

Meeting: Governing Body			
Meeting Date	25 November 2020	Action	Receive
Item No.	9	Confidential	No
Title	North Manchester General Hospital Redevelopment Update		
Presented By	Will Blandamer – Executive Director Strategic Commissioning		
Author	Ian Mello – Interim Director of Secondary Care Commissioning		
Clinical Lead	TBC		

Executive Summary
The attached paper will outline the CCG approach and methodology for producing a plan that will describe the range, type and scale of NHS that are required to meet the needs of the Bury population as provided at North Manchester General Hospital.
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> • Notes the update. • Recognises a future requirement to produce a letter of commissioner support

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input checked="" type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
relation to this report?						
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This will need to be done as part of the overall business case and CCG will need to be satisfied that our responsibilities are fully discharged						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

North Manchester General Hospital redevelopment update

1. Introduction

This paper will provide an update to the GB about the current position of the redevelopment of North Manchester General Hospital. It should be ready in conjunction with Appendix 1 – a slide deck providing an overview of the NIGH redevelopment arrangements.

2. Background

National monies of £3.7b were set aside by the Government to redevelop NHS hospitals and the North Manchester General Hospital site was included in the announcement at the Conservative Party conference.

It is important to note a significant amount, circa 40%, of our NHS commissioned activity is delivered from the North site; and this is therefore a great opportunity to participate in the site modernisation and to ensure it continues to meet the needs of our patients in the future, along with providing a modern environment for health and care teams working from the site. It is also a component within the wider Manchester City Council regeneration strategy for north Manchester.

3. Strategic Context

The challenges in the north Manchester community are wide reaching and, in some cases, the most profound in the country. They will not be addressed by looking at health and social care in isolation.

Employment, education, housing and community cohesion all play a vital role in determining health outcomes for our communities, and therefore a radical and wide-ranging approach is required when thinking about health and wellbeing and what influences this.

A new Manchester Health and Care Commissioning strategy has been formulated by partner organisations in Manchester. This is anchored in health and social care, but is designed to drive change, improve prosperity and strengthen the local community. It is congruent with and aligned with the wider Greater Manchester Health and Social Care Partnership Healthier Together and Theme 3/ISC strategic plans and policies.

Improvements at the North Manchester General Hospital site will benefit people from beyond North Manchester, given the reach of the hospital catchment into the neighbouring boroughs of Oldham, Rochdale and Salford, and of course Bury, particularly the south of the Borough.

4. Governance

The CCG/LCO are members on the Service Model Steering Group that will support the production of an outline business case for the site's development. The CCG, through the Director of Quality and Nurse Improvement has also been involved in the quality assurance of service model development. In addition, the site Medical Director Dr. Matt Makin will attend a future clinical webinar and Council Cabinet to initiate an ongoing clinical conversation focused on Bury.

In producing a Bury Locality clinical, activity and finance plan for the NMGH site we will have to ensure that this is underpinned by clinical and political leadership to be developed through a workshop approach during December 2020 and January 2021. We will also facilitate further engagement in the planning across the locality partners and communities.

It is proposed that a time limited Task and Finish Group will be created to undertake the main quantum of this planning work which will be led clinically by Dr Jeff Schryer and managerially by Ian Mello. Its membership will be OCO/LCO cross cutting consist of colleagues from business intelligence, finance, Quality and LCO, primary care, mental health, communications and social care colleagues. Dr Schryer will chair the group. Regular planned monthly updates will be provided to the CCG Governing Body and Strategic Commissioning Board as discussions progress. The Group will finish its work by the end of March 2021.

5. Challenges for Bury CCG

The ongoing issues that may present challenges for the CCG in terms of locations and access for our population are Urology which is subject to a pan GM wide transformation through disaggregation from Pennine Acute NHS Hospitals Trust to the Northern Care Alliance. The CCG has been working with North East Sector colleagues to ensure that this work is safely and timely transferred.

The future of the Prestwich Treatment Centre will need to be determined aligned with the NMGH urgent care offer to ensure appropriately located urgent care services are accessible to our population in the Bury northern neighbourhoods.

6. Timescales

The current plan is to produce the outline business case for the North site and seek initial approval Manchester University NHS Foundation Trust Board in December 2020 with full approval expected in Spring 2021 from NHS England.

7. Letter of Support

In accordance with NHS England Capital Scheme assurance processes (March 2018) Letters of support are required for **all** SOC, OBCs and FBCs for capital schemes over £15m **excluding** whole life schemes (e.g. energy, managed equipment services, leases) and excluding land disposals.

A new letter will be required for every SOC, OBC and FBC with the latest position and with more detail as appropriate to the stage of the business case.

- Letters of support from commissioners including specialist commissioning should be provided at the time the business case is submitted to NHSI. Letters of support from NHS England Regional Finance Directors and the NHS England Chief Financial Officer will need to be submitted.

Manchester Health and Care Commissioning (Manchester CCG) will be co-ordinating the process of collating letters of support from commissioners.

8. Recommendation

The Governing Body is asked to agree to the Task and Finish Group approach and planned workshops going forward, to note monthly update reports will be submitted, and to note the request for the a commissioner letter of support in due course.

Ian Mello

Interim Director of Secondary Care

Bury CCG and OCO

November 13th, 2020

North Manchester General Hospital:

Redevelopment & Service Models

Single Hospital Service: why was change necessary?

Hospital services in Manchester were facing a number of challenges:

- **Fragmented Care** – resulting in unacceptable variations in the care provided across our City to the people of Manchester
- **Staffing challenges** and the need to move to consistent seven-day services
- **Increased demand for services** – poor population health
- **Financial deficits**
- **Missed opportunities to improve services for patients in the past**

Consensus view of all local stakeholders – the status quo should not be maintained

Single Hospital Service benefits

What are the benefits of the city-wide Manchester University NHS foundation Trust?



Consistently high standards of services at all hospitals



More opportunity to attract and keep the best staff



Less duplication and waste across sites



Stronger teams sharing specialised skills 24/7



More joined up patient record and clinical systems



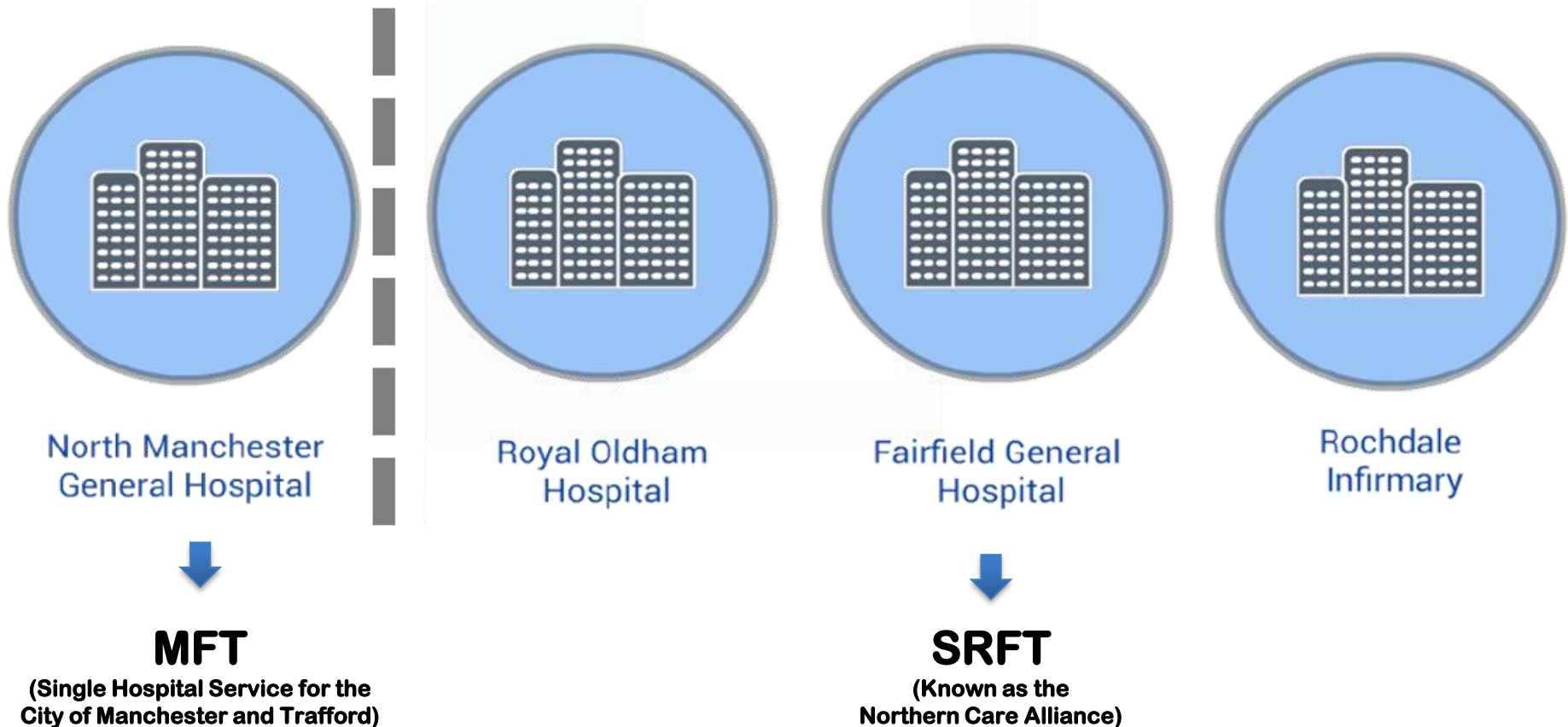
Increased opportunities to attract research funding



Better continuity of care wherever you are treated

Pennine Acute Hospital Trust Transactions

- Two legally separate but intrinsically linked transactions.
- To support the future clinical, financial and workforce sustainability of acute hospital services in the NE sector and across GM.





Redevelopment of NMGH

The vision for North Manchester General Hospital

MFT, SRFT, MHCC and strategic partners are committed to the long-term future of North Manchester General Hospital

The hospital will continue to provide a range of services including emergency, maternity and paediatric care for the residents of North Manchester, Rochdale, Oldham and Bury

Vision for NMGH:

- **A vibrant hospital providing high quality and effective services with excellent patient experience**
- **A well-connected hospital, integrated with on-site mental health care, services in the community, and local people and communities**
- **A hospital that generates jobs and growth in the local economy**
- **A hospital with 21st-century buildings, equipment and IT**
- **A sustainable hospital, both clinically and financially**



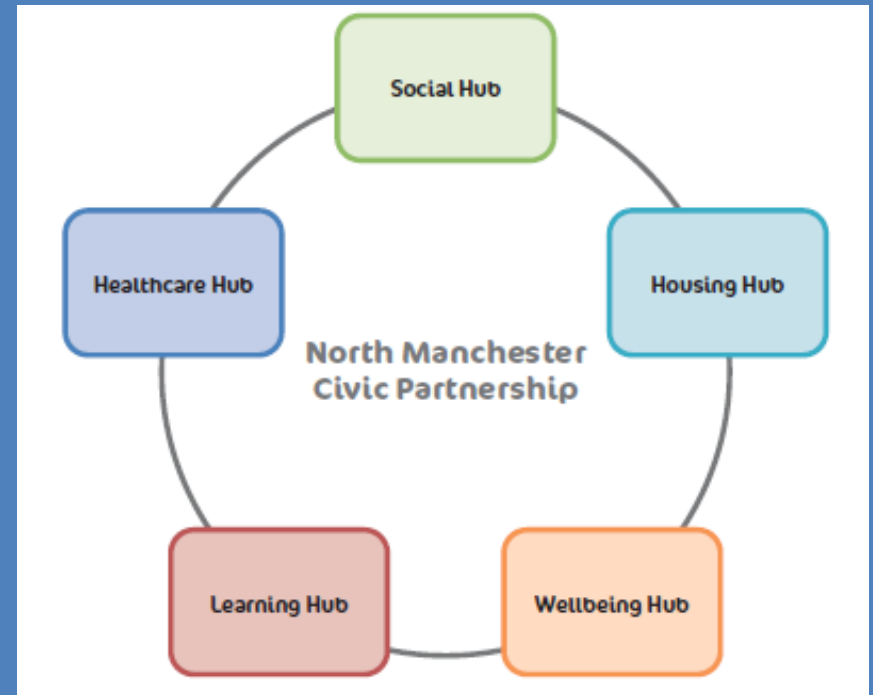
Taking a broader approach

- The challenges in North Manchester are wide reaching and, in some cases, the most profound in the country
- These challenges will not be addressed just by looking at health and social care in isolation
- Employment, education, housing, and community cohesion all play a vital role in determining health outcomes.
- A radical and wide-ranging approach is required
- A new strategy has been formulated by partner organisations in Manchester – anchored in health and social care but designed to drive change, improve prosperity, and strengthen the local community
- Improvements at the NMGH site will benefit people from beyond North Manchester as the hospital's catchment covers neighbouring boroughs of Bury, Oldham, Rochdale, and Salford



The wider vision

- Renewal of inadequate facilities for hospital and mental health services and the development of a vibrant '**Civic Hub**'
- A leading integrated health and social care system in line with the NHS Long Term Plan
- Sustained **improvement** in the health and wellbeing and economic prosperity of the local population
- Development of **a network of hubs** as building blocks to improve lives
- Connectivity with key community assets and to wider communities in the city of Manchester and economic heart of North West England
- The **renewal of North Manchester as 'a whole'** – a focus for change

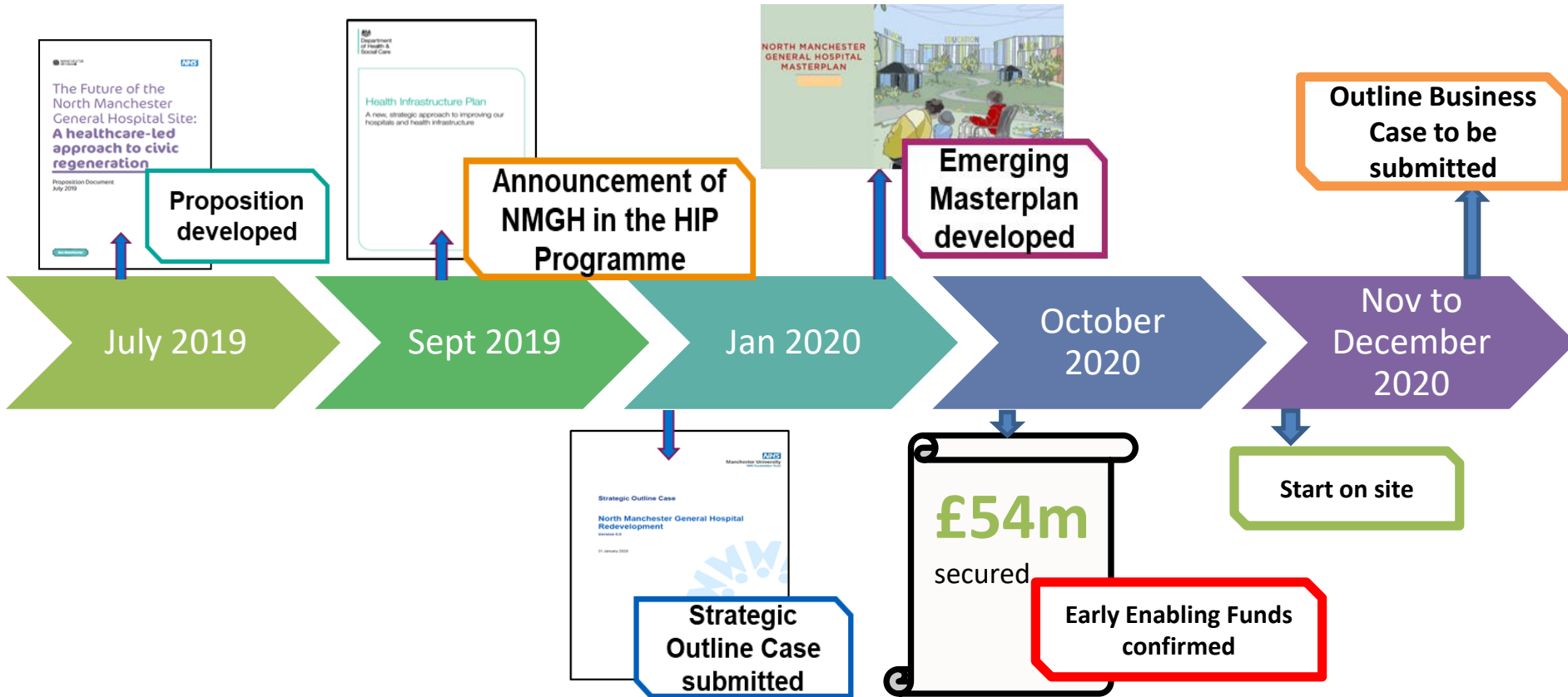


The Opportunity

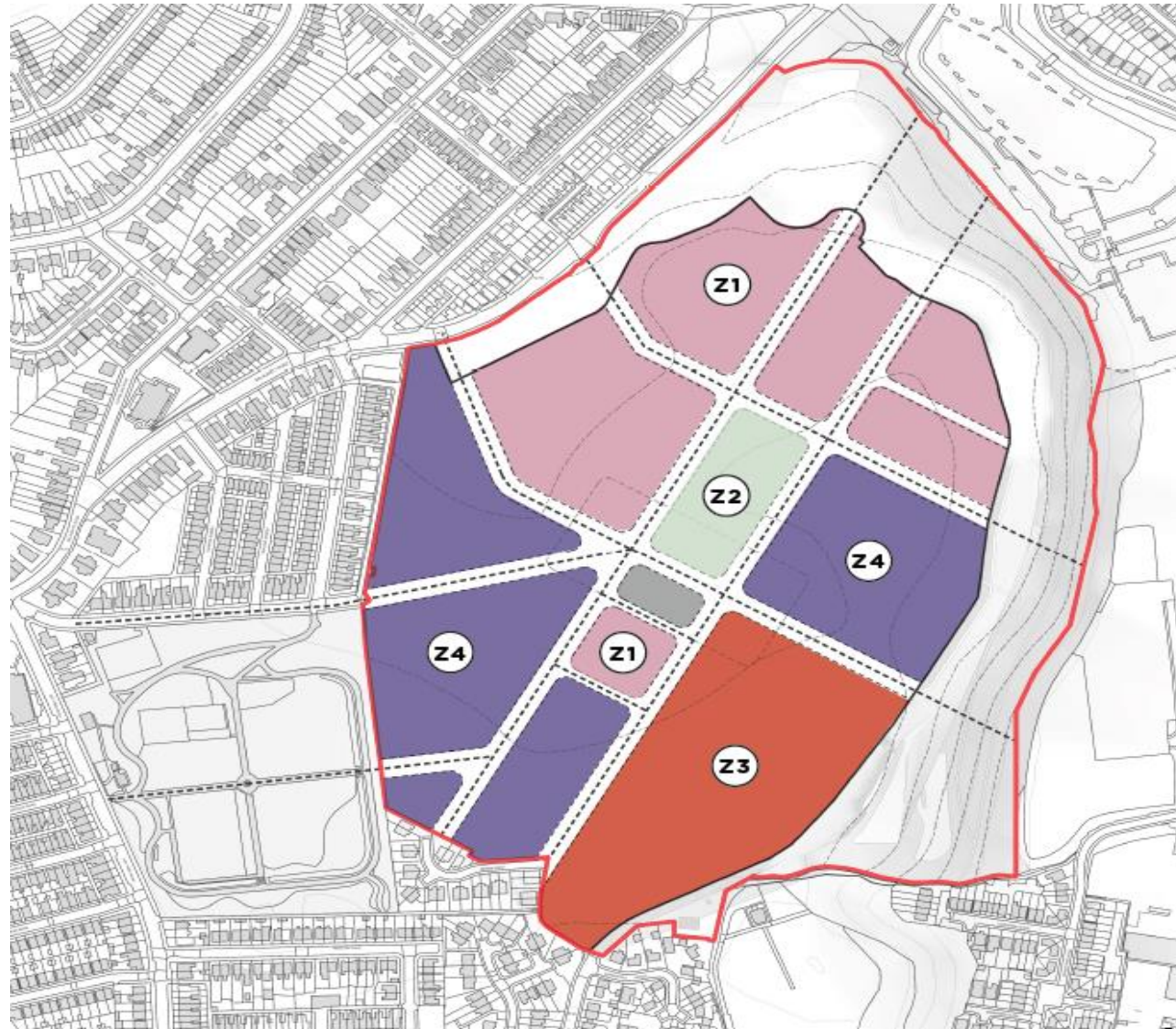
- Together MFT and partners aim to build a new high quality and sustainable civic campus where people will want to get well, learn and work
- It will provide a focal point for the community, with integrated health and social care facilities, high-quality new homes, and access to better education and training alongside more inviting public open spaces
- A new acute hospital, an inpatient mental health unit, with the addition of primary care and relevant community health services



NMGH Redevelopment Timeline



Strategic Regeneration Framework



Zones



Health and Wellbeing



GMMH



Neighbourhood /Residential



Village Green

Service Model work programme

The Proposition identifies 8 priority areas:

- 1. Children & Families**
- 2. CVD**
- 3. Respiratory**
- 4. Cancer**
- 5. Mental Health**
- 6. Frailty & Ageing**
- 7. Outpatients Redesign**
- 8. Alternatives to Emergency Department**

Outline of Process



**Phase 1 –
Workshops/Ideas
Generation**
July-Sept

**Phase 2 – OBC
Development**
Oct

**Phase 3 –
Developing
Integrated
Models of Care**
Post OBC

Some of the worst health and care outcomes in the country

Low household incomes

Poor educational attainment of children impacting on lifetime achievement

**Proposition
Priorities -**

1. Children & Families
2. CVD
3. Respiratory
4. Cancer
5. Mental Health
6. Frailty & Ageing
7. Outpatients Redesign
8. Alternatives to ED

**Workshop Ideas
(‘The How’)
covering -**

- Health Hub
- Wellbeing
- Village Green
- Learning
- Healthy N’hood

**Greatest
Opportunities
(Ekosgen) –**

1. Early Years
2. Children
3. Reducing health barriers to economic activity

Low rate of employment and increasingly very high rate of inactivity

Significant health challenges for those looking for work and the economically inactive – mental health, substance abuse, respiratory, cardio, cancer, diabetes and MSK

Filtering ideas based on maximum expected impact

“Health affects life, & life affects health”

Start Well

Improved child safeguarding

Reduced infant mortality

Improved first 1,000 days

Improved school-readiness

Reduced obesity in year 6

Early Years
Children
(Family approach)

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

Reducing health barriers to economic activity

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

Outputs

- **70 + ideas identified**
- **Range from straightforward (e.g. well-being programmes) to complex (children's advocacy centre)**
- **Ideas have been categorised to link to the 5 hubs and 3 greatest health improvement opportunities (Health economics)**
- **Testing the feasibility of ideas for:**
 - 1. Outline business case;**
 - 2. Masterplan.**

Potential ideas

Children's Advocacy Centre (WBH)

Fits with the 'think families' approach

Trauma informed care - training (LH)

Good example of how to use the integrated nature of the site to maximise impact and targets vulnerable communities in NM

Making Waves model (Coventry)/Breathe better Model (HH+WH)

Innovative respiratory model - considered as having potential amongst NM clinicians. Links made to rehab, virtual wards (happening now), and other activity that can come out of the healthcare hub (acute).

Development of Pre-habilitation services (WH)

Rehabilitation service –Cardiac, Cardio-vascular, Pulmonary out of 'medical setting' (WH)

Frailty tool used across the site by trusted assessors from 18+ enabled by having a Frailty Champion in each service

Development of one stop diagnosis hub and refreshed look at pathways to implement early diagnosis and early intervention e.g. BNP, Echo, CT (HH+WH)

Levelling up of access to rapid access chest pain clinic (HH)

All require further conversations with primary care/community care/acute care colleagues

Next Steps – Phase 2

- **Development of the Integrated Service Document – early November**
- **To tell a story of:**
 - **how we can use the opportunities of the redeveloped site to work together to improve outcomes/experiences for people;**
 - **how the wellbeing hub is pivotal to the vision of the overall site strategy.**
- **To describe this we require examples that maximise the benefits;**
- **This will support the OBC by bringing ideas to life.**

Digitally enabled health & care

- Working with HinM and McKinsey;
- Contributing to the Digital Business Case;
- To support patients & residents through improved access to information & advice, health & care records and self-management tools;
- To improve integration along cross-system pathways and enable more effective working practices;
- To identify solutions that remove barriers to digital inclusion;
- Outputs being developed by focusing on 2 'citizen journeys': a family with young children & an adult with LTCs and challenging social circumstances.

QUESTIONS

&

DISCUSSION