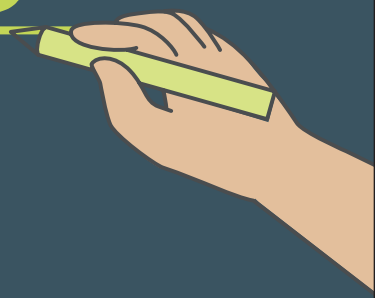
Greater Manchester Health and Social Care Partnership

Taking Charge: The Next 5 Years

OUR PROSPECTUS



GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

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FOREWORD

When Greater Manchester was given the opportunity to take charge of health and social care spending and decisions in 2016 we promised to make the greatest and fastest improvement to our residents' health.

We also promised the Government and NHS England that we would make more progress than the rest of the rest of the country in implementing the ambitions set out in the NHS Five Year Forward View. Indeed, we confirmed that we would be able to go beyond that ambition by connecting the things which create good health – successful school careers, good housing, the availability of good work, social connections and resilient communities, clean air, the opportunity to be physically active, and neighbourhoods which ensure people feel and are safe.

We did this because we knew that, unless we improved the health of the population, Greater Manchester would not be what we want it to be – the best place in the world to grow up, get on and grow old.

We set out our ambitions and objectives in Taking Charge, our 5 year plan. We are 3 years into that work and it is time to take stock, present what we have achieved and what we have learnt, and set out where we go next as a Partnership.

We have made progress we are proud of and have some evidence that the tide is turning. We can describe measurable improvements in ensuring children are ready to start school; that more people are surviving cancer; that, with health support, more people have found and kept work; that fewer people smoke; that people are being supported to leave hospital on time when they are well; that more people are physically active; that the quality of primary care and social care keeps rising; and that more children and young people are receiving the mental health support that they need.

We have made progress in the way we work. Our Local Care Organisations bring together the range of services to keep people well, reducing avoidable hospital stays and making sure that people get the right care at the right time. They are integrating with all public services, such as early years, education, community safety, housing and employment to serve neighbourhoods of 30,000 to 50,000 people. This way of working allows the region the opportunity to affect the social determinants of health to a degree unmatched in England.

Our hospitals are working together in new ways to provide more reliable and consistent care as well as help each other to make savings by sharing corporate and support services.

We know though, that significant challenges remain. Some of those challenges relate to the completion of the work we have started, but it is important to recognise that our urgent care system is not performing as well as we think it can; that waiting lists for planned care need to be brought down; that financial pressure remains evident across the system, that the certainty of funding for social care remains unresolved; and that we will continue to face key gaps in our workforce which places real pressure on front line staff trying to provide the best care and support they can.

This Prospectus updates on and refreshes our Taking Charge plan and sets out the next steps that we need to take over the coming five years towards improving people's health, creating a sustainable health and care system and helping to achieve the region's economic potential. It describes what we will do as a Greater Manchester Partnership and where we think we can go further if we partner with national colleagues in the NHS and across Government.

We look forward to working with the people of Greater Manchester, our local partners, and partners across the NHS and in Government to make this vision a reality.

Lord Peter Smith
Chair

EXECUTIVE SUMMARY

Since 2016 devolution has given Greater Manchester more control of its own destiny.

The Greater Manchester Health and Social Care Partnership took charge of health and care spending and decisions. We developed detailed plans, put new infrastructure in place and strengthened relationships to help us achieve these.

Now it's time to take stock of the difference devolution has made, consider the challenges we've overcome and others we still face, and explore new opportunities to build on our successes and what we've learned.

This prospectus looks at where further improvement over the next few years might take us and what fresh relationships we'll need to develop. We hope it will be a starting point for discussions with those potential partners. It particularly explores how the Greater Manchester model can make rapid progress in improving population health, creating a sustainable health and care system, and contribute to achieving the region's economic potential.

We have already achieved a great deal. The examples of the progress we have made in Greater Manchester that the document highlights include:

- Closing the gap to the rest of England on school readiness;
- Increasing the access rate for children and young people for mental health care;
- Helping over 3,200 long-term unemployed people find work through the local commissioning of Working Well;
- Making sure that 100% of Greater Manchester's residents can get routine or pre-booked appointments with their general practice seven days a week (up from 47% in 2016);
- Improving the proportion of care home beds and domiciliary care agencies rated good or outstanding by CQC: this rose from 47% and 63% in 2016 to 66% and 85% in 2018 respectively;
- Stabilising emergency bed days in hospitals - good news given an ageing population – and this figure is now beginning to fall as new care models take hold in our districts;
- Narrowing the gap to the rest of England in respect of smoking - before devolution, almost 21% of adults in Greater Manchester smoked according to Smoking Toolkit Study data – much higher than the England average of 18% – but early 2019 data shows the percentage of people smoking in Greater Manchester is now similar to England as a whole.
- Increasing rates of physical activity – closing the gap between Greater Manchester and the England average.

However, we are open about where our key challenges lie. We have struggled to secure a return to reliable delivery of NHS Constitutional Standards in all parts of Greater Manchester. We will prioritise our improvement effort and draw on expertise from elsewhere to achieve the standards. Our hospitals have shown they can work together to increase efficiency across sites, but we need to do more to ensure patients receive the right care quickly.

We've now got operational hubs that use data to manage demand for urgent, emergency and elective care, plus programmes to encourage people to avoid hospital if they can, using local 24/7 urgent care and other community services instead.

Attracting, developing and keeping a workforce that can deliver is a priority for every locality and Greater Manchester as a whole. We're trying different things – a joint nursing recruitment campaign, flexible ways of working to address skills gaps, investment in training, promoting the region as an attractive place to work, and a toolkit to help employers support unwaged carers among their staff.

Financially we're in a better position than expected, but there are challenges ahead, including the big savings our clinical commissioning groups (CCGs) and local authorities have to make, alongside the critical uncertainty of social care funding into the future.

However, we believe the model we've begun to build makes us better prepared to respond to the future challenges facing society.

The Greater Manchester model puts people at the centre of their care and support. We want to recognise people's individual strengths and aspirations, listen to what matters to them and find solutions beyond medicine.

Our special relationship with the voluntary, community and social enterprise (VCSE) sector offers great opportunities for fresh thinking and expanding capacity. Our joined-up services also mean we're in a good position not just to find and treat people showing the first signs of declining health but to spot possible risks to their physical and mental health, like social isolation, domestic abuse, insecure housing and loss of work.

We're already embracing innovation, whether this is through technology or testing new evidence-based approaches, like offering much broader

Our Population's Health

mental health support.

We want our population to both demand better health and feel confident in changing their own lives. Devolution provides levers to help us achieve this – we're not restricted to the incremental changes made by small-scale projects, or by the interventions which only the NHS can deliver. Greater Manchester can put health at the heart of every policy and strategy across the whole of public service.

At the heart of our new delivery model are integrated neighbourhood services with the skills, knowledge and experience to handle the needs of populations of 30-50,000 people. We believe this will break down barriers between public services, encouraging them to collaborate and be proactive on prevention rather than individually picking up the pieces.

The model is built on firm principles. Change must be done with, not to, people. We focus on what they and their community can offer, not what they lack.

Pulling together local and Greater Manchester-wide funding gives us flexibility to invest in innovative reform at pace and scale. The way we've used money from national programmes is already paying off, relieving homelessness, supporting 'troubled' families, getting people into work and reducing reoffending.

How we can lead the way

Our early success has made us eager to do more, faster. We're particularly keen to close our health inequalities gap with England and develop an evidence base that shows what it takes to deliver at scale and really benefit the local population. For instance, we've already made progress on whole-system approaches to cut smoking rates, increase physical activity and target health screening.

There are some specific things we've done that could not only take us further but help national bodies realise longstanding ambitions.

- We understand the 'economics of prevention'. Our cost benefit analysis tool helps us track all the benefits resulting from our major programmes.
- We're ready to reverse the rising tide of childhood obesity, and in a good position to bring together regulatory, licensing, planning, population health and social movement approaches.
- We want more children to be 'school ready' – the foundation of their working lives and productivity across our economy. We've got plans for an early years funding model that encourages cross-sector provider collaboration to raise standards and provides children's services with the resources they need.
- Justice devolution means we can drive closer integration between health, education and accommodation and the police, Crown Prosecution Service, courts, prisons and probation services. This will particularly help us deliver a trauma-based model of health and justice that prevents youth offending and supports victims of sexual violence and abuse.
- Working Well already sets us apart when it comes to using local knowledge to give people tailored support into work. We want to create an employment, health and skills 'ecosystem' that responds better to what our residents and businesses need.
- We plan to improve air quality in Greater Manchester, both by upgrading public transport and public service fleets and helping people understand why clean air is important so they play their part, like reducing short car journeys and using electric vehicles.

Building a Sustainable System

Our promise to deliver clinical and financial sustainability remains firmly based on each of our 10 localities having its own commissioning function and a Local Care Organisation (LCO) that coordinates integrated care across smaller neighbourhoods. On top of this, we want to see standardised hospital services and more community care closer to home.

We need transformation at every level to progress further, from making the most of community assets to helping hospitals share expertise, experience and efficiencies to raise specialist care standards.

Aligned incentives and funding streams, and stronger oversight, will maintain our overall financial balance and the sustainability of each organisation in the system.

We've got some specific priorities.

We want it to be easy for people to get the right care when they really need it urgently, through community services. Coupled with using data better, this will also manage and ultimately reduce demand for emergency care.

More diagnostics in people's neighbourhoods, redesigned outpatient services (with less need for appointments), streamlined radiology and pathology, and more productive surgical services will together cut waiting times for planned care.

A mix of extra support – like wellbeing teams and suitable housing, financial incentives, and better staff recruitment and training – will encourage and enable more people to live independently.

We're redesigning our mental health services for children and young people so they're more focussed on prevention and early intervention, including offering support in schools and colleges. Generally, we want to bring physical and mental health together locally, and treat people with serious problems closer to home.

We will build on our recent improvements to services and support for people with learning disabilities and/or autism.

We're keen to identify people most at risk of cancer and do more screening in the community. If we can diagnose cancer earlier, we hope to improve people's survival rates and overall experience. It helps that we're in a great position to be involved in industry and academic research, and can test and adopt new treatment and care quickly.

We want to improve early identification and treatment of cardiovascular disease and provide that care to the best standards, whether delivered in the community or in hospital.

We are responding to financial drivers in a more sophisticated way, including making the most of the scale and flexibility of pooled budgets and of contracting and payment models that reward prevention, management and rehabilitation.

How we can lead the way

We're already showing how well we can look after Greater Manchester's health and care system. To keep improving we want to explore policy and legal changes relating to new organisational and contractual forms, restrictions on integrated commissioning, VAT and pension rules to support integration, and issues affecting competition and choice. We also want to be able to use resources more freely to encourage reform.

There are three areas where we'd especially like to develop partnerships.

- **Creating a unified and transformative commissioning system:** We plan to clarify commissioning roles at different levels, rethink how we commission acute, primary care and population health services, and align system ambitions, population outcomes and efficiency opportunities.
- **Driving performance improvement and accountability:** We want to work even more closely with NHS Improvement and NHS England in analysing, evaluating and responding to quality, financial and operational issues, including through a coordinated improvement collaborative that reports to a joint oversight board. This would offer greater leverage for change and bigger incentives for our system to act collectively.
- **Simplifying and streamlining funding flows:** It's hard to be sure what's available, and how to get it, because existing funding streams and their specific arrangements and requirements are so varied and complex. They may be too short-term for us to plan far ahead, or too restrictive for us to direct financial support where it's most needed. We want a fair share of funding we can use to meet local priorities and support new models of care differently.

Unlocking our economic potential

The chronic poor health of a large number of local people is a barrier to Greater Manchester reaching its full economic potential. But we're now in a far better position to address that, and help people back to work and improve our population's health and wellbeing.

We're one of three areas picked to work with the government to develop an evidence-based local industrial strategy that creates not just good jobs in new industries but a more inclusive, growing economy everyone can contribute to and benefit from. We're also developing a charter to boost employment standards and productivity.

We want to take full advantage of what our city-region has to offer. Greater Manchester has the largest digital technology cluster outside London. We've developed a single digital strategy and plans for an interoperability hub so data can be stored and used centrally in a standardised way while ensuring it flows seamlessly between different health and care IT systems. Interoperability between wider public services will improve things like child development, employment support and independence in older age.

Greater Manchester is also home to a globally significant concentration of science, research and innovation assets, and is a recognised world leader in health analytics.

Health Innovation Manchester (HInM) acts across health and care, academic and industry partners to harness their collective assets for the benefit of the Greater Manchester city region in terms of better health outcomes for our citizens, transformed and sustainable models of care and economic prospects for Greater Manchester. It brings together research and development work to give us the infrastructure and leverage to try new things, like developing a precision medicine centre, and trialling medicines in real time to get them licensed and onto the market sooner.

How we can lead the way

We're looking for national engagement and support to capitalise on our assets faster.

- We want to develop employment support suited to people over 50 who are out of work, and to generally find ways to reduce our population's need for benefits. We want to be more responsible for key elements of the welfare system.
- Our ambition is to become a global leader for innovation in digital and life sciences tested at pace in real-world environments, and for Greater Manchester to grow as a clinical trials base with a focus on accelerated access.
- A multi-year programme of digital investment, with the potential to mix public and private sector capital, will help us achieve full digital operability across our entire health and care sector.

This prospectus reaffirms our commitment to fully implementing Taking Charge and realising the ambitions that underpinned our devolution agreement. It offers an honest reflection of what we have achieved. We can see the early signs of the impact of transformation, in areas that have implemented new models of care in the context of Greater Manchester's fresh thinking on public service delivery.

We believe it offers a compelling picture of how the intentions of the NHS Long Term Plan are already being delivered, and can be built upon, in the context of Greater Manchester as a place with a vision which connects the whole of public service, the VCSE, the business sector, academia and civic leadership.

1. INTRODUCTION

Greater Manchester's longstanding ambition as a city-region has been to take greater control of its own destiny. Devolution is enabling us to do that. In helping us integrate public services, devolution holds the key to breaking down the silos between those services and moving from a picking-up-the-pieces to a preventative approach.

We are aware of the level of expectation and optimism about what we are doing, both within and beyond Greater Manchester. Colleagues at Harvard University, for example, have described our health devolution as the most exciting experiment in health and care in the world.

We are now entering the third phase of devolution. In 2014 we began to develop the case for this new approach. The Greater Manchester Devolution Agreement with the government gave local public services control over decisions previously taken at national level. We then signed the Greater Manchester Health and Social Care Devolution Memorandum of Understanding.

Taking Charge of our Health and Social Care in Greater Manchester, published in December 2015, set out our ambitions for the next five years. The Greater Manchester Health and Social Care Partnership was created to take charge of health and social care spending and decisions from 1 April 2016. It is a collaboration of all Greater Manchester's NHS organisations and councils, primary care, voluntary, community and social enterprise groups, NHS England, Healthwatch, the police and the fire service.

1.1 Time to take stock

This document brings our story up to date. It outlines progress against our ambitions and our remaining challenges. It also updates our commitment and contribution to the NHS Long Term Plan to future proof our health and care support for the next decade.

Devolution of new powers and resources to Greater Manchester is unlocking fresh thinking, better integration and more effective delivery. We have developed detailed plans, put new infrastructure in place and strengthened relationships to help us meet our core objectives. These are to:

- transform the health and social care system to help more people stay well and take better care of those who are ill
- align our health and social care system to wider public services such as education, skills, work and housing
- create a financially balanced and sustainable system
- make sure our services are clinically safe throughout.

Now we are starting to see the difference we always believed devolution could make. This prospectus highlights key areas of differentiation, our potential contribution to wider health and public service ambitions, and opportunities for national partners to work with us to deliver on shared objectives.

1.2 Our contribution to broader local and national strategy

The 2017 Greater Manchester Strategy, **Our People, Our Place** proposed a model of public service that would enable us to address the challenge of improving people's health in a way national government and NHS bodies cannot.

Devolution holds the key to breaking down the silos between public services and moving from reactively 'picking up the pieces' to a proactive, preventative approach. The integration of health and care with other services in localities – such as local authorities, the police, and the voluntary and community sector – is a fundamental building block of the Greater Manchester model of public service (see section 3).

The government is working with Greater Manchester to develop a local industrial strategy by March 2019 (see section 6.1). This will be our joint plan for growing industries, such as life sciences, where Greater Manchester is at the forefront of international innovation. It will also set out how a healthy and productive workforce is essential to delivery prosperity.

National strategy will further shape our next steps as a devolved partnership. **The NHS Long Term Plan** aims to ensure additional government funding is invested in things that matter most, from providing high-quality treatment and care to reducing pressure on NHS staff and investing in new technologies.

Meanwhile the Government's **modern industrial strategy** aims to strengthen the foundations of productivity, including innovation, people and their communities. It wants to build long-term strategic partnerships through 'sector deals' between government and industry that will tackle barriers to growth and collaboration. And it plans to take on 'grand challenges', including meeting the needs of an ageing society.

The NHS Long Term Plan emphasises the importance of Integrated Care Systems (ICS) in delivering that plan and ensuring implementation is relevant and engaged with partners in the place. Greater Manchester is recognised as a mature Integrated Care System and is happy to take responsibility for that and work with colleagues nationally to support other ICSs elsewhere.

This prospectus offers the basis for discussions on how can contribute to all these wider plans. And we have identified three areas where we particularly want to extend our efforts and work with national partners. These are explored in the second part of our prospectus (sections 4-6).

2. THE HEALTH DEVOLUTION STORY SO FAR

We are now moving into the third phase of our operation as a devolved system. The first phase – lasting until April 2016 – was focused on establishing the devolved settlement for health and care in Greater Manchester. The second – broadly until autumn 2017 – saw us embedding our governance, strategies and programme structures as well as supporting the allocation of the majority of the Transformation Fund we were given to kick-start devolution changes.

This third phase has an absolute focus on implementation of our plans, building on the following features, developed over the past two years:

- A Local Care Organisation (LCO) in each of Greater Manchester's 10 localities will integrate provision based on neighbourhood models focussed on improving the health and wellbeing of populations of 30-50,000 and are structured around GP-registered lists and 'place-based' working. The LCOs will form part of a much broader model of local service delivery focused on a new relationship with citizens and asset based approaches, with very strong focus on the voluntary, community and social enterprise (VCSE) sector.
- Pooled health and social care resources are managed through an integrated single commissioning function in all 10 localities, offering a deep understanding of their interdependence and how investment in high-quality social care underpins the stability of both demand and finance in the NHS.
- New models of provision mean Greater Manchester hospitals work together at a much greater scale than ever before to consistent quality standards.
- A Greater Manchester-wide architecture operates across the city-region where this makes sense, such as a commissioning hub, digital and workforce collaboratives, and a 'one public service estate' strategy.

The scaled implementation of these features has guided our application of the Transformation Fund, testing each allocation against our objectives (set out in **Taking Charge**) and using a cost benefit analysis tool and detailed investment agreements for every funding decision to check the relationship between investment and impact and to track and measure delivery.

The following subsections offer an overview of measurable progress to date, the main challenges we still face, and how what we have done so far puts us in a strong position to progress with national partners.

2.1 Making solid progress

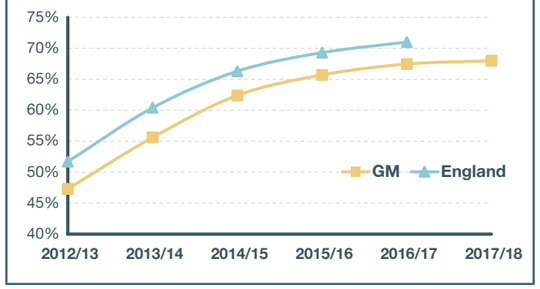
2.1.1 Giving children the best chance to develop and thrive

We want to improve levels of 'school readiness'; in 2016, one in three children in Greater Manchester (over 12,700 children) did not achieve a good level of development by the end of reception. But we have closed the gap on the England average from 4.8% to 3.5% (see below); our aim is to match it by 2021.

The number of mothers who smoke during pregnancy has fallen over the past two years. We are improving young children's oral health by investing in fluoride interventions for under-fives. And more early years services have been rated as good or outstanding by Ofsted, in line with the rest of England.

We have also made a particular effort to make it easier for children and young people to get mental health care when they need it. We managed to increase the access rate to 33.2% in 2017/18, which was better than expected and meets the 2018/19 target a year ahead of schedule.

Percentage of children reaching a good level of development by the end of reception



2.1.2 More people in work

We want devolution to support Greater Manchester's economic growth and the ability of all its residents to benefit from that. A challenge we highlighted was that people with long-term health conditions or illnesses (lasting over 12 months) were less likely to be in employment, and employment rates were lower in Greater Manchester (70.5%) than across England (74%).

We are narrowing that gap by connecting public services in new ways to help people find and keep good work, including those who are furthest from the labour market. Since devolution, the employment rate for Greater Manchester in June 2018 (latest available) was 72.8%, this was up from 70.5% in equivalent period in 2016 and over 3,200 long-term unemployed people have found work through the local commissioning of our Working Well programme. This has already paid for itself, and is forecast to generate £23.5m in agreed tax and benefit savings from an investment of £12.5m.

Overall a greater proportion of our working-age population are now economically active.

2.1.3 Quality care close to home

When devolution began, only 47% of local people could get routine or pre-booked appointments with their general practice seven days a week, which met core national requirements. That figure is now 100%.

And this is just one of many improvements to help people get better care close to home. Putting pharmacists in practices frees GPs as well as helping patients to manage acute and long-term conditions. We are gaining greater insight into prescribing and referral activity in each neighbourhood, which will help to drive higher standards and reduce variation.

Home visits and non-emergency ambulance calls are benefiting from greater GP support. So are care homes, and as a result fewer patients and care home residents need to be admitted to

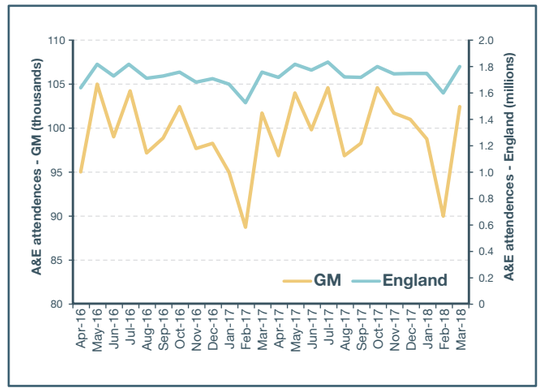
hospital. Our GP Excellence programme is already contributing to improvements in quality. Our aim is to have 100% of Greater Manchester practices rated good or outstanding by the Care Quality Commission (CQC); over 96% have achieved this goal so far, well above the national average.

We have applied collaborative, sector-led approaches to a range of system performance and quality issues to make measurable improvements. For example, the percentage of care home beds and domiciliary care agencies in Greater Manchester rated good or outstanding by CQC rose from 47% and 63% in 2016 to 66% and 85% in 2018. These figures are still not good enough but they show we do not shirk the big challenges respectively.

2.1.4 Hospital only when needed

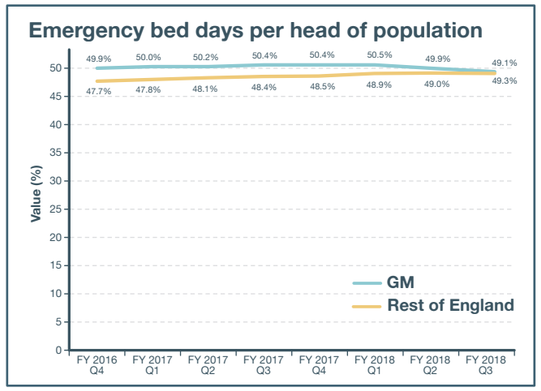
We want to relieve pressure on our hospitals, particularly demand for urgent care (see section 2.2.2), by reducing avoidable attendances, admissions and lengthy stays, and supporting timely discharge. Providing more local integrated care is making a difference.

Since devolution, the change in A&E attendances is below the national growth level (see below).

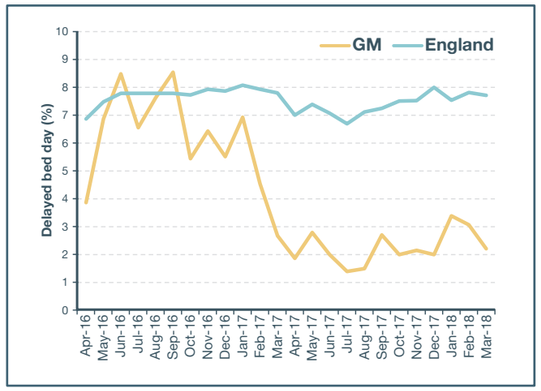


'Streaming' at all Greater Manchester emergency departments – which we managed to introduce before winter 2017 – is helping to spot people who could be treated in primary care. Every day around 200 patients are now redirected (or streamed) to appropriate GP, pharmacy, optometry and dental services. This is better for patients, and reduces crowding in emergency departments.

Emergency bed days have been broadly stable (which itself is good news given an ageing population) but now we are seeing them start to drop, which we hope is partly due to the new models of care in each locality starting to have an impact.



We have managed to reduce delayed bed days; these are down to 1.7% since devolution, thanks to the better coordination of care once someone has been admitted to hospital, and integration of services in preparation for their discharge.



2.1.5 A better place to grow old

We want this to be a good place to grow old, and on 16 March 2018, Greater Manchester became the UK's first Age Friendly city region (as recognised by the World Health Organization).

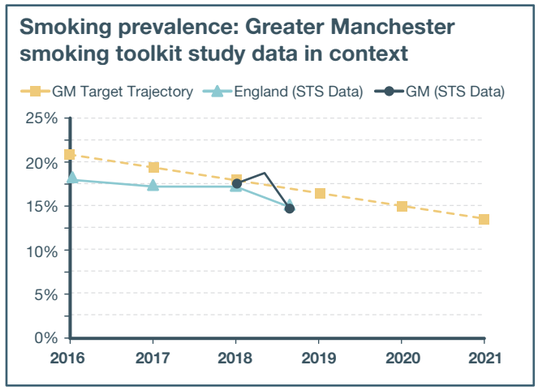
There are some particular issues we are trying to address. We aim to reduce the number of falls older people have – this has been higher than the national average for many years, but we are starting to close the gap. In 2015/16 there were 343 more falls in Greater Manchester per 10,000 residents compared with England as a whole, but this reduced to 284 more in 2016/17.

We would also like more of our older people to get the right support to stay well and live at home for as long as possible. Things are improving, based on the proportion who are still at home 91 days after being discharged from hospital into reablement or rehabilitation services, and the number of people who die in their usual place of residence, and we are getting closer to the England average.

We are also seeing older people receiving higher quality care in care homes and through domiciliary care agencies (see 2.1.3).

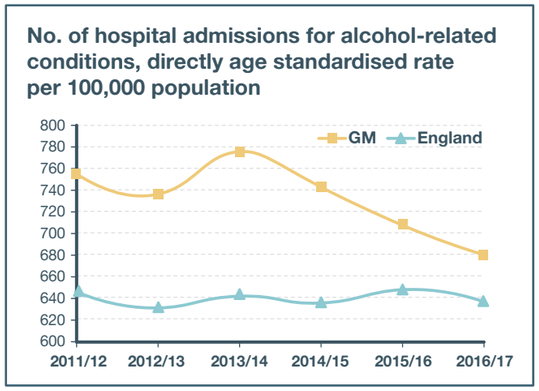
2.1.6 Tackling the big health problems

We have taken steps to tackle behaviour that particularly contributes to the three 'big killers': cardiovascular disease, cancer, and respiratory disease.



We have narrowed the gap to the rest of England in respect of smoking - before devolution, almost 21% of adults in Greater Manchester smoked according to Smoking Toolkit Study data – much higher than the England average of 18% – but early 2019 data shows the percentage of people smoking in Greater Manchester is now similar to England as a whole.

The number of people admitted to hospital for alcohol-related conditions has dropped to close to the national average. During 2016/17, there were 679 admissions per 100,000 of our population compared to 636 for England as a whole – a gap of 43, down from 60 in 2015/16 (see below).



When we drew up our targets as part of Taking Charge, around two-thirds of adults in Greater Manchester were overweight or obese, and the proportion who were physically active was generally lower than the England average (57%), varying between localities (from 45% in Oldham to 57.7% in Stockport).

We have started to see rates of physical activity rise, narrowing the gap between Greater Manchester and England (by 0.9 percentage points). We expect this improvement to accelerate as Greater Manchester Moving: the plan for physical activity and sport 2017–21 is implemented (see section 3.6). Our target is for 75% of people to be active or fairly active by 2025. This work is breaking new ground, with a person centred approach. We are tackling inactivity across the life course with a whole system approach that addresses the policy, physical environment, organisational, social and individual influences on physical activity behaviour.

Sport England has selected us as one of 12 areas to test a new ways of building healthier, more active communities. We have already received £10m of National Lottery funding which has been invested to develop innovative approaches to

support and enable people to live active lives and to act as a catalyst for system change at neighbourhood, locality and Greater Manchester spatial levels.

We want to improve not just the physical but the mental health of people in Greater Manchester. This is a big challenge (see section 2.3.3) but we have met our targets in early intervention for psychosis and dementia diagnosis over the past two years, and also seen a steady rise in patients benefiting from improved access to psychological therapies.

2.2 Addressing ongoing challenges

In spite of the many improvements made since devolution began in 2016, there is still much to be done to tackle historic and ongoing challenges, and new ones that have emerged, sometimes as a result of changes in other parts of the system.

2.2.1 A stable system

From the outset, we have explicitly tried to tackle fragilities across our care system and ensure principles of mutuality and collaboration stop services and frontline practitioners feeling isolated.

The Greater Manchester Independent Care Sector Network, with 150 provider members so far, supports strategic engagement at a Greater Manchester and locality level, strong partnerships and collaborative working. This is now essential, we cannot continue to support people in the same way as existing models of care will simply not be sustainable. It is imperative that we:

- support a greater proportion of the population to remain independent and reduce their need for formal care
- alter the balance of support away from traditional residential care to community support
- innovate to lower the cost of long term care e.g. use of technology or asset-based approaches

Care homes are starting to learn from each other through our 'teaching care homes' model. The GP Excellence Programme (in partnership with the Royal College of General Practice) acts as a hub for quality improvement and to actively respond to issues.

With our support, the merger of two Greater Manchester hospital trusts to create the Manchester University NHS Foundation Trust, and the transaction to establish the Greater Manchester Mental Health Foundation Trust were completed during 2017. Greater Manchester hospitals have also shown they can work together to raise standards and increase efficiency across sites, such as through the improvements seen at the Pennine Acute Trust.

2.2.2 Demand for urgent care

Improving the performance of our urgent care system is one of our highest priorities. We have already made changes to reduce hospital admissions, both generally and in an emergency (see section 2.1.4), but this is still a challenge.

The Greater Manchester urgent and emergency care operational hub began providing 24/7 support to organisations and systems in November 2017. It aims to manage demand and patient flow in and out of hospital, and has established real-time data feeds from all hospital emergency departments to help them monitor and respond to issues.

The hub proved invaluable during a challenging winter period when, despite a lot of planning and preparation, demand on the system increased and made it hard for emergency departments to deal with patients quickly. This contributed to an overall performance of 87% against the four-hour target (for patients to be seen, treated, and admitted or discharged) in 2017/18, compared to national performance of 88.4%.

A comprehensive Greater Manchester urgent and emergency care improvement programme, started in 2018, will focus on keeping people well, encouraging them to get treatment close to home rather than going to hospital, improving patient flow, and supporting discharge and recovery.

Underpinning all these efforts will be a locality model that combines virtual and physical co-located 24/7 urgent care services. This will offer a single point of access for care and treatment in each locality, with strong links into neighbourhood teams.

2.2.3 Waiting for planned treatment

We want to reduce waiting times in Greater Manchester – patients referred for planned care are still not getting treated soon enough. Our 2017/18 performance against the 18-week target was 90.4%, below the national standard but above the England average (87.2%).

A new programme for elective care will focus our efforts. At its centre is our elective hub, launched in March 2018 and now working with each locality to:

- reduce demand by rethinking referrals into the system, transforming outpatient services, and giving patients advice about their health so they can make appropriate decisions and only contact services when necessary
- reduce variation in unnecessary spend on elective care, manage patients closer to home, and stop interventions with limited clinical benefit
- transfer activity from secondary to primary and community settings where possible; this should be supported by integrated community services and evidence-based interventions, aligned to neighbourhood teams.

The elective hub will also improve data consistency and quality across the system, including live flows and patient tracking.

2.2.4 Collaboration on mental health

All our partners have pulled together to meet the access, prevention, sustainability and innovation aims set out in the Greater Manchester mental health and wellbeing strategy in 2016. This shows how responsive devolution enables us to be. If performance falls below expected thresholds or shows unwarranted variation, we develop improvement plans, incorporating best practice from both Greater Manchester and elsewhere.

A particular issue has been the number of local people with mental health conditions in 'out-of-area' placements. To drive these down, in January 2018 we set up a steering group that has developed action plans so we are now on target for a 33% reduction in out-of-area placements in 2018/19.

2.2.5 Pressure on cancer services

Greater Manchester cancer patients now have a much better chance of surviving the disease. By 2017, 150 more patients were estimated to be living with cancer for a year or longer, compared with 2016.

People are getting diagnosed earlier, with the proportion of patients needing emergency care for more advanced cancer dropping from 24% to less than 20%. In 2017/18, 85% started treatment within 62 days of being referred to a cancer specialist, which is higher than in England as a whole (82.2%), but we will keep trying to improve on this.

But improvements put additional pressure on the system. We are getting more GP referrals and there is greater demand for screening. Patients' health needs are increasingly complex. And we need to ensure we have the workforce to cope, particularly in pathology and radiology diagnostics.

The Greater Manchester cancer team is taking steps to ensure we can continue to provide high quality and timely services, such as:

- stronger governance, including clearer reporting structures and accountability for cancer leads, and greater involvement of clinicians
- better communication up and down care pathways and across provider trusts
- ongoing review and recovery of pathways underperforming against the core 62-day standard
- a maximum standard of seven days from referral to the patient's first diagnostic or clinical review
- sharing of diagnostic test data across organisations in a more transparent way
- standardised diagnostic turnaround times within provider organisations, with 'single queue' methodology considered for all diagnostics (when one trust performs tests on behalf of neighbouring trusts' patients)
- a new target for providers of a maximum seven days from requesting a test to the availability of a validated report
- bespoke follow-up with GPs with unusually high (and low) levels of referral
- regular provider and clinician forums to encourage sharing of good practice.

In relation to all key national targets, we will maintain our commitment to delivering to constitutional standards.

2.2.6 Attracting and keeping the right workforce

We want to improve the way we work as quickly and comprehensively as possible – and to do that, we need to recruit and retain the best people employed in health and care.

The 2017 Greater Manchester health and social care workforce strategy focuses on four priorities for the 10 localities: developing talent and having the right kind of leadership; investing in training and development and apprenticeships; promoting the region as an attractive place to work; and addressing skills gaps through more flexible and integrated ways of working.

We have started highlighting what sets this city-region apart through the 'Greater Manchester employment offer'. Our message is that Greater Manchester can offer its current and future workforce a supportive and inclusive working environment where they are recognised and valued, with opportunities to flourish and develop, flexibility and attractive benefits.

We are already seeing more students joining local nursing programmes – a 3% increase in 2017/18 compared with 2016/17 – while nationally figures dropped by 6%. In June 2018 we launched our first joint recruitment campaign, 'be a Greater Manchester nurse', supported by NHS providers, GP practices and the independent care sector.

During summer 2018 we held our first annual awards event to recognise the contribution of every part of our health and care workforce, including volunteers.

We have not forgotten how much our population relies on the contribution of unwaged carers who look after family members and friends, especially those who juggle employment with caring responsibilities. Working carers across Greater Manchester have helped us create a toolkit to encourage all employers to adopt supportive practices.

In moves to ensure an inclusive working environment, in June 2018 all public sector employers in Greater Manchester made a commitment to work together to tackle race inequality in the workplace, and our workforce race equality steering group has identified priority areas to address.

2.2.7 Managing our finances

Financially we are in a better position than expected, delivering an £89m surplus in 2017/18, mainly thanks to strong management and efficiency targets, although we have also used local authority reserves and other non-recurrent support.

The financial outlook in 2018/19 remains challenging – some Greater Manchester NHS providers have yet to agree a control total set by NHS Improvement that will enable them to benefit from the Provider Sustainability Fund (introduced in the November 2017 Budget to replace the Sustainability and Transformation Fund).

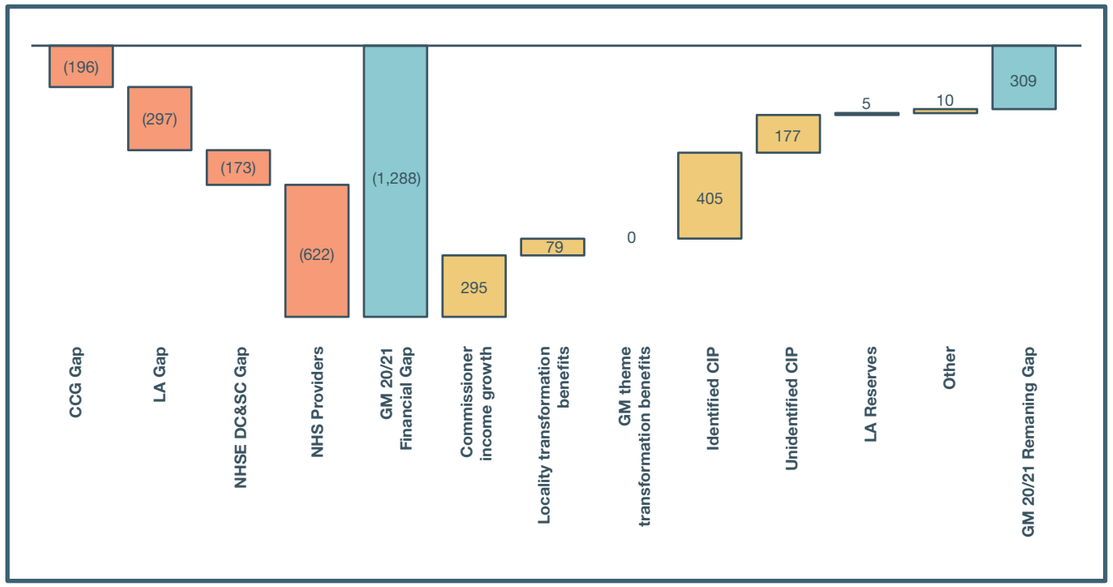
Our clinical commissioning groups (CCGs) and local authorities have big savings to make. And we will need to take system-wide action to address the various financial challenges facing individual organisations and different sectors.

But we are confident the Greater Manchester system now has well-established governance in place around financial performance and close working between all sectors.

We are making progress to address the originally identified forecast 2020/21 deficit of £2bn, although the ongoing efficiency challenge remains.

Our latest financial model shows a £309m deficit by 2020/21, but this does not take into account new allocations from the Provider Sustainability Fund and elsewhere – if Greater Manchester gets its fair share of this additional funding, we will achieve financial balance. However, even if we do, standing still is not an option.

We must continue to transform to keep up with demographic, non-demographic and inflation cost pressures. Greater Manchester will need ongoing transformation funding, as we did when devolution began, although we accept this will be on a smaller scale now we have completed most of our structural transformation.



3. READY TO FACE THE FUTURE

Looking ahead to the challenges society faces over the coming decade, particularly how to respond to the burden of disease and its causes, the necessity of the model we have begun to build in Greater Manchester is clear.

We believe this model, and certain features that underpin it (see below), make us different and better prepared for the future. They also present an opportunity for national partners to test the key objectives of the NHS long-term plan and the national industrial strategy.

3.1 Putting people at the centre

We want to put people at the centre of their care and public services and recognise them as part of their communities. We are changing the way we work across all public services and using our special relationship with the VCSE sector (based on our 2017 memorandum of understanding) to help change lives. That agreement is unique at this scale and is underpinning a radical change in the way we commission and partner with the third sector.

The VCSE sector should be part of the fabric of public services and public services should be delivered with local citizens, businesses and communities. This also means a radical change in the way we commission and partner with communities and the VCSE sector, we work as one across public services and we work as one with communities. We are developing:

- longer term, strategic commissioning approaches building capacity and stability through the VCSE;
- bespoke commissioning approaches for communities of identity;
- working with the sector to embed equalities analysis and responses in service developments; and
- person and community centred approaches at scale, including expansions of personal budgets.

We listen to what matters to each person, recognising their strengths and aspirations, and thinking of solutions beyond medicine. We are driving a radical expansion of social prescribing and personal budgets to give people more freedom to design their own support.

3.2 Health creation through prevention

We aim to find and treat people showing the first signs of declining health sooner. This means making more people aware of their particular risk of conditions like heart disease, cancer and type 2 diabetes, and delaying or even reversing those risk factors.

We must also seize opportunities to respond to advance signs of health risk, like spotting the signs in parent and infant mental health, child oral health, the loss of work, the experience of domestic violence, the experience of bereavement, the evidence of isolation, and the security of people's housing.

Integrating all public services with the VCSE sector across 68 neighbourhoods, covering the whole of Greater Manchester, will help make this ambition a reality.

3.3 True parity of esteem

Mental health is as important as physical health. Since devolution, we have committed £134m to close gaps in treatment and improve the level of access to mental health support (which has been appallingly low), spread evidence-based good practice across Greater Manchester, and provide hope of longer and more fulfilling lives for people with severe mental illness. We are testing radical models to reach beyond the NHS through our educational settings, support into work, and independent living approaches.

3.4 The power of innovation

Greater Manchester has the largest digital technology cluster outside London and a globally significant concentration of science, research and innovation assets. We have a vision of integrated interoperability and innovation hubs, while Health Innovation Manchester offers the infrastructure to stretch our imagination, test our ambition, and rapidly spread innovation to benefit not just our residents and economy but the national industrial strategy (see section 5). Health Innovation Manchester brings together our local industries, our civic assets from across health and care, with academic and research expertise, including teams in Trusts and universities across Greater Manchester, many of whom have national and global reputations. This gives us a single organisation to coordinate research and development and accelerate its application and diffusion through a single innovation pathway for the entire Greater Manchester health and care system. Its Greater Manchester research hub provides an integrated approach for research delivery across the city region and acts as a one-stop for interested parties to access clinical trials expertise and infrastructure.

Health Innovation Manchester manages a portfolio of over 90 projects delivering health and care benefits across the 10 localities. This portfolio is funded by NHS England, NHS Improvement, the Office for Life Science and Greater Manchester partners. The funding model for HInM in the future will rely more on subscriptions from our Greater Manchester partners and industry in future, to ensure that HInM is prioritising and targeting the needs of our Greater Manchester city region. as well as supporting economic prosperity

3.5 An empowered workforce

Greater Manchester's workforce collaborative was created to drive delivery against four priorities (see section 2.2.6). We want to develop the potential of our existing workforce and encourage more people to the Greater Manchester health and social care sector. We are already bucking the trend in recruiting student nurses and managing to attract staff to some of our most challenging professional areas, but have much more to do to secure true sustainability across both the health and social care markets. The supporting paper, Securing and supporting the workforce (see appendix), sets out our plans for change in more detail.

Whilst approximately 177,000 people work in health and social care in Greater Manchester, we recognise the extent to which their contribution is dependent upon over 160,000 volunteers and over 280,000 carers. Our shared Commitment to Carers, published in 2017 is driving our objectives to improve identification, assessment and support to carers across Greater Manchester. We intend also to widen our employment offer to support the voluntary sector and develop a comprehensive package of support for the 160,000+ volunteers that support the health and care sector.

The remaining three chapters set out how we will use these core characteristics of our system to making rapid progress in the following three areas:

- improving population health
- creating a sustainable health and care system
- unlocking economic potential.

1 - Health Innovation Manchester brings together our local industries, our civic assets from across health and care, with academic and research expertise, including teams in Trusts and Universities across Greater Manchester, many of whom have national and global reputations. This gives us a single organisation to coordinate research and development and accelerate its application and diffusion through a single innovation pathway for the entire Greater Manchester health and care system. Its Greater Manchester Research Hub provides an integrated approach for research delivery across the city region and acts as a one-stop for interested parties to access clinical trials expertise and infrastructure.

4. OUR POPULATION'S HEALTH – TACKLING THE HARD ISSUES TOGETHER

Our big ambition is for our population to both demand better health and have the confidence to change their own lives. To achieve this, we do not want to be restrained by the incremental changes made by small-scale public health projects. And thanks to the range of levers provided by devolution, we do not need to be.

> "Tackling poverty or pollution or reducing smoking will require action beyond the health service. Indeed, in some cases, other parts of government or society have more scope to influence these factors than the NHS."
>
> (Derek Wanless, Securing our future health: taking a long-term view, 2002)

> "People with higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. This link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus."
>
> (Michael Marmot, Fair society, healthy lives, 2010.

Greater Manchester can put health at the heart of every policy and strategy across the whole of the public service. Our greatest statements and actions on improving the Greater Manchester population's health will be the strategies and plans we develop affecting transport, housing quality and availability, spatial planning, town centre and neighbourhood developments and green space provision, jobs and the economy, and early childhood development, education and skills.

4.1 Time to focus on persistent causes of poor health

We know that half of all premature deaths are still linked to preventable factors, including unhealthy diet, inactivity, tobacco, alcohol and drug use, obesity and high blood pressure. Premature mortality is twice as high in more deprived communities – adding to the challenges we face in Greater Manchester.

Improvements in life expectancy are now stalling after increasing steadily for the past 100 years. Stubborn health inequalities not only persist both between and within localities, with poorer people dying earlier and getting sick more quickly, but may be widening.

There is clearly an urgent need for policies and programmes targeting prevention, especially in areas outside health service control and related to the wider determinants of health. And further focusing our efforts as a partnership on the underlying causes of poor health is essential to Greater Manchester's future health and prosperity.

4.2 Throwing off restraints

A key feature of Greater Manchester's strategic response in the past decade has been to emphasise the importance of public service reform as a critical element of economic as well as social policy. Many important policy innovations developed here have operated on the principle that a more inclusive pattern of growth can only be achieved if public services are reoriented towards people, their own aspirations, their communities, their friends and families. It isn't about services, it's about the key to preventative actions that can contain future costs and enable full participation in the economy and society. This approach to growth will be reflected in our local industrial strategy.

Taking Charge sits within a comprehensive, placed-based strategy for the future of our city-region. Our partnership's connection to the Greater Manchester Combined Authority (GMCA) and the Mayor opens up many more possible solutions to health challenges.

Housing, crime, transport, employment and economic inclusion, community resilience, employment and skills all play a part. Every area of public service in Greater Manchester has health benefits as one of its recognised objectives, just as inclusive economic growth is recognised for its health potential by NHS partners. Together we are creating a new model of public service delivery.

4.3 The thinking behind our public service model

This model is rooted in integration in every neighbourhood, recognising that each public service partner holds the key to another's objectives. And it is built on the following principles of public service reform:

- Change is done with, not to, people. We want to develop a new relationship between public services and people, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services.
- We adopt an asset-based approach that recognises and builds on what individuals, families and our communities can achieve rather than focusing on what they lack.
- We encourage behaviour change in our communities that builds independence and supports residents to be in control.
- A place-based approach redefines services and puts people, families and communities at their heart.
- Wellbeing, prevention and early intervention become bigger priorities.
- We need an evidence-led understanding of risk, and its impact, to ensure the right approach is used at the right time.
- We find an approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations and communities.

4.4 Flexible use of resources

The public service model will bring together resources so we can be more flexible in how we invest in and support innovative approaches. We already have the Transformation Fund, and the Reform Investment Fund offers a single Greater Manchester 'pot' we can use alongside local funding; it will potentially enable us to invest in reform at greater pace and create efficiencies of scale.

In Greater Manchester we have already shown the positive results we can get by taking a different approach to investing in change.

For example, the GMCA agreed with the Ministry of Housing, Communities and Local Government that £35m it received in 2017/18 under the Troubled Families programme should be on a payment by results basis. This offered Greater Manchester districts a real incentive to move to sustainable delivery models, which have helped over 25,000 families.

When the GMCA was allocated £5m from the Department for Digital, Culture, Media and Sport Life Chances Fund (to help people facing the biggest barriers to lead happy and productive lives), it invested in 'intensive community orders'. These offer tailored supervision and engagement programmes as an option for men aged 18-25 who have committed an offence that could carry a jail sentence of up to 12 months. As a result, Greater Manchester has a 22% reoffending rate compared with 30% nationally.

Thanks to £2.6m obtained through the Homelessness Social Impact Bond, 522 entrenched rough sleepers are being supported into accommodation, with 130 people accommodated to date.

A total of £22m from the Department for Work and Pensions and European Social Fund has been invested in the Greater Manchester Working Well programme to help over 3,400 people into sustainable work so far.

4.5 Reshaping delivery

How we apply resources and the public service model principles is leading our development of integrated neighbourhood services for populations of 30-50,000 residents (see outline structure below). We are fundamentally reshaping mainstream delivery, bringing together the skills, knowledge and experience needed to deal effectively with demand in a specific geographic area, and ensuring services and staff in that neighbourhood share a common purpose and work in a holistic way with people and communities.

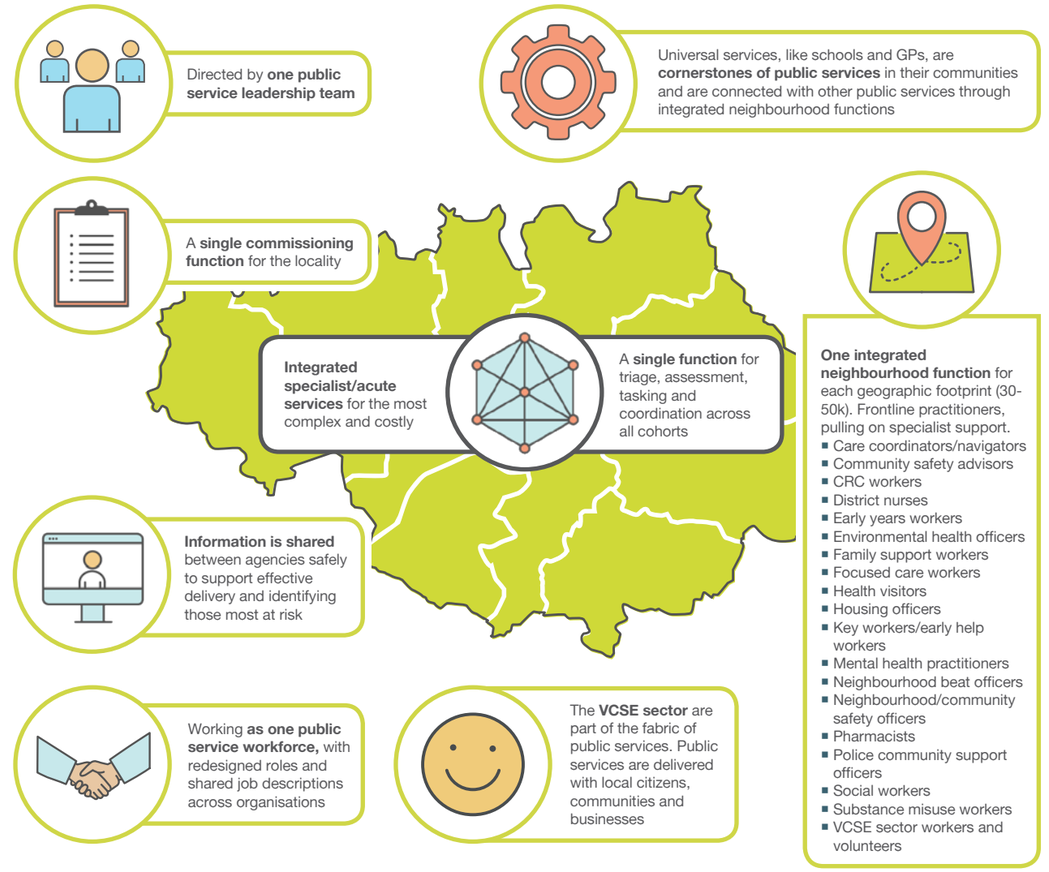
Such integrated services will encompass social care, mental health, community care, primary care, policing, housing and homelessness support, environmental health, employment and skills support, VSCE provision, community safety advice, substance misuse, early years and early help. They will interact frequently and consistently with other local service provision, such as schools.

A completely new approach to public service delivery. Breaking down the silos between public services, collaborating rather then individually picking up the pieces. Promoting a model of public service delivery that is truly preventative, proactive and person-centred.

A single programme of transformation and reform across all disciplines

Further devolution, policy change, new regulatory environment

Supported by place-based pooled budget



4.6 Closing the gap faster

We have already gone beyond the national ambitions for integrated care systems, and our early success has made us eager to do more, faster. We can support the Government to deliver changes that would see Greater Manchester moving quickly towards closing its historical health inequalities gap with England, and developing an evidence base that will show others what it takes to deliver at scale, and with real population-level impact. We will then truly be a Marmot city-region testing ourselves against national and global peers.

We believe a genuine population health system for Greater Manchester is attainable and will be realised within the next five years.

We have made significant progress to develop whole-system approaches across Greater Manchester to tackle the main causes of ill health, signing off a range of detailed strategies and action plans.

For instance, our Making Smoking History 2017–21: A tobacco free Greater Manchester strategy sets out innovative and evidence-based ways to cut smoking rates by a third.

Greater Manchester Moving: The plan for physical activity and sport 2017–21 has committed us to double our rate of improvement and get 75% of people active or fairly active by 2025. We are the first city-region committed to The Daily Mile; supporting and enabling residents of all ages to do 15 minutes of physical activity every day. There is a 10-year plan to invest £1.5bn in creating the UK's biggest cycling and walking network, while Sport England's choice of Greater Manchester as a local delivery pilot has brought initial investment of £10 million to address the challenge of inactivity and act as the catalyst for whole system change.

Our cancer plan and work by the Greater Manchester cancer vanguard on prevention have identified new ways to increase cancer screening uptake, awareness and behaviour change.

We want to build on the progress of Working Well to stop people falling out of work in the first place. Our Working Well (Early Help) Programme will develop and test an effective early intervention system for people in work who become ill or are newly unemployed due to health issues. Between 2019 and 2022 it will support up to 14,000 Greater Manchester residents with occupational health and condition management, as well as employment rights and impartial careers advice and guidance.

Providing face-to-face NHS health checks to a smaller proportion of the population will create capacity to target those at higher risk of cardiovascular disease and associated conditions. Used alongside complementary initiatives, such as our 'healthy hearts' programme, this could result in 600 fewer deaths by 2021.

The Greater Manchester Age Friendly strategy, approved in March 2018, will help us become a global centre of excellence for ageing, pioneering research, technology and new ideas, and increase economic participation among the over-50s.

4.7 Leading the way – what others can learn from us

We have considered the range of areas where the opportunity presented by Greater Manchester's approach to population health and public service reform could take us further and assist national bodies in realising longstanding ambitions.

4.7.1 Understanding the economics of prevention

Knowing how long it takes different interventions and investment in them to demonstrate benefits is important. Its helps us understand the investment-to-benefit time periods for population health objectives, as well as define the relationships between public service partners that may be connected by ambition and population but separated by regulatory or funding arrangements.

Every one of our major programmes is informed by our Treasury-approved cost benefit analysis tool to ensure the economic relationships across different interventions that affect various elements of public service commissioning and provision can be tracked to the resulting benefit. The NHS Long Term Plan must understand what determines the burden of disease, and have an approach and an evidence base for influencing those determinants.

4.7.2 Reversing the tide of childhood obesity

We aim to be the first city-region in the UK to reverse the rising tide of childhood obesity and work with government to develop healthy food environments. We can bring together regulatory, licensing, planning, population health and social movement approaches to implement our ambitions.

4.7.3 Early years development

We want a comprehensive, integrated early years development system that moves school readiness levels in Greater Manchester above the national average. This will help us raise productivity across our economy – a significant challenge we share with government – by beginning at the source. We view school readiness as the foundation of successful educational careers and the ignition for greater aspiration and hope for young people's working lives.

4.7.4 Preventing youth offending

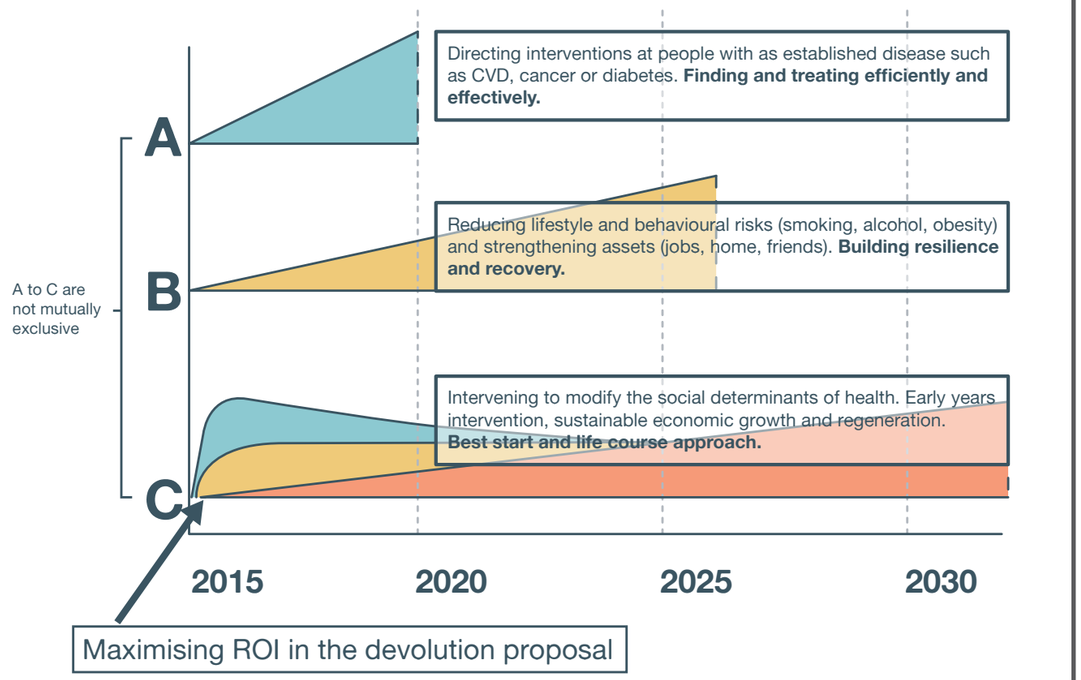
We aim to deliver a trauma-based model of health and justice that prevents youth offending and supports victims of sexual violence and abuse. A joined-up justice system is vital if we want to make changes that benefit local people. We are committed to being frontrunners in this area, pushing boundaries and testing innovative approaches to working with offenders. Justice devolution will allow Greater Manchester to drive forward important improvements by more closely integrating health, education and accommodation with the police, Crown Prosecution Service, the courts, prisons and probation services.

4.7.5 Supporting people back into work

We plan to provide a compelling, therapeutic model of support for people to get back into work that can be rolled out nationally. Working Well sets our city-region apart from the rest of the country, being set up under devolved powers that mean we can use our local knowledge to give

Different gestation times for interventions

(based on "Systematically Addressing Health Inequalities" Bentley,C. 2008)



people tailored support – whatever training, health services or advice they need to get into work. Our ambition in Greater Manchester is to create an employment, health and skills 'ecosystem' that has the individual (and employers) at its heart. This will respond better to the needs of local residents and businesses and contribute to the growth and productivity of the regional economy.

4.7.6 Improving air quality

We are keen to go significantly beyond the ambition in the NHS Long Term Plan and accelerate a programme of measures to improve air quality, including upgrading our public transport and public service fleet, incentivising electric vehicle use, driving up levels of active travel, and reducing the number of short journeys in cars. We are soon to start an ongoing public campaign to raise people's awareness and understanding of the health benefits of clean air and the impact of emissions on their health.

4.8 Partnership development opportunities

We particularly hope to pursue shared objectives with national partners around the following:

- greater restrictions on unhealthy food advertising on our transport network and the promotion of foods high in sugar, fat and salt
- addressing the commercial determinants of alcohol-related harm, applying minimum unit pricing for alcohol, and making health a licensing objective
- further tobacco restrictions
- an early years funding model that encourages cross-sector provider collaboration to raise standards and provides children's services with the resources they need
- reducing offending, increasing employment levels and tackling poor housing conditions.

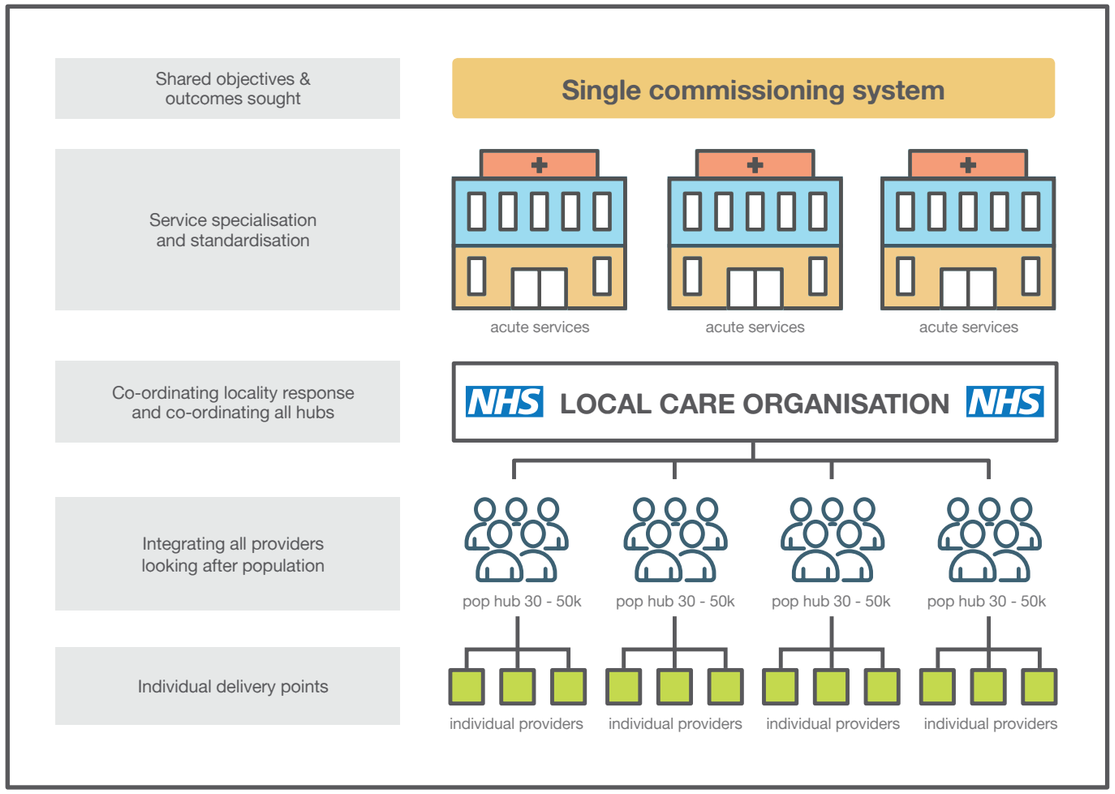
Establishing a Population Health System (see supporting paper) provides more detail.

5. BUILDING A SUSTAINABLE SYSTEM

The building blocks of our promise to deliver clinical and financial sustainability across the Greater Manchester health and care system remain the same.

Each locality will contain a single local commissioning function and local care organisation coordinating integrated care across its smaller neighbourhoods (including GP practices, wider primary care, public services and VCSE provision).

We want to see standardisation across hospital services and more care in the community, closer to home.



5.1 Transformation at every level

We aim to make further progress across the system and infrastructure during this next phase of implementation.

We will build on the assets of individual communities, integrating services at neighbourhood level to reduce hospital admissions.

We will help hospitals share expertise, experience and efficiencies across clinical services so everyone benefits equally from the same standards of specialist care. This will address sustainability challenges relating to care quality, workforce gaps, the quality of our hospital estate and organisational finance and efficiency.

We will align incentives and funding streams, and strengthen oversight, to maintain our overall financial balance and the sustainability of each organisation in the system.

Our commissioning strategy will clarify how things should work at different levels of the commissioning system, and make it more efficient.

A Greater Manchester improvement collaborative will focus our expertise and capacity to meet NHS Constitution standards and tackle access and quality challenges.

5.2 Priorities for progression

From a Greater Manchester perspective, there is much to welcome in the NHS Long Term Plan. It is notable that many of the initiatives in the plan mirror those underway here and the drive to population health and wider system accountability reflects the journey that we are on. The NHS Long Term Plan itself recognises many areas of improvement developed within Greater Manchester and we will not overlook where we have made key improvements pre-empting the objectives of the plan:

- comprehensive coverage and coordinated support to primary care networks in the 68 neighbourhoods serving each of Greater Manchester's 2.8m residents;
- the introduction of a Greater Manchester model of urgent primary care;
- the roll out of personalised care approaches including innovation in personal health budgets for people at the end of life and for people with learning disabilities;
- innovation in approaches to hospital based initiation of support for people to stop smoking and receive help to reduce harmful drinking;
- pioneering work to tackle homelessness and rough sleeping including the provision of key health services;
- a Greater Manchester wide plan to implement key recommendations from the Better Births report;
- increased access to mental health care for children and young people including new models of crisis provision, eating disorder services and piloting of mental health provision in schools, colleges and universities;
- a comprehensive health and wellbeing framework for children and young people including mental wellbeing support, reducing avoidable admissions, early years and childhood development, improved support for children and families at risk, working in partnership with schools to improve children's safety, physical and mental health and help children with special needs, and improving transitions;
- a comprehensive cancer plan from prevention to research and discovery; and
- the realisation of system wide 'A' rated stroke services through the Greater Manchester Stroke Operational Delivery Network.

However, there are certain areas we particularly want to improve, many are key to our maintaining commitments to constitutional standards and will form some early priorities for Greater Manchester from the NHS Long Term Plan.

5.2.1 Urgent and emergency care

Our ambition is to create the most comprehensive integrated model of care in England to better manage, and reduce the need for, urgent and emergency care.

Patients will be able to get help more easily through a community-based service that responds to 111 and some 999 calls, and includes social care, mental health and VCSE support.

We will target reducing paediatric admissions for common conditions. World-class data analytics will help us predict and respond to changing patterns of urgent care demand, down to practice level.

We will redesign community care for clinical frailty, neuro-disability, and respiratory and other ambulatory-sensitive conditions, to both reduce emergency demand and allow timely discharge.

5.2.2 Planned care

We are trying to stop planned care waiting lists and waiting times growing, including through single service models and technology. We plan to offer more diagnostics at neighbourhood level and redesign outpatient services so there is less need for appointments. We will standardise and consolidate radiology and pathology services, and make surgical services more efficient and productive.

5.2.3 Adult social care

We want to find ways for more people to live independently, such as wellbeing teams, and provide more supported and extra care housing. Changes to payments related to outcomes will be an incentive to staying independent. We want to offer greater career opportunities in care through education and apprenticeships.

Our teaching care homes programme aims to share best practice and raise quality standards, which should be consistent across Greater Manchester.

5.2.4 Mental health

Our aim is not just to provide top quality services but to be better at prevention and early intervention. We plan to completely redesign mental health services for children and young people based on the i-THRIVE model (which groups them based on their needs), including support in all schools and colleges.

We will integrate community mental health services into local care organisations, to join together physical and mental health. We will develop consistent standards and pathways for people with serious mental illness, and try to eliminate out-of-area placements (see section 2.2.4).

5.2.5 Cancer care

By working across the system we aim to diagnose more cancer earlier, improve survival rates, meet waiting time standards and improve people's experience of care. Our focus is cutting smoking rates, identifying people most at risk, doing more screening – especially in the community – and driving up specialist cancer care standards.

Working with industry and academia on 'real world' research studies means we can test new models of treatment and care, and adopt and share them quickly (see section 5.3).

5.2.6 Cardiovascular Disease (CVD)

Early detection and treatment of CVD can help patients live longer, healthier Lives and we will improve the effectiveness of health checks, rapidly treating those identified with high-risk conditions.

People with heart failure and heart disease will be better supported by multi-disciplinary teams as part of primary care networks within our neighbourhoods. We will increase the chances of survival from a cardiac arrest that occurs out of hospital by strengthening our local networks of community first responders and defibrillators.

We will aim to develop standardised hospital based services including rapid access chest pain clinics (RACPC), enabling accurate diagnostic testing and treatment; acute chest pain centres in Greater Manchester to support the delivery of the Non-STEMI pathway; advanced rhythm management service to provide a 7 day, permanent pacemaker-insertion service and on-call 24 hr service for management of internal defibrillators for acute arrhythmia patients.

5.2.7 Respiratory Disease

We will improve patient experience and seek to reduce secondary care costs through reducing variation, a reduction in length of stay (LOS) and avoiding admission through the provision of responsive, accessible, high-quality community, primary and intermediate care.

We will develop a single chromic obstructive pulmonary disease (COPD) pathway, accessible to all, which incorporates both in-reach and outreach support by specialist respiratory nurses alongside early specialist clinical review, will improve not only the quality of care received by patients, but also their length of stay in hospital and the support they receive on discharge. The opportunity of multi-disciplinary working in our neighbourhoods will support the training of community staff and inclusion of pulmonary rehabilitation, smoking cessation, education, vaccination and psychosocial support to enable those diagnosed with COPD to remain healthier longer.

For hospital admissions, we will aim to standardise the respiratory pathway, making it shorter and more responsive, with a focus on Non-Invasive Ventilation (NIV) national standards and domiciliary services (including home-NIV) will have similar benefits.

5.2.8 Learning Disability & Autism

We have made excellent progress in the development of our model of care and support for people with a learning disability, achieving key parts of the ambitions described in Building the Right Support. Consequently we have seen a significant and sustained reduction in our need for long term inpatient care.

However there remain key challenges which we will act on to ensure we meet the aspirations of those Greater Manchester residents with learning disabilities who defined the objectives in our plans:

1.	**Strategic leadership**	Co-production and leadership to reduce inequalities experienced by people with a learning disability
2.	**Advocacy**	Supporting people and their families to speak up for themselves
3.	**Bespoke Commissioning**	Embedding person-centred planning approaches and new commissioning arrangements for people who need the most support
4.	**Good health**	Reducing health inequalities by improving access to health services, screening and reasonable adjustments; implementing learning from LeDeR
5.	**Belonging**	Supporting people to make friends and have relationships
6.	**Homes for people**	Ensuring people have a choice about where they live and which kind of housing they live in and are supported to live as independently as possible. This includes expanding shared lives provision to 15% of the LD population by 2022
7.	**Employment**	Enabling more people to obtain paid employment and supporting young people to consider their employment options during transition . A GM target of 7% of people with LD in employment by 2020 has been approved as part of the Strategy
8.	**Workforce**	A skilled workforce and quality providers that know how to support people and demonstrate humanity and values
9.	**Early Support for Children and young people**	Ensuring children , young people and their families get early help and support which meets their needs
10.	**Justice**	Ensuring offenders are being represented, treated fairly and supported not to reoffender; ensuing victims have a voice

We aim to make Greater Manchester an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full member of the local community.

To make Greater Manchester autism friendly, we would need to work across four key areas:

- **Access:** This is about making sure that public services for autistic people are accessible and that appropriate reasonable adjustments are made in mainstream settings.
- **Community:** To make sure that autistic people and their families are able to take part in their communities, be active citizens and access the help to which they are entitled, accessible information available needs to be available and autistic people and their families should be participating in the local planning of services.
- **Health and support:** This includes ensuring access to diagnosis and post diagnostic support in every area, making sure that health and care have the right information on local need and are planning the right services locally and making sure health and care staff have appropriate levels of training in line with the Autism Act.
- **Employment and transition:** This includes employment and transition into adulthood for autistic people and family members.

5.2.9 Outpatient Reform

We agree with the challenge in the NHS Long Term Plan to help reduce some of the 118 million outpatient appointments every year – many of which are unnecessary. It is crucial that the NHS now looks at how it interacts with patients to ensure it continues to provide the best possible care. We will increase our use of technology and other innovations to improve patients' experience and care.

We will ensure there is a clear health benefit when asking people to travel to appointments, taking time off work and school. Care will be delivered in a more timely way and more conveniently closer to home, by specialists at the GP surgery or by using technology in new and exciting ways. This will cut unnecessary appointments, save thousands of journeys, reduce traffic and pollution and make the NHS more efficient. It will also free up clinical specialists to spend more time with complex patients where they can make the biggest difference.

5.2.10 Finance

We want the Greater Manchester system to balance its books each year. A much more sophisticated understanding of financial drivers will enable more tailored responses. We will make the most of the scale and flexibility of pooled budgets and of contracting and payment models that reward prevention, management and rehabilitation. An even greater commitment to giving individuals and their carers more control should reduce total costs to the system.

5.3 Partnership development opportunities

Our experience and insight developed as a devolved area over the past three years presents the richest sources of learning for the development of a national network of Integrated Care Systems as intended through the NHS Long Term Plan.

We believe we are demonstrating effective stewardship of the Greater Manchester health and care system in line with national objectives and the requirements of the NHS Constitution. A crucial aspect of this is our development of an integrated care system, including integrated care models in localities, new models of hospital provision and integrated commissioning functions.

The pace of those achievements and the confidence we have in securing and sustaining improvements will depend, at least in part, on our collaborating effectively with national bodies and exploring the potential for policy and legislative change.

For example, we want to consider the legal basis for new organisational and contractual forms, restrictions on integrated commissioning, VAT and pension rules to support integration, and issues affecting competition and choice.

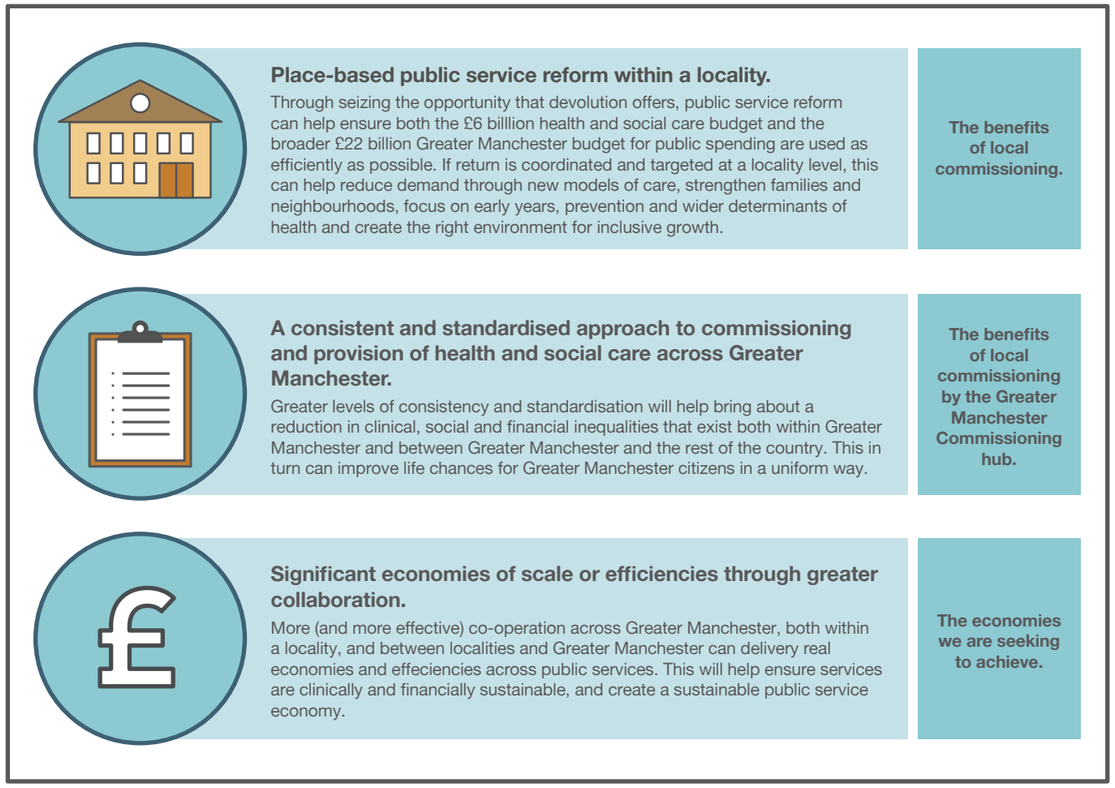
We would like to have the ability to incentivise reform through further control or freedom over revenue and capital resources, and help find

a path to the long-term funding solution and sustainable market management for social care provision.

We are particularly keen to pursue three specific areas of partnership development, described below.

5.3.1 Future of commissioning

We have agreed three objectives for a unified and transformative commissioning system.



What we want to happen next

Our next steps are to clarify the different roles of the Greater Manchester commissioning hub, each locality's strategic commissioning function, and the commissioning operations of local care organisation providers.

We plan to review and rethink how we commission acute, primary care and population health services, and align system ambitions, population outcomes and efficiency opportunities.

5.3.2 System oversight and improvement

During Greater Manchester's first two years of devolution, we have worked collectively as CCGs, councils, NHS providers and with our devolved responsibilities from NHS England on analysis, evaluation and action to tackle performance and delivery issues in carrying out our new commissioning and assurance functions.

We have worked closely with NHS Improvement, which has:

- appointed a joint director of improvement and delivery
- attended quarterly locality assurance meetings to ensure finance, performance and quality discussions are in line with our assurance framework
- acted jointly with us through agreed mechanisms (such as improvement and strategic advisory boards) to achieve specific improvements
- held formal and informal joint escalation meetings with local systems, particularly on emergency care
- participated in local financial recovery meetings when in-year financial performance requires additional support.

This joint work has proved worthwhile in many ways, both directly tackling existing areas of poor care and developing new approaches.

What we want to happen next

Now we are keen to deepen and formalise our relationship with NHS Improvement and NHS England jointly in the context of their formal integration. It could offer greater capability to work with providers, leading to comprehensive improvement beyond national targets. We could make more of shared support such as our strategic clinical networks and Health Innovation Manchester. There would be bigger incentives for the system to act collectively to achieve shared ambitions and drive accountability and behaviours. We might see more NHSI participation in governance arrangements already working well, and stronger connections to other contributors to the system, creating greater leverage for change.

We want to develop a joint oversight board with NHSI and NHSE. This would ensure national policy objectives are embedded in what we do in Greater Manchester, and look across financial and operational performance and clinical quality. It would spot any data and other evidence indicating a need for extra support, and together we could decide what support to provide when problems arise, before or as well as taking enforcement action. We would be able to draw on and add to support from across the system and national teams.

To drive performance improvement we suggest having a coordinated improvement collaborative, with a core team based in Greater Manchester and managed by a director reporting to the joint oversight board. This would supplement and formalise (but not replace) national bodies' ongoing participation in mainstream governance.

5.3.3 Financial management

We want to take a different approach to meeting the challenges of mitigating financial risk, managing financial recovery and sustaining financial stability. This is also an opportunity for Greater Manchester to influence the future financial framework and support national objectives.

Things to address include the complexity of existing funding streams, which are provided, delivered and monitored by various bodies across the system. This also creates uncertainty about the level of funding available, particularly if streams are affected by national changes, to social care, for instance.

Complex arrangements and requirements can make it hard to get funding. Allocation methods may not take account of local structural issues. Short-term funding, or cycles of funding, limit our ability to plan far ahead and make big long-term changes. Other types of funding are too restrictive and inflexible for us to direct financial support where it is most useful.

What we want to happen next

We are keen to pursue opportunities to simplify funding flows (at both system and provider level) with national bodies. We are moving towards an integrated care system, enabling us to change the existing financial framework, ownership and control.

We will be able to use more streamlined funding flows to better meet local priorities and fund new models of care differently. Getting a fair share of funding will support transformation and a clinically and financially sustainable system. We would be keen to help develop the approaches to system-wide rather than individual controls to help us manage our finances. Multi-year funding would support system-level planning, integration and delivery of transformational changes.

6. UNLOCKING ECONOMIC POTENTIAL

Both our Taking Charge strategy and the Manchester Independent Economic Review recognised that the chronic ill health of a large proportion of the population was one of the main barriers to our city-region reaching its full economic potential. The review also recognised the life sciences sector as one of the areas of real comparative advantage for Greater Manchester. The sector is one of the most productive, fastest growing and export-focused sectors in the UK. Greater Manchester and Cheshire account for around a quarter of all life sciences employment in the UK.

We are now in an ideal position to not only address the health problems that prevent people from getting into work or back to work, but also to harness the potential of the health and care system to contribute to innovation and productivity. In turn this will create good quality work that can improve the health and wellbeing of our population.

Our partnership, the Greater Manchester Combined Authority and the office of the Mayor share a vision for improving digital systems among public services, and taking full advantage of having the largest digital technology cluster outside London, and a globally significant concentration of science, research and innovation assets, on our doorstep.

6.1 Our local industrial strategy

Greater Manchester is one of three trailblazer areas in the UK working collaboratively with the government to develop a local industrial strategy with health innovation one of the leading themes. It will be our joint plan for creating exciting, well-paid jobs in new industries and will provide a framework for aligning local and national decision making and investment to create a more inclusive economy where all residents can contribute to, and benefit from, growth.

The local industrial strategy will build on Our People, Our Place and the government's modern industrial strategy and will be grounded in a robust evidence base, currently being developed by leading experts through the Greater Manchester Independent Prosperity Review.

It will also incorporate work being done to develop a Greater Manchester Good Employer Charter, which aims to help employers reach excellent employment standards and increase productivity as a result.

6.2 Making best use of digital data

We have developed a single Greater Manchester digital strategy, a 'roadmap' to implement it and a vision of integrated interoperability and innovation hubs. Having an interoperability hub will mean data can be stored and used centrally, and in a standardised way, while ensuring it flows seamlessly between different health and care IT systems to deliver interventions and achieve outcomes that would not otherwise be possible.

Greater Manchester has built on its work towards integrated care records to gain Local Health and Care Record Exemplar (LHCRE) status in 2018, enabling frontline staff and administrators to share people's health and care information safely and securely as they move between different parts of system. This offers insight into individual needs and supports joined-up care across neighbourhoods.

We will also drive interoperability between wider public services to improve, for example, child development, employment support programmes and maintaining independence in older age.

6.3 Investment and research to drive innovation

Health Innovation Manchester brings together all research and development work in one place, simplifying the landscape for researchers and industry innovators and giving us the infrastructure to stretch our imagination, test our ambition and rapidly spread innovation to the benefit of our residents and our economy. This involves our local partners paying a subscription to ensure that there is real traction and locally-driven priorities that HInM will address. This give HInM additional leverage with industry to create new partnering models, as evidenced by our ground-breaking agreement with the Association of the British Pharmaceutical Industry (ABPI), which was shortlisted for HSJ award best NHS partnership with the Pharmaceutical industry.

The National Institute for Health Research (NIHR) has invested £28.5 million in Greater Manchester to establish the NIHR Manchester Biomedical Research Centre (BRC). BRCs transform scientific breakthroughs into diagnostic tests and life-saving treatments for patients.

Health Innovation Manchester led negotiations with a global diagnostics company, Qiagen, to develop a world-leading precision medicine centre on the Manchester University Foundation Trust

campus. The deal will create and support up to 1,500 jobs – adding almost £150m to Greater Manchester's economy over a decade.

Health Innovation Manchester is receiving funds from Health Data Research UK (HDRUK) for an Exemplar Sprint project which will use data from implantable devices to improve the care pathway for patients after MI in partnership with a global industry medtech partner. This is an example of how we are pushing the boundaries of innovation to deliver digitally transformed and sustainable models of care in a digital world.

Greater Manchester is already a recognised world leader in health analytics. Its data ecosystem (see section 5.2) allows researchers to monitor consenting patients in real time, and generate the evidence needed to licence new medicine and put it on the market sooner.

Our city-region is also at the forefront of the rapidly growing field of P4 (predictive, preventative, personalised and participatory) medicine. Investment in P4 medicine has accelerated, and it is clear that the dual workstreams of digital and P4 medicine enhance each another's capabilities.

6.4 Partnership development opportunities

Greater Manchester has already demonstrated it can harness the potential of the health and care system to contribute to innovation and productivity and developed an infrastructure to drive innovation at scale.

Now we want to capitalise on these assets to enable more people in our city-region to connect to the benefits of economic growth. We are looking for national engagement and support in the following specific areas to do so faster.

6.4.1 New approaches to employment and welfare

We want to develop a joint initiative to test employment support for people in Greater Manchester who are over 50 and out of work, and to encourage in-work progression for people in low-paid jobs.

We are optimistic that joint working will help us come up with a radical new approach to supported employment, potentially saving the Department for Work and Pensions money by reducing the need for benefits. We also want more local control over, and accountability for, other key elements of the welfare system.

6.4.2 Testing and funding innovation

We want to move faster with this agenda and are keen to work with government on this. This includes government backing for Greater Manchester, as part of the UK and Local Industrial Strategy, to become a global leader for innovation in digital and life sciences tested at pace in real world environments. We also want to see the expansion of Greater Manchester as clinical trials base, with a focus on accelerated access through real world trials.

On life sciences, we will look to consolidate our leadership position in this area by developing ourselves as a recognised national and international centre for the incubation and growth of SMEs in life sciences.

On digital, we will seek a multi-year programme of digital investment (including social care digitisation) with potential to mix public and private sector capital. This is to realise our aim of achieving full digital operability across the entire health and care sector in Greater Manchester.

7. CONCLUSION

This prospectus reaffirms our commitment to fully implementing Taking Charge and realising the ambitions that underpinned our devolution agreement. It offers an honest reflection of what we have achieved. We can see the early signs of the impact of transformation, in areas that have implemented new models of care in the context of Greater Manchester's fresh thinking on public service delivery.

We believe it offers a compelling picture of how the intentions of the NHS Long Term Plan are already being delivered, and can be built upon, in the context of Greater Manchester as a place with a vision which connects the whole of public service, the VCSE, the business sector, academia and civic leadership.

Our collaboration is underpinned by a governance model that continues to evolve. We have maintained strong financial oversight and management of the system, improved the quality of care home provision, driven greater access to primary care and mental health services, and facilitated single service provision to raise standards and reduce variation in acute care.

We have been open about our delivery challenges, but are clear about our plans to address them, and the commitment of every organisation to implement solutions. Our approach to improvement is systematic and evidence based, and builds on a shared duty to adopt proven models to secure sustainable change.

We are really beginning to see the potential for what we have started here, which extends beyond the ambitions of other integrated care systems to develop the characteristics of a comprehensive population health system, inspired and directed by our ambitions for Greater Manchester as a place, and the capabilities and hopes of the people of Greater Manchester.

This prospectus is also intended to look at where the full maturity of this model can take us and what fresh partnerships we may need to develop with government and NHS national bodies. It provides a starting point for initial discussions with those future partners. We will be ready to make firmer commitments on some of our specific proposals once we have seen the Social Care Green Paper and the 2019 Spending Review alongside the NHS Long-Term Plan.

Greater Manchester Health and Social Care Partnership

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