Whole systems change – “what, why, when and who!”

DevoManc – The story so far

Dr Colin Tate - Director of Manchester Primary Care Partnership
Dr Colin Tate – Part One: ‘federating’ in modern day healthcare

Kathy Toppin – Part Two: Seven day extended access

Dr Sohail Munshi – Part Three: 2020 vision and LCO development
Part One
‘federating’ in modern day healthcare
Preamble

• What are the issues facing modern day healthcare?
  – Ageing population
  – Austerity
  – Raising standards
  – Workforce succession planning
Stats

- **90%** of patient contacts are held in primary care
- **300** million consultations
- Only **9%** of the NHS funding is spent on primary care

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Gilbert (2013). Transforming Primary Care in London: General Practice A Call to action. NHS England
Figures

• **43,000** General Practitioners across the UK
• **9,800** approx. GP practices
• **24%** increase in activity since 1998

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Reality

• It is not possible for 43,000 GPs working in 9,800 practices to ‘all’ sit at the ‘Top Tables’ and participate in local negotiations on behalf of primary healthcare!

• But circa 200 federations can!
“The only way to predict the future is to have the power to shape it”
- Eric Hofer
On with the Presentation

• Our GPPO’s – Setting the scene
• The Tools – Technology driven
• So What – The good, the bad and the ugly
Setting the scene

OUR GPPO’S
Embryonic Idea (Aims & Objectives)

• Across the 3 localities of Manchester we individually asked ourselves “how can we do things better?”
• Researched our options
• Checked ourselves with the question – WHY?
  – Protect primary care as a model
  – Deliver patient healthcare more efficiently
  – Offer total population coverage
  – Maintain practice income
  – Get a seat at the top tables
Outline Idea (Drivers)

Generic Service Provision

- CCG
- GPPO
- Community Clinic
- Practice A
- Practice B
- Practice C
- Practice D
- Specialist Nurse
- Patients
- Cons Room
- GPSI
How to bring life to the (GPPO’s)

• We each looked at a number of options
  – Federations – different models
  – Partnership groups/networks
  – Single large practices
  – Limited companies
    • Standard
    • Community interest company (CIC)
  – Charities
  – Business partnerships
  – Industrial and provident societies (IPS)
• Chose Limited Company
  – Adopting the CIC approach (North & Central)
  – Adopted the ‘for profit’ approach (South) under review
What we Did Next

• Obtain a mandate from the practices
• Obtain legal support
• Obtain financial accounting support
• Obtain project management support
• Rolled up our sleeves!
Then came the Tri-federation

• The Manchester Primary Care Partnership Ltd
  – Northern Health GPPO Ltd
  – Primary Care Manchester Ltd
  – SMGPF Ltd

• Focus’ on citywide projects
  – Equal ownership across the three GPPOs
MPCP LTD ORGANISATIONAL CHART

Manchester Primary Care Partnership Ltd

3 Shareholders

Northern Health GPPO Federation
36 Practices

Primary Care Manchester
31 Practices

South Manchester GP Federation
24 Practices
City Wide Projects

- Prime Ministers GP Access Fund (PMGPAF)
  - Awarded wave 2 pilot status for additional access across the city
    - 600,000+ patients
    - 91 GP Practices

- Transformation
  - We have the seat at the Top Table in the development of the GPFV

- Mental Health
  - We have a seat at the Top Table in the development of this service too
So, how did we do it?

• Tenacity
• Shared Vision – Primary Care & CCG
• By drawing on existing resources
  – Facilities
  – Skills
• Use of a shared clinical system (EMIS Web)... (USP)
Technology driven

THE TOOLS
Schema

• Each fed has a separate instance of EMIS Web
  – Community version
  – Individual provider

• Bi-Directional Data Sharing Agreement
  – Data
  – Cross-Org appointments
Overview

Practice A

Practice B

Practice C

Practice D

Practice E

Practice F

Practice G
Overview

GPPO

Host Practice W
Host Practice Z
Practice F

Host Practice X
Practice C

Host Practice Y
Practice D
Overview
Data Sharing Agreement

• Sign up of the agreement across all sites
  – Must gain confidence of practices

• Organisational governance must be in place
The good, the bad and the ugly

SO WHAT?
Lessons learned (GOOD)

• Full engagement
  – Share of the ‘vision’ from the beginning
• All practice’s on, or moving to EMIS Web
• Primary care is now able to represent itself at the ‘Top Tables’
• Collaborative working through ‘data sharing’ enables clinicians to deliver ‘appropriate’ healthcare
Lessons learned (BAD)

• Training – Understanding new functionality
  – Cross-Org Apt Booking
  – Importing entries into local instance of EMIS Web

• Communications should not be underestimated
  – Posters
  – Newsletters – Practices & Patients

• Seek specialist advice early on
  – Legal
  – Accounting
  – Business consultancy
Lessons learned (UGLY)

• Managing expectations
  – Who can book what
  – Limitations to prescribing
  – Viewing documents (Docman)
Therefore

• **We feel we are tackling some of the issues facing modern day healthcare...**

• **What will you do?**
Thank You

LET’S TAKE A LOOK AT 7 DAY EXTENDED ACCESS IN MORE DETAIL....
Part Two
7 Day Extended Access Programme
Who are we?

Manchester Primary Care Partnership is a cross Manchester provider, made up of the three local Federations.
Manchester Primary Care Partnership Ltd

Board

Dr Colin Tate
Chief Financial Officer

Dr V Mehra
Chief Medical Officer

Dr S Munshi
Chair

Kathy Toppin
Operations Director

Dr S Hyde
Vice Chair

Jayne DaBell
Governance Director

Andrew Giles
Project Director (interim)

Liz Gallagher
Project Manager

Lyziane Mbu
Administration / Accounts Clerks

3 Shareholders

Northern Health GPPO Federation
36 Practices

Primary Care Manchester
31 Practices

South Manchester GP Federation
24 Practices
What did we plan to do?

- Manchester Access was an **ambitious scheme** to reach **590,000** people of Manchester, across **three CCG areas**

- Manchester Primary Care Partnership is the contracting vehicle, whilst the three local Federations delivered the frontline services

- Operate **12 Community hubs**, aligned to CCG neighborhoods **6pm – 8pm weekdays**, and **10am-6pm on weekends**.

- Establish **3 A&E hubs**, aligned to the three acute trusts, **8am-8pm 7 days per week**.

- Ensure we had **full read/write access** to the full **primary care record**.
What have we actually done?

- We have *maintained all our original aims*, and have made strong progress in delivery
How are we getting on?

Project Team – **Recruited** relevant **expertise** to **deliver** project objectives, and implemented **project structure** and **governance**

Community Hubs – **10 hubs mobilised**, 2 remaining

Appointments – All mobilised hubs **taking appointments** from across their associated ‘home’ practices via **shared appointment books**

Patient record – We have **read/write access** to full primary care record **operating effectively**, and EMIS highly engaged in snag resolution

A&E Hubs – **All now fully operational**

Communication Strategy - **External provider appointed**, internal and external comm’s strategy close to sign –off.
What challenges have we faced?

- As young and small organisations, it isn’t always easy to meet all the **reporting, meeting and strategic requirements**, as the focus has been on **getting the job done**
- **Recruitment** and retention of **workforce** is **challenging**, requiring multiple approaches, pension issues
- Lack of recognition of **Federations** hampered IT connectivity with logon’s and e-mail addresses
- **EMIS Web**, whilst a viable solution, has **limitations** and is a fledging product which requires **close working relationships** with EMIS
- **Protracted** and bureaucratic application and submission for **CQC registration** are a frustration
Approach

- The project mobilisation commenced April 2015, phased over a 7 months period.

- Full operational mobilisation was achieved November 2015 across 15 location.

- The External Communications campaign commenced 4th January 2016.
Demographic Utilisation

Female - 57%  Male 43%
Community Hubs Utilisation

NHGPO Community
PCM Community
SMGPF Community
Community Hubs Utilisation by Day
A&E GP Hub Utilisation

- NHGPO Hospital
- PCM Hospital
- SMGPF Hospital
## NHS 111 Referrals

<table>
<thead>
<tr>
<th>Appointments booked via NHS 111</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>Total to-date</th>
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<tbody>
<tr>
<td>North</td>
<td>0</td>
<td>21</td>
<td>34</td>
<td>23</td>
<td>23</td>
<td>101</td>
</tr>
<tr>
<td>South</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>12</td>
<td>6</td>
<td>31</td>
</tr>
</tbody>
</table>
## Average Wait From Booking to Been Seen

<table>
<thead>
<tr>
<th></th>
<th>Cheetham Hill Medical Centre</th>
<th>Conran Medical Centre</th>
<th>Hazeldene Medical Centre</th>
<th>New Islington Medical Practice</th>
<th>NMGH GP Hub</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>7.13</td>
<td>8.42</td>
<td>6.69</td>
<td>7.68</td>
<td>3.85</td>
<td>6.07</td>
</tr>
<tr>
<td><strong>Tue</strong></td>
<td>8.75</td>
<td>9.06</td>
<td>8.43</td>
<td>8.25</td>
<td>5.57</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Wed</strong></td>
<td>8.47</td>
<td>11.66</td>
<td>9.21</td>
<td>9.13</td>
<td>6</td>
<td>8.21</td>
</tr>
<tr>
<td><strong>Thu</strong></td>
<td>6.69</td>
<td>10.27</td>
<td>7.32</td>
<td>8.07</td>
<td>4.54</td>
<td>6.87</td>
</tr>
<tr>
<td><strong>Fri</strong></td>
<td>9.17</td>
<td>8.42</td>
<td>8.13</td>
<td>6.99</td>
<td>4.92</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>Sat</strong></td>
<td>31.06</td>
<td></td>
<td></td>
<td></td>
<td>22.57</td>
<td>29.64</td>
</tr>
<tr>
<td><strong>Sun</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>51.44</td>
<td>51.5</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>16.8</td>
<td>9.54</td>
<td>7.95</td>
<td>13.66</td>
<td>5.85</td>
<td>10.27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Chorlton Family Practice</th>
<th>Dickenson Road Medical Centre</th>
<th>MRI GP Hub</th>
<th>The Arch Medical Practice</th>
<th>West Point Medical Centre</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>11.56</td>
<td>7.18</td>
<td>4.34</td>
<td>6.07</td>
<td>4.51</td>
<td>5.72</td>
</tr>
<tr>
<td><strong>Tue</strong></td>
<td>11.4</td>
<td>6.38</td>
<td>6.56</td>
<td>6.78</td>
<td>3.93</td>
<td>6.89</td>
</tr>
<tr>
<td><strong>Wed</strong></td>
<td>16.48</td>
<td>7.65</td>
<td>6.28</td>
<td>5.49</td>
<td>3.86</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Thu</strong></td>
<td>9.57</td>
<td>5.71</td>
<td>5.14</td>
<td>5.63</td>
<td>5.46</td>
<td>5.55</td>
</tr>
<tr>
<td><strong>Fri</strong></td>
<td>14.65</td>
<td>6.38</td>
<td>6.39</td>
<td>3.6</td>
<td>4.39</td>
<td>6.02</td>
</tr>
<tr>
<td><strong>Sat</strong></td>
<td></td>
<td>34.84</td>
<td>24.04</td>
<td></td>
<td></td>
<td>27.89</td>
</tr>
<tr>
<td><strong>Sun</strong></td>
<td>78.62</td>
<td></td>
<td>61.71</td>
<td></td>
<td></td>
<td>77.74</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>32.68</td>
<td>13.64</td>
<td>7.11</td>
<td>5.53</td>
<td>4.44</td>
<td>10.21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Barlow Medical Centre</th>
<th>Ladybarn Group Practice</th>
<th>Northenden Group Practice</th>
<th>Peel Hall Medical Practice</th>
<th>UHSM GP Hub</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
<td>26.65</td>
<td>47.47</td>
<td>11.71</td>
<td>8.71</td>
<td>7</td>
<td>17.53</td>
</tr>
<tr>
<td><strong>Tue</strong></td>
<td>20.37</td>
<td>32.8</td>
<td>14.67</td>
<td>28.13</td>
<td>13.17</td>
<td>17.48</td>
</tr>
<tr>
<td><strong>Wed</strong></td>
<td>20.42</td>
<td>32.75</td>
<td>14.68</td>
<td>26.17</td>
<td>14.55</td>
<td>17.69</td>
</tr>
<tr>
<td><strong>Thu</strong></td>
<td>26.27</td>
<td>44.87</td>
<td>11.15</td>
<td>15.22</td>
<td>19.82</td>
<td></td>
</tr>
<tr>
<td><strong>Fri</strong></td>
<td>31.49</td>
<td>40.33</td>
<td>18.83</td>
<td>16.04</td>
<td>20.64</td>
<td></td>
</tr>
<tr>
<td><strong>Sat</strong></td>
<td>29.82</td>
<td>31.81</td>
<td>29.83</td>
<td>28.22</td>
<td>29.34</td>
<td></td>
</tr>
<tr>
<td><strong>Sun</strong></td>
<td>50.6</td>
<td>46.54</td>
<td>50.25</td>
<td>48.53</td>
<td>47.98</td>
<td></td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>24.67</td>
<td>38.32</td>
<td>16.71</td>
<td>21.1</td>
<td>15.29</td>
<td>20.38</td>
</tr>
</tbody>
</table>
## Questions on the Patient Questionnaire

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>The name of your GP practice where you are registered as a patient?</strong></td>
</tr>
<tr>
<td>2</td>
<td>Which health site have you visited today for your appointment?</td>
</tr>
<tr>
<td>3</td>
<td>Did you find today’s appointment convenient for you?</td>
</tr>
<tr>
<td>4</td>
<td>Please briefly explain your response</td>
</tr>
<tr>
<td>5</td>
<td>How likely are you to recommend this service to friends and family if they need similar care or treatment?</td>
</tr>
<tr>
<td>6</td>
<td>Please tell us why you feel that way about the service?</td>
</tr>
<tr>
<td>7</td>
<td>What would you have done today if the appointment had not been available?</td>
</tr>
<tr>
<td>8</td>
<td>Please share any additional feedback</td>
</tr>
</tbody>
</table>
## Key Finding
Based on 342 respondents

- **Q3** 97% of patients found the appointment to be convenient
- **Q4** Briefly explain your response

<table>
<thead>
<tr>
<th>Good service at short notice</th>
<th>I was not aware of this service</th>
<th>Excellent, very helpful</th>
<th>Suitable for van driver</th>
<th>Quick &amp; Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Work</td>
<td>Brilliant</td>
<td>Waste of resources</td>
<td>Appointment offered straight away</td>
<td>Local</td>
</tr>
<tr>
<td>Very Helpful</td>
<td>Only able to attend after work</td>
<td>Convenient &amp; available when needed</td>
<td>Different work shift each week</td>
<td>Surprised / Good</td>
</tr>
<tr>
<td>don't have to take time off work</td>
<td>Good to have GP on weekends</td>
<td>Got appointment as soon as referred</td>
<td>No time off from work</td>
<td>Practice happy to help</td>
</tr>
<tr>
<td>Happy to travel a mile</td>
<td>Happy to get same day appointment</td>
<td>Good as I work late</td>
<td>Excellent</td>
<td>Man problems!!!</td>
</tr>
<tr>
<td>My GP had no appointment until next week</td>
<td>No appointment available for workers at own GP</td>
<td>Pleased the option is available</td>
<td>Very helpful being at weekend due to working all week</td>
<td>Very impressed with service</td>
</tr>
<tr>
<td>Very Quick</td>
<td>It is a life saver</td>
<td>good hours</td>
<td>Excellent, quick, friendly &amp; efficient service</td>
<td>Not much waiting</td>
</tr>
</tbody>
</table>
**Key Finding**

Based on 342 respondents

- **Q5** 95% of respondents said it was very likely or likely that they would recommend the service
- **Q6** Please tell us why you feel that way about the service?

<table>
<thead>
<tr>
<th>Daughter needed it</th>
<th>Easy to get contact</th>
<th>Convenient &amp; flexible</th>
<th>Cancer scare</th>
<th>Very good service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impressed with convenient service</strong></td>
<td>Friendly staff/ had my records</td>
<td>The alternative was to wait</td>
<td>Nice &amp; pleasant staff</td>
<td>Very Good Service</td>
</tr>
<tr>
<td>Dr Munshi is excellent</td>
<td>Great as I work away all week</td>
<td>Fits with work schedules</td>
<td>Happy &amp; should be continued</td>
<td>Seen quicker &amp; less stressful</td>
</tr>
<tr>
<td>Needed urgent same day advice</td>
<td>Trying to get an appointment is a nightmare</td>
<td>Took time to listen, explain problem</td>
<td>I was given the help I need</td>
<td>Good to see the GP on the weekend</td>
</tr>
<tr>
<td>Great for last minutes emergencies</td>
<td>Convenient &amp; very accessible</td>
<td>We all need last minute appointment</td>
<td>Hard to get appointment because of work</td>
<td>Out of the way</td>
</tr>
<tr>
<td>Good doctors</td>
<td>Convenient &amp; lovely modern building</td>
<td>First time I have been, Good</td>
<td>Convenient time slot</td>
<td>Great saved visit to A&amp;E</td>
</tr>
</tbody>
</table>
Northern GPPO

Q: What would you have done if today's appointment had not been available?
South Manchester Federation
What would you have done if today's appointment had not been available?

![Bar chart showing alternative choices if no appointment is available.]

- Waited for own GP Appointment: 55.33%
- Visited A&E: 12.37%
- Visited Walk-in: 16.49%
- Seen Pharmacist: 3.44%
- Nothing: 6.87%
- Other: 5.50%
Primary Care Manchester
What would you have done if today's appointment had not been available?

Alternative choice if no appointment is available

<table>
<thead>
<tr>
<th>Alternative Choice</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waited for own GP Appointment</td>
<td>45.90%</td>
</tr>
<tr>
<td>Visited A&amp;E</td>
<td>22.95%</td>
</tr>
<tr>
<td>Visited Walk-in</td>
<td>19.67%</td>
</tr>
<tr>
<td>Seen Pharmacist</td>
<td>0.82%</td>
</tr>
<tr>
<td>Nothing</td>
<td>6.56%</td>
</tr>
<tr>
<td>Other</td>
<td>4.10%</td>
</tr>
</tbody>
</table>
### Q8 Please share Any Addition Feedback

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Dr Munshi very caring</th>
<th>Fantastic service at weekend</th>
<th>Every practice should have this service</th>
<th>Keep longer opening times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fantastic service, great GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovely GP referred me to hospital for breast lump check</td>
<td>Would be good to book in advance weekend appointment</td>
<td>Appointment unnecessary as it was just a repeat prescription</td>
<td>Great</td>
<td>Put my mind at ease seeing the Doctor</td>
</tr>
<tr>
<td>GP very considerate &amp; helpful</td>
<td>Easy location, good environment</td>
<td>Working mum with a toddler frequently unwell</td>
<td>Fantastic service as part-time worker</td>
<td>Appointment made available quickly, great service</td>
</tr>
<tr>
<td>Helped in not seeking emergency appointment at A&amp;E</td>
<td>Dr Munshi very caring</td>
<td>Excellent service for shift workers means no time off work</td>
<td>Happy with the service</td>
<td>This is what working people need</td>
</tr>
<tr>
<td>Appointment in less than 1hr of calling</td>
<td>Great service, quick appointment</td>
<td>Great service for workers</td>
<td>Very convenient &amp; a good idea for people who can't always make it at given times</td>
<td>Good help &amp; advice</td>
</tr>
<tr>
<td>Friendly, Caring &amp; professional GP</td>
<td>Welcoming staff, nice GP, good surgery</td>
<td>Don't have to wait too long</td>
<td>useful for working and people with family obligations</td>
<td>would have made a weekday appointment</td>
</tr>
</tbody>
</table>
LET’S TAKE A LOOK AT THE 2020 VISION AND LCO DEVELOPMENT....
Part Three
2020 vision and LCO development
A Vision for Place Based Hubs in Manchester
Introduction

These slides have been jointly produced with representation from Manchester City Council, Central Manchester Clinical Commissioning Group and Central Manchester Foundation Trust.

They outline a proposition for the development of a joint community estates strategy to be further considered by partners.

Contents:

– Changing Operational Environment, Common Themes & Estates Impact
– Vision - 12 Place Based Hubs
– High Level Expected Benefits
– Example: Health & Social Care Integration
– Next Steps
Changing Operational Environment

- Large number of public sector programmes and initiatives being delivered throughout Manchester, examples include:
  - Devo Manc
  - Living Longer Living Better: One Team & Place Based Care
  - Early Years
  - Extra Care
  - One Public Estate
Common themes

• Increase in partnership working and integration of services
• The breaking down of organisational boundaries
• Whole system design based around the person and place rather than organisation and service
• Identifying and realising revenue savings
Estates Impact

• Integration of public services will challenge estates and facilities management teams to work in a different way and develop new collaborative support models

• Designing services around person and place will see an increase in demand for community based accommodation

• In general community based estates are in need of significant investment to bring them up to the standard required
Illustrative Example – Place Based Hubs in Central

Neighbourhood Area 1
Chorlton, Whalley Range & Fallowfield

Neighbourhood Area 2
Hulme, Moss Side, Rusholme

Neighbourhood Area 3
Ardwick & Longsight

Neighbourhood Area 4
Gorton N, Gorton S & Levenshulme

Nb. No locations have been identified for development to date.
Health and Social Care have begun to design new services around a place based model.

A key design principle being wherever possible Health & Social Care services should be delivered either in the person’s home or as close to their home as is practicable.

This has lead to the development of a 12, 3, 1 estates model that fits well with a hub & spoke estates strategy.
Example: Health & Social Care: 12 / 3 / 1 Estates Delivery Model

1. Citywide Services

Locality Services (North) Locality Services (South) Locality Services (Central)

3. Neighbourhood Services

12. Indicative Services – Phase 1

- Single Point of Access
- MEAP
- Specialist Palliative Care Team
- Community Neuro Teams

- Other Specialist Teams

- Learning Disabilities
- Integrated Care
- Reablement
- PAT Team
- Integrated Discharge Teams

- IV Therapy
- Tissue viability
- Funded Nursing Care
- Stroke Teams
- Falls Teams
- Palliative Care Teams

- District Nursing
- Active Case Management
- ENT/ PICT/ NMINC
- Treatment Rooms
- Podiatry
- GP’s

- Social Work
- Admin/ Business Support
- MSK Services
- Ambulatory Care Services
- PAT
- Community Mental Health

Nb. The services above are indicative and only provided to help illustrate the 12 / 3 / 1 model for Phase 1 integration. This breakdown of services shouldn’t be interpreted as the future delivery model, this is to be developed by the Living Longer Living Better Design Workstream.
One Team - place based care

Background and Context
The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester
GM strategic plan for health and care

1. Strategic Direction
   The Strategic Plan will set out the vision for the delivery of services within GM and what a sustainable approach would look like.

2. Locality Plans
   The Strategic Plan will provide a framework to ensure the overall level of ambition is achieved and for the development of Locality Plans. Each area in GM will produce their own five year Strategic Plan for the five years from 2016/17.

3. GM Transformation Proposals
   A key component of the Strategic Plan will be to identify new models of care/strategies and where transformation is needed.

4. Financial Plan & Enablers
   A GM Model will be developed enabling scenario planning for the significant changes of services that will be required. It will be capable of predicting the impact of new models of care and of locality and sector plans.
Manchester's Locality Plan (A Healthier Manchester)

Public Health | Cancer | Primary Care | Living Longer Living Better | Mental Health | Urgent & Emergency Care | Learning Disability | Children & Young People | Housing / Assistive Technology | Single Hospital Service
---|---|---|---|---|---|---|---|---|---
Salford | Bury | Oldham | Wigan | Manchester | Stockport | Bolton | Tameside | Trafford | Rochdale

Greater Manchester Strategic Plan

Locality Plans

Manchester’s Local Plan

‘One Team’ Single Hospital system

Single Commissioning System
### The Manchester Strategy – ‘Our Manchester’

Is the city’s high-level framework for action 2016 to 2025

| A thriving and sustainable city | • Economic growth, particularly research & innovation  
| | • Become a leading digital city  
| | • Up skill the workforce to increase employment  
| | • Improve the environmental performance of business |
| A highly skilled city | • Focus on education and training across all age groups  
| | • Equipping people with the right skills for the future |
| A progressive and equitable city | • Improving health outcomes & reforming services  
| | • Creating resilient and vibrant communities of people  
| | • Support people to find and stay in work |
| A liveable and low carbon city | • Increase volunteering, empowering and engaging communities  
| | • Support neighbourhoods to be attractive, safe and welcoming places to live  
| | • Encourage sustainable living (transport, green spaces, and sport) and a low carbon culture  
| | • Engender pride in the City and its diversity through sharing and promoting cultural activities |
| A connected city | • Developing a smart green transport system  
| | • Create a framework for action as a Digital City |

Delivered through Manchester’s Locality Plan ‘A Healthier Manchester’
A Healthier Manchester – 3 Pillars

1. A *Single Commissioning System* (‘One Commissioning Voice’) in the City.

2. ‘*One Team*’ delivering integrated out of hospital community based health, primary and social care services on a city wide basis through neighbourhoods.

3. A ‘*Single Manchester Hospital Service*’, with consistent and complementary arrangements for the delivery of acute services.
2. One Team – Place Based Care

- Community-based care, focussed upon ‘place’

- Professionals working together, with carers and community groups in each neighbourhood

- 12 networked teams working across the city

- Building capacity and skills in local communities
2. One Team – Place Based Care

Phase 1

• Health and Social Care Integration – bringing together 6 disciplines into x 12 multi-disciplinary teams, co-located and with integrated processes and management (Social Work, Primary Assessment, Reablement, District Nursing, Active Case Management and Intermediate Care).

Phase 2

• Developing new primary care based models of care in the x 12 neighbourhood areas
• Setting up a Local Care Organisation to hold a single contract for out of hospital care.
2. One Team – Single Contract

• Commissioners stated intention to let a single contract to a single contract holder from April 17 for out of hospital health and care services.
• Scope expected to grow over time as District General Hospital services identified and aligned to local care provision (from secondary care provision).
2. One Team – Local Care Organisation for Manchester

Primary, Community, Social Care, Local Groups, Mental health
3. Single Manchester Hospital Service

• Proposal for a single hospital service for the city of Manchester. Looking to create a mechanisms for closer collaborative working and to deliver consistent and complementary arrangements for acute care.

• A 2 stage review is underway with stage 1 focussed on a benefits assessment and stage 2 an options appraisal of governance and organisational arrangements, to be completed by the end of May 16.
Role of the Manchester Provider Board

Manchester Provider Board

- Determine programme governance arrangements
- Determine governance and priorities for existing enabling workstreams
- Determining the key priorities or ‘exam questions’ for the work programme to deliver against, including those of the enabling workstreams (eg. IM&T, Estates, Workforce);
- Agree scope (inc exclusions) for each phase
- Determine key milestones
- Develop and hold programme risk register
- Provide assurance and reports on progress to Exec HWG
- Develop and maintain programme plan
- Manage benefit register

Local Care Organisation development

- Agree organisational form
- Agree contractual arrangements
- Define the operating model and performance framework

One Team development & implementation

- Determine key inputs required from existing workstreams
- Determine project governance arrangements
- Define scope (inc exclusions) for each phase
- Develop and maintain milestones and project plans
- Develop benefit profiles
- Develop and manage risk registers
Programme Structure for Manchester Provider Board

Manchester Provider Board

Local Care Organisation development
- Org Form
- Activity & Finance

One Team development & implementation
- Provider Partnership
  - Neighbourhood 1
  - Neighbourhood 2
  - Neighbourhood 3
  - Neighbourhood 4

Enabling Workstreams
- Workforce
- Estates
- IM&T
- Communications
- Finance
- Commissioning
Thank You

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