

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 Charge¹ of our Health and Social Care in Greater

¹ 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror

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 decisions²;
- 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 practices.³

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 requirements of the Sustainable Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

² 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.

³ This recognises that GP practices may be owned privately but still provide public health services.

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.

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 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

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

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.