

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST
BOARD OF DIRECTORS

Report of:	Director of Strategy
Paper prepared by:	AD Strategy
Date of paper:	1 November 2017
Subject:	Strategic Development Update
Purpose of Report:	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities:	All individual strategic developments are risk assessed and monitored through the Board Assurance and Risk Management processes.
Recommendations:	<p>The Board of Directors is asked to note progress and the current position in relation to the following key strategic areas:</p> <ul style="list-style-type: none"> - GM Health & Social Care Partnership including Theme 3 - Specialised Services - Development of a MFT Service Strategy
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Introduction

The purpose of this paper is to update the Board of Directors in relation to the strategic issues that we are currently progressing.

1. Greater Manchester Health and Social Care Partnership

GM Transformation Fund

Funding for Bury, Rochdale, and Trafford locality plans has been approved. All ten localities in GM have now had Transformation Fund applications approved, totalling £275m. This is in addition to investment in areas such as mental health, primary care and population health.

Trafford has been awarded funding of £22m over three years to secure a sustainable health and social care system by 2021. Trafford CCG and Local Authority are establishing a Transformation Partnership Board and Transformation Programme Executive to oversee this work. MFT will be a member of both groups.

Development of a Local Care Organisation is one of the key elements of the Trafford transformation programme. MFT representatives and other stakeholders attended a work shop to begin the design process.

Theme 3

The finance workstream has commenced and an initial workshop took place on 11 October. Provider finance leads are collecting baseline financial data for respective workstream areas in order to model the financial implications of proposed new care models.

MFT-led Theme 3 Projects

- Vascular Services – the case for change for Vascular Services was endorsed by the Clinical Reference Group (CRG), pending minor additions, as well as the Finance and Estates Reference Group and the Workforce Reference Group. The co-dependencies and clinical standards are in development following a discussion with the wider stakeholder group at the initial Design Oversight Forum meeting in October.
- Paediatrics – work continues to develop the case for change; the first meeting of the Design Oversight Forum will take place in November. Appointments to Clinical Lead roles have been completed.
- Breast Cancer Services – the case for change for Breast Services was endorsed by the CRG, the Finance and Estates Reference Group and the Workforce Reference Group. The co-dependencies and clinical standards are in development.
- Urology Cancer Surgery – a Clinical Lead for Urology Cancer has now been appointed. This role will provide clinical leadership for the implementation of the revised service configuration and model of care.

Other Theme 3 Projects

- OG Cancer Services – MFT continues to work with SRFT to plan the implementation of the new service configuration. The key issue to be resolved is the medical staffing and associated on-call arrangements and the impact this will have on our ability to deliver the Healthier Together changes. A meeting of the clinical sub-group is to take place on 6 November to explore options for this.

- Benign urology - the work to look at the future configuration of benign urology services continues and is linking closely to the work on cancer services. The Clinical Lead and Provider Transformation Lead are meeting with MFT Urology consultants over the next month.

Healthier Together

Progress has been made on agreeing funding with GMH&SC Partnership. A paper will be presented to the MFT Board in November (see OG Cancer).

Haematological Cancer Diagnostic Service

The haematological malignancy diagnostic service in GM has not been compliant with NICE Improving Outcomes Guidance for many years. It is currently fragmented across The Christie and MFT, with some elements of the service provided by Leeds Teaching Hospitals NHS Trust. An independent external review commissioned by GM Cancer recommended that an IOG compliant service should be developed. This would be delivered wholly by Manchester Trusts (without relying on organisations from outside the conurbation) with MFT as lead provider and The Christie providing some specific service elements. The recommendation was ratified at the PFB meeting on 20 October 2017 and by the GM Cancer Board in November. The new service will be known as HCDP (Haematological Cancer Diagnostic Partnership). Alongside this the Provider Federation Board has supported an initial proposal for MFT to develop a GM wide biopsy pathology service, including the use of digital pathology.

2. Specialised Services

Congenital Heart Disease

We now expect NHSE will make a decision regarding the future configuration of congenital heart disease services at its Board meeting on 30th November. The Trust has established relationships with services in Leeds, Newcastle in particular to address, as far as possible, the fragility of the adult service during this period of uncertainty.

3. Development of MFT Service Strategy

A programme of work to develop our service strategy has commenced. This will comprise an over-arching group service strategy that will outline our long term vision and ambitions. The overarching Group Service Strategy will inform, and be informed by, a series of more meaningful Clinical Service Strategies. These will cover:

- Configuration of services across the three acute Hospital Sites
- Elements of services to grow, cease providing or contract
- Elements of services to start to provide
- Recommendations on addressing specific long standing issues.

The initial pre-phase is the development of a programme plan and is expected to take two to three weeks. This will be followed by a period of information gathering and prioritisation which will take c. two months (phase 1). In Phase 2 the service strategies will be developed. The order in which individual services are addressed will be based on the outcome of the prioritisation process.

The programme of work and timings will be aligned with GM and relevant national work.

4. Actions / Recommendations

The Board of Directors is asked to note progress and the current position in relation to the following key strategic areas:

- GM Health & Social Care Partnership including Theme 3
- Specialised Services
- Development of MFT Service Strategy.