

Report To: EXECUTIVE CABINET

Date: 31 August 2016

Executive Member/Reporting Officer: Councillor Jim Fitzpatrick, First Deputy (Performance and Finance)
Robin Monk, Executive Director of Place

Subject: GREATER MANCHESTER MEMORANDUM OF UNDERSTANDING – ESTATES

Report Summary: Update the on progress with the Estates workstream which forms part of the Enabling Better Care priority of the Health and Social Care Strategic Plan. In particular it recommends for Executive Cabinet to approve its participation in the Memorandums of Understanding detailed in the papers

Recommendations: The Executive Cabinet is asked:

1. To note the contents of the report; and
2. To approve the MOUs
3. That officers through the governance process seek to engage the relevant parties for maximum capital receipt to the benefit of the local Health and Social Care economy.
4. That officers in the Tameside and Glossop Health and Social Care economy consult in order to deliver a joint and combined Estates Strategy and Delivery Team.

Links To Community Strategy: The GM Memorandum of Understanding – Estates contributes towards the Community Strategy theme of providing a prosperous and healthy environment.

Policy Implications: This report has no direct implications on current Council policy with regards to land and building disposal.

Financial Implications: (Authorised By Section 151 Officer) There are no direct implications as a result of this report however as a result of the work in respect of this workstream full evaluation of costs and savings will be required.

Legal Implications: (Authorised By The Borough Solicitor) It will be important that any arising capital is used to support locality plans and it will be necessary to have a coordinated single estates function for the Borough to deliver the necessary delivery expediently.

Risk Management: This Memorandum of Understanding is to be approved within Greater Manchester by all Local Authorities, all Clinical Commissioning Groups, and all Trusts. The principles have been approved at Combined Authority and therefore the risk of not approving would undermine the GM Devolution.

Access To Information: The background papers relating to this report can be inspected by contacting Robin Monk, Executive Director of Place by:

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1. INTRODUCTION

- 1.1 The Greater Manchester (GM) Health and Social Care Strategic Plan “Taking Charge” will require a reconfiguration of the health and social care estate in order to ensure that we can deliver our shared vision from a property base that is fit for purpose in terms of location, configuration and specification. It will be key to the delivery of clinical and financial sustainability by 2021.
- 1.2 Implementation of the transformation themes and locality plans will have significant capital and estates requirements – as an example, the Healthier Together (Acute Standardisation) transformation theme requires an estimated £63m capital.
- 1.3 Estate transformation will also contribute to our devolution agreements on the GM Land Commission and One Public Estate, helping to join up the management of the public sector estate as a whole to underpin the reform of public services.
- 1.4 The GM Transformation Fund has no capital element, and it is clear from the work so far that the capital requirements for estate transformation cannot be met from the normal sources of public sector capital funding over the next five years, either locally or nationally. A new approach to capital funding is therefore needed to drive estates transformation at the desired pace, whilst managing risk appropriately.
- 1.5 The development of a robust pipeline of Estates development opportunities will be key to the success of the Estates strategy. The pipeline will be developed to ensure the estate is underpinning the development of new service models and reducing the cost of delivery in support of ‘Taking Charge’. A strong pipeline will also be critical to the development of the Capital Finance Strategy that will give GM a greater opportunity to access the capital it needs to transform the estate.
- 1.6 The Strategic Partnership Board has received regular updates on the progress being made with this work, and in particular the development of the two Memorandums of Understanding and the Capital Finance Strategy. This paper presents the latest position on these two issues and seeks approval to proceed with the GM MOU

2. MEMORANDUM OF UNDERSTANDING

- 2.1 A Memorandum of Understanding (MOU) is a formal, but not legally binding, agreement between two or more parties that sets out clear principles and ways of working. We have developed two MOUs that will help us create a robust and consultative process for delivering our estates strategy.
- 2.2 A National MoU between GM and the Department of Health (DH)/ NHS Improvement/NHS England/Treasury/Department for Communities and Local Government has been agreed. A second GM MoU will help us create a robust and consultative process for delivering our estates strategy.
- 2.3 A working group, including DH, has developed the MoUs and co-ordinated an engagement programme with the key stakeholders across GM, utilising existing meetings and governing bodies, supplemented with a workshop for Providers:

7 March SPB Executive

15 March Provider Chair and CEO meeting

18 March Provider Federation

18 March SPB Meeting

21 March SEG Chairs and Partners Forum

24 March GM Strategic Estates Board

4 April GP Guiding Coalition Meeting

5 April NHS Provider Workshop

6 April CCG/Provider DoF/CFO Meeting

GM Devolution Governance Group

8 April CCG Chief Officer Meeting

15 April Provider Federation plus Provider Workshop in April .

- 2.4 The final MOUs are included in Appendices 1 and 2. An Executive summary of their content is attached at Appendix 3

3. GM HEALTH AND SOCIAL CARE ESTATES GOVERNANCE

- 3.1 New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.
- 3.2 A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the Estate).
- 3.3 Each of the ten GM localities has established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.
- 3.4 Community Health Partnerships (CHP) and NHS Property Services (NHS PS) are national companies wholly owned by the DH who own, lease or are head tenants for significant property interests in GM which are used for the delivery of health and social care services. The MOUs will help GM to establish strategic relationships with both organisations that is different to the more transactional relationship we have with them today. We will want these organisations involved early in our service transformation discussions helping GM to develop the most practical and beneficial way of utilising the full extent of its estate. Simplifying lease and licence arrangements and associated buildings variations to speed up service moves, ensuring value for money from lease and services charges and rapid disposal of vacant property are key issues that will help towards realising our ambitions with more pace.
- 3.5 The Executive Cabinet is asked to approve the MOUs in Appendices 1 and 2. The MOUs are being presented to the governance bodies of the GM organisations that are party to the agreements. In parallel the Department of Health will agree the National MOU through the relevant government departments.

4. CAPITAL FINANCE STRATEGY

- 4.1 Work is continuing on the development of a Capital Finance Strategy to show how capital investment needed to support H&SC transformation in GM might be funded. Work has been informed by consideration of a number of illustrative case studies, discussions with stakeholders and potential funders.
- 4.2 The illustrative case studies have highlighted a number of challenges that will need to be addressed by GM to attract additional capital and enable it to be deployed to a wide range of projects in a way that aligns the commercial interests of individual organisations with the need to deliver the clinical and financial benefits within the Strategic Plan. Challenges identified are both investment related (e.g. investing across boundaries, capturing benefits, maximising returns and managing risk) and technical (e.g. balance sheet treatment, taxation and demonstrating value for money). Potential investor soundings have been very positive but highlight the need to develop a robust pipeline of capital investment opportunities to secure a commercial investment partner.
- 4.3 This work is ongoing and next steps to address identified challenges to include:
- 4.4 Further pipeline development to enable delivery of GM strategic Plan "Taking Charge"; aided by the SEG's ongoing work on locality plans, the recent tender for additional support to develop local implementation plans and engagement with potential project sponsors;
- 4.5 Development of a clear capital regime to support additional investment across GM. This would consider the project and technical funding issues identified and seek to provide sponsors and funders a clearer framework for investment; focus capital investment on maximising GM H&SC transformation benefits and consider how additional capital funding should be deployed alongside any revenue funding from the £450 Transformation Fund (recognising many projects may need both revenue and capital); and continued engagement with potential funders; to monitor potential market interest as work progresses and to inform thinking in advance of any future partner procurement process.

5. IMPLEMENTATION

- 5.1 The MOUs include an Estates Governance Structure that has been developed by the SEGs and the GM Health and Social Care Strategic Estates Board. This places the SPB at the heart of the decision making process, informed by the developing locality Plans and focused on delivery of 'Taking Charge'.
- 5.2 The SPB will receive regular reports from the Strategic Estates Board so that it will be informed about the progress of the plans and will be involved in major investment/disinvestment decisions.
- 5.3 The changes determined by 'Taking Charge' will be driven by both the GM-wide transformation programmes and the ten Strategic Estates Groups (SEGs) supporting delivery of the Locality Plans. A GM Strategic Estates Board has been established to take responsibility for translating the estates plans of the SEGs and those of the evolving Locality Plans into a set of strategic requirements for GM. A Delivery Unit will provide strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM statutory public bodies.
- 5.4 The MOUs will help to create new coordinating governance and capacity to overcome the fragmentation and complexity of health estate ownership and management.

6. RECOMMENDATION

6.1 As set out on the front of the report.

APPENDIX 1

GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION

MEMORANDUM OF UNDERSTANDING BETWEEN GM BODIES - ESTATES

1. Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding (MOU) is to ensure that the effective management of the Greater Manchester (GM) health and social care estate enables the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of GM.

This requires a more integrated approach to the use of the existing health and social care estate, which will be a critical component in delivering transformational changes to the way in which services are delivered across GM.

To facilitate this, the MOU creates a framework for achieving the dialogue and consensus between all parties to the MOU that will be required to drive forward, at pace, an effective GM estates strategy. It sets out the process for collaborative working to ensure that the maximum value is derived from the changes to the GM health and social care estate that will be necessary if the ambitions in the GM health and social care strategy 'Taking Charge' are to be realised.

All parties to this MOU agree to act in good faith to support the objectives and principles set out here, for the benefit of all GM patients and citizens.

2. Parties

The Parties¹ to this Memorandum are:-

- GM Combined Authority (GMCA)
- The 10 GM Local Authorities
- Association of GM CCGs
- The 12 GM CCGs
- GM NHS Provider Trusts
- The 15 GM NHS Provider Trusts
- NHS Property Services (NHSPS)
- Community Health Partnerships (CHP)
- Association of Greater Manchester
- Local Medical Committees

There will also be an MOU between GM partner organisations and national bodies setting out how they will work together. The parties to this Memorandum will be:-

- GM Combined Authority (GMCA)
- The 10 GM Local Authorities
- Association of GM CCGs
- The 12 GM CCGs
- GM NHS Provider Trusts
- The 15 GM NHS Provider Trusts

¹ Appendix 1 includes a full list of organisations that are party to this Memorandum

- Association of Greater Manchester Local Medical Committees
- Department of Health (DH)
- NHS England (NHSE)
- NHS Improvement (NHSI)
- HM Treasury (HMT)
- Department for Communities and Local Government (DCLG)

3. Context

Estates development is a key enabler for the successful implementation of the GM Health and Social Care Strategic Plan “Taking Charge” and the closure of the £2bn gap in five years and will also have a wider impact on GM economic outcomes (e.g. housing delivery, economic space).

The key features of estate changes needed for health and social care in GM are that:

- through the combined effect of a radical upgrade in prevention, scaling up primary care, the integration of community health and social care and the standardisation of clinical support and back office services, there should be a reduced need for hospital capacity due to inappropriate demand; and
- there will be requirements for multi-purpose community based hubs accommodating, for example, integrated primary care, community health and adult social care services and enhanced provision of step down services preventing inappropriate demand for acute beds.

However, the current structure of the health and social care system can make strategic investment/disinvestment decisions in multiple ownership situations challenging. The existence of multiple and different decision points for estate development or changes and the plurality of processes for agreeing business cases for investment and disposal can result in difficulties in whole-system planning. There are currently few existing incentives for unified strategic estate planning across the diverse spectrum of health and social care partners.

There is unlikely to be sufficient capital available within existing sources to deliver the estate changes required for the health estate in GM. GM will therefore develop a capital investment strategy for estates that considers the availability of capital budget (Capital Delegated Expenditure Limit known as CDEL) and creates appropriate funding platforms in open consultation and collaboration with NHSE, NHSI, DH and HMT.

This MoU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers.

In that context this MoU:

- establishes the way in which GM organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

It should be read in conjunction with the MOU for the GM health and social care devolution, and the National MOU for Estates.

4. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs’ workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'

The parties to this MOU share the following objectives:

- Better manage the public sector estate so that it enables the reforms needed to deliver;
 - Improved health and wellbeing outcomes for the people of GM,
 - Better utilisation of the current health and social care estate,
 - Achieve clinical and financial sustainability for the GM health and social care system by 2020,
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: GM Strategy', 'Taking Charge' of our Health and Social Care in GM and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View; and
- Use surplus land to optimise capital receipts and deliver economic growth value for money.

5. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration

- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value;
- All parties, including NHSPS and CHP, will collaborate when considering investment priorities and will consider the ambition of 'Taking Charge'; and
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal;

Decisions

- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, 'Stronger Together' and 'Taking Charge'² and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions³;
- Requirements, based on delivering wider GM objectives, to be prioritised through the Strategic Estates Groups, comprising Local Authorities, CCG's, provider representatives, and wider public sector representation;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU will not impact the sovereignty of any Trust or organisation, nor will it interfere with the sovereign rights of an organisation to determine what estate is disposed of, or when; and
- All parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

² 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainable Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

³ NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

6. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.⁴

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

7. What the MOU Delivers

Terms of the Memorandum

All parties will work together to drive maximum value from the public estate by:

- acting in good faith to support the objectives and principles of this MOU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement, in particular to help the achievement of clinical and financial sustainability for the GM health and social care system by 2020,
- facilitating an ongoing dialogue with relevant bodies managing health assets and the health estate across GM, including the option for surplus land to be acquired by mutual consent, between GM organisations;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national directives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- developing a range of commercial models for accessing capital funding, which may include working with institutional investors to create a fund or an SPV to provide investment in new facilities in return for long term revenue streams. This will be in addition to accessing existing sources i.e. borrowing by Foundation Trusts, NHSE capital for primary and community care developments, LIFT type schemes and prudential borrowing via LAs; and
- Agreeing a process for developing a pipeline of GM estate projects that will support the delivery of 'Stronger Together', 'Taking charge' and locality plans and the wider GM health and social care strategy.

8. Implementation

This MOU agreed between GM partner organisations will:

- be agreed by and apply to all public sector health and social care organisations across GM;
- ask GM organisations to formally agree that they will consider the delivery of the locality plan as a significant priority for investment;
- imply a different approach to disposal in some instances, and a clear agreement that we will work together across GM to maximise value, possibly over time rather than simply maximise cash up front;
- expect organisations to consolidate around those parts of the estate that we are legally committed to retain;

⁴ This recognises that GP practices may be owned privately but still provide public health services.

- seek agreement from organisations to agree that a primary purpose for the deployment of resources is the delivery of the capital strategy underpinning the Locality plan; and
- develop a process and framework that provides the ability to flex between individual organisational interest (which must always be respected) and the interest of the wider economy.

The GM Estates Strategy Delivery Unit will support the identification and disposal of public sector land in GM. The Unit will provide appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM statutory public bodies in the delivery of housing, public service reform, and growth ambitions. Core responsibilities will include:

- Strategic planning of key land and property programmes including oversight of and direction for local estate strategies to ensure alignment with 'Taking Charge' and Locality Plans;
- Programming and delivery of strategic estates programmes; and
- Designing and embedding common standards and practices for estates planning and delivery.

The following processes will be agreed in order to deliver the vision and objectives:

- How the parties will share benefits of improved outcomes that accrue from the result of GM devolution – referred to as 'Gainshare'; and
- How any disputes will be resolved

9. GM Health and Social Care Estates Governance

The GM Strategic Partnership Board is accountable for the delivery of 'Taking Charge'. New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

- The governance of health and social care will form part of the governance arrangements for the GM Land Commission (GMLC). The GMLC will provide a strategic link between GM and Government Departments / Non Departmental Public Bodies to facilitate the better use of the public estate to help meet national and local policy objectives. A GMLC / One Public Estate (OPE) framework is currently being developed comprising GM and local strategy and delivery capability. The emerging framework is shown at Appendix 2 to this MOU.
- A GM Land and Property Board responsible for delivering the OPE agenda in GM, accountable to the GMCA. It will support the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC.
- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the Estate).
- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.

ANNEX 1 – Parties to the Memorandum

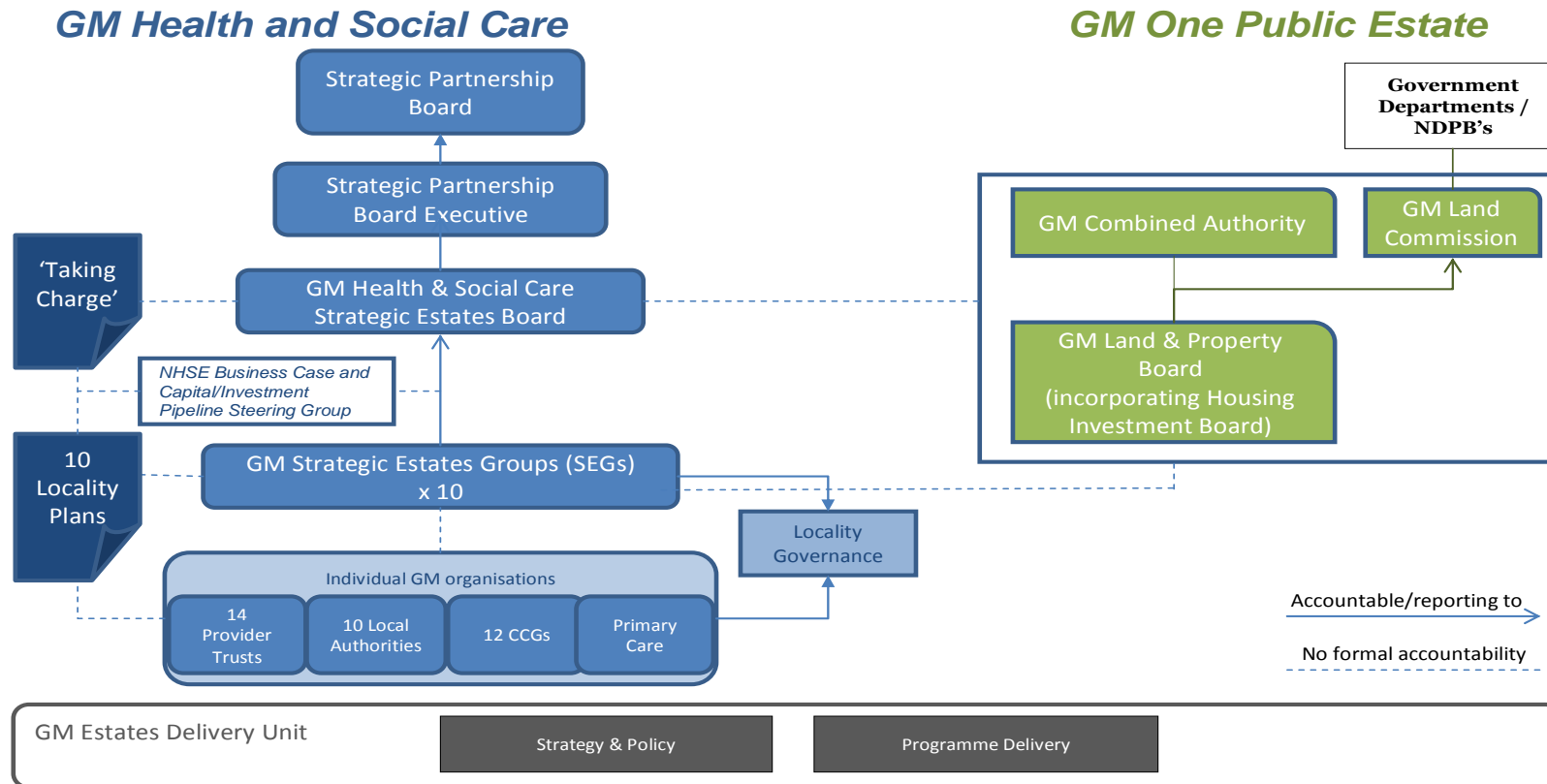
GM Combined Authority	Association of GM CCGs	GM NHS Provider Trusts
<ul style="list-style-type: none"> • Bolton Council • Bury Council • Manchester City Council • Oldham Council • Rochdale Borough Council • Salford City Council • Stockport MBC • Tameside MBC • Trafford Council • Wigan Council 	<ul style="list-style-type: none"> • NHS Bolton CCG • NHS Bury CCG • NHS Central Manchester CCG • NHS Heywood, Middleton and Rochdale CCG • NHS North Manchester CCG • NHS Oldham CCG • NHS Salford CCG • NHS South Manchester CCG • NHS Stockport CCG • NHS Tameside and Glossop CCG • NHS Trafford CCG • NHS Wigan Borough CCG 	<ul style="list-style-type: none"> • Bolton NHS FT • Central Manchester University Hospitals NHS FT • Greater Manchester West Mental Health NHS FT • Manchester Mental Health and Social Care Trust • North West Ambulance Service • Pennine Acute Hospitals NHS Trust • Pennine Care NHS FT • Salford Royal NHS FT • Stockport NHS FT • Tameside Hospital NHS FT • The Christie NHS FT • University Hospital of South Manchester NHS FT • Wrightington, Wigan and Leigh NHS FT • 5 Boroughs Partnership NHS FT • Bridgewater Community Healthcare NHS FT⁵

NHS Property Services (NHSPS)
 Community Health Partnerships (CHP)
 North West Ambulance Trust
 Association of Greater Manchester Local Medical Committees (LMCs)

⁵ 5 Boroughs and Bridgewater are formally located in Cheshire and Merseyside but are parties to this Memorandum as they have estate within GM.

ANNEX 2 - Proposed GM Estates Governance Structure

Estates Governance framework



1	GM Land Commission (GMLC)	<ul style="list-style-type: none"> The GMLC will provide a strategic link between GM and HMG Departments / NDPB's to facilitate the better use of the public estate to help meet national and local policy objectives. It will: <ul style="list-style-type: none"> Support GM with discussions with HMG Departments to unlock barriers or resolve centrally determined estates issues impacting on the successful delivery of GMCA land and property programmes; Provide a mechanism for HMG Departments to link, and support delivery of, departmental estate disposal programmes with locally led housing, economic growth and public service reform initiatives.
2	GM Land & Property Strategy Board	<ul style="list-style-type: none"> Responsible for delivering the One Public Estate agenda in GM, accountable to the GMCA. Supports the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC. Develops and monitors a range of targets on behalf of the GMCA, in relation to the strategic management of public land and property assets in GM, and the delivery of key land and property programmes. Holds GM delivery function to account.
3	GM Delivery Unit (Strategy and Planning Programme Delivery PMO)	<ul style="list-style-type: none"> Delivery function providing appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM. The Delivery Unit will work within national guidance to provide the support required to deliver 'Taking Charge'. Core responsibilities include i) Support the planning and delivery of key estate programmes including local estate strategies; ii) Planning and delivery of strategic estates programmes iii) Design, implement and embed common standards and practices for estates planning and delivery.
4	GM Health and Social Care Strategic Estates Board	<p>The GM Health and Social Care Strategic Estates Board will:</p> <ul style="list-style-type: none"> Provide strategic oversight and leadership to the development and delivery of the GM Health and Social Care Estates Strategy, and to ensure that the MoU developed between GM and DoH, is supported by a corresponding intra GM MoU that defines how GM will work together. Be responsible for delivery and oversight of the GM/DoH MoU, and the delivery of the intra GM MoU. Have oversight for the production of the ten Strategic Estates plans, and be responsible for ensuring that there is a consistency in ambition and content. In support of this the SEG Chairs Group will be represented on the Board. Have oversight of and be responsible for ensuring the estates elements of the Strategic/Implementation plans are produced and hold the Delivery Unit to account for developing them. Have oversight of any national policy development that impacts on health and care GM organisations and their estate. Not be responsible for the development of a GM Spatial Framework, its responsibility extends to the strategic management of the health and care estate only.
5	Strategic Estates Groups (SEGs)	<ul style="list-style-type: none"> Collaborative forums of public sector occupiers charged with using public estates more efficiently based on the needs of each community. Develop locality-based strategic estate plans and delivery programmes that are aligned to Locality Plans and 'Taking Charge'.
	NHS England Business Case and Capital/Investment Pipeline Steering Group	<ul style="list-style-type: none"> The group oversees the governance arrangements of the Capital/Investment pipeline across Lancashire & Greater Manchester. It's main aim is to provide strategic oversight to ensure capital investment is made in line with the strategic direction of NHS England; to ensure investment is targeted at the areas of greatest need; and to ensure value for the NHS and that any investment has the maximum benefit to the NHS and its patients
6	Organisation specific property asset management	<ul style="list-style-type: none"> Deliver local property and asset management services in respect of detailed local strategies for housing delivery, economic growth and public service reform. Engage with, and supported by, GM Delivery Unit through SEGs.

ANNEX 3- Dispute Resolution

Any dispute arising out of or in connection with this contract shall, at first instance, be referred to a mediator for resolution. The parties shall attempt to agree upon the appointment of a mediator, upon receipt, by either of them, of a written notice to concur in such appointment. Should the parties fail to agree within fourteen days, either party, upon giving written notice, may apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a mediator.

Should the mediation fail, in whole or in part, either party may, upon giving written notice, and within twenty eight days thereof, apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a single arbitrator, for final resolution. The arbitrator shall have no connection with the mediator or the mediation proceedings, unless both parties have consented in writing. The arbitration shall be governed by both the Arbitration Act 1996 and the Controlled Cost Rules of the Chartered Institute of Arbitrators (2014 Edition), or any amendments thereof, which Rules are deemed to be incorporated by reference into this clause. The seat of the arbitration shall be England and Wales. "

APPENDIX 2

GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION

MEMORANDUM OF UNDERSTANDING - ESTATES

BETWEEN GREATER MANCHESTER AND NATIONAL BODIES

1. Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding (MOU or Memorandum) is to ensure that the effective management of the Greater Manchester (GM) health and social care estate enables the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of GM.

This requires a more integrated approach to the use of the existing health and social care estate, which will be a critical component in delivering transformational changes to the way in which services are delivered across GM.

To facilitate this, this MOU creates a framework for achieving the dialogue and consensus between all parties that will be required to drive forward, at pace, an effective GM estates strategy. It sets out the process for collaborative working to ensure that the maximum value is derived from the changes to the GM health and social care estate that will be necessary if the ambitions in the GM health and social care strategy 'Taking Charge' are to be realised. Furthermore this MOU underpins a second MOU that will be agreed between GM's health and social care organisations that will help shape the development of the GM estate.

All parties to this MOU agree to act in good faith to support the objectives and principles set out here, for this MOU for the benefit of all GM patients and citizens.

2. Parties

The Parties⁶ to the Memorandum are:-

GM Combined Authority (GMCA)
The 10 GM Local Authorities
Association of GM CCGs
The 12 GM CCGs
GM NHS Provider Trusts
The 15 GM NHS Provider Trusts
Association of Greater Manchester Local Medical Committees
Department of Health (DH)⁷
NHS England (NHSE)
NHS Improvement (NHSI)
HM Treasury (HMT)
Department for Communities and Local Government (DCLG)

⁶ Appendix 1 includes a full list of organisations that are party to this Memorandum

⁷ DH is the sole shareholder for NHS Property Services (NHS PS) and Community Health Partnerships (CHP). Both organisations have important roles to play in the development of the GM estate, but are represented in this MOU by DH.

There will also be an MOU between GM partner organisations setting out in more detail how they will work together on management of the GM public sector estate. The parties to the GM Memorandum will be:-

GM Combined Authority (GMCA)

The 10 GM Local Authorities

Association of GM CCGs

The 12 GM CCGs

GM NHS Provider Trusts

The 15 GM NHS Provider Trusts

NHS Property Services (NHSPS)

Community Health Partnerships (CHP)

Association of Greater Manchester Local Medical Committees

3. Context

Estates development is a key enabler for the successful implementation of the GM Health and Social Care Strategic Plan “Taking Charge” and the closure of the £2bn gap in five years and will also have a wider impact on GM economic outcomes (e.g. housing delivery, economic space).

The key features of estate changes needed for health and social care in GM are that:

- through the combined effect of a radical upgrade in prevention of demand for health and social care services, scaling up primary care, the integration of community health and social care and the standardisation of clinical support and back office services, there should be a reduced need for hospital capacity due to inappropriate demand; and
- there will be requirements for multi-purpose community based hubs accommodating, for example, integrated primary care, community health and adult social care services and enhanced provision of step down services preventing inappropriate demand for acute beds.

However, the current structure of the health and social care system can make strategic investment/disinvestment decisions in multiple ownership situations challenging. The existence of multiple and different decision points for estate development or changes and the plurality of processes for agreeing business cases for investment and disposal can result in difficulties in whole-system planning. There are currently few existing incentives for unified strategic estate planning across the diverse spectrum of health and social care partners.

There is unlikely to be sufficient capital available within existing sources to deliver the estate changes desired for the health estate in GM. GM will therefore develop a capital investment strategy for estates that considers the availability and affordability of capital budget (Capital Departmental Expenditure Limit known as CDEL) and where appropriate and value for money and create appropriate funding platforms in open consultation and collaboration with NHSE, NHSI, DH and HMT.

This MOU sets out the overarching principles so that there is the necessary leadership and coordination needed to maximise the opportunities the GM estate offers.

In that context this MOU:

- establishes the way in which GM and national organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

It should be read in conjunction with the MOU for the GM health and social care devolution, and the MOU for Estates between GM parties.

4. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the public sector estate so that it enables the reforms needed to deliver:
 - Improved health and wellbeing outcomes for the people of GM,
 - better utilisation of the current health and social care estate,
 - Achieve clinical and financial sustainability for the GM health and social care system by 2020;
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: Greater Manchester Strategy', 'Taking Charge' of our Health and Social Care in Greater Manchester, the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View;
- Identify and release surplus land to optimise receipts and deliver economic growth and value for money;
- Enable GM to optimise site value and to help DH meet its targets for receipts from land disposals and housing, and delivery of key worker housing if required; and
- Deliver plans that are consistent with and support any overarching health and social care estate or public sector targets, estates sales plans and place based collaborations.

5. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration

- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value (minimising delivery risks with appropriate financial risks);
- All parties commit to optimise the scale and value of disposals from surplus land, including, where appropriate, housing
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal with clear recognition of the need to protect commercial confidentiality;

Decisions

- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, Stronger Together: Greater Manchester Strategy and Taking Charge⁸ of our Health and Social Care in Greater Manchester

⁸ 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainability Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;

- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions⁹;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU does not affect the autonomy of any GM organisation, nor will it interfere with the rights and duties of any party to the MOU to determine what relevant estate is disposed of, or when; and
- So far as is consistent with any statutory or other legal obligations on them. all parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

6. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.¹⁰

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights and objectives.

7. What the MOU Delivers

Terms of the Memorandum

All parties will seek to drive maximum value from the public estate by:

- acting in good faith to support the objectives and principles of this MoU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement;
- facilitating an ongoing dialogue with relevant bodies managing the GM health and social care estate;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national objectives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- committing to a process designed for reaching agreement as to how GM will contribute to the DH estate disposal and housing targets. (See appendix 2 for proposed process); and
- agreeing to open discussions on issues that will help GM accelerate the pace of change, or to overcome national constraints that inhibit the development of the GM strategy. Current examples of this are:

⁹ NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

¹⁰ This recognises that GP practices may be owned privately but still provide public health services.

- Capital Resource Limit - All parties will work together to agree how the NHS Capital Resource Limits relating to GM NHS Trusts and NHS Foundation Trusts can be confirmed as soon as possible, and to investigate how a GM wide allocation can be made in the future; and
- Approval process for Capital Projects - GM will work with DH, NHSE and NHSI with the intention of streamlining approval processes for NHS Primary Care capital projects by ensuring they are fully aligned to 'Taking Charge', locality plans and national directives and thus are ready for approval

8. Implementation.

Appendix 2 outlines the process relating to the disposal of surplus property and the handling of receipts

9. Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

- The governance of GM health and social care will form part of the governance arrangements for the GM Land Commission (GMLC). The GMLC will provide greater local oversight and accountability for estates management strategies, including approaches to disposals and generation of capital receipts. The GMLC will provide a strategic link between GM and Government Departments / Non-Departmental Public Bodies to facilitate the better use of the public estate to help meet national and local policy objectives. A GMLC / One Public Estate (OPE) framework is currently being developed comprising GM and local strategy and delivery capability. The emerging framework is shown at Appendix 4 to this MOU.
- A dispute resolution process is shown at Appendix 3
- A GM Land and Property Board responsible for delivering the OPE agenda in GM, accountable to the GMCA. It will support the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC.
- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the estate).
- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.

ANNEX 1 – Parties to the Memorandum

GM Combined Authority	Association of GM CCGs	GM NHS Provider Trusts
<ul style="list-style-type: none"> •Bolton Council •Bury Council •Manchester City Council •Oldham Council •Rochdale Borough Council •Salford City Council •Stockport MBC •Tameside MBC •Trafford Council •Wigan Council 	<ul style="list-style-type: none"> •NHS Bolton CCG •NHS Bury CCG •NHS Central Manchester CCG •NHS Heywood, Middleton and Rochdale CCG •NHS North Manchester CCG •NHS Oldham CCG •NHS Salford CCG •NHS South Manchester CCG •NHS Stockport CCG •NHS Tameside and Glossop CCG •NHS Trafford CCG •NHS Wigan Borough CCG 	<ul style="list-style-type: none"> •Bolton NHS FT •Central Manchester University Hospitals NHS FT •Greater Manchester West Mental Health NHS FT •Manchester Mental Health and Social Care Trust •North West Ambulance Trust •Pennine Acute Hospitals NHS Trust •Pennine Care NHS FT •Salford Royal NHS FT •Stockport NHS FT •Tameside Hospital NHS FT •The Christie NHS FT •University Hospital of South Manchester NHS FT •Wrightington, Wigan and Leigh NHS FT •5 Boroughs Partnership NHS FT •Bridgewater Community Healthcare NHS FT¹¹

Association of Greater Manchester Local Medical Committees (LMCs)
 Department of Health (DH)
 NHS England (NHSE)
 NHS Improvement (NHSI)
 HM Treasury (HMT)
 Department for Communities and Local Government (DCLG)

¹¹ 5 Boroughs and Bridgewater are formally located in Cheshire and Merseyside but are parties to this Memorandum as they have estate within GM.

Appendix 2 –

PROCESS FOR GM TO CONTRIBUTE TO THE CAPITAL RECEIPT AND HOUSING TARGET FOR DH

1. Introduction

- 1.1 The national MOU will determine a collaborative way of working – principles, scope etc. The MOU will ensure that decisions are taken with the wider GM strategy in mind. It will establish an “Open book process” to optimise the speed and value of disposals in GM, helping DH meet its targets.
- 1.2 DH has a challenging Spending Review target which includes £2bn asset sales and disposal of land to deliver 26,000 new homes. GM has a 220,000 new homes target as part of the Devolution agreement. There is a need to consider the interplay (and any potential overlap) between this target and the NHS target.

2. Disposals

- 2.1 For disposals involving one organisation the capital receipt flow and contribution to the DH receipts and housing targets is illustrated in Table 1. The contribution to the DH target is notional as funds remain with the organisation making the disposal
- 2.2 Where the disposal involves approval for housing on land owned by NHS bodies or NHS PS the housing numbers will contribute to the DH target.

3. Disposals involving multiple sites

- 3.1 Where a disposal follows site assembly by GM of one or more sites in the ownership of different public sector ownership, including NHSPS, ‘marriage value’¹² may be created i.e. added value above that which might have been obtained from individual transactions (including the usual overage).
- 3.2 In these cases, the capital receipts relating to the un-enhanced value (plus usual overage¹³) of the individual sites will flow to the individual site owners. The share of the marriage value - ‘gainshare’ will be shared as agreed between the parties.

4. Delivery

- 4.1 Establish a working group composed of: DH, CHP, NHS PS, Provider Trusts and the GM Health and Social Care Partnership team. The group will report into the MOU Working Group.
- 4.2 GMGM will establish an evidence based list of DH identified NHS sites, or disposal or housing development covering the period 2016-2020. The sites will be identified from the twelve GM interim Local Estates Strategies dated December 2015 and sites reported to HSCIC as surplus as part of the annual surplus land data exercise, refined through further Trust visits by the DH Provider Engagement Programme and by reference to the ‘Taking Charge’ strategy, which will include the national requirements for Sustainable Transformation Plans, and through updates to the Local Estates Strategies..

¹² ‘Marriage Value’ is the value released by the merger of two or more interests in land, often when combining land parcels to assemble a development site.

4.3 Agree monitoring of receipts, through an agreed 'Disposals Framework', for NHS sites identified for disposal/housing development from April 2016 onwards..

Table 1

Current GM H&SC Estate owner	Capital Receipts from disposals	Counts towards DH targets
NHS Foundation Trusts	FT retains	✓
NHS Trusts	Trust retains, with NHSI consent	✓
NHS Property Services	NHS Property Services Ltd.	✓
Local Authority	LA retains	✗
CHP	CHP	✗
Primary Care (GP owned)	GP partner	✗
Primary Care (not GP owned)	Freeholder	✗
CCGs	n/a	Dependent on freeholder

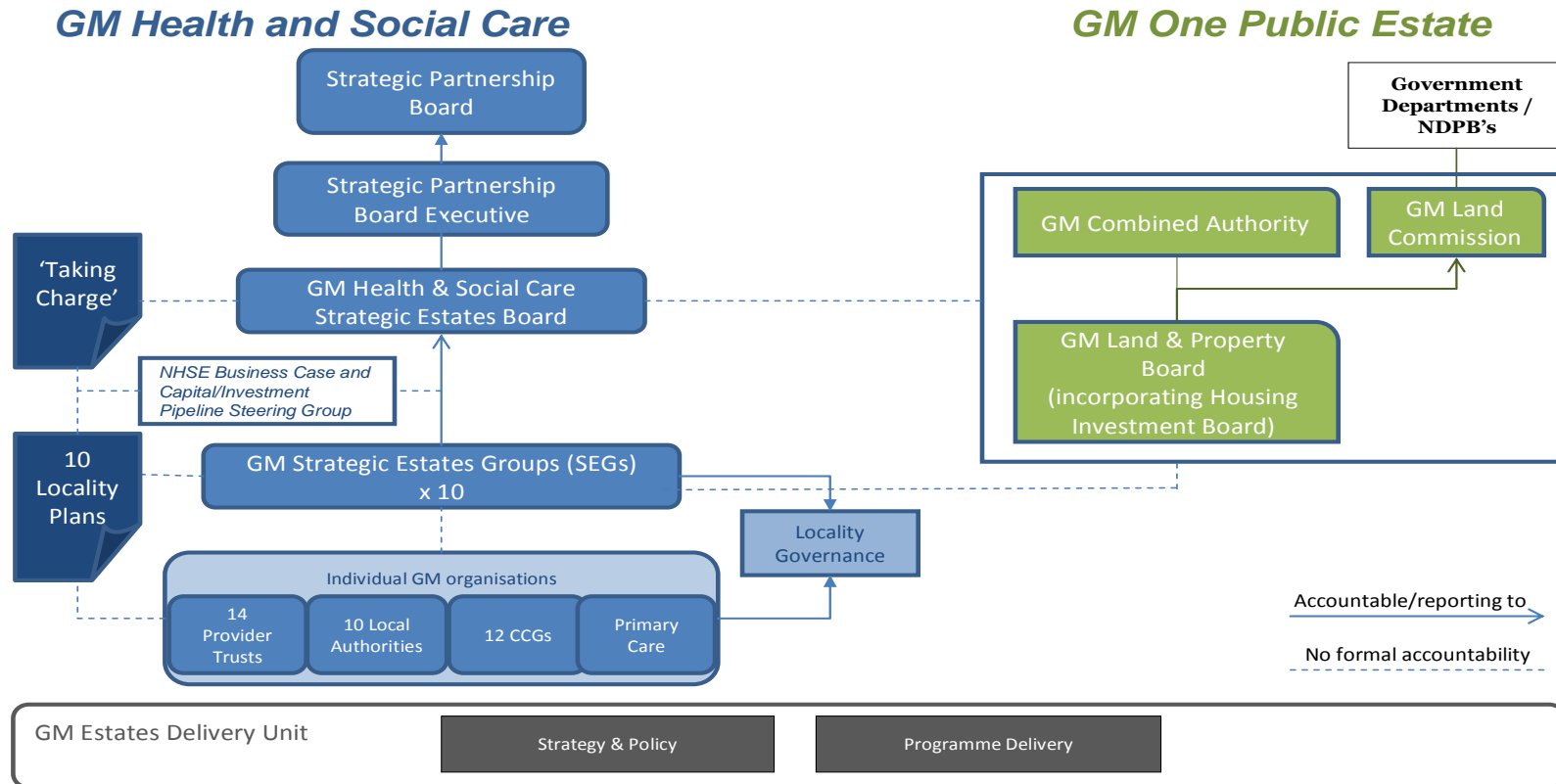
Appendix 3

Dispute Resolution

1. Any dispute arising out of or in connection with this contract shall, at first instance, be referred to a mediator for resolution. The parties shall attempt to agree upon the appointment of a mediator, upon receipt, by either of them, of a written notice to concur in such appointment. Should the parties fail to agree within fourteen days, either party, upon giving written notice, may apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a mediator.
2. Should the mediation fail, in whole or in part, either party may, upon giving written notice, and within twenty eight days thereof, apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a single arbitrator, for final resolution. The arbitrator shall have no connection with the mediator or the mediation proceedings, unless both parties have consented in writing. The arbitration shall be governed by both the Arbitration Act 1996 and the Controlled Cost Rules of the Chartered Institute of Arbitrators (2014 Edition), or any amendments thereof, which Rules are deemed to be incorporated by reference into this clause. The seat of the arbitration shall be England and Wales. "

Appendix 4 – Proposed GM Estates Governance Structure

Estates Governance framework



1	GM Land Commission (GMLC)	<ul style="list-style-type: none"> The GMLC will provide a strategic link between GM and HMG Departments / NDPB's to facilitate the better use of the public estate to help meet national and local policy objectives. It will: <ul style="list-style-type: none"> Support GM with discussions with HMG Departments to unlock barriers or resolve centrally determined estates issues impacting on the successful delivery of GMCA land and property programmes; Provide a mechanism for HMG Departments to link, and support delivery of, departmental estate disposal programmes with locally led housing, economic growth and public service reform initiatives.
2	GM Land & Property Board	<ul style="list-style-type: none"> Responsible for delivering the One Public Estate agenda in GM, accountable to the GMCA. Supports the GMLC and has responsibility for implementing the strategic direction for land and buildings set by GMCA in consultation with GMLC. Develops and monitors a range of targets on behalf of the GMCA, in relation to the strategic management of public land and property assets in GM, and the delivery of key land and property programmes. Holds GM delivery function to account.
3	GM Delivery Unit (Strategy and Planning Programme Delivery PMO)	<ul style="list-style-type: none"> Delivery function providing appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM. The Delivery Unit will work within national guidance to provide the support required to deliver 'Taking Charge'. Core responsibilities include i) Support the planning and delivery of key estate programmes including local estate strategies; ii) Planning and delivery of strategic estates programmes iii) Design, implement and embed common standards and practices for estates planning and delivery.
4	GM Health and Social Care Strategic Estates Board	<p>The GM Health and Social Care Strategic Estates Board will:</p> <ul style="list-style-type: none"> Provide strategic oversight and leadership to the development and delivery of the GM Health and Social Care Estates Strategy, and to ensure that the MoU developed between GM and DoH, is supported by a corresponding intra GM MoU that defines how GM will work together. Be responsible for delivery and oversight of the GM/DoH MoU, and the delivery of the intra GM MoU. Have oversight for the production of the ten Strategic Estates plans, and be responsible for ensuring that there is a consistency in ambition and content. In support of this the SEG Chairs Group will be represented on the Board. Have oversight of and be responsible for ensuring the estates elements of the Strategic/Implementation plans are produced and hold the Delivery Unit to account for developing them. Have oversight of any national policy development that impacts on health and care GM organisations and their estate. Not be responsible for the development of a GM Spatial Framework, its responsibility extends to the strategic management of the health and care estate only. .
5	Strategic Estates Groups (SEGs)	<ul style="list-style-type: none"> Collaborative forums of public sector occupiers charged with using public estates more efficiently based on the needs of each community. Develop locality-based strategic estate plans and delivery programmes that are aligned to the Locality Plans and 'Taking Charge'.
	NHS England Business Case and Capital/Investment Pipeline Steering Group	<ul style="list-style-type: none"> The group oversees the governance arrangements of the Capital/Investment pipeline across Lancashire & Greater Manchester. It's main aim is to provide strategic oversight to ensure capital investment is made in line with the strategic direction of NHS England; to ensure investment is targeted at the areas of greatest need; and to ensure value for the NHS and that any investment has the maximum benefit to the NHS and its patients

Summary of MOU's

National Estates MOU

Executive Summary

1. Parties

The Parties to the Memorandum are:-

GM Combined Authority (GMCA)
The 10 GM Local Authorities
Association of GM CCG's
The 12 GM CCG's
GM NHS Provider Trusts
The 15 GM NHS Provider Trusts
Association of Greater Manchester Local Medical Committees
Department of Health (DH)
NHS England (NHSE)
NHS Improvement (NHSI)
HM Treasury (HMT)
Department for Communities and Local Government (DCLG)

2. Context

This MOU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers. It:

- establishes the way in which GM and national organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

3. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the GM public sector estate so that it enables the reforms needed to deliver:
 - Improved health and wellbeing outcomes for the people of GM,
 - The most efficient utilisation of the current health and social care estate,
 - Achieve clinical and financial sustainability for the GM health and social care system by 2020;
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: Greater Manchester Strategy', 'Taking Charge' of our Health and Social Care in Greater Manchester and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View;
- Identify and release surplus land to optimise receipts and deliver economic growth and value for money;
- Enable GM to optimise site value and to help DH meet its targets for receipts from land disposals and housing units, and delivery of key worker housing if required; and
- Deliver plans that are consistent with any overarching health and social care estate or public sector targets, estates sales plans and place based collaborations.

4. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration

- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about

the optimum use of public sector assets across GM to maximise value (minimising delivery risks with appropriate financial risks);

- All parties commit to optimise the scale and value of disposals from surplus land, including ,where appropriate, housing
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal with clear recognition of the need to protect commercial confidentiality;

Decisions

- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, Stronger Together: Greater Manchester Strategy and Taking Charge¹⁴ of our Health and Social Care in Greater Manchester and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions¹⁵;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU does not affect the autonomy of any GM organisation, nor will it interfere with the rights and duties of any party to the MOU to determine what relevant estate is disposed of, or when; and
- So far as is consistent with any statutory or other legal obligations on them. all parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

5. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP

¹⁴ 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainable Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

¹⁵ NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

practices.¹⁶

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights and objectives.

6. What the MOU Delivers

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.¹⁷

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights and objectives.

7. Implementation.

DH Targets

The MOU outlines the process relating to the disposal of surplus property

¹⁶ This recognises that GP practices may be owned privately but still provide public health services.

¹⁷ This recognises that GP practices may be owned privately but still provide public health services.

and the handling of receipts. (See full National MOU)

Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

GM Estates MOU

Executive Summary

1. Parties

The Parties to this Memorandum are:-

GM Combined Authority (GMCA)
Association of GM CCG's
GM NHS Provider Trusts
NHS Property Services (NHSPS)
Community Health Partnerships (CHP)
North West Ambulance Trust
Association of Greater Manchester Local Medical Committees

2. Context

This MoU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers. It:

- establishes the way in which GM organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

3. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the GM public sector estate so that it enables the reforms needed to deliver;
 - Improved health and wellbeing outcomes for the people of GM,
 - The most efficient utilisation of the current health and social care estate,
 - Achieve clinical and financial sustainability for the GM health and social care system by 2020,
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: GM Strategy', 'Taking Charge' of our Health and Social Care in GM and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View; and
- Use surplus land to optimise capital receipts and deliver economic growth value for money.

4. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration

- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value;
- All parties, including NHSPS and CHP, will collaborate when considering investment priorities and will consider the ambition of 'Taking Charge'; and
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal.

Decisions

- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, 'Stronger Together' and 'Taking Charge' and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Stronger Together', 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions;
- Requirements, based on delivering wider GM objectives, to be prioritised through the Strategic Estates Groups, comprising Local Authorities, CCG's, provider representatives, and wider public sector representation;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU will not impact the sovereignty of any Trust or organisation, nor will it interfere with the sovereign rights of an organisation to determine what estate is disposed of, or when ;and
- All parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

5. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

6. What the MOU Delivers

Terms of the Memorandum

All parties will work together to drive maximum value from the public estate by:

- acting in good faith to support the objectives and principles of this MOU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement;
- facilitating an ongoing dialogue with relevant bodies managing health assets and the health estate across GM, including the option for surplus land to be acquired by mutual consent, between GM organisations;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national directives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- developing a commercial model for accessing capital funding, which may include working with institutional investors to create a fund or an SPV to provide investment in new facilities in return for long term revenue streams. This will be in addition to accessing existing sources i.e. borrowing by Foundation Trusts, NHSE capital for primary and community care developments, LIFT type schemes and prudential borrowing via LAs; and
- Agreeing a process for developing a pipeline of GM estate projects that will support the delivery of 'Stronger Together', 'Taking charge' and locality plans and the wider GM health and social care strategy.
- Agreement of a dispute resolution procedure in those cases where there is a clear conflict of interest between individual organisations interest and its potential negative impact on the GM strategic or Locality Plans.

7. Implementation.

The GM Estates Strategy Delivery Unit will support the identification and disposal of public sector land in GM. The Unit will provide appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM statutory public bodies in the delivery of

housing, public service reform, and growth ambitions. Core responsibilities will include:

- Strategic planning of key land and property programmes including oversight of and direction for local estate strategies to ensure alignment with 'Taking Charge' and Locality Plans;
- Programming and delivery of strategic estates programmes; and
- Designing and embedding common standards and practices for estates planning and delivery.

8. GM Health and Social Care Estates Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success. (Further details in section 5 of this report)

- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the Estate).
- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.