

The Future of the North Manchester General Hospital Site: **A healthcare-led approach to civic regeneration**

Proposition Document
July 2019

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MACC (Manchester's voluntary and community sector support organisation)

Manchester Health and Care Commissioning

Manchester City Council

Manchester University NHS Foundation Trust

Manchester Local Care Organisation

Greater Manchester Mental Health NHS Foundation Trust

Greater Manchester Health and Social Care Partnership

Health Innovation Manchester

The University of Manchester

Manchester Science Partnership

During the course of developing this document initial discussions have also been held with a variety of other organisations, including Manchester Metropolitan University, the Co-operative Group and Bruntwood.

Contents

| | |
|--|-----------|
| 1. Foreword | 2 |
| 2. Executive summary | 4 |
| 2.1 A modern health and care offer | 7 |
| 2.2 Improving health and wellbeing | 8 |
| 2.3 Building a stronger and safer community | 9 |
| 2.4 Creating local prosperity and productivity | 10 |
| 2.5 A new model of delivery | 11 |
| 3. Living in North Manchester | 12 |
| 3.1 Where is North Manchester? | 13 |
| 3.2 What is North Manchester like? | 15 |
| 3.3 What's in North Manchester? | 20 |
| 3.4 What matters to people in North Manchester? | 24 |
| 4. Policies and priorities relevant to North Manchester | 26 |
| 4.1 National policy context | 27 |
| 4.2 Regional policy context | 28 |
| 4.3 Local policy context | 29 |
| 5. Enabling positive change in North Manchester | 30 |
| 5.1 The vision | 31 |
| 5.2 The North Manchester Civic Hub | 34 |
| 5.3 Priority areas | 49 |
| 5.4 Health and prosperity | 55 |
| 6. Delivery | 56 |
| 6.1 A civic partnership | 57 |
| 6.2 Community engagement | 59 |
| 6.3 Building on our strong foundations | 60 |
| 6.4 Using technology | 62 |
| 6.5 New ways of working | 63 |
| 6.6 Improving productivity and effectiveness | 66 |
| 6.7 Measuring success | 68 |
| 7. Call to action | 70 |

1. Foreword

Over the past 15 years, the city of Manchester has come a long way. Our economy is strong, developments in the city centre continue apace, and our population continues to grow rapidly. We are a city with a leading reputation for enterprise and we offer an attractive place to live, visit and study.

However, despite the significant progress that has been made, economic growth and prosperity has not benefited all of our communities equally. The residents of North Manchester continue to experience some of the highest rates of deprivation and poorest health outcomes in the country. The cycle of low economic activity and ill health are well documented and, despite our best efforts at integration, the life chances of many residents in the north of the city have yet to significantly improve.

We believe that a radical and new approach is the only way to change this situation. Working collectively with partners from across the city and hand in hand with local residents, we propose to break new ground in an approach to the economic and social renewal of place, using critical investment in healthcare provision as a catalyst for much wider change. This approach responds directly to the objectives of the **Our Manchester Industrial Strategy**, which aims to promote economic and social justice in the city.

The North Manchester General Hospital site is in dire need of significant investment; antiquated estate and failing IM&T systems pose a significant risk to the delivery of healthcare and require urgent resolution. Rebuilding the infrastructure and IM&T systems on the site provides an unparalleled opportunity to bring about meaningful change. This is not about doing more of the same; instead it is about integrating local services, tailored to the needs of the local community, and supporting citizens to take proactive responsibility for their own health and wellbeing.

Manchester has a long history of collaboration with the Government to create new and innovative ways of working to achieve mutual aims. This proposition lends itself to a novel settlement that bridges Government departments, creating an investment fund for the regeneration of North Manchester that brings benefits across various departmental goals. We truly believe that this type of concerted intervention is the only way we will be able to collectively address the intergenerational inequality that has held North Manchester back for so long.

Manchester City Council



Joanne Roney OBE
Chief Executive

Manchester Health and Care Commissioning



Ian Williamson
Chief Accountable Officer

2. Executive summary

North Manchester is one of the most deprived localities in the country. Children born in North Manchester can expect to live five years less than those born in other parts of the country; both men and women in North Manchester can expect to live nine fewer years in good health than those living in England as a whole. There is a very considerable burden of ill health and mental illness that causes significant demand for healthcare and other public services.

The causes of this are complex and varied.

The Manchester Population Health Plan (2018) recognises that up to 80% of what makes a difference to people's health happens outside of the health service. Factors such as jobs, education, housing and community cohesion all play a role in determining health outcomes. In North Manchester, health problems are inextricably linked to a wider, intergenerational, social and economic malaise. This is further complicated by fundamental changes in the nature of citizens' interaction with services and each other, driven by technology and increasing connectivity. This gives opportunities to improve outcomes but creates risk of driving further inequalities through digital exclusion. These challenges will not be resolved by improving conventional health and care provision alone, nor by public health strategies: a radical approach is needed.

The most significant community asset in North Manchester is the hospital site. However, these facilities have suffered decades of underinvestment and are now in such poor condition that 70% have been independently assessed as in need of demolition and rebuild. Healthcare staff continually find themselves unable to meet the needs of their patients because of the state of the buildings, or the equipment, or the information systems, or because these same factors have made it impossible to recruit and retain enough skilled staff. Any of these issues could easily result in partial or total closure of the hospital. If the hospital were closed on a short-term or planned basis, the impact would be catastrophic. The wider health economy of the city and region could not absorb the levels of demand, and a population with some of the most profound health issues in the country would be further disadvantaged.

The vision is to work with and empower North Manchester's communities in order to level-up health outcomes, productivity and sustainability in the area. This will be done by using a health-led investment programme on the North Manchester site, along with a new approach to public-service delivery and appropriate private-sector involvement, as an anchor and enabler for wider renewal. In this plan, much-needed reinvestment to renew facilities for hospital and mental health services will act as a catalyst for the transformation of health and care services in their broadest sense. This will stimulate economic regeneration, create a destination with housing, jobs, learning, leisure and retail (subject to alignment with the planning framework), and break the cycle of ill health and deprivation to offer a better future for the citizens of North Manchester and the surrounding communities. The approach will go beyond delivering existing services in different ways and will involve doing fundamentally different things, including maximising the benefits of digital approaches to enhance care and drive operational efficiency.

The work set out in this Proposition has been developed between the Manchester partner organisations in the context of the proposed acquisition of North Manchester General Hospital by Manchester University NHS Foundation Trust. That process continues with the formal evaluation of the Strategic Case for the transaction by NHS England/Improvement. However, the acquisition will not, in itself, deliver the required improvements without a clear vision for the future, and commitment from key stakeholders, locally, regionally and nationally.

2.1 A modern health and care offer

The health offer will be an exemplar of the **NHS Long-Term Plan** and **Interim NHS People Plan**. Rebuilding all existing hospital facilities would be excessively expensive, and would simply perpetuate an outdated ‘sickness treatment’ service model. Instead, the objective is to radically redesign healthcare services in North Manchester to minimise the investment requirement, and become a leading example of integration. This will be facilitated by the co-location of hospital, mental health, intermediate and community services, and primary care, and the leveraging of technology and investments such as the Greater Manchester Local Health and Care Record Exemplar. Services will work jointly, structured around the life course, not institutional divisions. Capital investment will allow the replacement of inadequate estate that is functionally unsuitable and high risk. This will include addressing the unacceptably high levels of dormitory provision in the existing mental health facilities, along with the provision of a new digital infrastructure.

Core services will be redesigned including:

- A total overhaul of the offer for families and children across health, social care and education
- Delivery of cutting-edge healthcare close to home and tailored to the needs of individuals
- A fundamental change to the outpatient model
- Provision of credible alternatives to A&E
- Significantly increased synergies between physical and mental healthcare
- A focus on services that support frailty and ‘ageing well’.

The redesign process will consider people, processes, culture, tools and technology. Services will meet the highest standards of quality, delivering all constitutional and other performance standards. They will generate financial sustainability of the local system.

Importantly, health services will work in tandem with an extensive range of services, and will offer opportunities for citizens to improve their health and wellbeing more broadly, ensuring that citizens are able to get well and stay well.

2.2 Improving health and wellbeing

The redevelopment plans will facilitate wellbeing for the staff on site, for patients and others who access the healthcare services, and for local community groups and residents. Green space will be a feature of the site, and this will be tailored to physical activity, including a path around the site perimeter that can be used for walking and running. Other space will be available for therapeutic and regenerative purposes, such as growing fresh vegetables and fruit, promoting neighbourhood engagement, and inclusive activities and education.

This will link to social prescribing and particular parts of the health offer, such as provision for depression and obesity, pioneering, evaluating and scaling digital approaches where appropriate. The strategy will adopt an ‘every contact counts’ philosophy, where all encounters will be seen as an opportunity for a brief intervention to support improved lifestyle choices, or to allow underlying issues, such as debt to be addressed. The development of the North Manchester site also offers an opportunity to provide much-needed facilities and network arrangements for third-sector groups, enabling services that support healthy lifestyle choices, peer support and community cohesion to flourish.

2.3 **Building a stronger and safer community**

The local community currently view the North Manchester site as separate and just a place to receive hospital services. The redevelopment provides an opportunity to change this. Hospital provision will only require half the capacity of the site and restructuring it will release land in the heart of the community that can be used to stimulate regeneration and provide a new centre for civic life in the area. A housing and retail strategy will be developed to determine the best mix of development on the site. This might

include supported living accommodation and expansion of existing community rehabilitation facilities, along with social and private-housing capacity. The local area has low levels of retail, which limits access to affordable, healthy food options. Future provision on the site will support Manchester's zero-carbon ambitions, for example through sustainable development, increased use of virtual offer, green spaces and use of hybrid fleet.

2.4 Creating local prosperity and productivity

Investment in the North Manchester site will be used as a catalyst to accelerate regeneration in the local area in a way that supports the achievement of better health outcomes and creates local prosperity. This will link to the extensive digital innovation landscape in the city region and will directly support the delivery of the ambitions set out within the **Greater Manchester Industrial Strategy** and the **Our Manchester Industrial Strategy**.

The breadth of the proposal will enable sustained and sustainable growth in employment and local businesses. The partners' employment and procurement practices will aim to promote social value and community wealth building through maximising the number of jobs offered to local people and the amount of spend within local enterprises. The North Manchester site is a critical anchor institution for the local economy, with more than 2,000 employees: no other organisation employs more than 200 people. As the only large-scale employer in North Manchester, North Manchester General Hospital (NMGH) is uniquely placed to have a profound impact on the local economy and the lives of local people.

Major investment in infrastructure at this scale can help to kick-start the process. A social value approach will be utilised to ensure maximum impact is derived. Involving local people in the design, development and build of new facilities is a once-in-a-generation opportunity to bring people back into work or to help them to

develop and advance their careers. The proposed development will have a significant focus on apprenticeships, use of local businesses, and the generation of social value within procurement. Improvements in educational attainment can be converted into further education or aspirational career paths ensuring that local employment opportunities are not limited to lower-paid jobs.

The plans include the development of an education and training centre to ensure that the training requirements for healthcare staff can be met. However, this will not be limited to healthcare-related training, and will be available for use by other agencies. The centre will have clear goals regarding local employment rates and career path development.

It is expected that these approaches will create a set of circumstances that will be attractive to a variety of private-sector institutions, and further work will be undertaken to assess the potential to establish a positive 'multiplier effect' – with public-sector investment drawing in parallel private-sector involvement, to aid investment, training and employment opportunities and drive renewal in the area.

The holistic approach to the transformation of the site has the potential to bring about a range of positive impacts for people, North Manchester as a place, and local prosperity. Some of the tangible economic benefits could include increased household incomes, improved profitability for local businesses, reduced benefit claims, and enhanced local and national tax receipts.

2.5 A new model of delivery

There is a strong interorganisational leadership community that has delivered significant change for the city of Manchester. This leadership was instrumental in the devolution settlements and has delivered major change programmes, connecting effectively with the wider City Region strategy.

The work needed to deliver change in North Manchester requires the leadership and governance arrangements to move to the next level of integration. A coalition of statutory organisations, local businesses, academic institutions, VCSE organisations and groups, and residents will need to work collaboratively to determine the development and use of assets, working towards a shared vision.

Delivery of this vision will require significant investment in public-sector infrastructure and a novel, place-based and multidepartmental settlement from the Government. Figure 1 below outlines the capital requirements for the investment programme across the site.

Figure 1

| Healthcare investment proposal | Capital costs (£) |
|---------------------------------------|--------------------------|
| North Manchester General Hospital | 511m |
| Education Centre | 90m |
| Park House Mental Health Facility | 72m |
| Health and Wellbeing Primary Care Hub | 44m |
| Total | 717m |

To justify this ask, the Proposition will deliver benefits that meet the policy priorities of a number of Government departments. Identified benefits to date include:

- Integrated mental and physical health facilities: improving patient care and outcomes for a local population with significant health deprivation challenges and a high proportion of patients with long-term conditions, delivering the aims of the **NHS Long-Term Plan**
- Focus on population health and wellbeing to reduce the requirements for hospital care and improving the lives of the local population
- Economic benefits to the local community, eg. job creation; population health improvement reducing state-aid dependency; and increased productivity through reduced sickness impact on the working population, among many other benefits

These benefits will be monitored using a range of measures, encompassing factors such as economic contribution, educational attainment and employment, alongside health outcomes.

3. Living in North Manchester

3.1 Where is North Manchester?

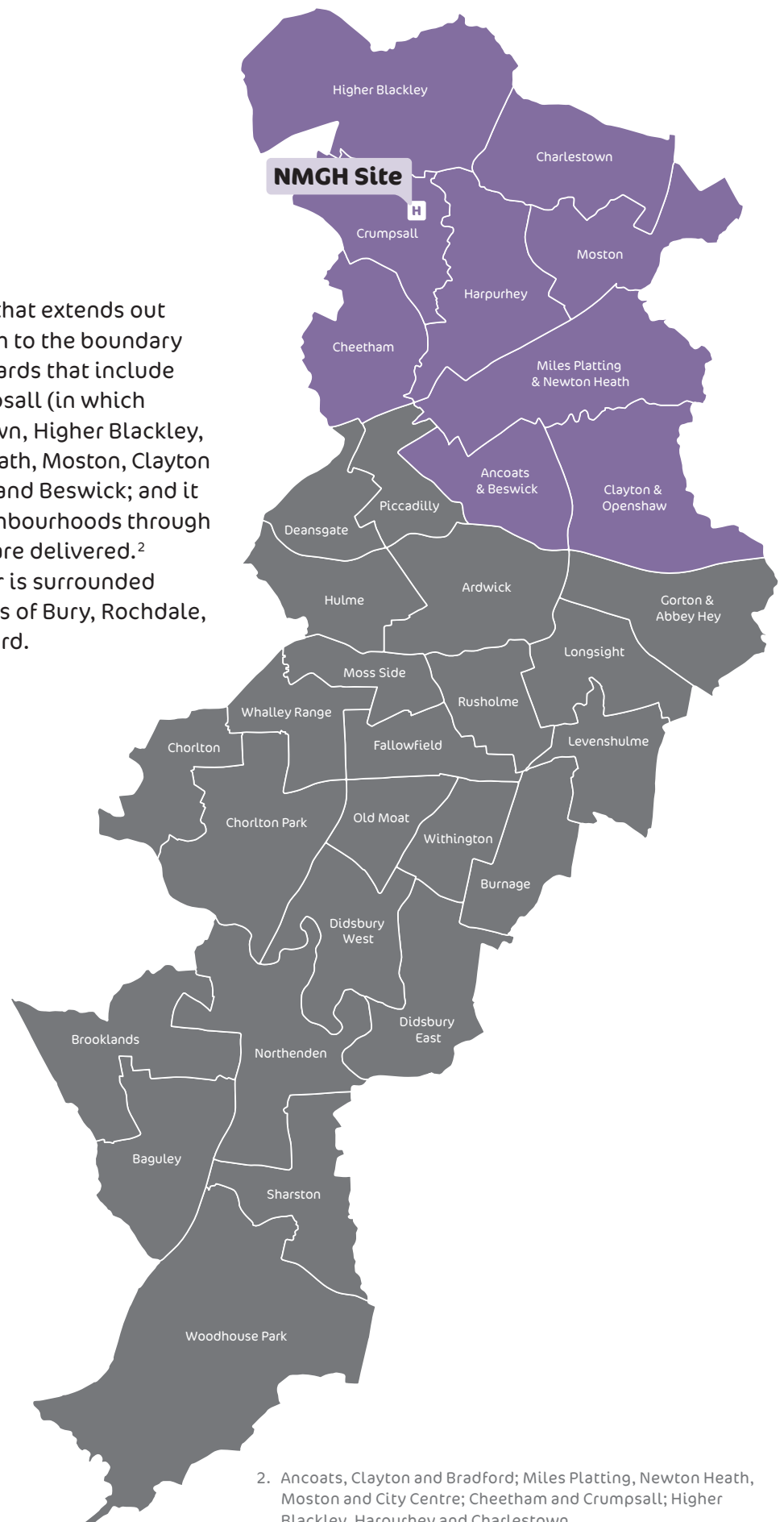
Manchester is a city of significant scale in the United Kingdom, with an estimated population of just under 548,000.¹ It is one of ten boroughs

that make up Greater Manchester, a large metropolitan county and combined authority area situated in the north west of England.



1. Office for National Statistics Mid-2018 Population Estimates

North Manchester is an area that extends out from the city centre and north to the boundary of the city. It is made up of wards that include Cheetham, Harpurhey, Crumpsall (in which NMGH is located), Charlestown, Higher Blackley, Miles Platting and Newton Heath, Moston, Clayton and Openshaw, and Ancoats and Beswick; and it has four health and care neighbourhoods through which place-based services are delivered.² The area of North Manchester is surrounded by the metropolitan boroughs of Bury, Rochdale, Oldham, Tameside, and Salford.



2. Ancoats, Clayton and Bradford; Miles Platting, Newton Heath, Moston and City Centre; Cheetham and Crumpsall; Higher Blackley, Harpurhey and Charlestown

3.2 What is North Manchester like?

North Manchester is home to approximately 156,000 residents. Its population is set to rise by around 26% between 2019 and 2029, a rate that is significantly higher than the population increase expected in Manchester as a whole (16%).³ It is also an area of rich ethnic, cultural and religious diversity. A large South Asian community lives in the southern areas of the patch, and there is a well-established Jewish community in the westerly wards of Crumpsall and neighbouring Broughton. To the north and east of the area, the population is characterised by an older demographic that is predominantly white-British, although areas such as Harpurhey and Moston are becoming increasingly diverse. Younger single people and families are more focused in the central areas of Harpurhey, Moston, and Miles Platting.

North Manchester, like many of its neighbouring areas, is characterised by its industrial past. However, most significant manufacturing employers withdrew from the area in the 1970s and 1980s, leaving behind a legacy of underemployed residents, resulting in long-term worklessness. The area has remained largely untouched by physical regeneration and, due to a number of factors, has not benefited from the economic growth experienced in other parts of the city. This has left a community that experiences persistently high levels of poverty and significant associated issues. The area comprises 38% social housing⁴ and large pockets of traditional terraced housing. These include the more affordable private-rental properties in the city, which have consequently attracted a higher percentage of low-income households, many supported by Housing Benefit or Universal Credit. Over 16,500 working-age adults in the locality receive out-of-work benefits, equating to 37% of the city's workless residents.⁵ In some parts of North Manchester, over 35% of children live in low-income households.⁶

3. Manchester City Council Forecasting Model (MCCFM) W2018 Public Intelligence, PRI 2018

4. Office for National Statistics, 2011 Census of Great Britain

5. Department for Work and Pensions, Crown copyright August 2019: <https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml>

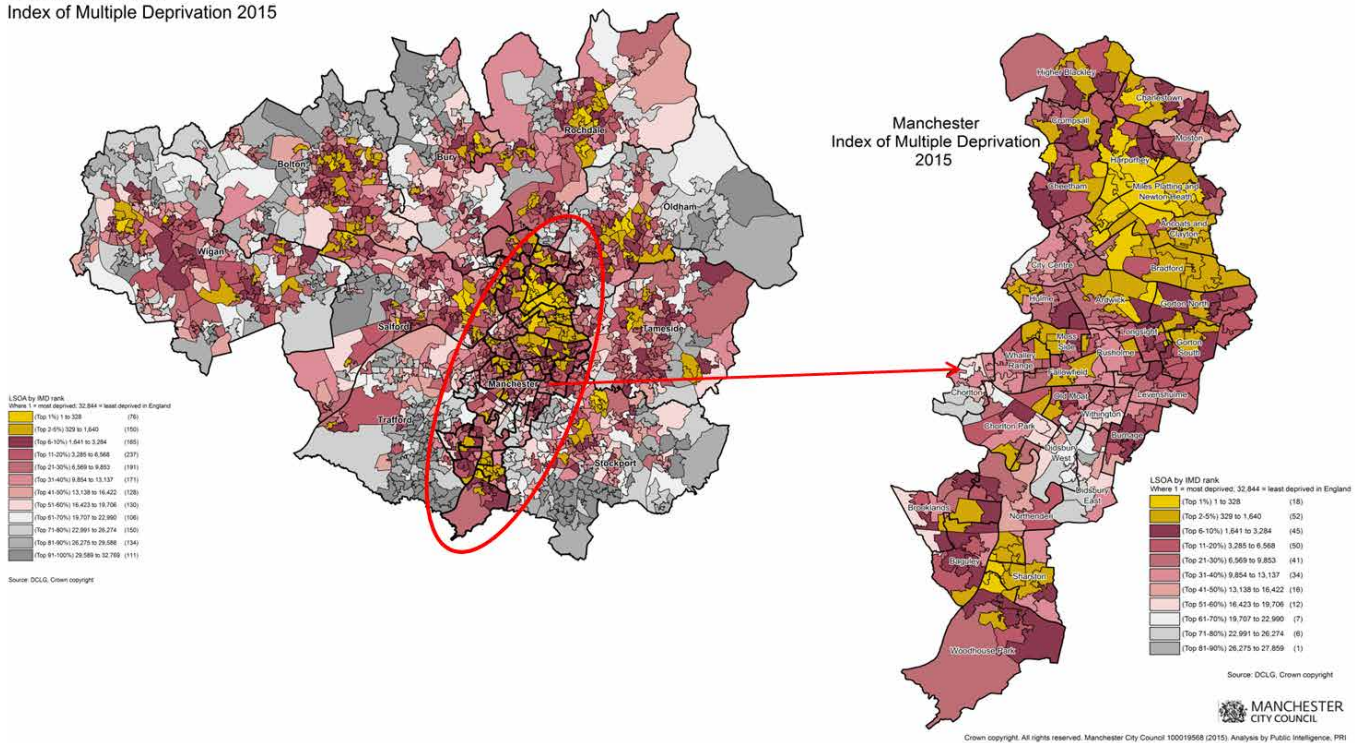
6. HM Revenue and Customs, Crown copyright: <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2016-snapshot-as-at-31-august-2016>

The challenges faced by communities in North Manchester are evident in the Index of Multiple Deprivation. As illustrated in Figure 2, North Manchester is home to several neighbourhoods in the top 1% most socioeconomically deprived areas in the country; the three most deprived wards are Harpurhey, Miles Platting and Newton

Heath, and Clayton and Openshaw, which are all in the North of the city.⁷ Further analysis indicates that it is the most deprived area in England in respect of health and disability-related deprivation, the second-most deprived in respect of income deprivation, and the fourth-most deprived in respect of employment deprivation.

Figure 2

Greater Manchester
Index of Multiple Deprivation 2015



7. Indices of Multiple Deprivation 2015, Department for Communities and Local Government

The effects of this deprivation on the outcomes for people in North Manchester are significant. Around 10,000 households in the area are estimated to be living in fuel poverty.⁸ Parts of North Manchester have the lowest levels of school-readiness in the city, and some wards have less than 60% of children achieving the expected level of development at age 5. Although most children attend 'Good' or 'Outstanding' rated schools, some wards in North Manchester have some of the lowest

educational attainment rates in the city.⁹ Over 14% of adults have no qualifications (twice the national average), which inhibits access to employment.¹⁰ In addition, there are relatively few homeowners, and most of the city's homeless residents are concentrated in the area. This is in the context of Manchester having one of the highest rough-sleeping rates in the country, and the highest number of deaths of homeless people in the country.¹¹

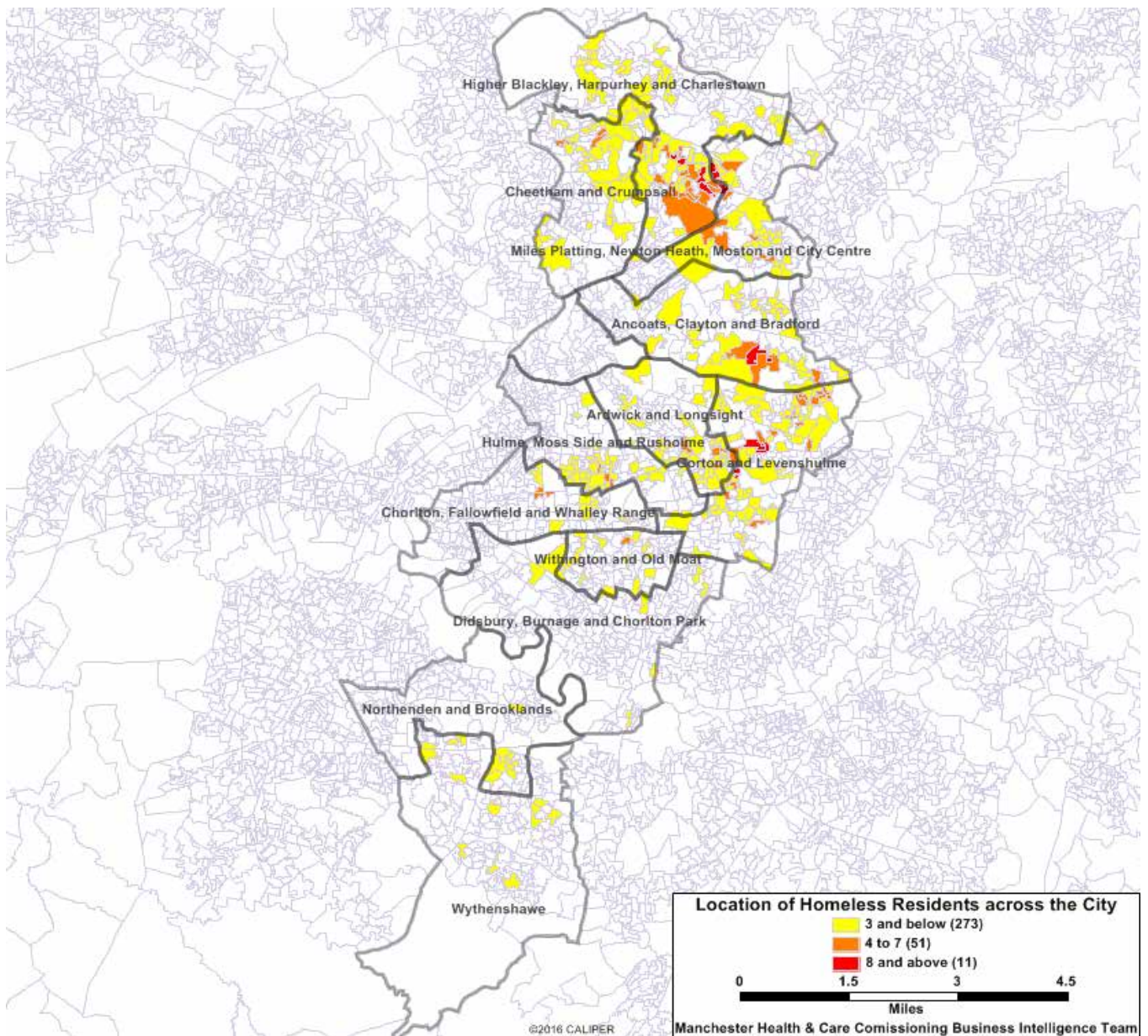
8. Department for Business, Energy and Industrial Strategy 2016

9. School Census Crown copyright 2018

10. ONS Annual Population Survey December 2018 (Blackley & Broughton Parliamentary Constituency) <https://www.nomisweb.co.uk/reports/lmp/wpca/1929379882/report.aspx#tabquals>. The employment rate for people with no qualifications is only 37% compared to 83% of those with higher qualifications.

11. Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/localauthorityestimates2013to2017#in-2017-the-highest-estimated-numbers-of-deaths-of-homeless-people-by-local-authority-were-in-major-urban-centres>

Figure 3



The crime rate varies around North Manchester, but parts of the area have some of the highest crime rates in Greater Manchester (over 250 street crimes per 1,000 population in some areas).¹² The number of permanent school exclusions in the area is also much higher than the national average.¹³

Both men and women in North Manchester can expect to live nine fewer years in good health than the England average; boys born in North Manchester will, on average, have a life expectancy that is 5.1 years lower than boys born elsewhere in England; girls can expect to live for 4.5 fewer years.¹⁴ Rates of early death from respiratory diseases and cardiovascular disease in North Manchester are more than double the England average, and premature mortality from cancer is also higher than the England average.¹⁵ The Northern Health Sciences Alliance has produced the **Health for Wealth** report, which shows that 30% of the productivity gap between the North and the rest of England is due to ill health. Even in the context of the North of England, North Manchester has some of the most significant ill health and disability problems, and so this is a significant factor in reducing economic activity and suppressing household incomes. At the same time, employment is known to be beneficial for health in a number of ways, including psychological wellbeing.

In addition, North Manchester has an especially high concentration of older working-age adults (50–64 years) with three or more diagnosed long-term conditions, and high rates of health-related benefits.¹⁶ 19.7% of the residents in North Manchester have a limiting long-term illness or disability (compared with 17.6% in England).¹⁷ The prevalence of mental health problems in people who have one or more long-term conditions is two to three times higher than the general population (Naylor et al., 2012). Co-morbid mental illness and long-term physical health problems are associated with a wide range of adverse consequences, including increased rates of mortality, lower quality of life, poorer self-care, and compliance with treatment. This leads to a high healthcare utilisation and significantly increased costs of care.

The North Manchester area also performs significantly worse than England on every single measure of childhood obesity, and has a binge-drinking rate almost 50% higher than the national average. Hospital admissions are well above English rates, with admissions for Chronic Obstructive Pulmonary Disease (COPD) over two and a half times as high.¹⁸

12. Police.uk: <https://www.police.uk/greater-manchester/EC22/performance/compare-your-area/>

13. Department for Education data, cited in Manchester City Council Children and Young People Scrutiny Committee Report, February 2017

14. Office for National Statistics, 2018

15. Public Health England (based on ONS mid-year population estimates and mortality data) 2018

16. Manchester Health and Care Commissioning Data Warehouse, 2018

17. Office of National Statistics 2011 Census of Great Britain

18. Local Health, Public Health England 2018

3.3 What's in North Manchester?

The most significant asset is the North Manchester General Hospital site, a large campus in Crumpsall that houses a district general hospital (North Manchester General

Hospital – NMGH), a mental health inpatient facility (Park House), and an intermediate care facility (Crumpsall Vale).¹⁹



Although few would argue that the NMGH site is central to the local area, many see it solely as a hospital facility rather than a focus of community life. The extent to which the organisational occupants of the site collaborate, and reach out to the local community, is also limited.

The site, built as a workhouse in the 1800s, comprises 27 hectares, much of which is not currently occupied and in an area where the financial value of land is low. The hospital is by far the largest employer in the area with over 2,000 employees. However, although 31% of employees at NMGH live within 2.5 miles of the hospital, only 25% of the total pay bill is going to the residents in this area.

“There are many hospitals that have some old and less than ideal buildings, but the depth and extent of the infrastructure problems at North Manchester General really are unparalleled in my experience. If we want to give the clinical teams a chance of providing good quality care, we need to reinvest in this site – as part of the essential upgrade of the Pennine Acute estate, it is my view that North Manchester is the top priority for capital investment in Greater Manchester.”

Jon Rouse,

Chief Officer, Greater Manchester Health and Social Care Partnership

“The physical environment in which services are delivered is known to have an impact on the health and wellbeing of both patients and staff. The buildings and infrastructure of the North Manchester site are totally incompatible with the provision of modern healthcare, hindering the delivery of care and hampering recovery; challenging recruitment and the ability of staff to deliver safe, high quality healthcare. Our staff, our service users, and the North Manchester community deserve better.”

Neil Thwaite,

Chief Executive, Greater Manchester Mental Health NHS Foundation Trust

Both NMGH and Park House have experienced a chronic lack of investment in their infrastructure and so are at profound risk of near-term failure. The impact of unplanned changes to clinical services on the NMGH site is likely to have significant adverse implications, not only for the local population, but also for the many of the other hospital trusts in Greater Manchester, and the people who use them.

NMGH, in particular, still has some of the original workhouse buildings in use and has been independently assessed as presenting major structural safety concerns, with 70% of the existing estate in desperate need of rebuild. Aside from the outdated building design, which in itself inhibits the extent to which high-quality and productive services can be provided, there are serious safety concerns about all elements of basic infrastructure, including fire safety, water provision, ventilation systems and the presence of asbestos. IM&T systems are equally fragile and unreliable, and they regularly hamper the delivery of efficient and effective healthcare services. The Mental Health Unit has the second-highest level of dormitory provision in the country, mixed-sex bathrooms, caged access to gardens, and a dated physical infrastructure. Primary care in the area is also challenged, with poor-quality estate that impacts on workforce recruitment and retention.

The challenges associated with delivering 21st-century healthcare in this type of environment have manifested as a hospital site that struggles to attract development, is unable to respond positively to Greater Manchester reconfiguration programmes, and has a number of workforce challenges, most notably a vacancy rate of 20% for doctors and 19% for nurses. More broadly, the challenging environment adversely impacts on the extent to which high-quality and cost-effective care can be delivered. The Department of Health and Social Care guidance document, **Adult mental health units: planning and design** (2013), highlights that the environment provided by acute mental health services is a crucial element in the delivery of positive therapeutic outcomes for service users, their safety, and the safety of staff and the wider community. It concludes that when service users feel positive and safe with common values, not only do they recover more quickly, but staff are more content, suffer less sickness, and are likely to stay for longer. This means healthier, happier and more experienced staff, and better continuity of provision for service users. In this regard, the infrastructure on the North Manchester site is woefully inadequate.

A Care Quality Commission (CQC) rating of 'Inadequate' was given to NMGH in 2016. Sustained efforts from the staff and a variety of stakeholders improved this position to 'Requires Improvement' in 2018, but there is still a great deal of work to be done to achieve a rating of 'Good'.

The situation for residents in North Manchester is compounded by the fact that, although there is a voluntary, community and social enterprise (VCSE) sector presence in the area, the area has limited community facilities. Indeed a recent enquiry by Manchester's voluntary and community sector support organisation (Macc) has highlighted the need to strengthen community activity and develop voluntary work opportunities in the North Manchester area.

Although the NMGH site is the primary asset in the area, a number of additional strengths are worth highlighting. Historically, primary care in North Manchester has faced far greater difficulties than other parts of Manchester, and maintaining stability in the primary care workforce and partnerships is a challenge due to the high levels of deprivation, poor quality primary care estate, and recruitment difficulties, alongside the problems in the hospital services. However, focused work in this area has got all 36 local GP practices to CQC ratings that are either 'Good' or 'Outstanding' CQC, and community health services have a strong record of delivery and are already operating place-based care through four Integrated Neighbourhood Teams in the North Manchester locality.

The area also houses the newly refurbished Abraham Moss Leisure Centre, which sits alongside a high school, a primary school, adult education services, a library, and Manchester College, which is one of the largest further-education colleges in the United Kingdom. A newly refurbished high school, sponsored by the Co-operative Group (The Co-op Academy North Manchester), has been established and is showing promising signs.

Finally, the area is connected to other parts of Manchester and Greater Manchester by the Metrolink tram/light rail system, and by bus services, although wider accessibility, connectivity and affordability still needs to be improved. Together, these facilities deliver a number of important services, but generally operate in isolation of each other.

3.4 What matters to people in North Manchester?

A period of engagement with North Manchester citizens, stakeholders and partners has been led by Manchester Health and Care Commissioning (MHCC) over the past 18 months. The primary aim of this work has been to ascertain the priorities of local citizens in relation to improving services in the community. The outcomes of this work are shown in Figure 4. They illustrate that local citizens want services and facilities that help

foster a sense of community. They also indicate a requirement for better-integrated services to improve co-ordination, so that citizens are able to access those services in one place. The need for 'healthy living' opportunities, such as exercise facilities, healthy eating/cooking initiatives and green space, are also emphasised. Continued engagement with the local community is described in section 6.2.

What matters to me: Feedback from North Manchester residents

Culture and community

Improved community places to socialise and take part in group activities/community events for all ages

Neighbourhood volunteering opportunities for addressing local issues and sharing skills

Breakfast/after-school clubs

Free or subsidised gym and fitness classes, team sports and gardening clubs

Better access to fresh foods, healthy eating, community cooking classes, and community food shops

Reduce social isolation – befriending services, advocacy, volunteering, reading services

Restore neighbourhood office, and introduce cafes, hairdressers etc

Ensure a wide variety of communication materials – don't just rely on online

Promote difference and cultural diversity. Value residents as can-do citizens.

What matters to me: Feedback from North Manchester residents

Health and wellbeing services

Improving prevention services, including fun and accessible sport/exercise classes, and more smoking-cessation services

Wellbeing activities, eg. mindfulness

Reduced waiting times and more 'walk-in' services

Improved access to mental health services

Friendly, skilled and professional staff

More youth centres and places for older people; improved support for carers

LGBT education and information centre.

Advice and information

Improve the communication of existing services

More and/or improved access to advice services (debt, housing, employment, benefits)

One-stop approach to advice

Community support for drug and alcohol reduction

Life skills centre; improved co-ordination between services.

Environment

Reduce air pollution

Clean streets and neighbourhoods

Welcoming parks and green spaces, and responsible development

More vegan and ethical businesses.

Housing and connectivity

Address homelessness and increase food banks

More housing to allow local people to stay local

Affordable and reliable transport.

Safety, security and reducing harm

More police on the streets

Better security in car parks and on canals.

4. Policies and priorities relevant to North Manchester

The development of proposals for the future of the North Manchester site and the locality as a whole has been undertaken in the context of the existing national, regional and local policies/priorities across a wide range of Government functions.

4.1 National policy context

A series of national policy commitments and strategies have informed the development of this proposition:

- **The NHS Long-Term Plan (2019)**
This makes a firm commitment to address health inequalities and improve co-ordination between local services, and advocates an increasing focus on preventing people becoming ill.
- **The Five-year Forward View for Mental Health (2016)**
This makes a set of recommendations to achieve parity of esteem between mental and physical health.
- **The Interim NHS People Plan (2019)**
This sets out a vision for how people in the NHS will be supported to deliver care.
- **The UK Industrial Strategy (2017)**
This provides a framework to boost productivity and earning power of people throughout the UK.
- **The Naylor Review (2018)**
This made an assessment that the NHS in England could release land to accommodate up to 26,000 new homes, including key worker accommodation for public-sector staff.
- **The Carter Review (2016)**
This provided evidence of how significant savings can be delivered in the NHS.

“Improving child and adult mental health, narrowing the gap in life expectancy for people with mental health conditions and ensuring parity of esteem for people with mental health conditions are fundamental to unlocking the power and potential of Greater Manchester communities”

Greater Manchester Population Health Plan (2017)

4.2 Regional policy context

Greater Manchester has had devolved responsibilities for a variety of policy areas, including health and social care, for more than four years. This has resulted in a better developed and more sophisticated policy and strategy context in the City Region, which provides an effective bridge between national priorities and the detailed plans being progressed locally. The Greater Manchester policy and strategic context that has guided this proposition includes:

- **Taking Charge of our Health and Social Care in Greater Manchester (2015)**
This supports long-term, collaborative, system-wide thinking and preventative models in preference to fragmented, competitive approaches and conventional reactive care. The work undertaken as part of this plan has also identified North Manchester as a hospital site with key responsibilities in the provision of comprehensive urgent care, maternity and paediatric services for its local catchment population.
- **Taking Charge: the Next Five Years prospectus (2019)**
This sets out the next steps for improving population health and contributing to the region's economic prosperity.
- **Greater Manchester Population Health Plan (2017)**
This outlines starting well, living well and ageing well as priority areas for action.
- **The Greater Manchester Model of Unified Public Services (2019)**
This sets out the City Region's approach to public service reform.
- **Greater Manchester Work and Skills Strategy (2016)**
This emphasises that the economic growth experienced in the region is not benefiting all sectors of society, and that improved school-readiness is a key priority.
- **Greater Manchester Independent Prosperity Review and Local Industrial Strategy (2019)**
This adds further emphasis on securing inclusive growth.
- **The Greater Manchester Standing Together Strategy (2018)**
This shows how close interagency working can contribute to improving community safety.
- **The Greater Manchester Moving Strategy (2017)**
This aims to get 75% of people active or fairly active by 2025.

In addition, the mayoral commitment to addressing homelessness and the Greater Manchester development of a homeless-reduction strategy has been considered.

4.3 Local policy context

In many ways Manchester has guided the strategic policy direction as set out by the region. However, the local policy context considered here includes:

- **Our Manchester – The Manchester Strategy (2016)**
This is the strategy for the city of Manchester and sets the vision for Manchester to be in the top flight of world-class cities by 2025. The accompanying Our Manchester approach is designed to ‘put people at the centre of everything we do’ by encouraging people to follow key behaviours and principles in the design and implementation of public services.
- **Manchester Locality Plan (2015)**
This was the basis of the organisational reforms that have seen the creation of Manchester Health and Care Commissioning (MHCC), the Manchester Local Care Organisation (MLCO), and Manchester University NHS Foundation Trust (MFT). This plan has recently been refreshed.
- **Manchester’s Population Health Plan (2018)**
This identifies the following key priority areas: the first 1,000 days of a child’s life; work and its positive impact on health; making social connections and changes that matter; age-friendly Manchester; and action on preventable early deaths.
- **Playing Our Full Part (2018)**
This sets out Manchester’s ambition to become a zero-carbon city by 2038.
- **Northern Gateway development**
This sets out plans for the regeneration of the southern part of North Manchester. This does not extend to Crumpsall, but is a key adjacent development and offers opportunities, eg. for connection to the city centre.

5. Enabling positive change in North Manchester

5.1 The vision

The renewal of the inadequate facilities for hospital and mental health services in North Manchester will be a catalyst for the development of a vibrant “Civic Hub” that can serve the community in the immediate vicinity of the hospital site, the wider North Manchester area and parts of Bury and Rochdale. The Civic Hub will bring together three key public sector assets: the North Manchester Hospital site, the neighbouring Crumpsall Park, and the adjacent Abraham Moss Community School site that provides not only the local school for 5 to 16 year olds, but also an Adult Learning Centre, the local Library, and a newly rebuilt Leisure Centre.

“The redevelopment of the hospital site offers a chance to build on our existing assets creating a new focal point for the community, with more green space and a wide range of opportunities for local people, close to where they live. I would also expect this to contribute to Manchester’s objective of becoming a Zero Carbon City by 2038.”

Sir Richard Leese,

Leader of Manchester City Council and Chair of Manchester’s Health and Wellbeing Board

The North Manchester Hospital site already hosts hospital, mental health and intermediate care services. Redevelopment of the site presents an opportunity to establish a leading integrated health and social care system, in line with the ambitions of the **NHS Long-Term Plan**. This includes a well-developed primary care function, a health and wellbeing centre, and a base for an integrated neighbourhood health and social care team, sitting alongside the acute and mental health services, intermediate care, and enhanced education and training facilities. There are also opportunities to repurpose land on the site to deliver new services and facilities for the local community and to leverage the opportunity to integrate the site with the adjacent Crumpsall Park and Abraham Moss assets. This would benefit the local community, NHS staff and those visiting the secondary care facilities on the hospital site. Creating a ‘public estate’ across three publically owned assets and providing an integrated public service offer that can support the improvement of local communities is a unique opportunity that must be grasped. This approach supports the principles of One Public Estate and the public-service reform agenda as set out in the **Greater Manchester Model: Further, Faster** of unified public services, and **Bringing Services Together**, which is Manchester’s delivery vehicle for this.

The health facilities and the wider integrated public service offer delivered through the Civic Hub proposal will form the cornerstone of a broader strategy to stimulate a sustainable improvement in the health, wellbeing and economic prosperity of local communities. This will promote the renewal of the North Manchester area as a whole, providing a focus for a step change in the prospects of the area and its residents. It will be driven by partners from across the city, including the public, private and VCSE sectors, who will work hand in hand with local residents to secure access to opportunities that support reduced dependency in the long term.

It is envisaged that this approach will also generate interest from private-sector organisations including (but not limited to) those with interests in health and care provision and related activities. The current proposals are not dependent on private-sector involvement, but the next phase of development work will assess the potential for commercial organisations to accelerate development and/or optimise the delivery of benefits.

At the heart of the Civic Hub proposition will be a number of key public services that focus on improving the lives of local residents and strengthening those communities. These will form a network of connected hubs. Health services will form a core part of this public service offer, ensuring that people are well enough to lead active and engaged lives. However, they will not be the main focus.

The Civic Hub will also seek to link with other key community assets in North Manchester such as the Manchester Youth Zone and Manchester College. Importantly, they will also proactively

connect North Manchester communities with the wider city of Manchester, breaking down the area's current economic isolation and connecting it to the economic heart of the North West.

Figure 5: The Civic Hub: the public service offer



5.2 **The North Manchester Civic Hub**

5.2.1 **Building a stronger and safer community**

Perceptions of the North Manchester area need to be changed so that people consider it an accessible, safe, inviting area in which to spend time. Engagement with residents in North Manchester highlights that having a sense of community and safe community spaces is important to people. Feedback from public engagement included suggestions such as:

- Promote good neighbours and a sense of community.
- Have community places to socialise and take part in group activities.
- Have welcoming parks and green spaces with improved security and maintenance.
- Have clean streets and neighbourhoods (reducing litter and fly-tipping).

“The disadvantage that the population of North Manchester experiences in terms of its health and wellbeing is the Inverse Care Law in action, and something that we simply cannot be complacent about. In order to make a significant difference, we need to invest proportionately to need. We continue to strive to improve the health services we offer – from GPs and community nursing, to mental health services and hospital care– but there is the potential to do so much more than that. Working in partnership with our North Manchester communities, thinking holistically about what people want for their lives, we can work to address some of the broader factors that cause ill health. It is only by doing this that we will be able to improve the lives of local residents, so that they can be healthier and more active in their communities, helping them to lead the rich and fulfilling lives that each and every one of us deserves.”

Dr Ruth Bromley

Chair, Manchester Health and Care
Commissioning

The North Manchester General Hospital site sits in the heart of the local community and has the potential to be a significant asset beyond its existing role as a place to go for healthcare services. However, at present the Hospital site does not invite visitors in; it is impermeable and is both physically and metaphorically 'on a hill'. This means that the local community do not

visit the site other than to access the existing healthcare facilities. With appropriate development the Hospital site and its integration with Crumpsall Park and the Abraham Moss site could become the heart of the community with facilities for living, meeting, exercise and leisure.

5.2.2 The Healthy Lifestyles and Community Public Service Offer

The development of a vibrant North Manchester Civic Hub will include high-quality open space where people can socialise and exercise safely. The Hospital site will make a significant contribution, providing walking, running and cycling routes integrated into Crumpsall Park, opening up the Park's assets, with its play areas and outdoor gym equipment. The provision of allotments and community garden spaces for use by local organisations and communities will be embraced. Importantly, these facilities will be fully integrated into the proposed health and housing provision on the Hospital site to ensure that they are visible, feel safe and are consequently well used. All of these facilities will support those in good health to stay well, and will promote inclusion for those experiencing issues such as social isolation or returning to fitness after a period of inactivity. They will leverage the opportunities that can be delivered from the newly rebuilt Abraham Moss Leisure Centre to further improve physical and mental health outcomes within the North Manchester area. These opportunities will be actively promoted by healthcare providers, supplementing and in some cases replacing medicalised care for illnesses such as depression and obesity. The provision of accessible and well-managed green space both on the Hospital site and in Crumpsall Park will contribute positively to the wellbeing of the whole community as well as improving air quality and providing habitats for wildlife.

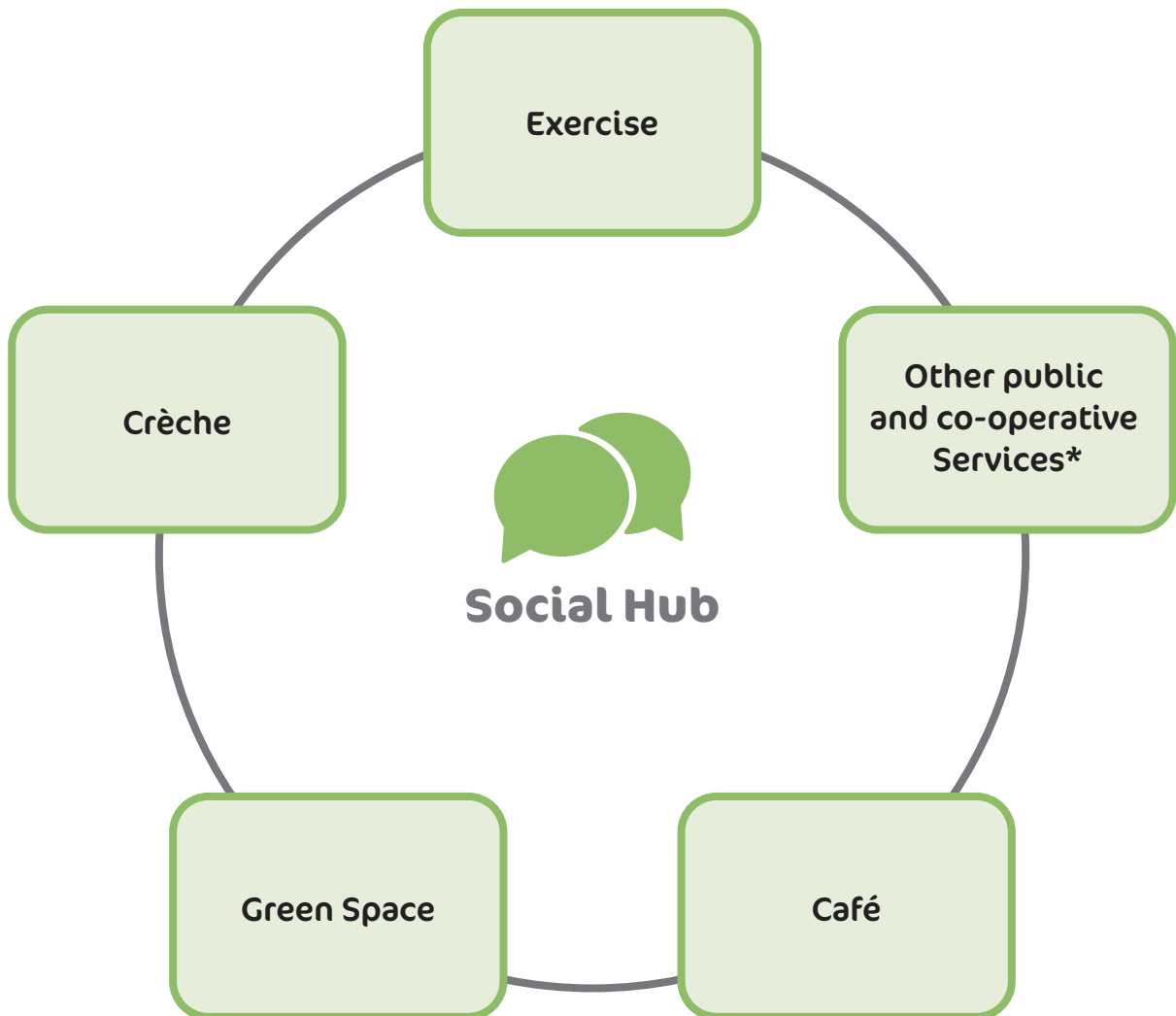
Within the Civic Hub there will be a range of essential facilities, and this may include shops and food outlets selling affordable and healthy fresh food, as well as access to banking and other services. Importantly, the facilities will be tailored to local communities and people using the hospital site, ensuring that they are accessible, usable and sustainable. For example, the Community Grocer scheme that currently operates in the centre of Manchester might be extended to the area, providing a longer-term, more sustainable alternative to food banks in the area. The proposed pilot scheme could increase opening hours, offer a wider food range, and provide onsite training and food-preparation opportunities.

The level of social capital in North Manchester is limited, with social isolation being a particular issue. VCSE organisations have reported that their activity in North Manchester is severely limited by the lack of appropriate and accessible safe spaces in which to carry out activities they would like to provide. As well as the variety of outdoor spaces and provision these organisations will be able to use, the Civic Hub will include a physical space that can be used by new and existing community groups, clubs and networks. Existing providers, such as Youth Zone, will be encouraged to use and link to the space; and new activities, including play groups and inclusive social clubs, will be proactively supported.

Crèche facilities, connected to an onsite nursery, will be available so that adults can access opportunities while their children are cared for in a suitable, nurturing environment.

The Civic Hub will also link digitally into the surrounding neighbourhoods, ensuring that momentum and opportunities are promoted throughout the North Manchester area.

Figure 6: Social Hub



* subject to planning

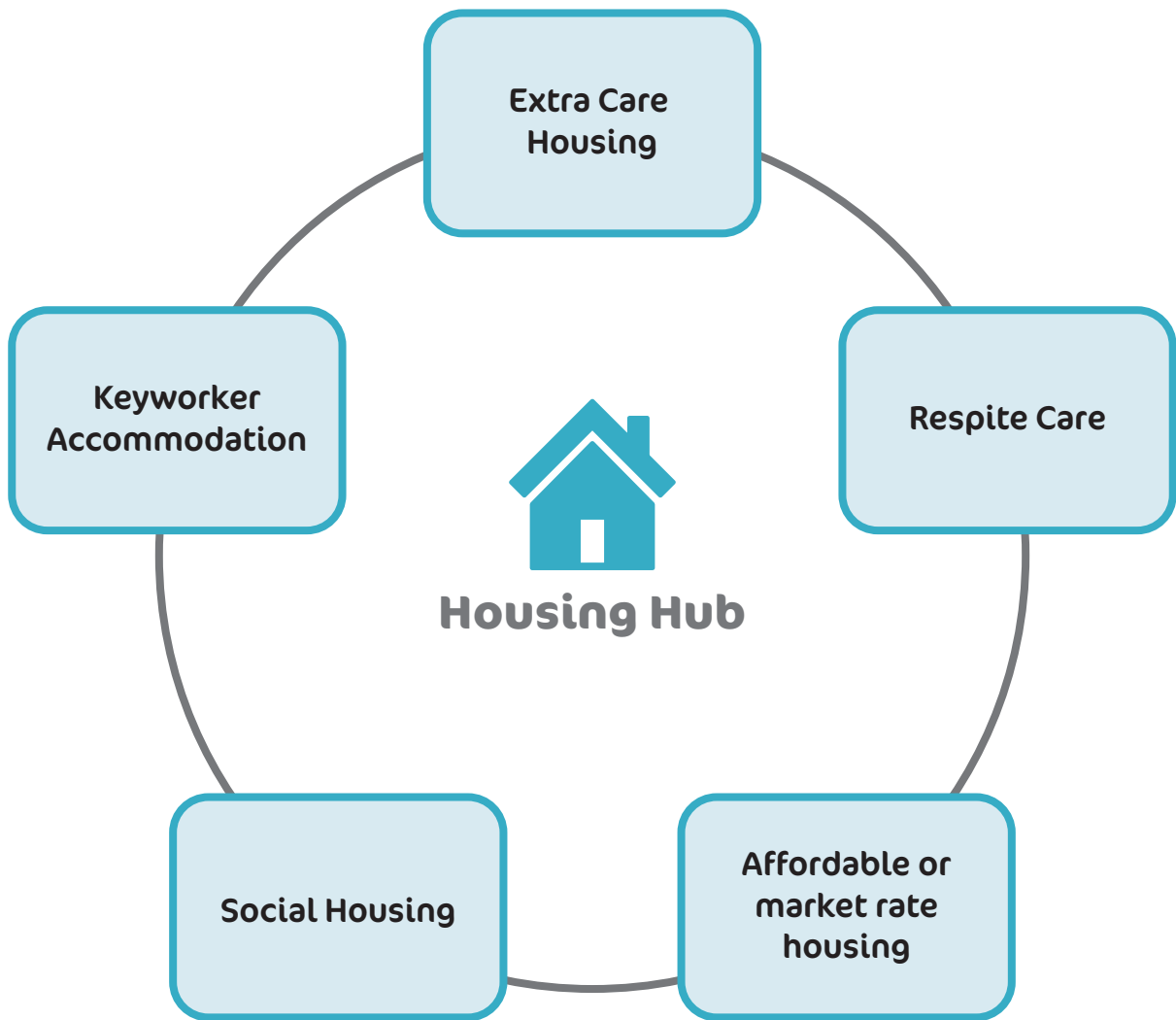
5.2.3 The Housing Hub

The current site is around 27 hectares, and only half of this will be needed for health and care facilities. Over and above land needed to contribute to the social and public service offer set out above the principal focus for the use of surplus land will be the provision of housing. Priority will be given to a housing offer that supports the challenge of reducing costs across the health and social system, where there is demonstrable need in North Manchester. This could include keyworker accommodation for the hospitals, extra-care and other forms of supported housing, and provision for those with housing problems, including homelessness. This focused housing offer will be delivered on the Hospital site and it will seek to support the aim of keeping people well at home and providing care closer to home, for example by integrating new housing with digital-technology strategies. Opportunities will be sought to work with businesses, housing providers and service providers that are leading innovation in this field.

Any surplus land over and above that which is forecast to be required for a focused housing offer will be disposed of through an open-market sale process. In such an open-market sale process, consideration will be given to limiting any disposal to Registered Social Landlords, provided they meet the open-market value of the site. Such an approach will enable a mix of tenures to be delivered on the site and will enhance the opportunity to leverage the Homes England subsidy into the delivery of new homes.

The housing offer will promote footfall on the site, helping people in the area to feel safe, and encouraging wider use of the facilities. The housing proposals and wider site layout will be designed to promote community safety. Natural surveillance and a sense of openness will be factored into the design, to ensure that people can feel safe and confident when they are using the site and surrounding areas, such as public transport stops.

Figure 7: Housing Hub



5.2.4 Proactively improving health and wellbeing

A Wellbeing Hub will be delivered through the Civic Hub that will help citizens who need a bit more support to get well and stay well, enabling improved quality of life and resilience. The Wellbeing Hub will filter people into wellbeing and community offers first, working with people in a way that puts them in charge of their own health and wellbeing. Community Facilitators will connect with the Social Hub and existing services already provided at Abraham Moss to provide more formalised support and advice on issues such as debt, budgeting, employment and skills.

Social prescribing will be a key component of the Wellbeing Hub, utilising services such as the Be Well scheme. Be Well is currently accessed via GP referral, but consideration will be given to allowing self-referral to enable individuals to take proactive ownership of their own health and wellbeing outside of a health setting.

Be Well will link citizens into planned learning, support, social and physical activities, to consider everything that is affecting their wellbeing – from employment and housing, to family and money issues. In this approach, the wider determinants of health will be directly addressed. Individualised, confidential advice and support will be provided around issues such as:

- Stress management
- Isolation, loneliness and friendship
- Physical health support, such as healthy eating, exercise and alcohol consumption
- Promoting positive mental health

- Supporting return to work after illness or unemployment
- Smoking cessation
- Debt and money
- Drug and alcohol use
- Employment
- Housing.

While new provision will be developed, the Wellbeing Hub will also link with existing VCSE organisations, providing them with the infrastructure and support necessary to maximise their impact. For example, the existing Neesa Well Women Project in North Manchester – which works with local women from BAME communities who are experiencing mental illness, domestic abuse and poor self-esteem, to provide support around mental health, healthy lifestyle choices and peer support – could be delivered within the Civic Hub. This approach aligns directly with the views of local communities as established through community engagement by MHCC.

Figure 8: Wellbeing Hub



5.2.5 Providing education and training and access to work

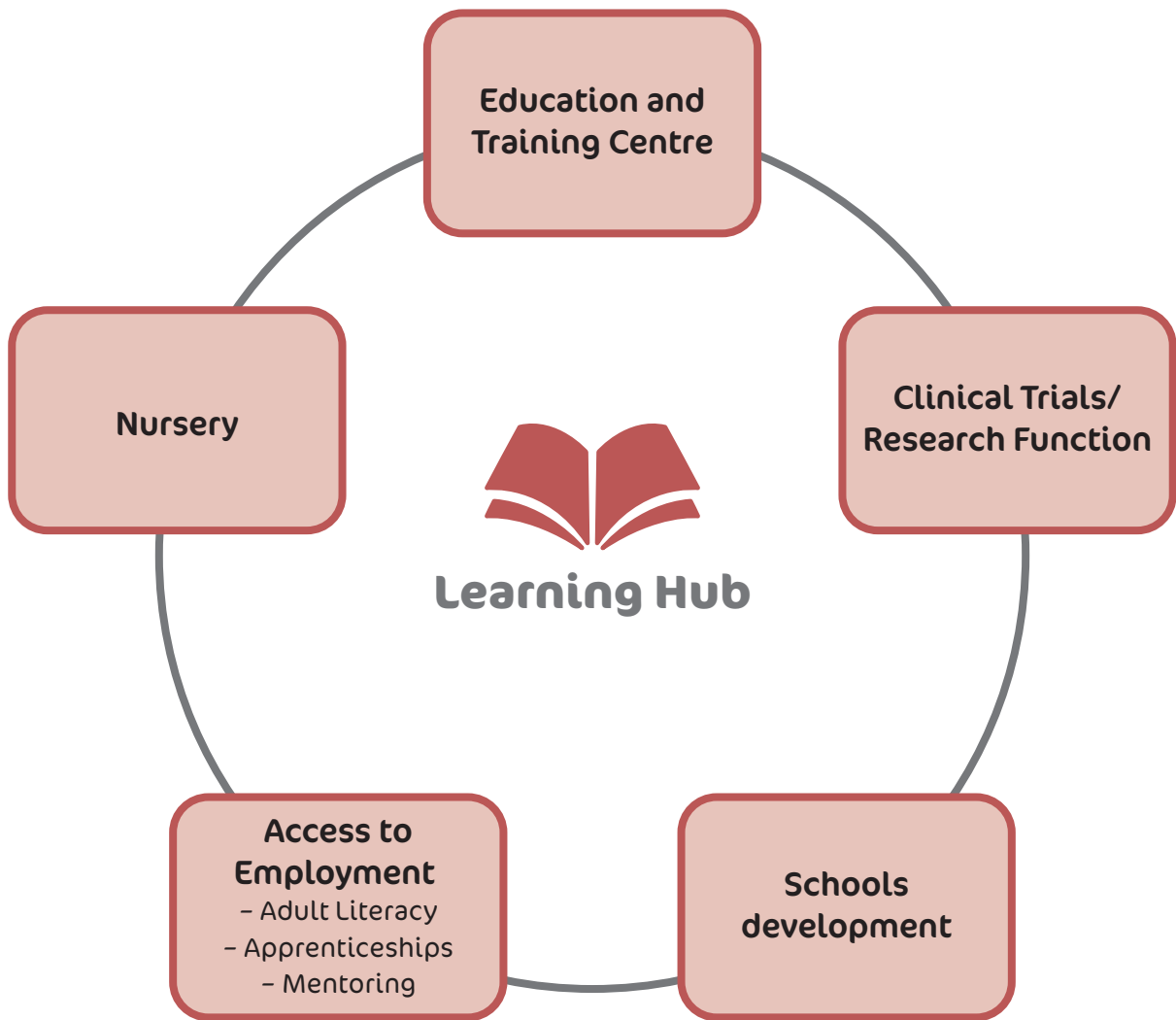
People living in North Manchester experience some of the worst income and employment deprivation in the country. Unemployment, worklessness and benefit claims are high compared to the rest of England. In addition, engagement with North Manchester communities has highlighted the impact that poverty and work issues have on their wider health and wellbeing.

The economic base of the North Manchester area is weak: the hospitals are the main employers in the area and NMGH is the only organisation that employs over 200 staff. The fact that a relatively small proportion of the total pay bill is received by local residents suggests that local communities are not benefiting as much as they could from the location of the hospital. In addition, although North Manchester is located within the city of Manchester – a city undergoing significant employment growth – these job opportunities are not being fully accessed by the communities of North Manchester, further compounding economic inequality across the city.

Underlying this economic inequality are some of the lowest adult literacy and numeracy rates in the country. This, coupled with the poor health of the population, makes accessing job opportunities across Manchester difficult and limits the scope of roles that individuals can undertake with local employers, such as NMGH. For young people growing up in the area, there are few successful, economically active role models. Young people risk growing up with limited aspirations and a poor understanding of the opportunities that education and training could provide. This contributes to an intergenerational cycle of dependency and poor mental and physical health. When people or businesses are successful, they have often relocated closer to their new peer group and a more highly skilled and educated workforce.

Through the development of a Learning Hub, action will be taken to change this situation on a number of levels.

Figure 9: Learning Hub



Particular emphasis will be placed in the following areas:

Maximising the opportunity of the redevelopment of the site and the impact of NMGH and Greater Manchester Mental Health NHS Foundation Trust (GMMH) as local employers

The work required to redevelop the site will be used as a once-in-a-generation opportunity to kick-start change. Contractors will be required to upskill and utilise the local workforce, capitalising on the unique opportunity the work presents to promote entry into work and ongoing career development. At the end of the work, individuals will be supported to find further roles in North Manchester and throughout the city.

As the largest local employers, the anchor organisations, including NMGH and GMMH, will work to maximise their impact on the prosperity of the local communities, ensuring that opportunities for local people are maximised as far as possible. This might include taking positive action to support local residents to overcome any disadvantage they face in applying for roles; this could include offering additional training and support, and targeting the promotion of opportunities. The organisations will also develop apprenticeships and other enhanced routes for young people in North Manchester to access employment in healthcare and associated professions.

In addition to the promotion of opportunities in healthcare, maximum advantage will be taken of opportunities to enable local people to train and work in broader provision on the North Manchester site, including the nursery, retail provision and maintenance of the public estate.

Proactively supporting work readiness and (re)entry into work

The integrated health and social care provision will support people as far as possible to get well, enabling them to focus on getting ready for work. Entry into the workplace will be actively supported through a range of activities, including:

- Access to focused courses to address specific skill gaps, including literacy, numeracy and digital
- Volunteering opportunities to provide an opportunity to put skills into practice, develop confidence, and adapt to the routine of a workplace
- Apprenticeships to enable training/retraining in particular areas of work focused on the opportunities available in the North Manchester area
- Mentoring to support individuals to fully consider their options and stay in work once they have secured an opportunity
- Building on the Recovery Academy approach already in place in GMMH, which aims to open access for those who are traditionally excluded from education opportunities; this enables them to manage their long-term conditions and improve access to volunteering, peer mentoring and employability.

The scope of support will be tailored to meet the needs of individuals, ensuring that it has a sustained impact and increases economic participation in the long term. These opportunities will be both based onsite within the anchor institutions, and connected to North Manchester and the city of Manchester via the Learning Hub.

There will be a particular focus on supporting groups that have previously struggled to become and stay economically active. For example, this will include the 50 to 64-year-old male cohort. People in this group have frequently succumbed to physical ill health and, after a period of time off work to manage their illness, have subsequently struggled to re-enter the workplace. This has left people vulnerable to social isolation and mental illness, forcing them into an ongoing deterioration in their health and wellbeing, and a loss of economic independence and resilience.

Supporting young people to develop and achieve high aspirations

Specific focus will be given to supporting young people to have high aspirations and work proactively towards achieving them through making considered choices in their learning and education. The Learning Hub will work in partnership with local education providers, including the Abraham Moss Community School, the Co-op Academy North Manchester and the Manchester College, connecting them with the anchor institutions for the provision of new forms of support. This will include mentoring by a wide range of committed professionals, additional tutoring via the third sector, and targeted careers guidance.

There is also potential to forge links with relevant initiatives and organisations in the city centre, particularly around science, technology, engineering and mathematics (STEM), and culture. Such relationships could help to inform design and function of local training and educational facilities.

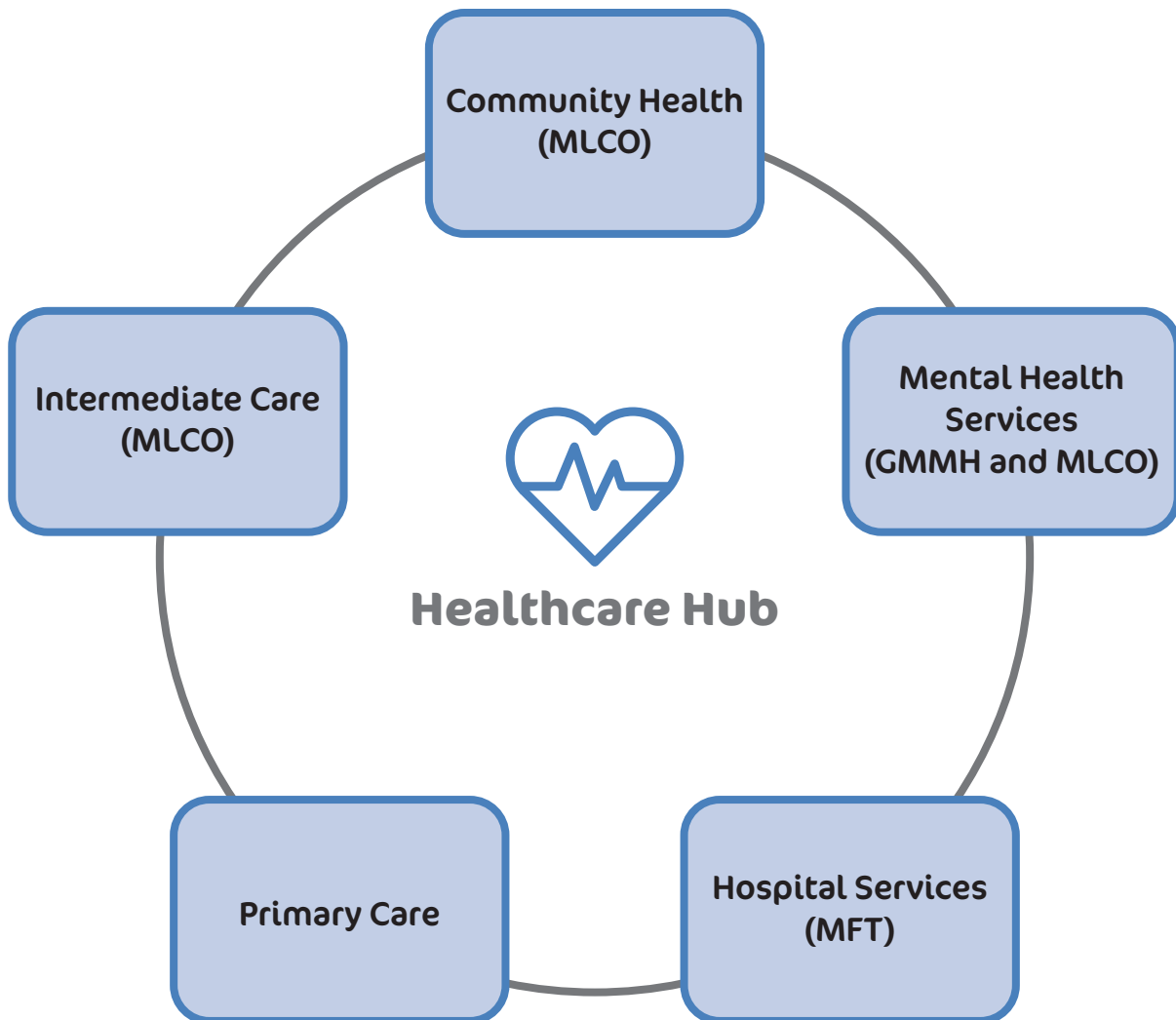
It is likely that additional nursery, primary and secondary-education provision will be required in the area. There is the potential for this to be directly provided on site, or elsewhere in the locality, with sponsorship by the anchor institutions. MFT already sponsors an academy in south Manchester and has nursery provision on its existing sites.

5.2.6 A modern healthcare offer

The North Manchester Hospital site will become the nexus of an integrated health and wellbeing service, tailored to meet the needs of local communities. Though essential, the acute and mental health hospitals will not be the dominant feature. Instead, healthcare providers will work together to deliver a modern healthcare offer through a Healthcare Hub designed to ensure

services best meet the needs of the local population and operate in ways that maximise the impact on health outcomes. A high priority will be given to radically redesigning the ways that healthcare services are provided, especially to ensure a smooth transfer as patients move from one part of the system to another.

Figure 10: Healthcare Hub



Fundamental to the Healthcare Hub will be community services that will provide proactive and integrated health and social care. This will include high-quality primary care that is of adequate quantity to meet population needs both now and in the future, the local Integrated Neighbourhood Teams, and community response pathways as part of the urgent-care system. Health and social care provision will be tailored to suit the needs of patients and their families and, in doing so, will reach out beyond the physical hospital buildings, facilitated by technology where appropriate. Where care is provided in hospitals, the built environment will naturally promote a sense of wellbeing for staff, patients and their families. Facilities will be designed to promote efficient use of resources, optimising the involvement of patients, the use of equipment, and the deployment of staff.

The opportunity presented by the new hospital estate, state-of-the-art digital infrastructure, and a truly integrated health and social care offer will enable a fundamental reimagining of healthcare provision that is an exemplar of the **NHS Long-Term Plan** and the Interim NHS People Plan. The redevelopment of the NMGH site, the Northern Gateway and wider civic regeneration will directly benefit primary care. North Manchester will become a more attractive place to work and live, making primary care and other services more sustainable. More sustainable services will, in turn, help address the health inequalities faced, with the hospital redevelopment a key catalyst to improve long standing challenges for health and care in the north of the city.

Core services will be radically redesigned, including emergency care and outpatients. Changes could include:

- **A total overhaul of the offer for families and children across health, social care and education**, getting ahead of the curve on prevention and early diagnosis. This would include the introduction of groundbreaking triage and navigation, improving outcomes for children, while also improving operating efficiency.
- **Delivery of cutting-edge healthcare close to home and tailored to the needs of individuals** through the early use of advanced diagnostics and genomics. This would be supported by specialist medical advice from across the city enabled by technology. Patients would receive the most appropriate advice and treatment as quickly as possible, reducing the number of invasive procedures and prescriptions required, and enabling people to live improved lives more quickly. This focused approach would generate ongoing efficiencies.
- **A fundamental change to the outpatient model** – making outpatient visits to hospital a thing of the past by creating a co-ordinated offer, breaking down silos between hospital and community, enabling care delivery through neighbourhoods, the Manchester Local Care Organisation and technology. This will be supported by creative workforce solutions that fundamentally challenge traditional ways of working centred on institutions.

- **Providing credible alternatives to A&E for those who do not require such services,** by taking bold steps to capitalise upon community, voluntary sector and commercial partners, and providing more relevant provision for a significant number of people who currently view A&E as the only option. International exemplars could inform this work to deliver the aspirations on urgent care set out in the **NHS Long-Term Plan**. This would include improving diagnostics and screening, identifying illness earlier, and allowing more effective treatment by using wireless-enabled wearable activity trackers and other technology devices. This could include work with commercial partners, such as the Co-op, to expand on current pilots that facilitate screening in supermarkets, pharmacies and mobile lung screening.
- **Harnessing digital innovations,** such as long-range, long-term personalised community-based monitoring to allow early intervention and improve integration between hospital, community/primary and mental healthcare. This will allow more patients to remain at home, or to return home more quickly after treatment.
- **Significantly increased synergies between acute physical and mental healthcare,** aiming to improve outcomes for patients who are at risk of or already suffer from both mental and physical illness.
- **Developing capability for earlier identification and management of chronic diseases with a focus on multiple morbidity, including mental health conditions.** The diversity of the local communities, levels of disease prevalence, and multiple morbidity provide an opportunity to work in partnership with The University of Manchester and Health Innovation Manchester in this aspect of their work, introducing cutting-edge solutions for the local population as early as possible. The health provision will be designed to adapt over time, ensuring that it meets the changing needs of the population while also accommodating new developments in care.

5.3 Priority areas

The Civic Hub with a network of connected hubs described in section 5.2 will have a strong focus on delivering improvements in four priority areas based on the needs of local communities:

- The first 1,000 days of life and early years
- Cardiovascular Disease, Respiratory and Cancer
- Mental health
- Frailty.

A summary of the opportunities available to deliver real change in these priority areas is provided below.

5.3.1 The first 1,000 days of life and early years

In general, children growing up in North Manchester do not benefit from a strong start. There is extensive evidence for the links between early experience of health and care and longer-term consequences that can affect an individual through to adulthood.

The first 1000 days of life: “Exposure to stresses or adversity during this period can result in a child’s development falling behind their peers. Left unaddressed, experiences... can stay with children throughout their lives, can cause harm to them and others and might be passed onto the next generation.”

Health Select Committee Report:
First 1000 days of life (2019)

The establishment and growth of the Manchester Local Care Organisation, and the process for bringing NMGH into the Manchester University NHS Foundation Trust will provide the optimal organisational setting for the provision of high-quality care. Investment in the North Manchester site will create the opportunity to develop a Civic Hub with a network of connected hubs that could accelerate progress even faster, and address the wider determinants of health for children and young people on a broader front. The range of benefits will include:

- Encouraging families and children to develop healthy lifestyles in order to reduce obesity and inactivity
- Support for parents to develop basic skills, including parenting skills, budgeting and healthy eating
- Development of community peer-support activities, such as playgroups, young carer forums and family activities
- Continuing the multiagency working through the Community Safety Partnership to support crime reduction

-
- Facilitating collaboration across health services and schools/colleges to sustain the reduction in teenage pregnancies. Providing additional support and advice for young mothers through specialist services where appropriate
 - Building on the strength of the Perinatal Community Mental Health Team, whose cluster base will be on the North Manchester site; the team will be responsible for providing holistic assessment, care and treatment for maternal mental health problems that complicate pregnancy and the post-partum year
 - Raising the standards of maternity care at NMGH by providing maternity and children's services as part of extended networks across the whole of the city; this will be led by the trusted specialist centres at St Mary's Hospital and RMCH respectively
 - Developing innovative out-of-hospital services that start to bring down the unusually high levels of children's attendances at A&E
 - Establishing a crisis response for children and young people experiencing mental health crisis, or needing more intensive support in the community
 - Building on the strengths of Manchester's Child and Adolescent Mental Health Service (twice rated 'Outstanding' by CQC) to develop specialist eating-disorder services, expand community-based mental health services, and provide more support in schools and colleges.

These changes will improve the start in life of children and young people in North Manchester, either through improving the determinants of health, or by intervening early to mitigate any negative effects of suboptimal early-life circumstances.

5.3.2 Cardiovascular disease, respiratory disease and cancer

The communities of North Manchester are disproportionately affected by the major causes of death and disability, including cardiovascular disease, respiratory disease and cancer. Rates of early death from respiratory diseases and cardiovascular disease in North Manchester are double the England average. In addition, Manchester has the highest rates of premature deaths in England for heart disease, stroke and lung disease, and is second-worst for cancer. The development of the Civic Hub and the network of connected hubs on the North Manchester site offers an opportunity to deliver a range of interventions to improve this situation, including:

- Improved and enhanced smoking-cessation programmes that are easily accessible and delivered in line with the needs of the local population
- Developing an accessible network of Automated External Defibrillators across the community
- Enhanced services to enable prevention initiatives, including access to exercise, healthy eating and reduced alcohol dependency
- Enhanced services to enable early detection. The Manchester pilot of the Lung Health Check scheme illustrates the potential that early detection can have on health outcomes
- Improved and enhanced community respiratory services designed to facilitate care out of hospital, and a pulmonary rehabilitation programme
- Building on the strong cardiac rehabilitation programme in place on the North Manchester site to ensure it matches the needs of the local population and can be extended out of the hospital
- Expanding the range of specialised cardiac and respiratory services provided at NMGH by delivering a service in conjunction with the tertiary cardiac and respiratory centres in the wider MFT Group.

For all these services, the burden of ill health in North Manchester creates the potential to attract support for clinical research. The dedicated Research and Innovation function within MFT, along with the established relationships with the universities, will allow these opportunities to be optimised.

5.3.3 Frailty

In many communities, frailty is very closely associated with ageing, with issues of frailty largely being confined to people over 80 years old. The health challenges experienced by the local population in North Manchester are such that frailty is often encountered in much younger patients. Action will be taken to support citizens living with frailty and to reduce the incidence of frailty, particularly young frailty. This will include:

- Promoting good nutrition, including access to healthy foods through suitable retail options and cookery skills courses
- Helping citizens to get active and stay active, promoting exercise to maintain muscle mass and healthy weight
- Promoting community involvement to support the maintenance and development of cognitive skills
- Increasing early detection of illness through the use of proactive health screening
- Supporting citizens living with mild frailty to self-manage their condition
- Potential development of residential capacity to help maintain frail individuals in lower care settings, reducing the risk of hospital admission and the requirement for placement in a residential care home or nursing home
- Optimising the care and management of frail patients within NMGH, supported by the introduction of MFT's frailty standards, assessment and management processes
- Potential use of the North Manchester site for Greater Manchester's proposed International Centre for Action on Healthy Ageing, building further on The University of Manchester's work on multiple morbidity.

These actions will help to reduce the incidence of frailty, particularly the young frail, and improve the lives of those who live with frailty.

5.3.4 Mental health

The greatest challenge is to reduce the mortality gap between those who suffer from poor mental health and the rest of the population. People with severe mental health illnesses tend to die 15–20 years earlier than those who are relatively mentally well. People with a severe mental illness face a greater risk of developing physical illnesses. Studies have identified that this population are two to five times more likely to develop cardiovascular or respiratory disease, bowel cancer or diabetes. Premature mortality rates for people with serious mental illness are largely due to physical inactivity, an unhealthy diet, and a high smoking prevalence, in combination with medication-induced weight gain that in turn can lead to metabolic disorders.

The **Greater Manchester Health & Wellbeing Strategy** confirms that people with chronic mental health illnesses in Greater Manchester are likely to die 15 years earlier than people in other areas. It also acknowledges that up to 18% of all NHS spending on long-term conditions is linked to poor mental health, and that health costs for people with long-term conditions are at least 45% higher if they have a coexisting mental health problem.

This Strategy also declares a commitment to achieve parity of esteem for people with mental health issues. In order to deliver this, the development of the North Manchester site, with integrated mental health and acute health services on the site – run collaboratively by the two Trusts and in conjunction with the Local Care Organisation – will address the following priorities:

- Create opportunities to address worklessness, homelessness, debt, substance-misuse and lifestyle factors that adversely affect mental health

- Improve connections between the Civic Hub and the local community through an enhanced and expanded role for neighbourhood workers
- Improve and integrate services to address substance misuse, including peer support arrangements and specialised interventions
- Build on the good work of the Recovery Academy. This provides a range of free educational courses and resources for people with mental health and substance-misuse problems, their families and carers, as well as healthcare professionals, and which are co-produced by professionals and service users.
- Build stronger partnerships with the third sector to reduce stigma, facilitate a collaborative approach, and ensure that appropriate care is delivered in the right place
- Adopt digital technologies to share information between partner organisations, and promote the use of apps and online tools that support good mental health and enable recovery
- Provide therapeutic outdoor space that is better equipped to provide health promotion, physical health assessment and interventions for people with mental health problems
- Improved Privacy, Dignity and Quality of Care: a new, purpose-built adult inpatient facility, providing 150 beds, within a landscaped green environment, would enable the delivery of the care that GMMH aspires to, and address long-standing CQC concerns.

5.4 **Health and prosperity**

Through a strong focus on the building blocks required to enable improved health, social and economic inclusion, North Manchester citizens will be able to take proactive responsibility for their own wellbeing. Where they need more support this will be provided through exemplar, modern healthcare facilities. Over time the local population will become healthier, more

independent and resilient. Working in this way will empower the communities of North Manchester to become active members of the wider city of Manchester and North West, accessing the opportunities that this presents and enabling the long-term renewal of North Manchester.

6. Delivery

The need to implement change within North Manchester is clear; the status quo is not acceptable and citizens in this part of the city deserve the opportunity to experience the same life chances as those who live in the rest of England. The vision for how this might be achieved, through a fully integrated, community-focused Civic Hub and a network of connected hubs, is also well defined. However, the scale and ambition of this proposal is such that new models of delivery are also required to ensure that whole-scale transformation is truly implemented and that the local population benefit as a result.

6.1 **A civic partnership**

The scale of change required in North Manchester is such that traditional governance mechanisms are unlikely to deliver optimal results. Partners in Manchester have therefore proposed something radically different.

Together, organisations representing a range of sectors, including health, social care, local government, the Manchester's universities, housing providers/developers, voluntary organisations and the commercial sector, will create a community-interest company, known as The North Manchester Civic Partnership, which will be responsible for the delivery of improvements within the North Manchester locality.

“Our best chance of creating a different future for North Manchester is if we are bold enough to do things differently, with a far more inclusive approach to working across public sector organisations, local businesses, charities, community groups and social enterprises and with local people from the diverse communities in the area. We need everyone to make a long-term commitment to a shared set of goals that will have a real impact on improving life in North Manchester.”

Mike Wild,

Chief Executive,
MACC – Manchester's local voluntary and community sector support organisation

The aim of the partnership will be to create the civic spaces described in Chapter 5 – in and for North Manchester – a destination, a service hub, a focus for the community with housing, jobs, learning leisure and retail – in other words, providing what local people need. The partnership will be:

- **Co-owned**
These ‘owners’ are likely to include Manchester City Council, Manchester Health and Care Commissioning, Manchester NHS University Foundation Trust, and Greater Manchester Mental Health NHS Foundation Trust. They will work alongside other parties interested in creating a better future in North Manchester, including local people, VCSE organisations, and private-sector businesses.
- **Co-managed**
The partnership will be managed by its owners. The unique governance arrangements that will be put in place will ensure budgets are pooled in order to maximise service productivity, reduce fragmentation, and ensure resources are allocated to best meet local need. Any development gains and proceeds from land sales etc will be accrued by the Community Interest Company.

- **Accountable**

The partnership’s principal aim will be to drive the economic and social reform needed to address the inequality experienced by many citizens in North Manchester. However, it must do this with the full involvement of local people, so its ways of working must be navigable and easy to understand. It will also be accountable to local people through a civic-membership scheme, which will be established to ensure the partnership represents and is influenced by the communities it serves.

6.2 Community engagement

The principle of community engagement is not new. However, fundamental to the principle of reform in North Manchester is the extent to which the energy and commitment of the local communities can be utilised to ensure that they are at the forefront of the changes needed. For too long the communities in North Manchester have had things done to them; the proposal here is to work with local people to ensure that the new developments are done with their full involvement, in a way that helps to put them in charge of their health and wellbeing.

Plans for the North Manchester site need to be co-produced and co-delivered with the citizens who will use it. This has started with the engagement work undertaken by MHCC (see section 3.4), but the wealth of information that is held in the community needs to be harnessed. The creation of a membership scheme within the partnership will help to secure the involvement of local people. However, other opportunities to engage with the local population will also be utilised, including:

- Participatory forums
- Community involvement in decision-making processes
- Community-led quality monitoring of services
- Peer research groups developed to look into particular issues
- Embedding community involvement in staff recruitment and training.

The introduction of a membership scheme also allows the important concept of personal budgets to be extended to the population within North Manchester, and offers an additional opportunity to develop behaviour-linked rewards.

The idea behind advanced community engagement is to ensure that the services provided in North Manchester best suit the needs of the local communities. However, it is also meant to provide another vehicle by which the skills, experience and social capital in the area can be built upon. A volunteer scheme will therefore also be an important part of the North Manchester site development, ensuring that local people have an opportunity to gain transferable skills, to increase their confidence and social skills, and to improve their potential for obtaining work.

6.3 Building on our strong foundations

The proposal set out here has been developed by a range of partners; all are committed to the ideas set out in this paper and to maximising the support they can give to its development and delivery.

Manchester, as part of Greater Manchester, also finds itself in a unique position that is conducive to 'doing things differently'. The transfer of health and social care budgets under the devolution agreement of 2016 and the creation of the Greater Manchester Health and Social Care Partnership mean that NHS organisations, councils, primary care, community and VCSE organisations have already come together to create an Integrated Care System to improve health and care outcomes for all those living across the Greater Manchester region.

Recognising the particular issues that are faced in Manchester, and in response to the devolution agenda, significant change has already been delivered to the structure and delivery of health and social care systems in the city. In 2017, the two other acute hospital providers in the city – University Hospital of South Manchester NHS Foundation Trust (UHSM), and Central Manchester NHS Foundation Trust (CMFT) – came together to create a single organisation: Manchester University NHS Foundation Trust. This groundbreaking process created one of the biggest hospital trusts in the country and has already delivered a series of improvements that are benefiting local people. This stable and effective hospital organisation is ideally placed to help support and improve the acute hospital services on the North Manchester General Hospital site. The strategic case that sets out the rationale for the acquisition of NMGH, by MFT, has been submitted to NHS Improvement and is under national consideration.

In addition, Manchester Local Care Organisation was formed in 2018. This is a pioneering new type of public-sector organisation that has brought together NHS community health, mental health, primary care and social-care services in Manchester into a single organisation, in order to improve community care and enhance the lives of local residents. It is already operating models of place-based integrated care, eg. through its Integrated Neighbourhood Teams, which are forerunners to the model described in this paper and in the wider public-service reform ambitions of the Greater Manchester Model and Manchester's Bringing Services Together programme.

In 2017, Manchester Health and Care Commissioning was created. This organisation is a partnership between Manchester City Council and NHS Manchester Clinical Commissioning Group. It ensures a joined-up and effective approach to commissioning health and social-care services in Manchester.

“Manchester has a track record of successfully getting things done to deliver real improvements for local people. Partners in Manchester are determined to address the challenges faced on the North Manchester General Hospital site and the inequalities experienced by the wider community.”

Sir Mike Deegan,

Chief Executive, Manchester University
NHS Foundation Trust

Over the past three years, the development of a unitary commissioning function, an integrated community health and care provider, and a single hospital trust in Manchester has demonstrated the ability of system leaders to deliver real change. It also signals a citywide readiness to respond to the unique challenges faced in North Manchester together.

6.4 Using technology

Industries changed by technology have transformed not just the products and services they provide (for example digital banking services or retail services) but also the organisational structure and culture. The ambitious and wide-ranging vision for services in North Manchester cannot be delivered using the existing antiquated and fragmented IM&T systems. Instead, existing and emerging digital technologies will be introduced and utilised to their full potential. This is entirely in keeping with the Greater Manchester ambition to be a ‘world-leading digital city’ in the very near future, and the identification of Greater Manchester as one of the areas used to trial 5G technologies.

In particular, technologies will be used within the civic partnership to:

- Improve the quality of services provided, eg. introducing AI-based decision support in the management of healthcare services
- Provide a variety of channels to deliver services, eg. Skype, email, phone, apps, online tools, videos, and chat forums
- Facilitate the structured capture of information needed to monitor and evaluate the efficacy of interventions
- Deliver more personalised care, particularly with the increasing use of genomic technologies in healthcare
- Ensure effective interfacing with citizens and improving compliance with interventions through the structured deployment of apps and other digital technologies
- Enhance productivity by ensuring that citizen-level information can be shared effectively between different teams within the civic partnership.

Health Innovation Manchester is an academic health, science and innovation system that works with researchers and industry to support NHS and social-care providers to adopt innovation in order to make Greater Manchester one of the best places in the world to grow up, get on and grow old.

Health Innovation Manchester provides a focus in the city for the delivery of such pioneering technologies, so their involvement in the civic partnership will be essential. However, engagement with the local community in the deployment of such technologies will be vital to ensure those citizens with low-digital literacy are not disadvantaged. Appropriate training and education will be used to address this.

6.5 **New ways of working**

Development of the workforce in North Manchester will be crucial to the success of these proposals. The Interim NHS People Plan provides a framework for action that local leaders will apply to ensure national policy becomes a local reality. This work is especially important because the plan resonates with the work needed to improve the health and community offer in North Manchester.

Like many health providers, North Manchester General Hospital is facing issues relating to workforce supply and retention. However, the dilapidated estate, outdated infrastructure and uncertainty about organisational future mean that the site has a particularly high number of vacancies and therefore is one of the biggest users of temporary staffing in the country. In addition, there are significant issues with the building quality and infrastructure of the education facilities on the North Manchester site. This impairs the delivery of education and training on-site for the workforce, and also the attractiveness of the site for potential new recruits.

These issues contrast starkly with the situation in the local community, which experiences high levels of intergenerational worklessness and low economic participation. The principal aim of the Civic Partnership will be to improve recruitment and retention to the North Manchester site, while also ensuring the local population is able to access the employment opportunities and thereby social mobility. MFT has a track record as a social-mobility employer. It is one of the top 50 organisations on the Social Mobility Employer Index developed by the Social Mobility Foundation that ranks organisations from across all sectors, private and public, in relation to accessing and progressing talent from all backgrounds. These priorities will be achieved by:

- Utilising the MFT and GMMH 'brands' as attractive employers able to offer a wide range of career/professional development opportunities in organisations that value their workforce. This will relatively quickly provoke a step change to the workforce supply at North Manchester, initially through appointments linked to career progression, the introduction of rotational posts, and creative staff-transfer arrangements
- Capitalising on the strong Research, Development and Innovation infrastructure of MFT, GMMH and city partners to attract clinical academics, and associated infrastructure, to work in North Manchester
- Significantly increasing the involvement of volunteers across health, community and neighbourhoods. This will act as a vehicle for greater engagement and ownership; it will also introduce a chance of reducing unemployment through people gaining new skills and developing the confidence to enter the job market
- Introducing new roles which challenge traditional professional boundaries and divisions of labour
- Improving the physical estate and infrastructure on the North Manchester site so that the environment is conducive to effective working and pursuing a career
- Creating an integrated, multipurpose education and training centre at NMGH as part of the site redevelopment, including provision of training for the most disadvantaged groups to help create career pathways for local people
- Building on the innovative work designed and led by MFT and GMMH to introduce new roles, such as Nursing Associates. This provides the basis for further innovation relating to AHP Associates, Care Navigators, Community Facilitators, and Advanced Clinical Practitioners

- Dramatically increasing the number of apprenticeships available across a variety of functions, not just health, at North Manchester and its associated supply chains. Using this as the opportunity to capitalise on the apprenticeship levy to reduce unemployment and poverty
- Collaborating with local universities, further-education providers, schools and other relevant institutions and groups to ensure people have appropriate skills and opportunities to secure employment. Exploring the potential to establish health-sponsored secondary and/or primary academy schools on the NMGH site or elsewhere in the locality
- Taking positive action to ensure any barriers to employment faced by the local population are resolved by applying the MFT Removing Barriers Programme, including an extension of the well-established MFT widening participation scheme
- Building on the regeneration of the local area and encouraging employees to live locally and invest in community activities (including through working with private-sector partner organisations).

In addition, this proposal outlines innovative models of service delivery that will require equally innovative ways of working to deliver. The use of technology will be maximised to ensure that staff are appropriately deployed and able to work productively in ways that reduce fragmentation and duplication.

The ethos of the Civic Partnership will be to engender an approach that encourages staff to work beyond traditional organisational and professional boundaries. By focusing on the particular needs of the local community, sharing information and encouraging truly multidisciplinary working, the partnership will ensure that the workforce is engaged and motivated to support the transformation required in the northern part of the city.

A positive, compassionate and community-focused leadership approach will be embedded, and staff will have access to the appropriate skills, education and training to ensure they are able to work effectively. Flexible and agile working principles will be prioritised to guarantee a workforce that experiences a positive work/life balance, while also being able to deliver services in a way that meets the needs of local people.

6.6 Improving productivity and effectiveness

It is essential that public services continue to improve their operational productivity. The Carter review in 2016 provided evidence of how significant savings can be delivered in the NHS. The **NHS Long-Term Plan** goes on to identify productivity gains through the effective use of digital technologies, or the implementation of improved clinical pathways.

All healthcare providers have been working on delivering against the Carter and LTP recommendations, but there are important structural problems, as detailed in the 'Drivers of the deficit report'. These constrain the level of productivity that can be achieved at NMGH:

- The Estate is too big, in a very poor condition, and does not have effective environmental control systems. As such, it is expensive to heat, clean, maintain and keep secure.
- The disposition of the clinical services is such that patients are often taken on long transfers to access services within the hospital, and this is not an efficient use of staff time.
- The wards in the old blocks have very limited space to accommodate clinical equipment and to provide adequate separation for infection-control purposes. To address this, the number of beds on each ward has been reduced, sometimes to as few as 13 or 15. This helps to ensure safe care, but significantly reduces the effectiveness with which nursing and other clinical staff can be deployed.
- Underdeveloped Informatics systems, which result in excessive manual processing and redoing of routine tasks.
- The problems with the Estate and IM&T, as well as other challenges NMGH has faced, have resulted in difficulties with recruitment and retention, and high levels of staff vacancies. This in turn has led to inefficiency in use of resources through very high levels of spend on agency staff.

On the basis of the challenges above, it is therefore essential that a new estate is required to support the improvement in the NMGH financial position and make it sustainable for future generations. The proposed future approach for North Manchester would seek to build optimal productivity into the way that all services operate, including:

- Replacing Victorian building stock with a much-reduced Estate, consisting of high-quality buildings that comply with the highest environmental and efficiency standards, managed in the most cost-effective way
- Organising and co-locating clinical services, allowing clinical staff time to be optimised
- Maximising cost savings in respect of back-office services (as per the Carter report) through the economies of scale that are being achieved in the MFT group
- Working collaboratively between acute, mental health and other services on the NMGH site to optimise productivity in the delivery of soft FM services (portering, security etc)
- Improving clinical pathways, and particularly seeking to eliminate clinical activities that add little or no value (eg. unnecessary outpatient attendances), to release savings for commissioners
- Deploying advanced digital technologies as extensively and effectively as possible, in a 'digital first' approach, to streamline operational processes, eliminate redone work, and minimise waste
- Improving recruitment and retention to minimise wasteful expenditure on temporary staff.

In combination, it is expected that these initiatives will achieve the highest levels of productivity and efficiency, ensuring effective use of public resources in North Manchester. They will contribute to financial sustainability for clinical services, and serve as an exemplar for other health and social-care systems across the country on delivery against policy objectives.

In the next month (August 2019), further work will be progressed on the development of an econometric analysis of the proposals in this document. This will seek to quantify the beneficial effects of the proposed approach on economic activity in the North Manchester neighbourhood, and demonstrate how these can be optimised.

6.7 Measuring success

The level of investment required to support the regeneration of North Manchester is such that the potential benefits of this pioneering work will need to be clearly articulated and closely monitored. Specific outcome measures will be agreed as this proposal develops, and the need to ensure that a social value framework is recognised. However, the primary goal is to improve long-term health-outcome measures,

closing the gap of life expectancy and healthy life expectancy with the rest of the city, Greater Manchester, and the rest of the country. In addition, shifts in the index of multiple deprivation and key domains are anticipated.

Figure 11 outlines some of the other indicators that will be considered to measure improvements over the short to medium term.

Measuring success

Health and wellbeing

Start well

- Improved child safeguarding
- Reduced infant mortality
- Improved first 1,000 days measures
- Improved school-readiness measures
- Reduced obesity in year 6

Live well

- Improved lifestyle behaviours, eg. diet, exercise, alcohol and smoking levels
- Improved health screening uptake rates – bowel, breast and cervical
- Sexual health measure
- Mental health and wellbeing measure
- Early identification and optimal management of long-term conditions

Age well

- Premature mortality for cancer, CVD and respiratory conditions
- Active in the community
- Levels of loneliness and social isolation
- Safeguarding
- Dying in place of choice

Measuring success

A strong and safe community

- Resident reported feeling of safety
- Number of housing units delivered
- Number of affordable housing units delivered
- Number of retail units (subject to planning framework)
- Increased amount of green space (green and blue infrastructure)
- More residents report feeling satisfied/happy with where they live

Prosperity and productivity

Economic contribution

- Local – council tax and business rates
- National – income and corporation tax
- Gross value added

Education and skills

- Reduced number of residents with no qualifications
- Increased number of residents with higher and further-education qualifications
- Educational attainment – KS2, KS3, GCSE
- Fewer 16 and 17-year-olds not in education, employment or training (NEET)
- Reduction in levels of worklessness and economic inactivity
- Reduction in levels of worklessness based upon ill health

Individual economic circumstance

- Average salary will increase to city and national average
- Fewer residents living in poverty
- Reduced levels of homelessness

Core delivery

- Delivery of statutory performance targets
- Financial balance and sustainability
- Good standards of quality and safety
- ‘Good’ or ‘Outstanding’ CQC ratings

Governance and leadership

- Breadth of statutory, academic, commercial and VCSE involvement
 - Reinvestment value into the strategy
 - Resident involvement and feedback
-

7. Call to action

We face a critical situation in Manchester. The immediate burning platform of inadequate hospital and mental health estate risks the viability of service provision in the short to medium term. Coupled with this is an unacceptable level of health and wealth inequality in the surrounding area, which is one of the worst in the country. The deficit in the cost of public services against contribution can be closed. The vicious circle of health and wealth inequality, which perpetuates from generation to generation, can be broken.

This strategy addresses the themes of high-quality health, care and other public services; the wider determinants of health; and economic regeneration driving improved prosperity, productivity and contribution.

The leadership coalition in Manchester and the City Region are determined to create opportunity from these challenges and seek capital investment to renew inadequate estate but, critically, to act as a catalyst for the broader strategy set out in this document.

This proposition requires a new leadership model: a coalition that embraces the contributions across public, academic, private, and VCSE sectors. Critically, local people and communities need to be at the heart of leading this change.

We seek to take this conversation to the next level to discuss this proposition in more detail with national colleagues in the NHS and to open discussions across Government departments, such as the Department of Health and Social Care; Her Majesty's Treasury; Ministry of Housing, Communities and Local Government; and the Department for Business, Energy and Industrial Strategy.

This proposition will require a novel settlement that bridges Government departments, creating an investment fund for the regeneration of North Manchester that brings benefits across various departmental goals. Not only will this achieve significant change for North Manchester, but it can act as a prototype for Government investment in other parts of the country, yielding greater benefits for people, communities and business from every pound invested. The city's and City Region's successful devolution arrangements give a strong basis for establishing such an arrangement.

Alongside this we need to broaden and firm up our coalition, including developing private investment opportunities to complement public funding.

Manchester has a track record for working with the Government to deliver large-scale groundbreaking initiatives. We stand ready to develop this proposition further and develop a new model for public-sector investment.

