

**GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC PARTNERSHIP BOARD**

Date: Friday 29 April

Subject: **ENABLING BETTER CARE WORKSTREAM – ESTATES UPDATE**

Report of: Eamonn Boylan

PURPOSE OF REPORT

The purpose of this report is to:

Update the Strategic Partnership Board (SPB) on progress with our Estates workstream which forms part of the Enabling Better Care priority of the Health and Social Care Strategic Plan. In particular it presents updates on:

- Memorandums of Understanding (MOU)
- Commercial Model
- Estates plans
- Governance

RECOMMENDATIONS

The Strategic Partnership Board is asked to:

1. Note the contents of the report; and
2. Approve the MOUs for onward submission to each organisation's governance process;
3. Provide support to develop the Commercial Model at pace; and
4. Approve the Estates Governance arrangements for Greater Manchester (GM) Health and Social Care

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1. INTRODUCTION

- 1.1 The 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 However, the GM Transformation Fund has no capital element, and it is clear from the work so far that the capital requirements for estate transformation are unlikely to be able to 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 a commercial model 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 Commercial Model. This paper presents the latest position on these two issues as well as providing the SPB with a view on the current position regarding Estates Plans, both across Localities and within the four Transformation Themes.

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 collaborative process for delivering our estates strategy.
- 2.2 We have negotiated a National MoU between GM and the Department of Health/ NHS Improvement/NHS England/Treasury/Department for Communities and Local Government, and a second GM MoU that will help us create a robust and collaborative process for delivering our estates strategy.
- 2.3 A working group, including the Department of Health, has been developing the MOUs and co-ordinating 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 Board
18 March	SPB Meeting
21 March	Strategic Estates Groups Chairs and Partners Forum
24 March	GM Strategic Estates Board
4 April	GP Guiding Coalition Meeting
5 April	NHS Provider Workshop
6 April	Clinical Commissioning Group (CCG) and NHS Providers Finance Directors Meeting GM Devolution Governance Group
8 April	CCG Chief Officer Meeting
15 April	Finance Advisory Group Provider Federation Board
19 April	NHS Provider Workshop

Papers have also been sent to the Greater Manchester Combined Authority Wider Leadership Team and the Association Governance Group.

- 2.4 The final draft MOUs are included in Appendices 1 and 2. An Executive summary of their content is included here:

[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 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)¹
- 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

¹ 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.

- 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;
- Use surplus land to optimise receipts and deliver economic growth and value for money;
- Enable GM to optimise site value and to help the Department of Health 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;
- All parties commit to take a reasonable endeavours approach to helping the Department of Health achieve its disposal and housing targets and to maximise the scale and value of disposal;
- 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: Greater Manchester Strategy and Taking Charge 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 'Stronger Together'. 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions;

- There is no requirement for GM health and social care estate ownership to change;
- The MOU will not impact the sovereignty of any GM 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 GM Combined Authority 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 directives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- committing to a process to agree how GM will contribute to the Department of Health estate disposal and housing targets; and
- Agreeing to open discussions on issues that will help GM accelerate the pace of change, or overcome national constraints that inhibit the development of the GM strategy. Current examples of this are:
 - Capital Resource Limit - All parties will work together to agree how the NHS Capital Resource Limits relating to GM NHS 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 the Department of Health, NHSE and NHSI to streamline approval processes for NHS capital projects by ensuring they are fully aligned to 'Taking Charge', locality plans and national directives and thus are ready for approval.

7. Implementation.

Department of Health Targets

The MOU outlines the process relating to the disposal of surplus property and the handling of receipts. (See Appendix 2 of the 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.

(Further details in section 5 of this report)

GM Estates MOU

Executive Summary

1. Parties

The Parties 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

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 a Special Purpose Vehicle 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 Local Authorities; 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.

- 2.5 Community Health Partnerships (CHP) and NHS Property Services (NHS PS) are national companies wholly owned by the Department of Health 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.
- 2.6 The SPB is asked to approve the MOUs in Appendices 1 and 2. Thereafter the MOUs will be 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.

3. COMMERCIAL MODEL

- 3.1 It is clear that we will not be able to rely on traditional sources of capital to deliver the scale of change that we will need in the H & SC Estate in GM. Whilst it is essential that we maximise our share of any and all capital funds from Government, we will still need to create a broader range of options to generate investment to support the delivery of locality plans and of new approaches to clinical commissioning.
- 3.2 Work is continuing on the development of a commercial funding approach to show how some capital investment needed to support Health and Social Care 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.
- 3.3 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 and Locality Plans. 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.
- 3.4 This commercial work is ongoing and next steps to address identified challenges to include:
- 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;

- 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 Health and Social Care transformation benefits and consider how additional capital funding should be deployed alongside any revenue funding from the £450m Transformation Fund (recognising many projects may need both revenue and capital);
- 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; and,
- Clear identification of the type of assets that can be delivered on an 'investment basis' and the development of options, in consultation with national and local stakeholders, of a capital strategy for the delivery of those assets that cannot be delivered without grant or equity funding.

4. ESTATES IMPLEMENTATION PLANS

- 4.1 The work undertaken by PwC and the GM Strategic Estates Groups (SEGs) to analyse the current estate and the high level requirements of the draft Locality Plans is now being followed by more in-depth work to gather information on the emerging estate proposals from the updated Locality Plans. The analysis will be fed-back into the work to complete the final versions of the Locality Plans by the end of June 2016 and it will be critical to ensure that SEGs support the process. The review of Locality Plans is being co-ordinated at GM programme level via a comprehensive process including all of the transformation theme areas and enabling workstreams and the output of this work will be fed-back to localities.
- 4.2 The GM project pipeline is being developed and updated as part of the Locality plan review process and cross referenced to the work being undertaken on the Commercial Workstream. Projects under development by the SEGs and via the NHS E capital pipeline funding, including Primary Care Transformation Fund (PCTF) are also being captured and cross referenced. The final Locality Plans will include details of the expected impact on the acute sector estate of developing and integrating out of hospital services including the future contribution of extra care housing and residential care.
- 4.3 A specification has been developed to procure additional estates capacity and expertise to assist with the ongoing development and implementation planning relating to the Locality Plans. Final details of the support required will be finalised once the procurement route and timescale are confirmed.
- 4.4 Work has commenced to connect work on estates with work on the other enabling workstreams of workforce and information management and technology so that the full requirements of co-located multi-disciplinary teams are understood and planned for. Further work is needed to understand the potential impact on estate requirements of single shared service models across hospitals and consolidation of clinical and back office support services in the acute sector.

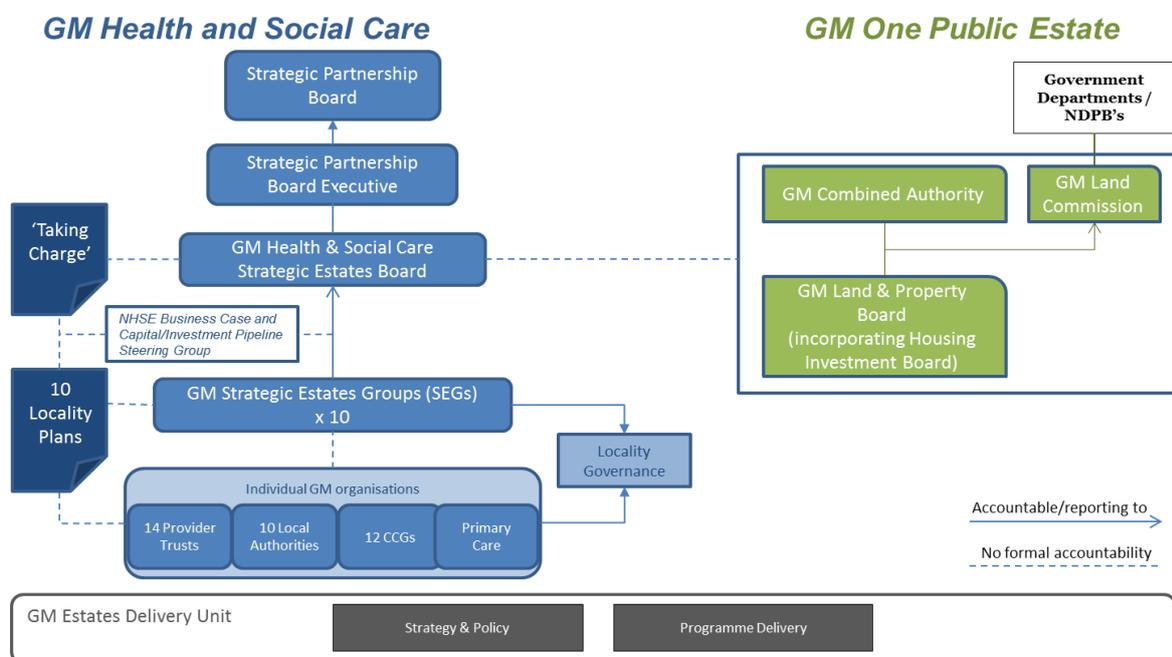
Transformation Themes

- 4.5 The availability of the right estate in the right place is crucial to facilitate the radical transformation of services and it is important to understand what the transformation theme work will produce by way of analysis of the expected estate changes. Whilst it is anticipated that the vast majority of estates requirements will come from the Locality Plans an analysis of the GM thematic priorities has been undertaken:
- 4.6 Themes 1 & 2 - Radical Upgrade in population health & prevention, Transforming community based care and support - the relevant estates elements for themes 1 & 2 will come via locality plans and the detail will be core to costing the establishment and operation of the Local Care Organisations. It will be important to ensure that primary care bids for NHS England Capital and the Primary Care Transformation Fund (PCTF) developed via the SEGs are cross referenced to the Locality Plans.
- 4.7 Theme 3 – Standardising Acute Care - The standardising secondary and specialised services programme is currently undertaking a robust of assessment of the GM wide opportunities to improve clinical and financial sustainability. To do this an initial assessment of the ‘opportunities’ (by looking at financial and clinical intelligence) has been developed and is being shaped with stakeholders to discuss at the Provider Federation Board on the 15th April. Estates is an enabler to support service change may require an increase in capacity and facilities on some hospital sites and/or a rationalisation of estate elsewhere in the system. Even in the absence of any service reconfiguration there is still a requirement to bring the current estate to a good (level B) standard. There are potentially a number of buildings within the estate which require upgrade or re-provision, and some of that will be surplus to requirement following the realisation of the Locality plans in particular the ambitions around Primary and Community care.
- 4.8 Theme 4 - back office and clinical support services - Whilst the estates workstream and Transformation Theme 4 are not entirely co-dependant, there are interdependencies that have been identified. A consolidation of back office services, and alignment, consolidation or reconfiguration of other other clinical and non clinical support services will inevitably have an impact on the estate, and requirement of the same to support its delivery. As such significant work will be required to ensure that programme planning for Theme 4 is aligned with the broader estates programme, and that as work progresses to deliver Theme 4 it is done so in full sight of the estates workstream.
- 4.9 Theme 5 – Enabling better Care & support - The estates changes relating to the GM Enabling themes will be driven by Locality Plans with close working and cross referencing to the work of the GM SEGs. All of the enabling themes are fully engaged in the process to review the emerging Locality Plans.

5. IMPLEMENTATION

- 5.1 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.

- 5.2 An Estates Governance Structure is enshrined within the MOUs that has been developed by the Strategic Estates Groups and the GM Health and Social Care Strategic Estates Board. This clearly places the SPB at the heart of the decision making process, informed by the developing Locality Plans and focused on delivery of 'Taking Charge'.
- 5.3 The MOUs will help to create new coordinating governance and capacity to overcome the fragmentation and complexity of health estate ownership and management.
- 5.4 The Governance structure is noted overleaf, with details of each group included as Appendix 3. The SPB is asked to approve the structure as appropriate for the development and delivery of the GM Health and Social Care Estates strategy in relation to the delivery of 'Taking Charge'.
- 5.5 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.



6. CONCLUSIONS AND RECOMMENDATIONS

- 6.1 Successful delivery of the Estates changes will be a key enabler for 'Taking Charge', but the way that GM manages Estates development must change if we are to deliver a co-ordinated approach to utilising the Estate more effectively. The MOUs provide the platform for the leadership and collaboration that is critical to achieving this.
- 6.2 There is not sufficient capital in the system to support the likely needs of GM Health and Social Care so the development of a Commercial Model will provide GM with more options in delivering its ambitions.
- 6.3 The Commercial Model will rely on a clear pipeline of Estates development opportunities, which will evolve from the Locality Plans. These are emerging but it is

important that they do so with pace and that we are able to utilise the principles of the MOUs to engage all parties in discussions about the most effective use of our Estate.

6.4 A robust, but agile, governance structure is required to improve the speed with which decisions are made and that provides the right level of visibility to the SPB.

6.5 The SPB is asked to:

- Note the contents of the report; and
- Approve the MOUs;
- Provide support to develop the Commercial Model at pace; and
- Approve the Estates Governance arrangements for GM Health and Social Care

Appendices:

1. National Memorandum of Understanding (circulated in a separate document)
2. GM Memorandum of Understanding (circulated in a separate document)
3. GM Health and Social Care Estates Governance

Appendix 3 – GM Health and Social Care Estates Governance

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.
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.
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.
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.
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.