

# WORKING FOR A HEALTHIER MANCHESTER

## STAKEHOLDER BULLETIN TWO



**A healthier Manchester.**

Our vision, your health

## FOREWORD

When I review the latest work in health and social care in Manchester, the thing that impresses me most is this city's attitude to working in partnership for the benefit of the people who live here.

Devolution has built on this to be a catalyst for a new and unprecedented way of working - as we look at how to make the health and social care system in Manchester more sustainable. We should not underestimate the financial challenge of the chronic underfunding we are faced with - but at the same time we must make the most of the resources we have.



In particular, evidence of this partnership approach is clear through the latest developments in the single commissioning function for the city, where we now have a preferred option that we are working towards. This option is a long-term, equal partnership between health and local government that makes the most of the skills and experience of both sides. What it definitely is not, and should never be considered as, is council takeover.

And with welcome news around both commissioning and the Manchester Local Care Organisation, I reflect again on the open can-do spirit across so many organisations and sectors that has made this collaboration possible.

**Sir Richard Leese, Chair of Manchester's Health and Wellbeing Board.**

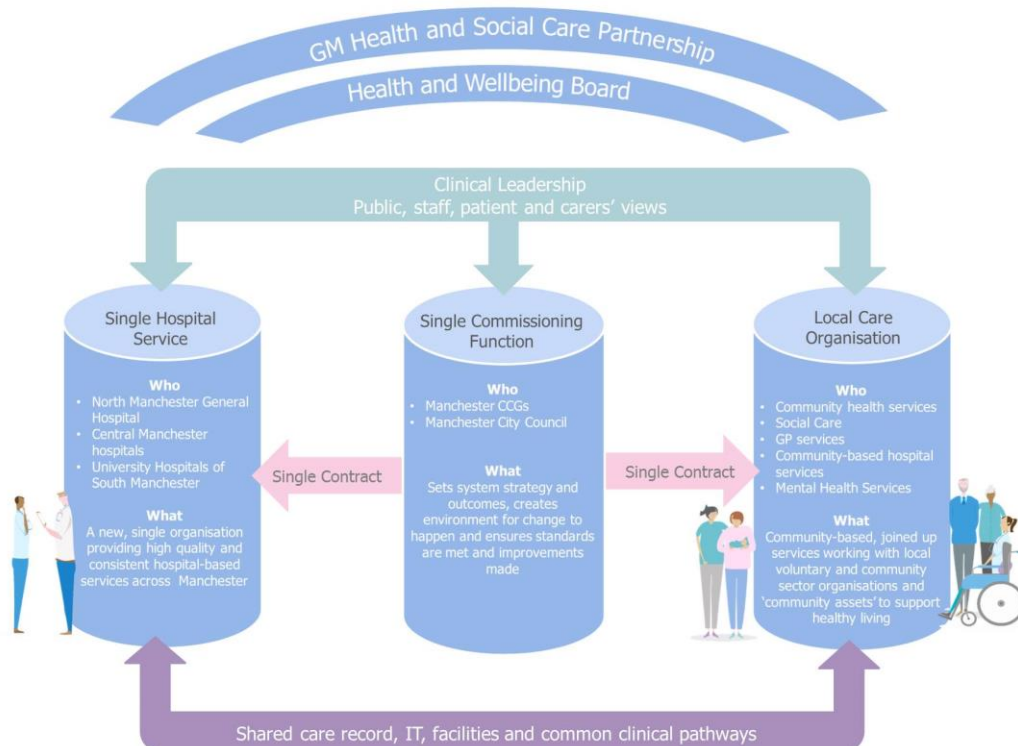
# The future of health and social care: the next five years

## Context: Manchester's Locality Plan:

The vision that describes the future of health and social care in the city over the next five years is the Manchester Locality Plan – called a Healthier Manchester. This plan gives details of the city's approach to improving health outcomes in Manchester, while also moving towards long-term financial and clinical sustainability.

In essence, it is the commissioning plan for joining up – or integrating – health and social care services in Manchester. It contains three key parts, or pillars, which will drive the transformation of these services, needed to keep our city healthy. These pillars, which are interlinked, are a single commissioning system; a single local care organisation; and a single Manchester Hospital service.

This transformational approach is only possible thanks to the collaborative approach of everyone involved: from GPs, nurses, doctors, social care staff, patients, community groups and the voluntary sector.



## Latest news: Single Commissioning System

### Background

A strong, clear commissioning function is essential for effective commissioning of a transformed health and care system in Manchester, outlined in the city's Locality Plan (above).

By combining and uniting commissioning arrangements for the city, it means that:

There is a single plan, with a single commissioning approach for the city; Commissioners make best use of a pooled budget;

Consistency is achieved – so that resources are used according to area and population need. This will also help to address health inequalities in certain parts of the city.

### Where we are now:

Since our first stakeholder bulletin an independent options appraisal of the best way of achieving a single commissioning function has been carried out.

On August 31, these findings and options were presented to a meeting of members of the three Manchester CCG Boards and Manchester Council. During this meeting there was support for the preferred option - for the three Manchester CCGs to merge into a single CCG and to agree a formal partnership agreement with the council to establish single commissioning arrangements. This option also outlined how:

- In the first instance it would include all CCG commissioning, public health and adult social services. Some children's social services would be incorporated at a later date.
- The single commissioning organisation would have one accountable officer and single executive leadership team including CCG and City Council, clinicians and officers/ managers.
- These arrangements would be subject to the final structure embedding strong clinical leadership and engagement, neighbourhood/local engagement and also safeguarding defined levels of funding for certain neighbourhoods.

The preferred option is being considered at CCG Boards throughout September and will be submitted to Manchester's Health and Wellbeing Board on November 2, for final and formal consideration.

We have committed to working towards April 2017 to implement a new structure and new arrangements. This is an ambitious and challenging goal, but it also fits with the timescales that both the Single Hospital Service and the Local Care Organisation are working towards.

## Latest news on a Single Manchester Hospital Service

### **A single hospital service**

Progress towards a Single Hospital Service (SHS) for Manchester has been supported by Manchester's Health and Wellbeing Board and also by the three Trust boards (University Hospital of South Manchester NHS Foundation Trust; North Manchester General Hospital, run by Pennine Acute Hospitals NHS Trust; and Central Manchester University Hospitals NHS Foundation Trust).

The clear benefits of a single hospital service for the city were originally set out in the first report of Sir Jonathan Michael to Manchester's Health and Wellbeing Board. Ultimately, this initiative will see the coming together of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust into a single hospital Trust for the city; North Manchester General Hospital (part of Pennine Acute Hospitals NHS Trust) will be transferred into the city Trust.

The full set of reports can be read here:

### **Stage One**

### **Stage Two**

### **Manchester Health and Wellbeing board report**

### **Where we are now**

A Programme Director, Peter Blythin - a highly experienced and senior NHS leader - has been appointed to oversee the creation of the new single hospital Trust. Over the last few weeks, Peter has successfully established a programme team which includes staff members from across the three Trusts, as well as economic and legal advisors, who will be responsible for the successful delivery of the Single Hospital Service programme.

Given the scale of the operation to create a new single hospital Trust, one of the team's first priorities is to undertake external approval processes with NHS Improvement (formerly Monitor and the Trust Development Agency) and the Competition and Markets Authority. There has been initial engagement with these organisations and the programme team is now preparing a business case for submission to the

Competition and Markets Authority later in the year. A number of clinical leads from the Trusts have also joined the programme team to drive forward and develop the patient benefits case of the Single Hospital Service which will form part of the overall programme business case.

A proposal has been developed for investment from the Greater Manchester Transformation Fund to support the Single Hospital Service implementation, and this forms part of an integrated set of proposals from the Manchester system. New governance arrangements have also been put in place to oversee the delivery of the programme and the first Programme Board will meet for the first time in October.

Building on the engagement work of the programme so far, Peter has met a number of key stakeholders to ensure communications and engagement continue to be at the heart of the programme. The three Trusts and programme team are committed to spearheading a two-way conversation that is open, honest, timely and clear with staff, patients, governors and the citizens of Manchester.

# Manchester Local Care Organisation

## Background

Making prevention a priority, and providing more support in the community and out of hospital is reflected in the city's vision for health and social care over the next five years - and also complements the Greater Manchester ambitions brought about by devolution. In effect, the LCO represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet local needs.

The LCO for Manchester is a partnership that brings hospital, community healthcare services, the council and the voluntary sector together and it's part of the transformational approach to improve outcomes for people of this city. The LCO will be the vehicle to hold and deliver a single contract for out-of-hospital care from April 2017.

In June, a report was submitted to Manchester's Health and Wellbeing Board on the development of a Local Care Organisation, with agreement that a further description of a business case would be ready for September for use in a bid to the Greater Manchester Transformation Fund.

## Where we are now

Since then, a draft commissioning prospectus for the Manchester Local Care Organisation has been drafted. This document describes the ten-year intentions of the Manchester commissioners (the council and the CCGs) to commission a Local Care Organisation for Manchester – with the aim of bringing together a range of services to be delivered outside a hospital setting. These services currently include adult health and social care, but some children's services will also form part of it in the future.

Within the prospectus, it not only makes the case for change based on current health inequalities, but it also outlines key objectives around the promotion of independence, reducing the reliance where appropriate on health and social care provision.

It also sets out the expectations around financial savings to be made by reducing activity in hospitals and in residential care and to be cared for in own homes for as long as possible. Additionally, it describes how the LCO will be expected to show strong links back to local communities.



Typically it will mean investing in community-based services as well as tackling the wider issues that can affect health, ranging from alcohol and diet, to poverty, housing quality, leisure services and employment. Building on work started in 2013 - and the start of the city's integrated neighbourhood teams - commissioners want to join up health and social care services further to better meet people's needs.

Commissioners expect to see a strong emphasis placed on prevention and self-care with support to promote wellbeing. The LCO will need to make greater use of wider health and social care partners to deliver care for patients, reduce waste, reduce avoidable hospital and residential care admissions, prevent avoidable illness and promote a healthy lifestyle within communities.

Alongside the work to prepare a Manchester LCO prospectus, there was a recent meeting between the key organisations involved to come to a consensus on the type of partnership behind the LCO, although the nature and form is still to be determined.

Discussions reflected how the LCO will be a separate legal entity, commissioned by the CCGs and Manchester City Council and it will be offered a single contract to organise care. It is important to note that health and social care staff won't have any differences in their contractual terms and conditions – so for example, if they are currently employed by the council, they will remain a council member of staff.

The four core agencies of the LCO are the statutory organisations involved in the partnership, which are the GP Federation, single hospital system, the council, and the mental health trust. However, the voluntary and community sector will be central – and vital to it - through the emphasis placed on their roles in the 12 neighbourhood teams and also the approach behind the Manchester Strategy, which represents the ambitions for the city.

Talks between the four agencies looked at how the LCO contract could enhance and make the most of new models of care at neighbourhood level. They also acknowledged that the long-term vision is for the LCO to take on the total potential contract which could be about £900m once fully developed, but the initial contract is likely to be smaller while a track record is established.

The body will need to provide financial assurance to commissioners (this has yet to be determined) and the back office infrastructure will also be provided by one or more of the parties.

## **Next steps**

The next stage with all these developments will be around moving the agreement into more formal proceedings, which include the commissioners issuing a finalised prospectus for response. In turn the LCO would then set out a reply in the form of a business plan and financial case, supported by key metrics that the LCO would be committing to.

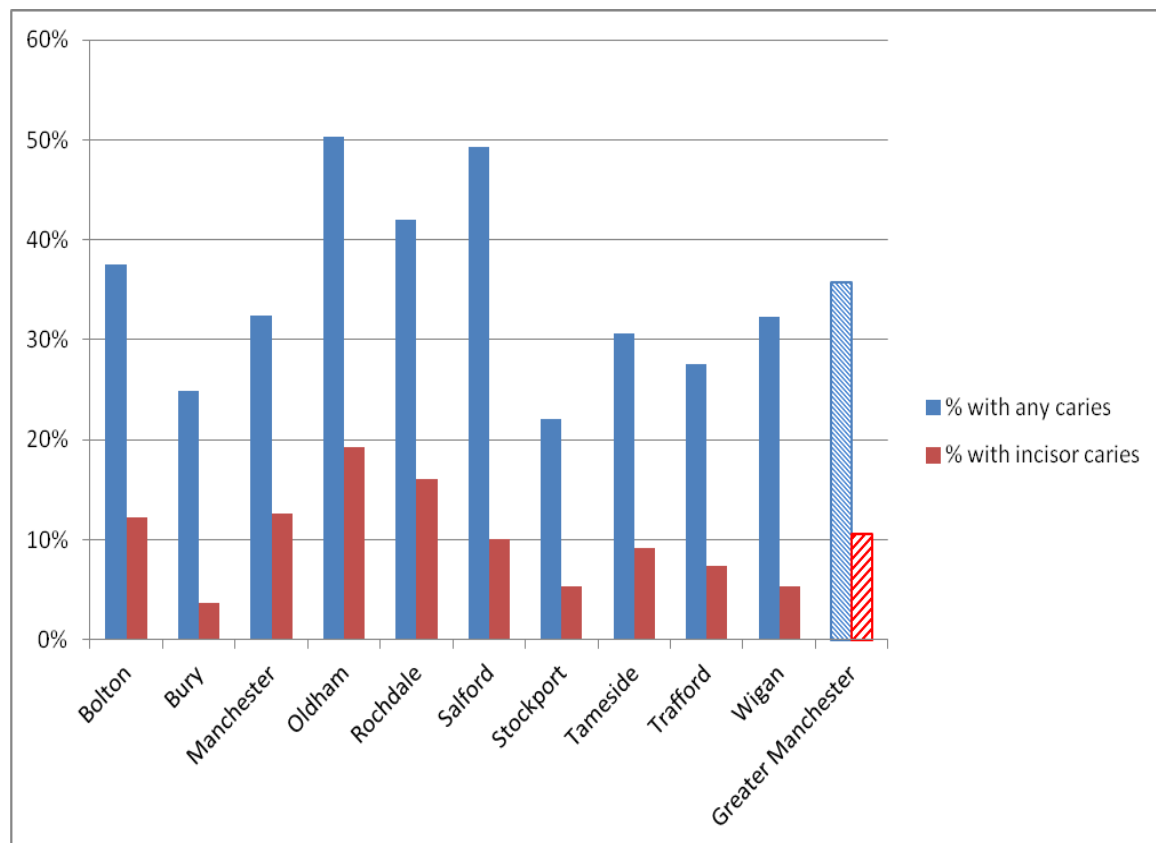
## Public Health Update

### Getting the youngest people in our communities off to the best start in life

We know that the health of people in Manchester is generally worse than the England average at all key stages of life. This is why the Manchester Public Health Team, based at the council are leading the redesign of public health services in the city to improve outcomes for children, adults and older people, building on recent successes.

For instance in 2008 Manchester had the highest levels of tooth decay in five-year-olds in England. However between 2008 and 2015 Manchester has significantly reduced the levels of tooth decay in this age group at a faster rate than the improvements seen in the rest of country. So much so that Manchester has now moved out of the bottom 10 worst authorities in England and is performing well compared to neighbouring authorities in Greater Manchester.

### Percentage of 5-yr-olds with one or more decayed, extracted or filled teeth in Greater Manchester, 2015.



Source data: Public Health England Dental Public Health Epidemiology Programme – in partnership with local authorities

Across Manchester there are now have 145 nursery and school sites where there is supervised brushing in foundation years and 5000 children now consume fluoridated milk daily at school. We know we can do more in relation to child weaning and feeding and our partnership approach with Early Years Services and peer support programmes with parents, will deliver further improvements.

Finally it is important to recognise that tooth extraction under general anaesthetic (GA) is still one of the major reasons why children are admitted to hospital. If we can prevent dental disease we will not only save money but also improve the wellbeing, confidence and self-esteem of children and young people in the city. Good oral health in childhood is an excellent indicator of general good health and wellbeing throughout life.

## Mental health in Manchester

The process to transfer services provided by the Manchester Mental Health and Social Care Trust to a specialist Mental Health Foundation Trust within the Greater Manchester footprint is progressing. Services will transfer to Greater Manchester West Mental Health Foundation Trust following a selection process managed by NHS Improvement in accordance with statutory requirements.

## Research

History was made recently as a single Manchester bid was awarded £28.5m from the National Institute for Health Research (NIHR), bringing lifesaving tests and treatments a step nearer for millions of people.

The bid was made possible through bringing together the recognised clinical and research expertise from across health and academia, which demonstrates the collaboration that is central to making Greater Manchester devolution a success.

The successful bid has been hosted by Central Manchester University Hospitals NHS Foundation Trust, in partnership with The University of Manchester and the partnership also involves The Christie NHS Foundation Trust, Salford Royal NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust and is supported by Manchester Academic Health Science Centre. It will see Manchester granted prestigious NIHR Biomedical Research Centre status.

This will drive forward pioneering research into new tests and treatments in the areas of musculoskeletal disease, hearing health, respiratory disease and dermatology and three cancer themes (prevention, radiotherapy and precision medicine).

Manchester's researchers impressed an international panel of experts with their proposals that will accelerate the translation of early stage research into new diagnostic tests and treatments. This will make Manchester ideally placed to attract further research investment that will give our patients early access to new and ground-breaking treatments and will deliver wider value to the economy.

## **Greater Manchester Health and Strategic Partnership (GMHSC) updates**

### **Urgent and Emergency Care Taskforce**

Greater Manchester has established an Urgent and Emergency Care Taskforce that will include chief executive and senior clinical / professional level representation from primary and secondary care, councils and commissioning organisations. Improvement of the urgent and emergency care system is a major priority, both across Greater Manchester and nationally.

### **Pennine Acute Care**

An Improvement Board for the Pennine Acute NHS Trust has been established and is being chaired by GMHSC Partnership's Chief Officer, Jon Rouse. The Board has signed off an Improvement Plan drawn up by Salford Royal Foundation Trust and which will respond to issues raised by the Care Quality Commission (CQC) inspection report published in August.

### **Workforce Update**

Greater Manchester's three biggest Universities (Manchester, Manchester Metropolitan, and Salford) have been invited to join the GM Strategic Workforce Board to help with their work to design education programmes for health and social care staff.

## **Thank you for your time**

If you have any further questions, please email:

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