

Winter Funding

Manchester Partnership Board

Purpose

- **To present, and secure MPB's agreement for:**
 1. **the final winter capacity funding proposals for 2024/25 and secure MPB's agreement to the approach**
 2. **investing a proportion of Manchester's 2025/26 UEC Capacity Funding in the UEC Transformation Programme**

Background

- In preparation for winter, locality systems are required to develop capacity expansion plans to avoid becoming overwhelmed at times of peak demand
- The quantum of funding (£5.6m) for this winter is broadly the same as last year
- There should be collective responsibility to ensure there are local plans in place for services to remain as resilient as possible and respond to operational pressures
- System-wide planning discussions have taken place throughout the summer (see slide 7)
- To inform the plan, the system has:
 - Gathered and used insight and learning from the experiences of last winter
 - Agreed principles, key metrics for improvement, and urgent care priorities it wishes to target
- The earlier plans can be agreed and stood up as soon as they are needed, the better this will be for patients over winter

2024/25 Principles

- At the winter debrief session (17th May 2024), the system considered the two key urgent care principles as outlined within the latest planning guidance (PRN00715):
 - **Increase** the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
 - **Continue** to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge
- The system agreed that all 2024/25 schemes should align to at least one of these principles to be considered for capacity funding

- Additionally, within the national planning guidance, the following metrics will be utilised to measure urgent care system performance. Therefore, the system has also agreed that all schemes must also demonstrate impact and improvement on one or more of the following metrics:
 - **Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025**
 - **Improve category 2 ambulance response times to an average of 30 minutes across 2024/25**
 - **Improve mental health patient flow and work towards eliminating inappropriate out of area placements**
 - **Improve access to virtual wards (Hospital at Home) by ensuring utilisation is consistently above 80% (focus on frailty, acute respiratory infection, heart failure and Children and Young People (CYP))**
 - **Reduce the proportion of waits over 12hr in A&E compared to 2023/24**
 - **Reduce admitted and non-admitted time in emergency departments, and in particular arranging appropriate services for mental health patients requiring urgent care**
 - **Reduce ambulance handover delays**

Left Shift in Healthcare

- There is also system agreement to strengthen our shift from acute care to care closer to home over a period

Engagement



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Meeting	Date
Winter Debrief Workshop	17 th May 2024
2024/25 Winter Funding Discussion Meeting	12 th June 2024
2024/25 Winter Funding Discussion Meeting	19 th June 2024
Manchester & Trafford Urgent Care Board	21 st June 2024
Manchester Partnership Board	10 th July 2024
Manchester & Trafford Winter Planning Group	6 th August 2024
Manchester & Trafford Winter Planning Group	13 th August 2024
Manchester & Trafford Urgent Care Board	16 th August 2024
Manchester & Trafford Winter Planning Group	20 th August 2024
Manchester & Trafford Winter Planning Group	27 th August 2024
Manchester & Trafford Winter Planning Group – Final Proposals Presented / Discussed	3 rd September 2024
Manchester Clinical & Professional Advisory Group (CPAG)	18 th September 2024
Manchester Provider Collaborative Board (PCB)	19 th September 2024

Provider Collaborative Board Discussion – Key Points



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- Collaborative approach taken
- Improved process compared to 2023/24
- Overall support, but noting the need to maintain increased acute bed capacity during winter if diversions/deflections are not achieved
- Further development of the ED Streaming Model required alongside discussions on how best to allocate acute funding
- All schemes require clear intended outcomes to be able to measure their success
- Provide further clarity on the links between capacity and discharge funded proposals

2023/24 Schemes Recap



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Description	Value	%
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£30,000	
GM Primary Care Support – Optometry (Top Sliced)	£17,260	
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	
Non-Discretionary Spend Sub Total	£481,093	
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,478,000	67.3%
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	23.1%
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	9.6%
Discretionary Spend Sub Total	£5,166,000	
Grand Total	£5,647,093	

2024/25 Proposal



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Description	Value	%
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	
St Anne's Hospice Bed Capacity (Must do so no discretion)	£92,400	
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£60,000	
GM Primary Care Support – Optometry (Top Sliced)	£17,260	
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	
Non-Discretionary Spend Sub Total	£603,493	
Front Door ED Streaming Model – to stream patients presenting at ED seeking urgent care to the most appropriate clinician/service (proposed during winter debrief discussions) – JOINT M&T SCHEME	£120,000	2.4%
Patient Engagement and Communications of UEC Services Campaign – specific engagement and comms activity to ensure public are clear where and how to access services (proposed during winter debrief discussions) – JOINT M&T SCHEME	£20,000	0.4%
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,117,075	62.3%
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	23.8%
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	9.9%
Held as contingency (to review based on ongoing pressures)	£60,500	1.2%
Discretionary Spend Sub Total	£5,005,575	
Grand Total	£5,609,068	

2024/25 Proposal

- Additional amount (£122k) of the overall allocation top sliced at GM level – includes hospice bed capacity and an increased contribution towards discharge coordinator
- Recognises the valued impact of the 2023/24 schemes in responding to operational pressures and enabling the system to remain as resilient as possible – evaluations presented to MPB in July
- Maintains the same investment in primary care (£1.2m) compared to 23/24. Strong evidence that this had positive impact over last winter.
- Maintains the same investment in GMMH (£0.5m) compared to 23/34. Decisions around use of this funding to form part of Manchester Mental Health Recovery Programme.
- Includes 2 additional uses of winter capacity funding (in bold) aimed at diverting and deflecting acute hospital activity and delivering a left shift in healthcare. These schemes are jointly funded with Trafford
- Additional contributions/schemes funded through a gradual reduction (£0.4m / movement from 67.3% to 62.3% of discretionary spend total) of investment in acute bed capacity – in line with agreed strategic direction of travel
- Funding for the existing 100 Hospital @ Home beds - this is subject to a GM evaluation of the approach via GM UEC Board. Current funding flowing to MFT on a month-by-month basis (circa £4.5m FYE)
- Schemes that have also been put forward but are currently unfunded –
 - Expansion of Hospital @ Home to 170 beds (£2.2m)
 - GMMH North-West Bureau Beds funding gap (circa £3m)
- Does not include proposals covered by the winter discharge funding – approval via Manchester Health & Wellbeing Board

Movement of Funding



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Description	24/25 Proposal	23/24	Difference
GM Primary Care Support - Winter Surge (Top Sliced)	£417,580	£417,580	£0
St Anne's Hospice Bed Capacity (Must do so no discretion)	£92,400	£0	£92,400
Discharge Coordinator contributions plus support for specific cultural/BAME groups (Top Sliced)	£60,000	£30,000	£30,000
GM Primary Care Support – Optometry (Top Sliced)	£17,260	£17,260	£0
GM Primary Care Support – Pharmacy (Top Sliced)	£16,253	£16,253	£0
Front Door ED Streaming Model	£120,000	£0	£120,000
Patient Engagement and Communications of UEC Services Campaign	£20,000	£0	£20,000
Acute Winter Bed capacity across NMGH, MRI and Wythenshawe	£3,117,075	£3,478,000	-£360,925
Primary Care (Acute Respiratory Hubs and Additional Sessions)	£1,192,000	£1,192,000	£0
GMMH - Community Review Team, Crisis Beds, Commission New Beds, Floating Support, Control Room	£496,000	£496,000	£0
Held as contingency (to review based on ongoing pressures)	£60,500	£0	£60,500
Grand Total	£5,609,068	£5,647,093	-£38,025

Next Steps

- Deployment of funding - October
- Further development of some schemes/clarification of outcomes – September/October
- System implementation assurance – October/November
- Evaluation of schemes - April

2025/26 UEC Transformation

- Newton Europe undertook a diagnostic on MRI site in autumn 2023 as part of NHSE 'Tier 1' process. This identified opportunities for significant improvement in patient pathways before, during and after a hospital stay.
- £14m of system financial benefits were identified. This would build on existing work around admission avoidance and pathway 3 referrals, and would support the ambition of a 'left shift' in our UEC system.
- Newton Europe will bring in a team of 15-20 people to undertake this transformation work over a period of 15-18 months. Whilst MFT would be the contracting partner, this would be owned as by the system, with system governance docking into MPB.
- The cost of the programme is estimated at £7.2m. This is accompanied by a commercial guarantee from Newton that at least £7.2m of cashable savings are identified, with the target being to achieve £14m recurrent cashable savings.
- For the past two years, c£3.5m of UEC Capacity Funding has been provided to MFT to maintain escalation capacity across their sites. **For 2025/26, it is proposed that this is reduced by up to £2.67m, and instead used as a contribution to the transformation work.**
- In line with the fee guarantee, this would be payable on the realisation of £2.67m cashable savings for the system. This would then be made available to invest in line with MPB's priorities. Overperformance against the fee guarantee would see commensurate additional savings, with this funding made available to the system to be invested in line with MPB priorities. Underperformance would see a commensurate reduction in the system contribution to the transformation work.
- The Place Based Lead/Deputy will be integrally involved with this work throughout. Regular updates will be provided to MPB and other relevant groups. Discussions are also ongoing with Manchester City Council and our counterparts in Trafford as to their involvement.

MPB members are asked to:

- **Confirm they are content with the proposed allocation of 2024/25 UEC funding (as set out in slide 10)**
- **Confirm they are content with the proposed contribution to the UEC Transformation Programme, including the use of up to £2.67m of 2025/26 UEC Capacity funding to support this work.**



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