

CENTRAL MANCHESTER UNIVERSITY HOSPITALS/UNIVERSITY HOSPITAL OF SOUTH MANCHESTER MERGER INQUIRY

Summary of call with the Greater Manchester Health and Social Care Partnership and NHS Improvement on 27 June 2017

The Greater Manchester Transformation Fund

1. The Greater Manchester Health and Social Care Partnership (GMHSCP) told us that it allocates funding from its £450 million transformation fund mainly through a bidding process. Bids are first assessed by GMHSCP's internal team, then the process is verified by an external team, and finally go through a peer review through the Transformation Fund Oversight Group. Based on their advice and GMHSCP team's own recommendations, the bid would be referred to the Strategic Partnership Board Executive for final sign-off.
2. The GMHSCP told us that it considers three main objectives when assessing funding bids. First, it considers bids' contribution to securing Greater Manchester's compliance to national five-year forward view standards. Second, it considers bids' ability to implement the health and social care improvements identified in Greater Manchester five-year plan, 'Taking Charge Together', including impact on the delivery of GMHSCP's financial plan for Greater Manchester. Third, it considers how the bids will deliver against additional local objectives within the locality plans.
3. The GMHSCP told us that it expected that the bulk of the transformation fund (c. £275 million) will go to localities through CCGs to help local partners to deliver new community care models, which will ultimately take pressure off acute services. The remainder of the fund will cover some one-off costs, including to allow local partnerships time to set up their new community services care models, and some cross-cutting programmes at the Greater Manchester level. GMHSCP's main cross-cutting programmes to date have focused on reforming primary care and mental health care. It has also allocated some funds to targeted programmes, such as dementia care and population health and prevention.

GMHSCP funding for the single hospital service

4. The GMHSCP told us that it received bids for funding for each of the three main components of the Manchester locality plan: the single commissioning function, the local care organisation and the single hospital service. The local care organisation bid was for c. £34 million, while the single hospital service bid was for c. £56 million. The GMHSCP told us that while each bid had been submitted and assessed separately, a single investment agreement between the GMHSCP and Manchester CCG would include both bids.
5. The GMHSCP told us that it ultimately agreed to provide funding of a maximum of c. £43 million to the single hospital service (reduced for a number of reasons: for example, funding for the inclusion of North Manchester General Hospital in the single hospital service was removed, given the length of time until it would be integrated). This included up to c. £12 million of transformation funding and up to c. £12 million match funding from commissioners of CMFT and UHSM to cover the costs of standardising the single hospital service and implementing clinical changes. The remainder of the funding would cover costs such as implementation, programme management and clinical services strategy development. The funding is contingent on the CMA's approval of the merger between CMFT and UHSM.

Oversight of the single hospital service

6. The GMHSCP told us that the investment agreement for the transformation funding would include a series of deliverables (such as specific milestones, financial savings, performance targets, and benefits set out in the bid). These would be monitored on a quarterly basis, and if performance, financial or activity targets were missed, a recovery plan would be put in place. If the single hospital service seriously underperformed (financially or in terms of quality), the GMHSCP could stop the funding for the merger.
7. The GMHSCP and NHSI told us that they are developing an oversight framework to monitor the single hospital service. This is still in development, and will include the monitoring of key constitutional standards such as non-elective and elective activity, and will consider the single hospital service against the best practices of both CMFT and UHSM. As currently proposed, this oversight framework will include: oversight by the GMHSCP and NHSI, through board-to-board meetings with NSHI, NHSI's bilateral provider review and site-based oversight (specifically in relation to key performance metrics including urgent care, with a focus on quality issues and waiting times, but with a flexible role), and the quarterly local assurance meetings which GMHSCP and NHS I undertake jointly with commissioners and providers. The

framework would also allow for deep-dive assessments as required, and would augment the GMHSCP's existing CCG assurance role, which allows it to challenge CCGs to improve their management of contracts with providers.

8. The GMHSCP told us that a particular feature of Greater Manchester is its cross-locality quality board. This has representation from all of the Greater Manchester CCGs, and from providers and other stakeholders. CCGs report to the quality board on general performance and on local issues; almost all of the CCGs in Greater Manchester commission from CMFT and UHSM, so they will have a stake in holding the single hospital service to account. The quality board also brings together soft intelligence, complaints of incidents, patient surveys and national audits. The quality board focuses exclusively on quality of care, and where it identified an issue, GMHSCP could take action.
9. The GMHSCP and NHSI told us that the oversight framework and quality board would not be limited to measuring the single hospital service's performance against national standards, but would aim to improve care across the single hospital service to match best practice. The GMHSCP and NHSI told us that they would be careful to assess the single hospital service's performance at a granular level, monitoring trends at the site and service level.
10. The GMHSCP and NHSI told us that national sustainability and transformation funding, which is effectively controlled by NHSI, is mainly contingent on financial performance, with a minority of funding depending on A&E performance. However, the Greater Manchester transformation fund is entirely separate to the national sustainability and transformation fund, and has a more detailed and bespoke set of performance measures.

Urology cancer services reconfiguration

11. The GMHSCP told us that UHSM has been awarded lead provider status for urological cancers, with the Christie in a crucial supporting role as a key provider. In particular, UHSM will lead on kidney and bladder cancers, while the Christie will lead on prostate cancers.