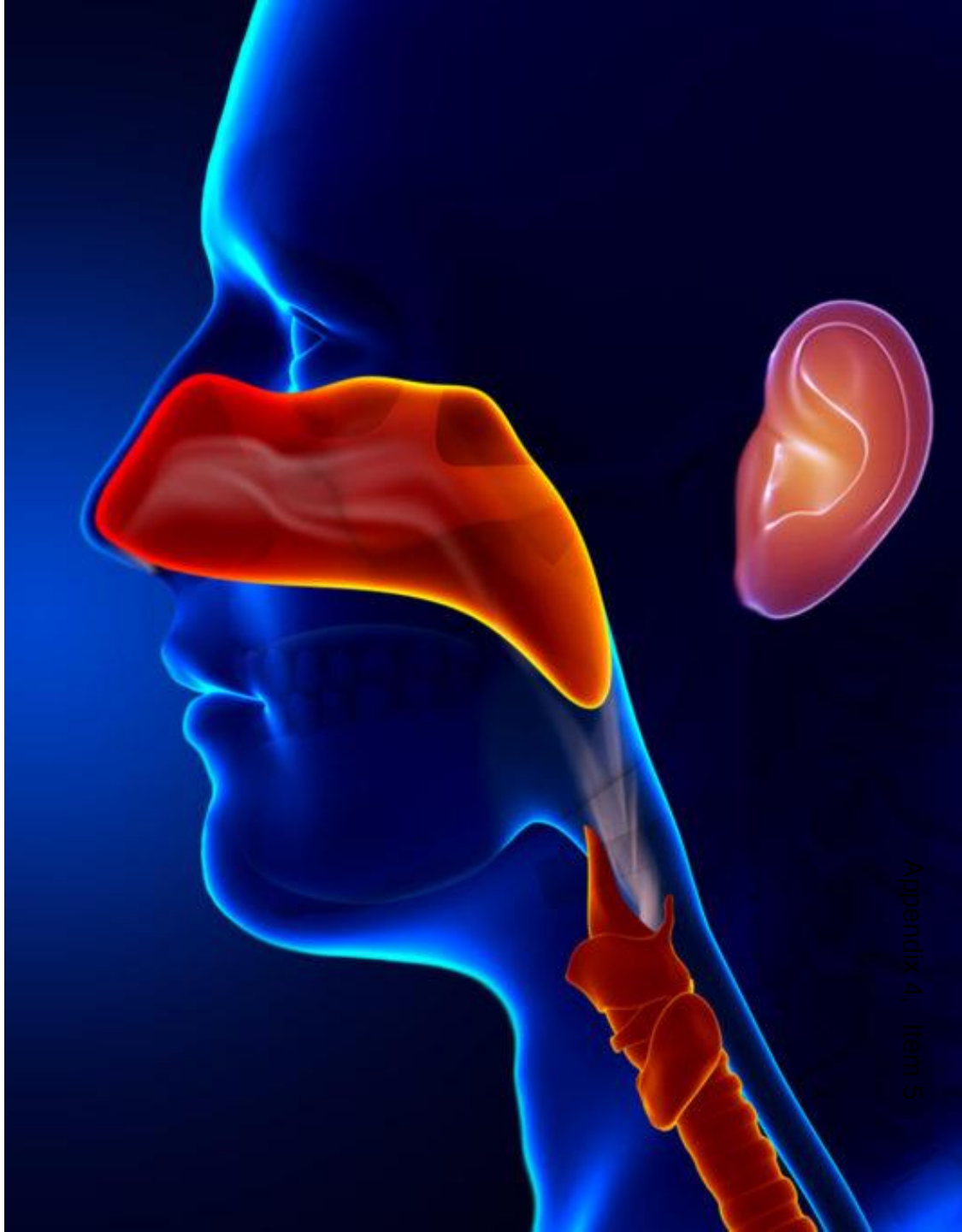
- ENT services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat
- This service change proposal affects adults and children

Current Service Model

- North Manchester residents currently receive ENT services from NCA clinicians based at:
  - Fairfield General Hospital (FGH) for inpatient and day case care for adults
  - Royal Oldham Hospital (ROH) for inpatient and day case care for children
- Outpatient clinics are provided by NCA clinicians at NMGH

Key drivers for change

- Providing more care closer to home
- Making best use of the NHS estate
- Supporting the delivery of acute hospital services within NMGH



Ear, Nose and Throat (ENT)

Preferred way forwards

- MFT to take on delivery of ENT services for the NMGH catchment population
- For adults, provide 23-hour inpatient, day case and outpatient services at NMGH
- For children, provide day case and outpatient services at NMGH, with overnight stay services at Royal Manchester Children's Hospital

Key reasons

- Reduced travel time, making it easier to access care, especially for those who rely on public transport, and more environmentally sustainable
- Local service helps address health inequalities in North Manchester, and fewer ambulance transfers to other sites
- Basing the service on the NMGH site ensures ENT support is more readily available, especially out of hours, such as for patients with multiple conditions
- Both adults and children so more patients will benefit

Ear, Nose and Throat (ENT)

Travel Analysis – Adult ENT FGH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **FGH** and **NMGH**. Key findings include:

- The average journey time by car being **5 minutes shorter** to NMGH compared to FGH.
- Average journey times by public transport are significantly shorter to NMGH compared to FGH by approximately **36 minutes shorter**.
- Travel costs by public transport are cheaper or similar for most wards and on average £3.17 less to NMGH instead of FGH.

Travel Analysis – Children's ENT ROH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **ROH** and **NMGH**. Key findings include:

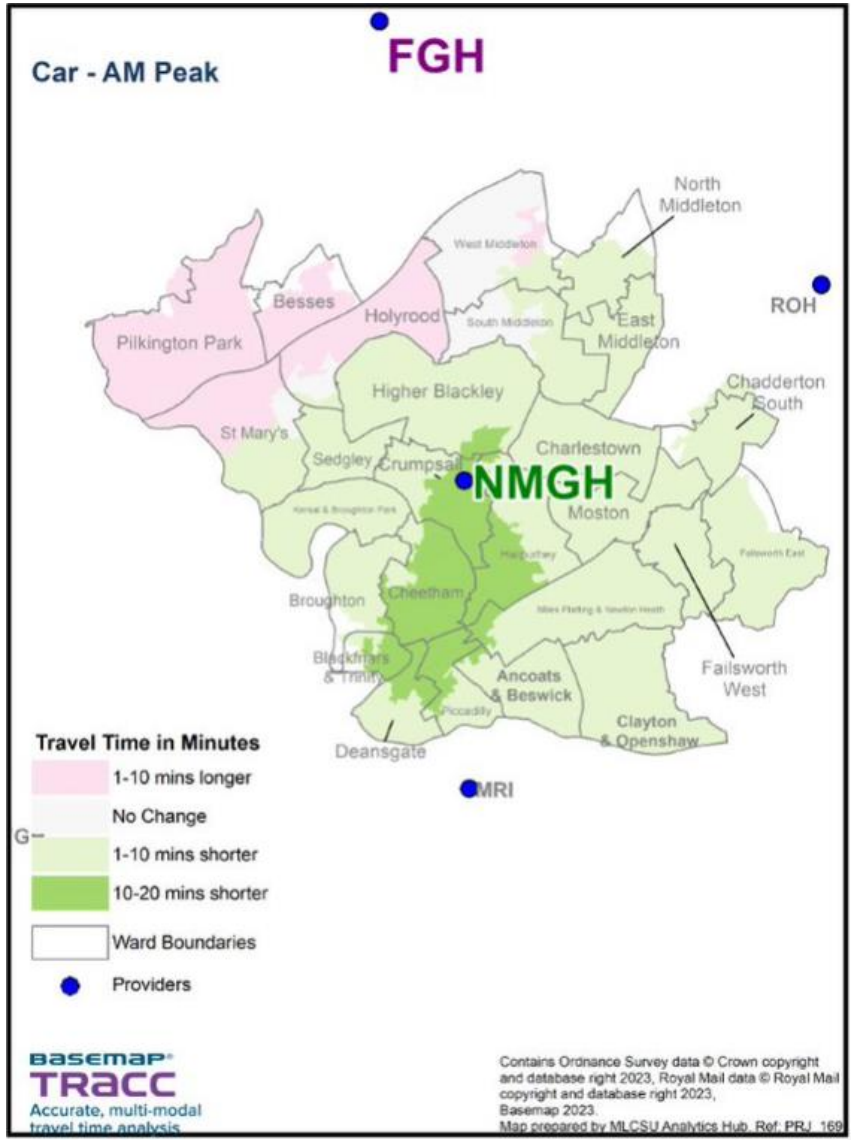
- Average journey time by car being **3 minutes shorter** to NMGH compared to ROH.
- Average journey times by public transport are significantly shorter to NMGH compared to ROH by approximately **24 minutes shorter.**
- Travel costs by public transport are cheaper or similar for most wards and on average £1.17 less to NMGH instead of ROH.

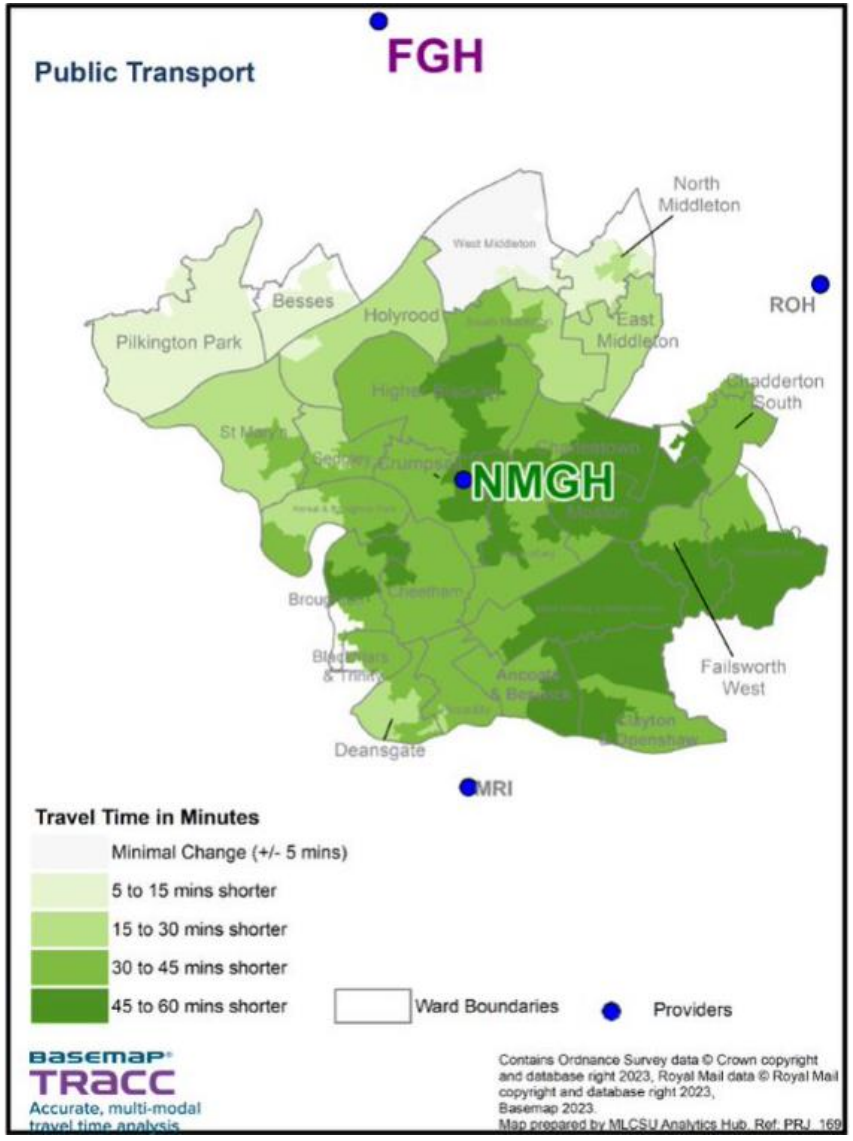
Ear, Nose and Throat (ENT)– Travel analysis – Adult ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



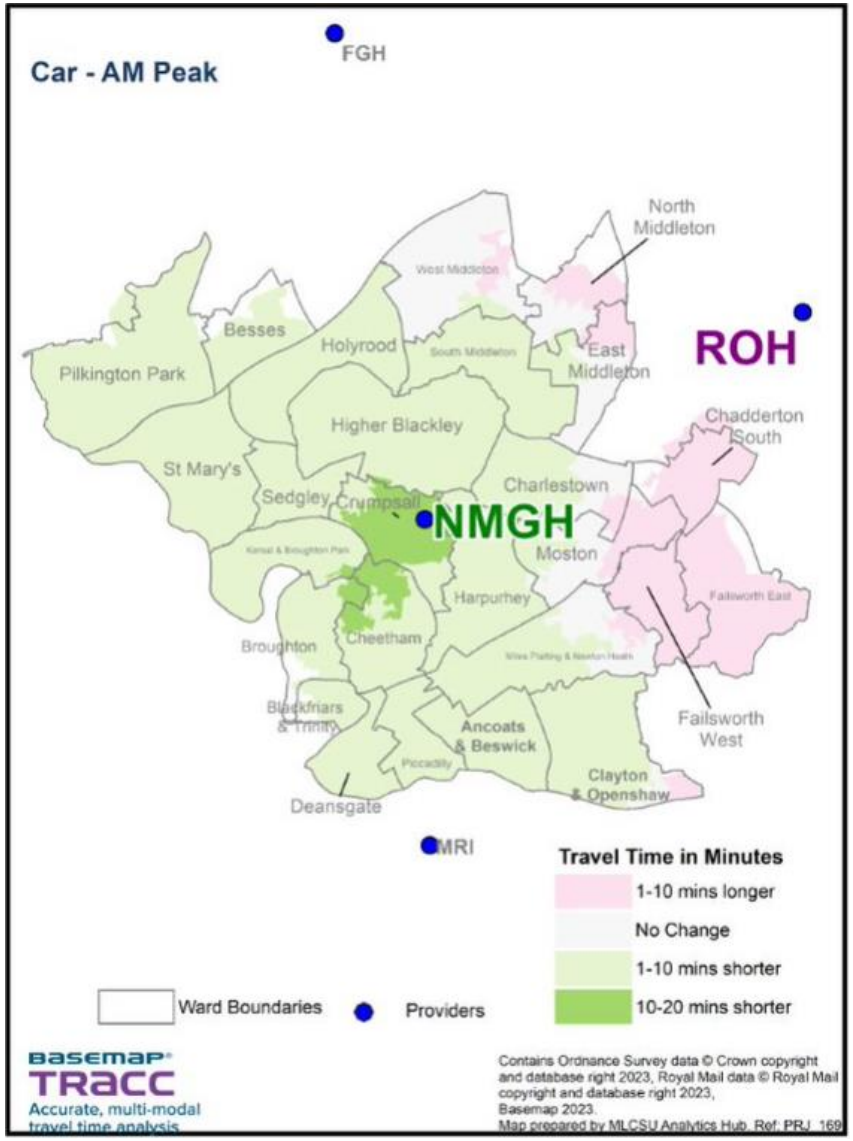


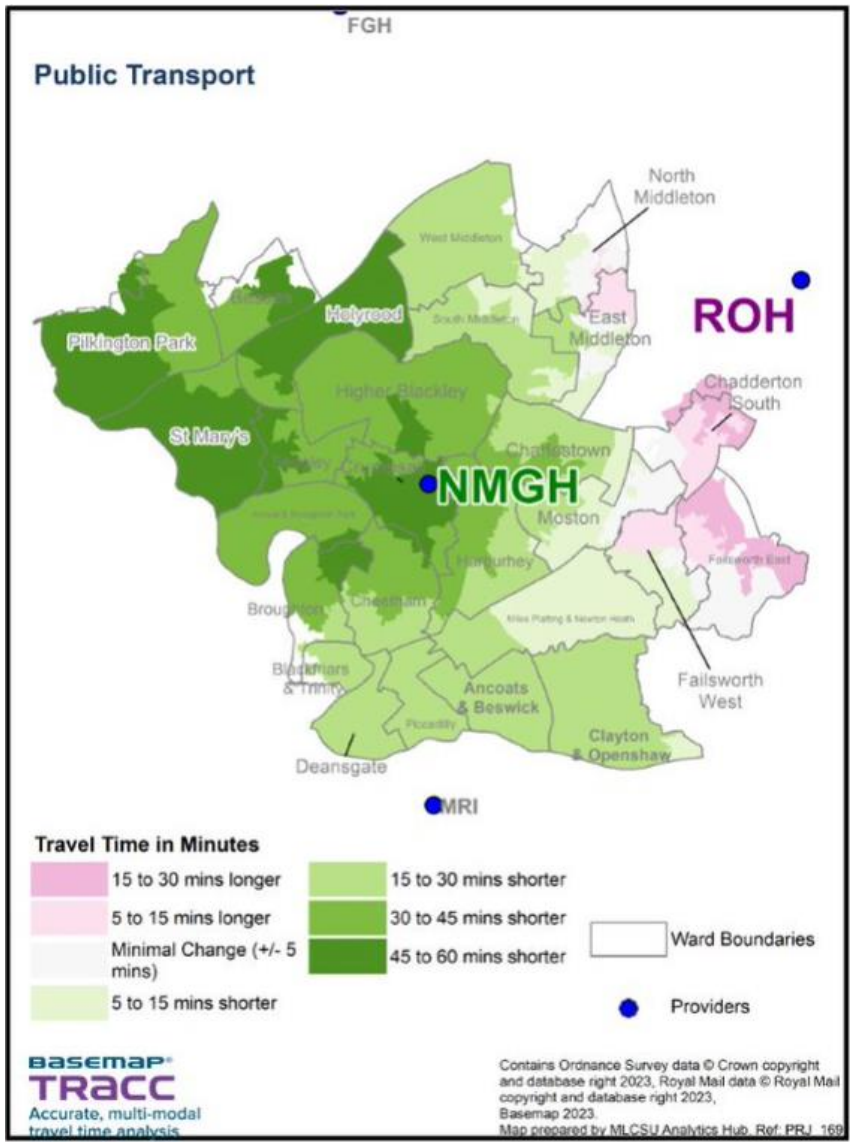
Ear, Nose and Throat (ENT)– Travel analysis – Children's ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **ROH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Discussion and next steps

Discussion and next steps

Discussion

These changes represent the final stage of strategic plans to dissolve PAHT, create MFT and the NCA.

Scrutiny committees are asked to consider whether the proposed changes constitute substantial variation.

Next steps:

- Following the clinical work and patient engagement described, MFT and NCA have completed documentation describing the proposals – this includes the case for change, options appraisal, quality impact assessment, equality impact assessment, travel analysis and a summary of the feedback from PPAG and the other patient engagement. This is available on request.
- This will be considered by governance and Health Scrutiny committees in each of the affected localities (Manchester, Salford, Bury, Rochdale and Oldham)
- Greater Manchester Integrated Care Board will then review and assure the proposals.
- Once decisions are made plans will be developed to safely implement the changes including communications plans for patients which will include information on travel and car parking.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 6 September 2023

Subject: Integrated Care Systems

Report of: Deputy Place Based Lead, Manchester Integrated Care Partnership

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Summary

Integrated Care Systems were established nationally on 1 July 2022, as part of the next phase of health and social care integration. This included the establishment of Greater Manchester Integrated Care System (NHS GM) and locality arrangements for Manchester. Manchester Partnership Board was subsequently established as a formal sub-committee of Greater Manchester Integrated Care Board (February 2023), with responsibility for leading on the development of Manchester's operating model for health and social care integration. Following a recent independent review of leadership and governance in NHS GM (the Carnall Farrar review) a refreshed GM operating model has been developed.

Recommendations

The Committee is recommended to consider and comment on this 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
The Greater Manchester Integrated Care Board will oversee the refresh of the GM NHS Green Plan in 2023/24 and NHS organisations in Manchester will continue to contribute to the City's net zero-carbon target.

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
The Greater Manchester Integrated Care System Strategy and Manchester Partnership Board Priority Plan both aim to actively reduce inequalities in health and care outcomes. The NHS GM Manchester Locality and City Council jointly fund the Director of Equality and Engagement post that works across the local system.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care are an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Health and social care support significant jobs and skills development in Manchester
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Implications:

No direct financial implications arising from the report. The Section 75 agreement and aligned budget arrangements with Manchester Foundation Trust for the Manchester Local Care Organisation will remain in place.

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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.

Our Manchester Strategy
Manchester Locality Plan – Our Healthier Manchester (2021)
NHS Long Term Plan (2019)
Health and Care Act (2022)
GM Integrated Care Strategy (2023)
Joint Forward Plan ICP Board (June 2023)
GM Operating Model (2022)

1.0 Introduction

1.1 The purpose of this report is to update Health Scrutiny Committee, following the UK Government's reforms to health and social care, which established Integrated Care Systems on 1 July 2022, including Greater Manchester Integrated Care System (NHS GM).

1.2 The report also provides an update on the governance arrangements that have developed over the last year for NHS GM and the Manchester locality.

2.0 Integrated Care Systems

2.1 In accordance with the NHS Long Term Plan in 2019 and the Health and Care Act 2022, on 1 July 2022 Integrated Care Systems were established across England and Clinical Commissioning Groups (CCGs) were disestablished.

2.2 The national aims for Integrated Care Systems were set out as follows: -

i. Secure better health and wellbeing for everyone;
ii. Tackle unequal outcomes, experience and access to health and care services;
iii. Enhance productivity and value for money; and
iv. Support broader social and economic development.

2.3 The above aims constituted an evolution of the strategic agenda in Manchester and Greater Manchester rather than a change in direction. They provided an opportunity to accelerate the delivery of Manchester's ambitions to improve health outcomes and tackle health inequalities through further integration of health and social care.

2.4 Manchester has worked effectively in partnership on health and social care for many years. This means the city was well prepared for the establishment of an Integrated Care System. The Our Healthier Manchester Locality Plan sets out our strategic ambitions and priorities, aligned to the Our Manchester Strategy for the city, through delivery of the following aims: -

- Improve the health and wellbeing of the people of Manchester;
- Strengthen the social determinants of health and promote healthy lifestyles;
- Ensure services are safe, equitable and of a high standard with less variation;
- Enable people and communities to be active partners in their health and wellbeing;
- Achieve a sustainable system.

2.5 Since 1 July 2022, the Manchester Partnership Board has led the development of Manchester's Locality strategy and operating model for health and social care integration, with Joanne Roney OBE established as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

3.0 NHS Greater Manchester (NHS GM) Integrated Care System (ICS)

3.1 NHS GM ICS has several constituent parts, as follows:

The **GM Integrated Care Partnership** (covering the Integrated Care System - the ICS) connects NHS GM Integrated Care, the GM NHS Trusts and NHS providers across the whole of primary care with the Greater Manchester Combined Authority (GMCA), Councils and partners across the VCSE, Healthwatch and the Trades Unions. Together these partners take the actions which will make a difference to the health of the population of Greater Manchester.

Greater Manchester Integrated Care Partnership Board (ICB) is the statutory joint committee of the ICB (see below) and Local Authorities within GM. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this 'integrated care strategy' - a plan to address the wider health care, public health, and social care needs of the population.

NHS Greater Manchester Integrated Care (the Integrated Care Board – ICB) is the statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of well-established ways of working to meet the diverse needs of our citizens and communities.

3.2 The main purpose of the Integrated Care Partnership is to develop the integrated care strategy to provide direction for GM. This has been achieved through engagement and co-production with system partners to plan to meet the wider health and care needs of people in GM. The GM ICS Strategy 2023-2028 was published in April 2023 with the following vision statement:

"We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer, more prosperous city region."

To be delivered through the following 6 missions

3.3 In addition to the GM Integrated Care Strategy, national guidance required each ICB to publish a five-year Joint Forward Plan (JFP) setting out how they propose to exercise their functions, by 30th June 2023. Whilst legal responsibility for the JFP lies with the ICB for the elements under its remit, systems have also been encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy and that is the approach that has been taken in Greater Manchester. The JFP is structured around the key actions to deliver the six ICP Strategy missions (above) with proposed delivery and system leadership responsibility set out for each mission.

3.4 At the outset, NHS GM established a Greater Manchester Operating Model, which set out the overall vision and objectives for the GM Integrated Care Partnership, the GM 'system architecture', governance arrangements, and the

features and characteristics of the GM system. After 12 months, NHS GM then commissioned an independent review (the Carnall Farrar review) of Leadership and Governance within the GM system to ensure that it was working efficiently and effectively. The Carnall Farrar review made eight recommendations, which NHS GM is in the process of implementing, including changes to the Operating Model. The Operating Model is a fundamental building block that governs how NHS GM works as an integrated care system – between localities, Greater Manchester, and health and care providers.

The revised Operating Model is designed to bring much more clarity about how NHS GM intends to work together as a system, notably: -

- Being much more explicit about how our vision and missions translate into how we are organised as a system to ensure we deliver a high level of ambition for our residents;
- Being much clearer about where decisions sit, and under what authority key meetings take place;
- A clearer description of the roles of each partner in the system. This is explicit about the role of NHS Greater Manchester, the role and remit of Locality Boards and Place Based Leads, the focus and contribution of provider collaboratives, and the role of the Integrated Care Partnership;
- A clear description of how every function of the Integrated Care System is discharged and who is responsible for what.

The refreshed Operating Model is currently going through the final stages of NHS GM approval before being fully implemented. It will be considered by the ICB Board later in September. Initial actions have been progressed in the interim, however, notably the formal addition of the ten Place-based Leads to the NHS GM Executive Committee. This will ensure that Place-based Leads can both represent NHS GM at place, whilst also representing the interests of their respective places as members of the NHS GM Executive Committee.

3.5 Furthermore, the revised NHS GM operating model more clearly defines the functions that are to be carried out at a GM-wide level and those that will be led at place level. Current thinking is that commissioning would be led at GM level for all diagnostic services, all secondary acute physical health care, all acute inpatient mental health care and some public health services (including vaccination and immunisation, health check programmes, hospital smoking cessation services and at scale prevention such as air pollution reduction). Whereas it is proposed that commissioning will be led at place level for GP services, community services, community mental health, learning disability and autism services (including adult, CAMHS and IAPT services, and some public health services (including social prescribing, diabetes prevention and local smoking cessation). Work remains ongoing to finalise this split of responsibilities and this is yet to be signed-off by the NHS GM Board. Work is underway in Manchester, to ensure clear processes are in place to undertake place-led commissioning of health and care services in a joined-up and person-centred way, which responds to the needs of the population.

3.6 In addition to working on a revised operating model, NHS GM continues to address its financial challenges. The GM system is under additional scrutiny by NHS England (NHSE) due to the month 2 financial position, with the run rate of particular concern, as the scale of recovery required to bring delivery back in line with plan is significant. There is a risk of intervention should the GM ICS not demonstrate fundamental improvements in the run rate.

Given the ongoing challenges and increased national scrutiny, the GM system is focused on addressing the variances to the financial plan, ensuring that sufficient resources are targeted at the delivery of the required efficiencies (£606.2m) in a safe and sustainable way. Mitigating actions include: -

- Key controls over vacancies, non-clinical spend and procurement regulations;
- Limiting expenditure on non-essential spend such as catering and room hire;
- Establishment of a Project Management Office to oversee the system efficiency programme;
- Introduction of the GM Performance Management Framework to strengthen oversight of providers, ICB and the delivery of the overall ICS plan;
- Robust run rate trajectories to inform detailed assessment of the delivery of the 2023/24financial plan.

4.0 Manchester Locality

4.1 In February 2023 Manchester Partnership Board (MPB) was formally established as a sub-committee of the NHS GM Board, with revised Terms of Reference and membership. MPB is chaired by Councillor Bev Craig, Leader of Manchester City Council, and draws its membership from health and care partners across the City, including Joanne Roney as Place-based Lead and senior leaders from Greater Manchester Mental Health Trust, Manchester City Council, Manchester Foundation Trust, Manchester Local Care Organisation, NHS Greater Manchester, Primary Care (GP Board) and the Voluntary, Community and Social Enterprise sector. In addition to its line of accountability to the NHS GM Integrated Care Board (ICB), MPB also has a formal line of accountability to the Manchester Health and Wellbeing Board, in recognition of its role in reducing health inequalities through greater health and care integration and partnership working.

4.2 Taking account of both the GM Integrated Care Strategy and Joint Forward Plan, alongside the strategic intent set out in the Our Manchester Strategy and the Manchester Locality Plan: Our Healthier Manchester, MPB has considered what the key health and care priorities for Manchester are over the next 3 years. These priorities are captured on the Plan on a Page (Appendix 1). Delivery of these Manchester priorities, which will involve the collective effort of locality system partners, will be monitored through identified key performance indicators and overseen by MPB.

4.3 MPB is supported in the delivery of the health and care priorities described above, by the Provider Collaborative Board (PCB). Co-chaired by the Executive Member for Healthy Manchester and Social Care and the Deputy Group Chief Executive of MFT, PCB brings together key delivery leads in pursuit of system-wide transformational change i.e., to implement transformation programmes that cannot be delivered by a single organisation alone. Key programmes of work include Healthy Lungs, Hospital at Home, Community Mental Health Teams recovery, Primary Care, Children and Young People, and Winter Planning and Resilience.

5.0 Recommendations

5.1 The Committee is recommended to consider and comment on this report.

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Appendix 1

Manchester's plan on a page for 2023 to 2026

Manchester Integrated Care Partnership

Strategic aims:		
	• Improve the health and wellbeing of people in Manchester • Strengthen the social determinants of health and promote healthy lifestyles	• Ensure services are safe, equitable and of a high standard with less variation • Enable people and communities to be active partners in their health and wellbeing • Achieve a sustainable system

Our two priorities for 2023-26 are:	As a result, people will:	We will deliver through action on:
1. Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities	• Live longer in good health, wherever they are in the city	• Effective prevention and management of long term conditions to keep people healthier • Targeted work with communities, regeneration and improving the social determinants of health • Joined up health and care services in neighbourhoods, which meet people's physical, mental and social needs
2. Improve access to health and care services	• Be able to access the right care, at the right time, in the right place, in the right way	• Improving speed and methods of access to primary care and mental health services • Optimising capacity in the community to reduce demand for hospital care and expedite hospital discharge • Enabling self care and promoting independent living • Improving workforce sustainability via local recruitment

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 6 September 2023

Subject: UK COVID19 Inquiry

Report of: Director of Public Health

Summary

This report provides information about the UK Covid 19 Inquiry, how the Council has contributed to the Inquiry so far and describes the arrangements in place for responding to future requests. Information about the Inquiry is taken from the Inquiry website https://covid19.public-inquiry.uk/ and may be subject to change.

Recommendations

The Committee is recommended to note the contents of this 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
None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
It will be important that the UK Covid 19 Inquiry hears from communities most affected by the pandemic and our submissions will reflect this.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	It is hoped that the UK Covid 19 Inquiry will highlight lessons that should be learnt that Manchester, along with other areas of the country will respond to in order to improve outcomes for our residents.
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	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection): None

1.0 Introduction and national context

1.1 The UK Covid 19 Inquiry has been set up to examine the UK's response to and impact of the Covid 19 pandemic and learn lessons for the future. A public inquiry is a major independent investigation, set up in response to public concern about a particular event or set of events. An inquiry typically sets out to establish:

- What happened, and why.
- What went wrong, and what went right.
- What lessons can be learnt.

1.2 The Chair, Baroness Heather Hallett launched the Inquiry and opened its first investigation in July 2022.

1.3 The UK COVID 19 Inquiry is a statutory public inquiry. A statutory public inquiry has the legal power to make people appear as witnesses at hearings which are held in public, and to provide documentation and material evidence. Further, public inquiries will usually produce a report, or reports, and will make recommendations to the government based on what is in its Terms of Reference.

2.0 Structure of the Inquiry

2.1 In order to allow a full and focused examination of all of the different aspects of the pandemic that are covered in the Terms of Reference, the Inquiry's investigation is divided into modules. Each module has a preliminary hearing and a full hearing. Hearings are live streamed via the Covid 19 Inquiry website and can also be viewed as a recording. The next preliminary hearing takes place on 13th September 2023 for Module 4 (Vaccines and Therapeutics).

2.2 Each module has Core Participants. A Core Participant is a person, institution or organisation that has a specific interest in the work of the Inquiry, and has a formal role defined by legislation. Core Participants are provided with disclosure of evidence relevant to the subject matter, subject to any restrictions made under section 19 of the Inquiries Act 2005; have the right to make opening and closing statements at any hearing; have the right to suggest lines of questioning and have the right to apply to the Inquiry to ask questions of witnesses during a hearing. Individual local authorities are not Core Participants in active modules but have provided input via the Local Government Association (LGA) and Association of Directors of Public Health (ADPH).

2.3 Any individual can share their experience of the pandemic with the Inquiry via the '*Every Story Matters*' section of the Inquiry website. Stories will be collated, analysed and turned into themed reports, which will be submitted to each relevant investigation as evidence.

2.4 An update of active and future modules is summarised below:

Module	Scope	Hearings	Status
Module 1 **Resilience and preparedness**	Module 1 opened on 21 July 2022 and is designated to look into the preparedness for the pandemic. It assesses if the pandemic was properly planned for and whether the UK was adequately ready for that eventuality. This module will touch on the whole system of civil emergencies including resourcing, risk management and pandemic readiness. It will scrutinise government decision-making relating to planning and seek to identify lessons that can be learnt.	Hearings were held 13 June to 19 July 2023	Awaiting report – the Inquiry has announced they will publish in summer 2024.
Module 2 **Core decision making and political governance**	Module 2 opened on 31 August 2022 and is split into parts. First, it will look into core political and administrative governance and decision-making for the UK. It will include the initial response, central government decision making, political and civil service performance as well as the effectiveness of relationships with governments in the devolved administrations and local and voluntary sectors. Module 2 will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation. Modules 2A, B and C will address the strategic and overarching issues from the perspective of Scotland, Wales and Northern Ireland. These will be treated as individually separate modules and public hearings for them will be held in the nations that they concern.	Hearings for Module 2 will be held in Autumn 2023. Hearings for Modules 2A, 2B and 2C will be held in Spring 2024	Open
Module 3 **Impact of pandemic on healthcare systems**	Module 3 opened on Tuesday 8 November 2022. It will look into the governmental and societal response to Covid-19 as well as dissecting the impact that the pandemic had on healthcare systems, patients and health care workers. This will include healthcare governance, primary	Autumn 2024	Open

	care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long covid diagnosis and support.		
Module 4 **Vaccines and therapeutics**	Module 4 opened on 5 June 2023 and will consider and make recommendations on a range of issues relating to the development of Covid19 vaccines and the implementation of the vaccine rollout programme in England, Wales, Scotland and Northern Ireland. Issues relating to the treatment of Covid-19 through both existing and new medications will be examined in parallel. There will be a focus on lessons learned and preparedness for the next pandemic.	Summer 2024	Open
Module 5 **Government procurement**	Module 5 will examine Government Procurement across the UK. The Inquiry will open this investigation in October 2023, with evidence hearings scheduled for early 2025.	2025	Opening October 2023
Module 6 **Care sector**	Module 6, examining the care sector across the UK, will open in December 2023.	To be confirmed	Opening December 2023

2.5 Further modules will be announced in coming months including:

- Testing and tracing
- The Government's business and financial responses
- Health inequalities and the impact of Covid 19
- Education, children and young persons
- Other public services, including frontline delivery by key workers

3.0 Local response to date

3.1 Manchester has so far submitted the following information to the Inquiry via the Local Government Association (LGA) and Association of Directors of Public Health (ADPH) (core participants):

- *November 2022:* LGA survey to all local authorities on resilience and preparedness between June 2009 and January 2020. (Module 1) Mark Lloyd, Chief Executive of LGA gave evidence to the public hearing on Wednesday 12th July.

- *March 2023*: ADPH survey to all Directors of Public Health on resilience and preparedness between June 2009 and January 2020. (Module 1) Prof. Jim McManus, President of the Association of Directors of Public Health gave evidence to the public hearing on Wednesday 5th July.

- *July 2023*: Request from Covid Inquiry to LGA to seek information from local authorities on procurement of PPE between 1 January 2020 and 28 June 2022 (Module 5).

This information informs the evidence presented at the hearings by the organisations representing Local Authorities and Directors of Public Health. All submissions have had appropriate legal advice.

3.2 An internal City Council working group is in place, chaired by the Director of Public Health, to prepare for and coordinate further requests for information relating to different modules of the Inquiry. The working group will be 'stood up' as required and will provide an agile and proportionate response. Membership of the group is detailed below.

UK Covid-19 Inquiry: MCC Internal working Group Membership

David Regan	Director of Public Health (Chair)
Sarah Towers	Senior Solicitor
Christine Raiswell	Strategic Lead – Health Protection
Fiona Sharkey	Head of Compliance Enforcement and Community Safety
Shefali Kapoor	Director of Communities
Alun Ireland	Head of Strategic Communications
Penny Shannon	Head of Health Communications
Sean McKendrick	Deputy Strategic Director, Children and Education
Marie Hall	Education Business Partner for Schools
Tom Wilkinson	Deputy City Treasurer
Karen Crier	Assistant Director, Adult Social Services
Michael Seal	Data Protection Officer
Tom Powell	Head of Internal Audit and Risk Management
John Rooney	Director Neighbourhood Delivery
Suzanne Halligan	Business Partner, Greater Manchester Resilience Unit

3.3 The Chair of the MCC Internal Working Group will provide regular briefings to the Executive Member for Healthy Manchester and Social Care and the Leader of the Council as the Inquiry progresses. The City Solicitor will advise on all submissions made by the City Council.

3.4 Support and coordination for requests for information will also be provided through Greater Manchester Resilience Unit and the Greater Manchester Directors of Public Health Group to reflect the Greater Manchester 'system' response to emergency planning and outbreak response.

3.5 In collating relevant documents, reports presented to the Manchester Health Scrutiny Committee, Council Executive and Manchester Health and Wellbeing

Board provide an invaluable source of local information, in particular the Public Health Annual Reports for 2020-2021 and 2021-2022

4.0 Recommendations

4.1 The Committee is recommended to note the contents of this report.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 6 September 2023
Executive – 13 September 2023

Subject: Planning for Winter 2023/24

Report of: Deputy Place Based Lead
Executive Director Adult Social Services
Director of Public Health

Summary

In February 2023, the Manchester Health Scrutiny Committee held an extraordinary meeting to hear from Manchester health and care system partner organisations on how they responded to the challenging 2022/23 winter period.

In taking the learning from last winter and responding to the guidance issued by NHS England, health and care system partners in Manchester and Greater Manchester have been meeting regularly and this report provides the Health Scrutiny Committee and the Council Executive with a forward view of the plans for this winter.

As was the case in February 2023, partners will attend the Committee to answer questions relating to their respective organisations.

Recommendations

1) The Health Scrutiny Committee is asked to note the report.
2) The Executive is asked to note the report.

Wards Affected - All

Environmental Impact Assessment - the impact of the decisions proposed in this report on achieving the zero-carbon target for the city
In terms of service delivery all NHS partner organisations in Greater Manchester are expected to adhere to the GM NHS Green Plan and Council directorates and teams are aware of their responsibilities in contributing to the city's net zero carbon target.

Our Manchester Strategy outcomes	**Contribution to the strategy**
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care are an important part of the city's economy including creating significant economic value, jobs, health innovation and supporting regeneration efforts

A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan and the Making Manchester Fairer Plan now provides an effective framework for tackling health inequalities in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are strong links between health partners and housing providers in the city and health partners also have an important role in working towards net zero
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care for Manchester residents

Full details are in the body of the report, along with any implications for

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Each year various grants are made available to social care, primary care, NHS Trusts to support the response to dealing with winter pressures.

Financial Consequences – Capital

None

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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.

Report to Health Scrutiny Committee, 22nd February 2023, Accessing Health Services

1.0 Introduction

1.1 This paper gives an overview of the key elements of the approach to winter planning 2023/24 alongside organisational updates relating to what will be delivered by partner organisations.

1.2 A full system winter plan will be developed through our two urgent care system boards – Manchester and Trafford Operational Delivery Group (ODG) and Urgent Care Board (UCB). A first iteration of the system plan will be shared at the September Urgent Care Board, with a further update in October, and then as required throughout winter.

1.3 In line with previous years, the Manchester and Trafford System Resilience Team will lead and co-ordinate on all aspects of winter planning and the lessons learnt from winter 2022/23 have been incorporated into the organisational delivery plans.

2.0 Delivering operational resilience across the NHS this winter

2.1 On 27 July 2023, NHS England published the national approach to winter (https://www.england.nhs.uk/long-read/delivering-operational-resilience-across-the-nhs-this-winter/), alongside winter roles and responsibilities guidance, which provides clarity on actions and deliverables from system partners.

Four areas of focus were highlighted as follows:

- Continuing to deliver on the Urgent and Emergency Care (UEC) Recovery Plan by ensuring high-impact interventions are in place
- Completing operational and surge planning to prepare for different winter scenarios
- Ensuring effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector
- Supporting our workforce to deliver over winter.

And the two key metrics for UEC recovery are:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25. A full description of category response times is provided in Appendix 1.

2.2 NHS England has requested the first iteration of winter plans from Integrated Care Boards (ICBs) by 11 September 2023. Key Lines of Enquiry (KLOEs) have been issued to localities to complete and return ahead of this deadline. This will ensure Manchester plans have adequately considered and addressed the four priority areas and completion of these plans is now underway as described below.

Urgent and Emergency Care System Plan

2.3 Through the Manchester and Trafford Urgent Care Board and Operational Delivery Group, locality partners have collaborated to create system urgent care action plan, which aligns to the 2 year recovery plan published by NHS England in January of 2023. The new system plan identifies key workstreams and actions across five topics:

- Flow
- Workforce
- Discharge
- Community
- Access

2.4 To ensure that progress is being made in each of the workstreams, named leads have been identified and updates are reported with key deliverables and risks identified. In preparation for winter, workstreams with key deliverables across Q3 (October – December)/Q4 (January – March) will be identified for incorporation into organisational and system winter plans.

Urgent and Emergency Care Recovery Funds

2.5 In March 2023, GM Integrated Care System (GM ICS) informed localities of recovery/winter funding available for 2023/24 to help plan in a more coordinated way. This funding allocation sits across several separate workstreams supporting virtual wards, discharge and securing additional capacity.

2.6 System partners are working to prioritise this funding across primary and community care, the acute and the mental health system. Final decisions will be taken by the Manchester Partnership Board (MPB) as part of the winter planning process.

Operational Pressures Escalation Levels (OPEL) Framework

2.7 On 8 August 2023, NHS England issued new guidance on the reporting of Operational Pressures Escalation Levels (OPEL). This new guidance provides standardised metrics for the reporting of acute OPEL. The focus is on acute hospitals as the area of system health provision that often carries the highest risk from operational pressure. This new process will ensure that acute OPEL can be measured at a site, trust, Integrated Care System, regional and national level. It also outlines the interaction between OPEL and the national Emergency Preparedness, Resilience and Response (EPRR) framework. There are four levels of OPEL – Level 1 where services are operating within normal parameters up to level 4 where pressure in the local health and care system continues to escalate leaving organisations unable to deliver comprehensive care.

2.8 Manchester Foundation Trust (MFT) along with system partners will ensure that regular reporting of metrics is in place for winter. System resilience will engage with system partners on ensuring a full refresh of OPEL action cards is

in place before winter, to ensure that this is reflective of recent updates to services and standards. These action cards will clearly set out the roles and responsibilities of individuals and organisation.

Winter Communications Plan

2.9 As with previous years, the locality winter communications plan will be led by the overall GM ICS winter strategy and NHS GM winter communications and engagement plan. There will be an integrated communications and marketing campaign approach that uses engaging content across multiple channels including social media, website, internal and stakeholder, outdoor media and digital channels at both a GM and locality level.

2.10 While the GM approach will allow for consistency across the region, we will have additional activity across Manchester that reflects our diverse population and the health inequalities that we know exist. This will include additional communications and engagement activity relating to vaccination programmes (see 3.10) and the cost-of-living crisis with both translated materials and easy read materials.

3.0 Organisational Winter Deliverables, by Organisation

3.1 This section of the report sets out organisational plans which are being built around delivery of the four priority areas highlighted in section 2.1. The plans are being developed considering lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home. Each of the organisations have provided the narrative and information for their sections.

3.2 Plans are built on comprehensive analysis of historical data to forecast peaks in demand. The priority remains on maintaining patient safety throughout, especially at times when demand surges. It is important to note that there are risks to delivering these plans. These include, securing the required funding and workforce, ensuring the wellbeing of staff, levels of COVID-19 and flu, the social care market, demand, extreme cold weather and cost of living challenges.

3.3 As was the case during winter 2022/23, the Deputy Place Based Lead will provide weekly updates to the Executive Member for Healthy Manchester and Social Care and the Chief Executive of the Council/Place Based Lead. This will also ensure that effective dialogue with Elected Members can be maintained to support any communication efforts with local residents about the appropriate use of services. This is most likely to happen in the December/January period when services are usually stretched in the build up to Christmas and afterwards.

3.4 GM Integrated Care Board - System Control Centre

3.4.1 The Greater Manchester System Control Centre (GM SCC) was established in December 2022 and it brought together existing functions, such as the Greater

Manchester Urgent and Emergency Care Operational Hub (GM UEC Operational Hub), the Greater Manchester System Operational Response Task Group (GM SORT), and the existing Emergency Preparedness, Resilience and Response (EPRR), as well as the many data feeds to ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.

3.4.2 Revised guidance for a System Coordination Centre (in place of a Control Centre) was published in August 2023, alongside the revised framework for the Operational Pressures Escalation Levels (OPEL) Framework (referred to in 2.7), and work has commenced to meet the minimum standards outlined in this revised guidance prior to the deadline of the 1st of November 2023.

3.5 **North West Ambulance Service (NWAS)**

- **Ensure a greater number of deployed hours on the road over winter in line with agreed recruitment and resourcing plans** - Introduction of a 24/7 Duty Officer role, facilitating operational delivery of ambulances through overcoming internal challenges around staffing and logistics and external constraints associated with delays and difficulties with handover.
- **Direct investment into GM paramedic emergency services** - creating the equivalent of 1008 additional emergency ambulance hours per week. This will increase emergency ambulances on the road by 11 every day at peak times.
- **Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls (see appendix 1) -** recruiting an additional 75 clinicians into its emergency operations centres to focus on telephone triage and the introduction of category 2 call validation
- **Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge -** recruiting a further 41 emergency medical advisors (999 call handling) to ensure resilience in call taking over winter. The introduction of NHS Pathways into our 999 environment last year means that more callers can now be redirected to community alternatives.
- **Ensure mental health professionals are embedded in all emergency operation centres ahead of winter -** an embedded model of mental health clinicians into its Emergency Operations Centre (EOC) in Manchester.

3.6 **Manchester Foundation Trust (MFT)**

3.6.1 MFT commenced their winter planning in July and have held a series of engagement sessions with staff across the hospitals and community services within Manchester and Trafford.

3.6.2 Focusing on the four areas highlighted earlier there is a commitment to:

- **Deliver the UEC Recovery plan ensuring high impact interventions are expedited at pace -** across our acute adult and paediatric hospitals, we have either already implemented or are making substantial progress against the nationally recognised high-impact interventions with the Hospital at Home programme is at the forefront of plans. These interventions have already contributed to a reduction in patient wait times in our A&E Departments over recent months. Our objective is to ensure that when patients attend our departments, we can promptly direct them to the appropriate care. However, we know that winter brings many challenges, and we want to ensure that we are well prepared to manage those peaks in demand that we experience each year and these interventions are being accelerated to improve our resilience this winter. Measuring the impact of the interventions will be through delivering on our four-hour A&E performance and reducing the number of patients in our beds waiting for on-going care outside of a hospital setting.

- **Ensuring operational and surge planning is robust to prepare for different winter scenarios/peaks in demand -** all hospitals have developed surge capacity plans to manage peaks in demand, this means opening of additional beds. However, at the forefront of our winter plan is our hospital at home programme which will enhance and expand our virtual ward capacity. Our main area of focus as a whole system is to avoid admissions, reduce bed occupancy and release bed capacity across the hospital to avoid opening additional beds when demand increases.

- **Robust escalation processes in place with roles and responsibilities clearly defined, working across group and in partnership with the System Co-ordination Centre (SCC) -** To gauge pressures on the system the national team look at a number of measures, which are:-
  - Mean ambulance handover times
  - Emergency Department (ED) four hour performance
  - ED attendances
  - Majors and resuscitation occupancy
  - Median time to treatment
  - % of patients spending >12 hours in ED
  - % General and acute beds occupied
  - % of open beds that are escalation beds
  - % of beds occupied by patients no longer meeting the criteria to reside

Each hospital across MFT carries out daily assessments against these metrics and have operational policies in place to manage periods of escalation. All efforts across the system need to have an impact on these measures. Day to day operational accountability rests with the Group Chief Operating Officer (COO) who will enact an MFT wide tactical command cell at times of heightened escalation aligned to our Patient flow and Escalation Policy. The COO will liaise with the System Coordination Centre that is responsible for the coordination of an integrated system response and which will support interventions when providers are challenged.

- **Having robust workforce plans in place to support the health and wellbeing of our staff -** all hospitals have workforce escalation plans in place for tracking absence levels to maintain safe staffing levels. Our staff matter to us and *'Our People Plan'* details the mechanisms we use and offers we provide to support staff to look after each other. It is important that our staff have access to the right support and across MFT we have many health and well being programmes in place. Last winter we saw flu return at scale and it is important that we protect the public and staff and our vaccination programme will do this.

- **Additional improvement support to limit the number of people in MFT beds without criteria to reside -** NHS England has a process in place to identify systems and organisation who would benefit from additional support, it is referred to as tiering. The Greater Manchester Urgent Care System has been placed in tier one which gives us an opportunity to access additional resources to help address specific challenges. There is a long-standing improvement programme in relation to reducing the number of people in hospital that do not meet the criteria to reside definition, we are maximising the use of this additional support to build on this work by enabling clinicians, professionals, managers and patients within the locality to design and trial solutions that lead to improved outcomes. The focus initially will be on the central Manchester footprint, particularly around MRI, but is envisaged the agreed model that can be applied across the whole of Manchester.

3.7 **Manchester Local Care Organisation (LCO)**

- **Hospital at Home / Admission Avoidance -** There is a delivery plan in place to roll out a Hospital at Home offer across the city of Manchester by December 2023. This will be a critical milestone on our journey to achieving our target of 320 virtual community beds by the end of March 2024.
- **Manchester Community Response (MCR) -** Manchester Community Response (MCR) consists of health and social care integrated services that keep people well in their own homes through preventive measures or support timely flow out of our acute hospital sites. Follow a period of assessment and intervention MCR handover to our neighbourhoods teams for continuation of support in the community.
- **Improving acute inpatient flow and length of stay -** to support improvement in acute flow, a recovery trajectory and plan has been agreed with system partners to reduce the number of patients with No Criteria to Reside (NCTR) to 240, by December 2023
- **Transfer of Care Hub -** The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. ToCH supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes.
- **Home First Discharge Policy Review -** The aim is to have the refreshed discharge policy in pace by October and will provide discharge planning tools and resource for staff and patients across the system.

Adult Social Care

- **Home from Hospital –** VCSE collaborative to support people who have low or no social care needs, leaving on pathway 0 (more straight forward discharges) to enable them to settle in and prevent readmission or being discharged on pathway 1 (support required to recover at home with input from health, social care and VCSE).
- **Improving flow through Discharge to Assess beds –** a specialist Social Work team has been created to manage and support the flow through these beds increasing capacity.
- **Increasing flow in reablement –** additional flow co-ordinators have been put in place to increase capacity within reablement supporting discharge from hospital and stepping up from community to support admission avoidance.
- **Supporting flow in Intermediate care units –** continued funding of Senior Social Worker to monitor and maintain flow in the intermediate care units, reducing delays due to social care.
- **Integrated Control Room –** Additional resources invested into the Control room to maintain oversight of flow from the acute hospitals, and commissioning provision and care finding to support discharge in a timely manner.
- **Social Care support to Greater Manchester Mental Health NHS Foundation Trust (GMMH) –** developing an urgent action plan to support flow in acute and mental health beds to free up capacity and reduce delays in these beds.

3.8 **Greater Manchester Mental Health NHS Foundation Trust (GMMH)**

- There is a focus on crisis pathways as an alternative to admission - the aim is to ensure people get to the right clinician or team at the right time. These include:
  - **Implementation of the Crisis pathway model** - including Home Based Treatment Teams that adhere to national models, and offer a Home First option. Access to crisis cafés and overnight crisis beds that are accessible outside office hours and mental health practitioners within North West Ambulance Service (NWAS). Emergency Operations Centre as precursor to the GM mental health triage service, in partnership with Greater Manchester Police and NWAS
  - **Clear escalation processes for A&E -** GMMH has escalation procedures that are followed, in cases of increased pressure.
  - **Access to Child and Adolescent Mental Health (CAMHS) -** teams in place across Manchester to support assessment of Children and Young People (CYP) attending A&E in crisis. Young people are assessed at the point of presentation in A&E, with pathways to access CYP Home Based Treatment Teams (HBTT) and CAMHS beds.
  - **Accessing help in a Mental Health Emergency –** ensuring places of Safety/Section 136 Suites where there is 24-hour staffing provision to support service delivery for services users who are over the age of 16 years old.

  - **Homelessness -** GMMH specialised homeless services do not operate an out of hours service, however, they will follow up all referrals the following working day. GMMH have engaged VCSE partners to develop and communicate pathways for people experiencing crisis and access to services out of hours.
  - **Emergency resettlement schemes -** supports refugees including those placed through centralised resettlement schemes and those temporarily living with friends and families via its 24/7 helpline and existing pathways via primary, community and crisis care services.
- **Mental health inpatient discharge and flow -** the clinically led GMMH patient flow service (PFS) ensures that a standardised approach is delivered across all GMMH services with practitioners available 24/7 to support system flow to all GMMH beds.

3.9 **Manchester Primary Care**

- **Manchester Acute Respiratory Infection Service (MARIS) -** additional capacity for same-day respiratory appointments.
- **Additional Primary Care Resilience Same Day Access -** additional clinical and non-clinical sessions and GP surge hubs for adults and children. This will provide additional clinician time face to face, telephone or virtual.
- **GP Federation Resilience Hubs –** additional appointments in local hubs, these appointments can be booked by all practices.
- **Improving access to General Practice –** implementation of a modern model of general practice. These plans include objectives around working towards improving online access, including website improvement, use of the NHS App and supporting patients to become more digitally enabled.
- **Personalised Care -** work to shift the focus of healthcare delivery from a reactive, episodic model to a proactive preventive approach. The focus is on three high impact cohorts: dementia, frailty and patients who regularly attend A&E (usually more than five times a year).
- **Increasing support for self-directed care -** Funding has been secured from the GM 'Access and Inclusion' resource for winter vaccination. This includes 'English for Health' which has a strong focus on vaccination and self-care.

3.10 **Manchester Public Health**

3.10.1 The Department of Public Health at Manchester City Council and the NHS Manchester Locality Team co-ordinates the planning process for the system-wide winter vaccination programmes across Manchester and these are now underway in accordance with national guidance.

- Preparations to ensure a comprehensive vaccination offer for care home residents, housebound patients and other at risk cohorts will be put in place following confirmation of sign up to the Enhanced Service contractual arrangements relating to Primary Care.
- The programme timeline is as follows:-

  - From 1st September 2- and 3-year-old children will be invited for flu vaccination alongside opportunistic Measles, Mumps and Rubella (MMR) vaccination
  - From 4th September the school flu programme commences
  - From 2nd October care home residents and staff for flu and Covid
  - From 7th October the start date for all other eligible cohorts, however, where flu clinics have been prebooked for September it has been confirmed that these may go ahead
  - The 15th December will be the end date of the main programme
  - The 31st January 2024 will be the end date for the Manchester targeted health equity approach and outreach offers any equity/pop up or outreach offers
- Manchester Foundation Trust will deliver a Covid, flu and pertussis vaccination service to pregnant women accessing their services. Further plans for other in-patients cohorts and staff vaccination are currently being finalised by MFT.
- Work is underway with Intrahealth, the school flu service provider, to ensure comprehensive plans are in place to deliver to school-aged children with a greater focus on areas where uptake was low in 2022/23
- Data analysis over the last two years shows a decline across all cohorts for both flu and Covid vaccination coverage, with the gap widening most for those from particular ethnic groups. Therefore, the communities we will focus on for our integrated neighbourhood approach and mobile targeted vaccination work will be the Pakistani, Bangladeshi, Black Caribbean and Indian populations.
- A bid for GM Access and Inclusion funds has been approved and will support targeted winter vaccination work at neighbourhood level and to a range of inclusion health groups in order to address health inequalities.
- Local bespoke communication planning is underway through a collaborative partnership approach and as stated earlier will include translated and easy read materials.

4.0 Recommendations

1) The Health Scrutiny Committee is asked to note the report.
2) The Executive is asked to note the report.

Appendix 1 – Category Response Times

Calls to 999 are categorised in to four basic categories. These categories are assigned following a system called NHS Pathways, which our call assessors use to clinically determine the needs of the patients. The categories are:

C1: Category one is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes

C2: Category two is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes

C3: Category three is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.

C4: Category four is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 6 September 2023

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

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Position: Governance and Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: lee.walker@manchester.gov.uk

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

There are no outstanding recommendations.

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **25 August 2023,** containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission Reports

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Key to Inspection Ratings

Services are rated by the CQC according to how safe, effective, caring, responsive and well-led they are, using four levels:

- **Outstanding** – The service is performing exceptionally well.
- **Good** – The service is performing well and meeting expectations.
- **Requires improvement** – The service isn't performing as well as it should and the CQC have told the service how it must improve.
- **Inadequate** – The service is performing badly and the CQC have taken enforcement action against the provider of the service.
- **No rating/under appeal/rating suspended** – There are some services which the CQC can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by the CQC and will be published soon.

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met.

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Maison Dental Ltd	Maison Dental Manchester Floor 2, The Chambers 13 Police Street Manchester M2 7LQ	https://www.cqc.org.uk/location/1-10922929778	4 July 2023	Dentist	**No Action Required**

Oakfield Psychological Services Ltd	Wellfield 23 Wellfield Road Baguley Manchester M23 1BG	https://www.cqc.org.uk/location/1-7613423304	21 July 2023	Care Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Burton Health Care Ltd	Burton Dental Care 125 Burton Road Manchester M20 1JP	https://www.cqc.org.uk/location/1-11058736181	21 July 2023	Dentist	**No Action Required**
Sheila-Jeans Home Care Limited	Sheila-Jeans Home Care Limited 67 Houghend Avenue Manchester M21 7SE	https://www.cqc.org.uk/location/1-13217304348	28 July 2023	Homecare Service	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Achieve Together Ltd	Homeleigh Middleton Road Crumpsall Manchester M8 4JX	https://www.cqc.org.uk/location/1-2670543973	29 July 2023	Care Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Manchester University NHS Foundation Trust	Saint Mary's Hospital 3 The Boulevard Oxford Road Manchester M13 9WL	https://www.cqc.org.uk/location/R0A05	28 July 2023	NHS Hospital	**Overall: Requires Improvement** Safe: Inadequate Effective: No Action Caring: No Action Responsive: No Action Well-led: Requires Improvement

Manchester University NHS Foundation Trust	Wythenshawe Hospital Southmoor Road Manchester M23 9LT	https://www.cqc.org.uk/location/R0A07	28 July 2023	NHS Hospital	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Outstanding Responsive: Requires Improvement Well-led: Requires Improvement
Manchester University NHS Foundation Trust	North Manchester General Hospital Delaunays Road Crumpsall Manchester M8 5RB	https://www.cqc.org.uk/location/R0A66	28 July 2023	NHS Hospital	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Good
The Focus Foundation	The Focus Foundation 85 Middleton Road Crumpsall Manchester M8 4JY	https://www.cqc.org.uk/location/1-12598464239	3 August 2023	Homecare Service	**Overall: Good** Safe: Good Effective: Good Caring: Outstanding Responsive: Outstanding Well-led: Good
HC-One Ltd	Averill House Averill Street Newton Heath Manchester M40 1PF	https://www.cqc.org.uk/location/1-319159457	1 August 2023	Care Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally	Polefield Nursing Home 77 Polefield Road Manchester M9 7EN	https://www.cqc.org.uk/location/1-2279393745	9 August 2023	Care Home	**Overall: Good** Safe: Good Effective: Good Caring: Outstanding Responsive: Outstanding Well-led: Requires Improvement

Qualia Care Ltd	St Marys Nursing Home St Marys Road Moston Manchester M40 0BL	https://www.cqc.org.uk/location/1-3745990010	9 August 2023	Care Home	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Skolak Healthcare Ltd	Beechill Nursing Home 25 Smedley Lane Cheetham Hill Manchester M8 8XB	https://www.cqc.org.uk/location/1-121486305	16 August 2023	Care Home	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Gerexa Ltd	Bradley Street 10 Bradley Street Manchester M1 1EH	https://www.cqc.org.uk/location/1-10561025728	18 August 2023	Independent Hospital	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

Health Scrutiny Committee
Work Programme – September 2023

Wednesday 6 September 2023, 2pm (Report deadline Thursday 24 August 2023 - To take account of the August Bank Holiday)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Planning for Winter 2023/24 Across Health and Care	To receive a report that will set out the plans for how the City Council and NHS provider organisations, Primary Care and the VCSE Sector will deliver services to address the specific challenges of autumn/winter 2023/24. This will include plans for the covid and flu vaccination programme.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
NHS Greater Manchester Integrated Care System Update	To receive a report on the establishment of the Greater Manchester Integrated Care System and the revised governance arrangements in relation to the Manchester locality.	Councillor T. Robinson	Tom Hinchcliffe	
COVID-19 National Inquiry	To receive a report on the COVID Inquiry including outputs from the preliminary hearings on national preparedness and the impact of the pandemic on health care.	Councillor T. Robinson	David Regan	
Disaggregation of Complex Services	To receive a report from MFT that follows on from the report covering disaggregation of services (phase 2) presented in March 2023.	Councillor T. Robinson	Tom Hinchliffe Julie Taylor	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 11 October 2023, 2pm (Report deadline Friday 29 September 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Making Manchester Fairer	To receive a progress update on the Making Manchester Fairer programme including an in-depth look at the eight thematic areas.	Councillor T. Robinson	David Regan	This will be a single item agenda. There will be a series of papers under the Making Manchester Fairer programme headings and partner organisations and people with lived experience will be invited to speak at the meeting.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 8 November 2023, 2pm (Report deadline Friday 27 October 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget proposals for Adult Social Care and Public Health	In line with the Council budget planning process, to receive a report on the initial budget proposals for 2024/25 for Adult Social Care and Public Health.	Councillor T. Robinson	Bernie Enright, David Regan	
Update on Dementia	To receive a follow up report and presentation on the work of the Dementia Steering Group. This was first presented to the Committee in March 2023.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update on Extra Care	To receive a follow up report on this subject. This item first came to the Committee in June 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Update on Learning Disability & Autism with a focus on Transitions	To receive a follow up report on this subject. This item will relate to aspects of the report that came to Committee in December 2022.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 6 December 2023, 2pm (Report deadline Friday 24 November 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Climate Change Update	To receive a report on all the key health related areas of climate change including food, air pollution, the role of NHS organisations and the cold weather action plan.	Councillor T. Robinson	David Regan	Invitation to the Executive Member for Environment and Transport.
Health and Homelessness	To receive a report on the work of the Manchester Health and Homelessness Task Group set within the context of the Manchester Strategy: A Place Called Home.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience. Invitation to Cllr Hitchen, Chair of Communities and Equalities Scrutiny Committee.
Health Provision For Asylum Seeker Contingency Hotels	To receive a report that provides information on the health provision at Asylum Seeker Contingency Hotels.	Councillor T. Robinson	David Regan, Bernie Enright	Invitation to Cllr Midgley, Deputy Leader.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 10 January 2024, 2pm (Report deadline Thursday 28 December 2023)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Drugs and Alcohol Services	The annual update on drug and alcohol services will this year focus on people with complex needs and the role of social workers.	Councillor T. Robinson	David Regan, Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Cancer Screening	To receive a report on screening uptake in relation to breast cancer, cervical cancer and bowel cancer with a particular focus on bowel cancer screening which is the Manchester Local Care Organisation (MLCO) priority programme for 2023/24.	Councillor T. Robinson	David Regan, Dr Sohail Munshi	Invitations will be extended to frontline service providers and people with lived experience.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 7 February 2024, 2pm (Report deadline Friday 26 January 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Budget Proposals For Adult Social Care And Public Health	To receive the final set of budget proposals for Adult Social Care and Public Health prior to the Executive and Full Council.	Councillor T. Robinson	Bernie Enright, David Regan	
Implementation Of The 2023/24 Winter Plans	Following on from the report presented in September and reflecting the format of the extraordinary meeting held in February 2023, system partners will attend to report back on how effective winter plans were.	Councillor T. Robinson	Tom Hinchcliffe, Bernie Enright, David Regan	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Wednesday 6 March 2024, 2pm (Report deadline Friday 23 February 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Carers Strategy	Following the presentation of the Carers Strategy to the Committee in March 2023, an update on strategy implementation will be provided to the Committee.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Manchester Public Health Annual Report	To receive the 2023/24 Public Health Annual Report which will focus on sexual health and HIV.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Update On Health Infrastructure Projects	Following the visit by members of the Health Scrutiny Committee to North Manchester General Hospital in March 2023, the Committee will receive an update report on the new hospital programme and progress in north Manchester.	Councillor T. Robinson	David Regan	This item was previously considered at the 11 January 2023 meeting.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Findings From CQC Reports Into Manchester Based Services And The Publication Of The GMMH Independent Review by Professor Shanley	To receive a report that describes the findings from CQC reports into Manchester based services and the publication of the GMMH Independent Review by Professor Oliver Shanley OBE.	Councillor T. Robinson	David Regan, Bernie Enright	
An Update On Health Protection Outbreaks As They Arise	To receive an update on health protection outbreaks.	Councillor T. Robinson	David Regan	
Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	Further to the meeting of 24 May 2023 to consider a report from the Greater Manchester Mental Health NHS Foundation Trust that provides an update on the Trust's Improvement Plan.	Councillor T. Robinson	Chief Executive of GMMH	
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provide an update on the provision and access to primary care services across the city.	Councillor T. Robinson	Tom Hinchcliffe	Previously considered 8 February 2023.
2022/2023 Manchester Safeguarding Partnership Annual Report	To receive the annual report of the Manchester Safeguarding Partnership with a focus on Adults.	Councillor T. Robinson	Bernie Enright	To be scheduled after October 2023. Meeting date to be confirmed.