WORKING FOR A HEALTHIER MANCHESTER

STAKEHOLDER BULLETIN THREE

A healthier Manchester.
Our vision, your health
FOREWORD

Welcome to our third issue of this stakeholder bulletin. This is an extra edition between health and wellbeing board meetings, because we now want to hear what our staff think and feel about the proposed local care organisation for Manchester.

Throughout all the plans for health and social care, we have been clear that we need to have a collaborative approach that reflects the expertise, experience and opinions of the staff who would be included within it.

Between November and January there will be a dedicated phase where staff can give their views on proposals. I’d urge all staff to be involved – their opinions are not only welcome, but needed so that together we can shape the best way to make a healthy city.

Please do use and adapt the content of these bulletins to keep staff informed as we face an unprecedented new phase of partnership work.

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.

Both the Single Hospital Service and the Manchester LCO will deliver models of care which span both community and hospital settings to treat people as close to home as possible.
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 last bulletin, the recommendations from an independent options appraisal have been endorsed by each of the three Manchester CCG boards and has also been agreed by the Council’s Executive committee on October 19.

This gives the green light for the formation of one statutory CCG for the city, which will hold a partnership agreement with the council.

This would also mean the merger of the three Manchester CCGs, subject to approval from their GP membership.

Details agreed by the CCG boards and Council Executive included the single commissioning function being led by one accountable officer and a single executive team made up of top clinical, CCG and local authority staff.

There are no further detailed design and implementation plans at this stage – but further details are expected by December. In the meantime there will be a series of sessions throughout this month about MHCC, which will ask staff and GPs for their views and help with designing the new function.
A summary of key decisions points and times include:

- Agreeing the design and implantation plan – by December
- Decision for CCGs to merge – by January
- NHS England approval to merge – by January
- GPs (CCG membership) approval to merge – by January/February
- Decision to proceed - by March
- Formal establishment of Manchester Health Care Commissioning – by April 2017
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 The 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 new single hospital Trust for the city; the plan is then for North Manchester General Hospital (part of The Pennine Acute Hospitals NHS Trust) to be transferred into the new organisation.

The full set of reports can be read here:

Stage One

Stage Two

http://www.manchester.gov.uk/meetings/meeting/2639/health_and_wellbeing_board

Where we are now

Significant progress is being made for the SHS; the three Trusts, programme team and key stakeholders are working closely together to create a new single hospital Trust for our city.

Creating a new single hospital Trust of this scale has not been done before, it’s a first and Manchester is truly breaking new ground. The governance arrangements are all now in place to oversee the delivery of this complex programme and the Programme Board, which includes
membership from Manchester City Council, Trafford Council, commissioners, NHS Improvement and the three Trusts, met for the first time in October.

A key focus point in the last few weeks has been a comprehensive review of all programme activities, interdependencies and associated timings; this work has been supported by clinical, economic and legal advisors.

The programme had ambitious timings which needed to be qualified once the programme team and advisors were in place to carefully work through the finest detail of the external approval processes; approvals are needed from both the Competition and Markets Authority (CMA) and NHS Improvement (formerly Monitor and the Trust Development Authority).

Significant work is well underway by the programme team to prepare the benefits and business cases that are needed. The benefits case will be submitted to the Competition and Markets Authority later this year and a full business case early next year; it is anticipated the CMA approvals process will be completed in June 2017. NHS Improvement will work in tandem to start an extensive approvals process.

Following the completion of the external approval processes, it is intended that UHSM and CMFT will formally create a new NHS Foundation Trust in September 2017.

Once the new Foundation Trust has been established, the plan is for North Manchester General Hospital to be transferred into the new Foundation Trust some 12-18 months after. During this time the three Trusts, programme team and key stakeholders, including staff across all three Trusts, will continue to work together on the planning and implementation of the SHS programme.

To support this work, a proposal has been submitted for investment from the Greater Manchester Transformation Fund to enable the SHS implementation and this forms part of an integrated set of proposals from the Manchester system.

Communications and engagement remains at the heart of the programme. Now that tested and verified timescales have been set out, the programme team will progressively engage with staff, patients, Trust members, Foundation Trust Governors, local stakeholders and the local community along the journey to create a new single hospital Trust that meets the needs of Manchester residents and families.
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.

Where we are now

Since our last update a draft commissioning prospectus for the Manchester Local Care Organisation (MLCO) has been drafted and reviewed by three CCG boards and the council’s executive member for adult health and wellbeing.

The prospectus describes from a commissioner’s point of view, what the LCO will deliver and how it will work.

Review comments have all been incorporated into a current version of the prospectus, which outlines the ten-year intentions of the Manchester commissioners (the council and the CCGs) to commission a Local Care Organisation for Manchester and the delivery of community-based out of hospital services.

It’s vital that staff have input into shaping the new LCO, and there will now be a dedicated phase (November to January 2017) where staff can give their views on how they feel it could best be run and have the best results for Manchester patients. This will include face-to-face briefings, with Trade Union involvement.

The current prospectus will be presented and discussed at Manchester’s Health and Wellbeing Board on November 2. Feedback will then be added into a final version for subsequent the Health and Wellbeing Board
on January 18, 2017 before any further decisions are made on the procurement approach and timescales.

It is anticipated that the new contract will be awarded for 2017/18 running alongside existing arrangements initially, before moving to a single contract with a single organisation for 2018/19.

**Summary Questions and Answers:**

**What is a LCO?**

The LCO will be an organisation, or partnership of organisations, which provides community health, adult social care, mental health and primary care services to people who live in Manchester or are registered with GP practices in the city. It will work very closely with hospitals, voluntary and community sector groups and other health and social care organisations.

**Why do we need it?**

Health and care services in Manchester are of a high quality and are delivered by dedicated and expert staff. However, despite the efforts of all health and social care organisations in the city, health outcomes remain poor with Mancunians living a greater proportion of their life in poor health, and dying younger, than in other parts of the country. Also, due to the number of different service providers in the city, people who live in different parts of the city do not have access to the same range of services. Bringing social care services together with physical and mental health services, and delivering them in a consistent way across the city, will help people stay well in their own home and treat them promptly when they need further care.

**Which services will be provided by the LCO?**

In 2017/18, it is proposed that the following services would be provided by the LCO:

- All current community health services delivered by University Hospital of South Manchester, Central Manchester Foundation Trust and Pennine Acute Trust (in North Manchester)
- All adult social care teams (apart from safeguarding)
Some aspects of Primary Care – Evening and Weekend appointments, Locally Commissioned Services, ‘Manchester Standard’ services

In addition, it is proposed that wellbeing, drugs and alcohol, sexual health and some other public health programmes will be sub-contracted by the LCO during 2017/18.

In 2018/19, it is planned for further services to be provided by the LCO. These include mental health services, Children's services, GP out of hours services and some 'scheduled care' services currently provided in a hospital setting e.g. outpatient appointments.

**How will the LCO work?**

As well as providing a range of services, the LCO will work closely with voluntary sector organisations and local communities across the city to make sure that we make use of the many assets that Manchester has to address the poor health outcomes in the city. These teams will work collaboratively to empower people to increasingly self-care and improve wellbeing.

**What is the LCO Prospectus?**

The LCO Prospectus describes, from a Commissioner point of view, what the LCO will deliver and how it will work. The Commissioners are the 3 Manchester Clinical Commissioning Groups and Manchester City Council. A copy is available here [www.manchesterccgs.nhs.uk/the-lco-prospectus](http://www.manchesterccgs.nhs.uk/the-lco-prospectus).

**Who will run the LCO? How will it this be decided?**

Due to the scope of the LCO and the value of the contract to deliver the services, commissioners will need to carry out a provider selection exercise. Commissioners will want the successful applicant(s) to demonstrate strong working relationships with services and service providers in the city and the ability to provide quality, value for money and choice. A schedule of required characteristics for the successful provider, or partnership of providers, will be developed throughout November 2017.
How long will the contract be and what is its value?

The contract is expected to be for 10 years. The exact value is not known at the moment.

What are health and social care providers in the city doing to prepare for this?

While the Commissioners have been developing the LCO Prospectus, the main health and social care providers in the city have been working together to look at working in partnership.

The providers in question are:

- Central Manchester Foundation Trust
- Pennine Acute Trust
- University Hospital of South Manchester
- Manchester Mental Health and Social Care Trust
- Manchester City Council
- Manchester Primary Care Partnership (a federation of all GP practices in Manchester)
- MACC, representing the voluntary community and social enterprise sector
- Local medical and pharmacy committees
- NWAS
- Dentistry and optometry.

These organisations have been meeting regularly for the past 18 months to look at how we can work together to deliver the transformation for the people of Manchester, and therefore how the LCO could enhance and make the most of new models of care already being developed and delivered at neighbourhood level by the partners in question.

These discussions continue and further information on how the partnership will be constituted and how it will deliver services will be established once the LCO criteria are finalised by commissioners.
What happens now?

The Manchester CCGs and Manchester City Council will be asking for feedback from partner organisations, stakeholders and staff about the LCO prospectus. This will begin after the Health and Wellbeing Board on the 2 November 2016 and run until 2 January 2017. This will include face-to-face briefings with staff, with trade union involvement. All feedback will be considered and then the final version of the Prospectus will be presented to the Health and wellbeing Board on the 18th January.

The engagement exercise will also consist of the prospectus being sent out to a range of partner organisations and stakeholders, inviting organisational and staff responses where relevant. Commissioners are particularly keen to hear from voluntary and community sector organisations about how they envisage working with, or within, the LCO. The prospectus will also be available online, along with a video explaining Manchester’s ambition for integrated care and how it will work in practice.

How will the plans in Manchester affect other parts of Greater Manchester?

Health and social care services in Manchester often provide services to people who are not resident in the city and, equally, some Manchester residents receive services from neighbouring boroughs. As plans are developed, we will ensure that key stakeholders from outside the city boundaries understand, and have the opportunity to influence, our LCO prospectus – beginning with the imminent engagement exercise. In some areas, for example nursing and residential care, it is important that we work increasingly closer together across Greater Manchester to ensure there is sufficient, affordable capacity across the conurbation for those who can no longer live in their own home. This joint working is helped by the fact that all health and social care partners work together under the GM Health and Social Care Partnership.

When will this happen?

The aim is for the LCO to be fully operational from April 2018 with progress made towards this during the previous year.
Thank you for your time

If you have any further questions, please email:
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