

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

**Report to:** Manchester Health and Wellbeing Board – 5 June 2019

**Subject:** Manchester Locality Plan Update – Single Hospital Service (NMGH) and MHCC Phase 2

**Report of:** Director of Planning & Operational Services, Manchester Health and Care Commissioning

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**Summary**

This report provides a progress report on the Locality Plan: Our Healthier Manchester, with a focus on the following areas: -

- Single Hospital Service (SHS) – an update on the benefits realised post-merger and the planned acquisition of North Manchester General Hospital; and
- Manchester Health and Care Commissioning (MHCC) – an update on Phase 2, the further development of MHCC as a strategic commissioning organisation and the phased transfer of operational commissioning responsibilities to the LCO.

**Recommendation**

The Board is asked to note the content of the report, including the progress made toward completing the Single Hospital System (SHS) and Manchester Health and Care Commissioning (MHCC) Phase 2 transformation programmes.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	A Single Hospital Service Programme will optimise the provision of healthcare services to young people across Manchester and so minimise any adverse effects.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	The proposed new Single Hospital Service organisation will aim to be an employer of choice, providing access to employment opportunities for local people and excellent training and career paths for a broad range of healthcare professionals.
Enabling people to keep well and live	A Single Hospital Service will ensure

independently as they grow older	effective standardisation of hospital services in Manchester so that residents are able to access the best and most appropriate healthcare, regardless of where they live.
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	MHCC, as a strategic commissioner, and the Single Hospital Service will facilitate the development and implementation of the most appropriate care provision.
Self-care	

**Lead board member:** Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

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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.

- Locality Plan: Our Healthier Manchester

## **Introduction**

1. The purpose of this paper is to provide an update on the Manchester Locality Plan with a specific focus on:
  - i) the Single Hospital System (SHS) - Benefits and the NMGH transaction;
  - ii) Manchester Health & Care Commissioning (MHCC) Phase 2.

## **Background**

2. The Health and Wellbeing Board has received regular updates on the Manchester Locality Plan, since its inception. The first phase of implementation focused on creating the platform for change through the creation of the three pillars listed below. Increasingly focus has been on transforming front line services to deliver the benefits of these organisational changes: -
  - A single commissioning function (SCF) – the merger of 3 CCGs and the creation of the Manchester Health and Care Commissioning (MHCC) partnership between Manchester City Council (MCC) and Manchester CCG;
  - A single hospital service (SHS) – starting with the merger of Central Manchester NHS Foundation Trust with University Hospitals of South Manchester Foundation Trust to form Manchester NHS Foundation Trust (MFT), a major step toward the delivery of a single hospital service for Manchester; and
  - A local care organisation (LCO) – the creation of Manchester Local Care Organisation, a partnership of MFT, MCC, Greater Manchester Mental Health (GMMH), Manchester Primary Care Partnership (MPCP) and MHCC, facilitating the safe transfer of 3 community services under one integrated leadership team.
3. This report provides a progress report on the following areas of development: -
  - SHS – an update on the benefits realised post-merger and the planned transfer of North Manchester General Hospital; and
  - MHCC – an update on Phase 2, the further development of MHCC as a strategic commissioning organisation and the phased transfer of some commissioning responsibilities to the LCO.

## **Single Hospital Service**

4. As described above, the proposal to establish a Single Hospital Service for the City of Manchester forms an integral part of the Manchester Locality Plan. The Single Hospital Service Programme is being delivered through two linked projects: -

- i) The creation of Manchester University NHS Foundation Trust (MFT) through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) the Single Hospital System (SHS) - Benefits and the NMGH transaction;
- ii) The proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

### **Merger Integration and Delivery of Merger Benefits**

5. The established Integration Management Office (IMO) within the Single Hospital Service Team has set up robust tracking/monitoring structures and processes to ensure that the organisation effectively delivers the planned merger benefits and is able to clearly evidence their impact. Processes are also in place to identify and track a series of additional emergent benefits enabled by the merger.
6. A Benefits Management Standard Operating Procedure has been developed which outlines the benefits management process, starting with identification of a merger benefit, through to active monitoring and tracking of the impact and outputs that the benefit generates. The approach is kept under review to ensure it remains fit for purpose as the organisation, and the delivery of integration benefits, matures.
7. In addition to monitoring delivery progress and benefits, the IMO actively identifies and shares dis-benefits and lessons learned to ensure that the organisation is able to mitigate these in future work as far as possible. This learning will be particularly relevant to the planned acquisition of NMGH and its integration into MFT.
8. Operational responsibility for ensuring delivery of integration benefits sits with an established Integration Steering Group, chaired by the Group Director of Workforce and Corporate Business. The ISG also maintains oversight of the GM Transformation Fund monies and external accountabilities.
9. The delivery of integration activity across MFT continues to be supported by GM Transformation Funds. The Investment Agreement with the Greater Manchester Health and Social Care Partnership (GMH&SCP) required the establishment of a number of high-level indicators to allow the success of the integration activities to be assessed. MFT continues to report on these indicators and ongoing monitoring is undertaken by the Manchester Health and Care Commissioning (MHCC) performance team.
10. In addition to reporting on the formal Investment Agreement metrics, MHCC has hosted a series of meetings to enable MFT to demonstrate the delivery of patient benefits to MHCC and the GMH&SCP. To date these meetings have taken place every 3-6 months since the merger. The most recent meeting took place on 17th May 2019. Members of the Single Hospital Service Team, senior managers and clinicians from across MFT met with senior MHCC and

GMH&SCP representatives to discuss the benefits that are already being delivered across the organisation.

11. The meeting focussed on the areas of Stroke care, Cardiac services and Frailty. Lead clinicians from each area explained the work that is currently underway, including the benefits that have already been delivered for patients and the work planned for future years. The clinicians highlighted the opportunity presented by working in collaboration across the Trust, alongside some of the lessons that have been learnt to date.
12. In Stroke services patient benefits are already being delivered. A single point of access to Stroke services has been implemented which enables Stroke patients within a Hyper-Acute Stroke Unit to have timely access to the most appropriate rehabilitation bed across MFT depending on clinical need or capacity. In the future the combined MFT workforce will enable expanded access to TIA services (Transient Ischaemic Attacks, sometimes called 'mini-Stroke' as the symptoms are similar). Initially these services will be provided five days per week and then over seven days per week.
13. Services for patients with clinical Frailty have also improved across MFT since the merger. The teams have worked collaboratively to develop MFT Frailty Standards that harmonise patient pathways across the organisation and a longer term vision and strategy for Frailty services. This is already enabling significant improvements, including the early identification of patients with clinical Frailty and Frailty screening in pre-op assessments and Emergency Departments. The early identification of clinical Frailty is helping to reduce length of stay and reduce the number of on the day cancellations for elective surgery.
14. In cardiac services work is underway to deliver benefits across a range of services, including for Acute Coronary Syndrome, Cardiac Rhythm Management and Acute Aortic Surgery. For example, seven day working for cardiac physiologists has been introduced at the MRI and Wythenshawe. This helps to reduce length of stay for inpatients and enables effective trouble shooting of cardiac devices, including home monitoring.
15. The delivery of the merger benefits is progressing well across the organisation. A robust approach to tracking delivery of and evidencing the impact of both planned and emergent merger benefits has been established by the IMO and is overseen by established governance arrangements.

### **NMGH Transaction Update**

16. NHSI set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT. The intention for MFT to acquire NMGH is consistent with the local plan to establish a Single Hospital Service within the City of Manchester and forms part of the Manchester Locality Plan.
17. The transaction process is being managed under the auspices of the national NHSI Transaction Guidance with oversight provided by a Transaction Board

established at the end of November 2017. The Board, of which MFT is a member, is chaired by Jon Rouse, Chief Officer GMH&SCP.

18. The timeline for completion of the two transactions remains at April 2020. The MFT Board of Directors considered the Strategic Case at its meeting on 11th March 2019 and subsequently approved it for submission to NHSI. The final version of the document was submitted to NHSI on 29th March 2019. SRFT also submitted its Strategic Case regarding the acquisition of the remaining PAHT sites on 29th March 2019.
19. Following the submission of the Strategic Cases, NHSI colleagues commenced their review of the documents. They have indicated that the review is complex and may take longer than the six week period originally indicated. As part of their review, NHSI is holding a series of meetings with each of the acquirers and is conducting discussions with other relevant stakeholders, including GMH&SCP, commissioners and the non-conflicted Executive Director and Non-Executive Director of PAHT.
20. NHS I held its first meeting with MFT on 18th April 2019 and the key strategic issues contained within the Strategic Case document were discussed. Feedback from the meeting was positive. It is anticipated that a senior executive level meeting to discuss the Strategic Case further will take place on 21st June 2019.
21. Due diligence activities continue to be progressed to enable MFT to understand the scope and operational function of the facilities and services at NMGH. The due diligence covers a range of areas, including clinical, informatics, estate, contracts, workforce, finance and performance. Significant progress has been made to date working in conjunction with SRFT and the PAHT Data Room.
22. Engagement with PAHT clinical and corporate teams will commence shortly to understand and agree in detail how the services provided by NMGH could be disaggregated from PAHT.
23. MFT continues to engage more widely with NMGH staff through attendance at bi-monthly NMGH 'team talks' and this is well received. The SHS Team meet monthly with the NMGH Care Organisation Management Team and have also been invited to present at a variety of senior leader meetings on the site.
24. MHCC has led development of a future vision for North Manchester General, associated services and the benefits to the wider area. This has involved organisations within the City but also involvement from commissioners in Bury, Oldham, Rochdale as well as Greater Manchester Mental Health, Manchester LCO, Pennine Acute Trust and Salford Royal hospitals.
25. A vision has been developed for a 'vibrant district general hospital' offering emergency, maternity and a wide range of hospital services. Stronger links with existing on-site mental health services will be developed and partnerships

between St Mary's and RMCH with services at NMGH, amongst others, can add value accros the whole group.

26. The strategy takes into account connections to community services. With MLCO as a key partner strengthened pathways between hospital and community can be developed. This builds on previous work between North Manchester's community services and the hospital.

## **MHCC Phase 2**

27. Phase two is the transition of MHCC to become a more strategic commissioner. This is planned to improve the effectiveness of MHCC as a commissioning organisation, to focus upon outcomes for the population, to enable transformation of services to happen better and faster, enhance integrated working between Manchester CCG and Manchester City Council, and to create a greater contribution to wider public sector reform. It will see a greater role and responsibility for provider organisations, and others, to lead the design and implementation of new service models. In this light phase two is inextricably linked to the growth of Manchester Local Care Organisation. As the scope and responsibility of the LCO grows, MHCC will pass responsibilities and resources to the LCO to deliver. This will include the deployment of a number of staff to be managed within the LCO team.
28. A staff consultation has been held, reflected upon and responded to with amendments to plans. There is now a process of agreeing final staffing structures and managing the process of implementation.

## **Recommendation**

29. The Health & Wellbeing Board is asked to note the content of the report, including the progress made toward completing the Single Hospital System (SHS) and Manchester Health & Care Commissioning (MHCC) Phase 2 transformation programmes.