GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester

Health and Social Care Partnership

Business Plan

2017/18

Contents

Taking charge

in Greater Manchester

2017-2018

Introduction

Greater Manchester Health and Social Care (GMHSC) Partnership is the body made up of the NHS organisations and councils in the city-region, plus representatives from primary care, NHS England, the voluntary, community and social enterprise (VCSE) sector, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

Together we are overseeing devolution and taking charge of Greater Manchester's £6bn health and social care budget. This business plan outlines what we have already achieved in 2016/17, the first year of devolution, and how we will build on this during 2017/18. For the first time it takes on board the priorities of our new Mayor of Greater Manchester as expressed in his manifesto.

This is year two of the partnership's five-year programme. Year one established the infrastructure and relationships needed to drive our work. Year two onwards will see our plans being implemented and the initial evidence of their impact emerging.

It is governed by the Strategic Partnership Board, which meets in public regularly.

Our overall vision for the future

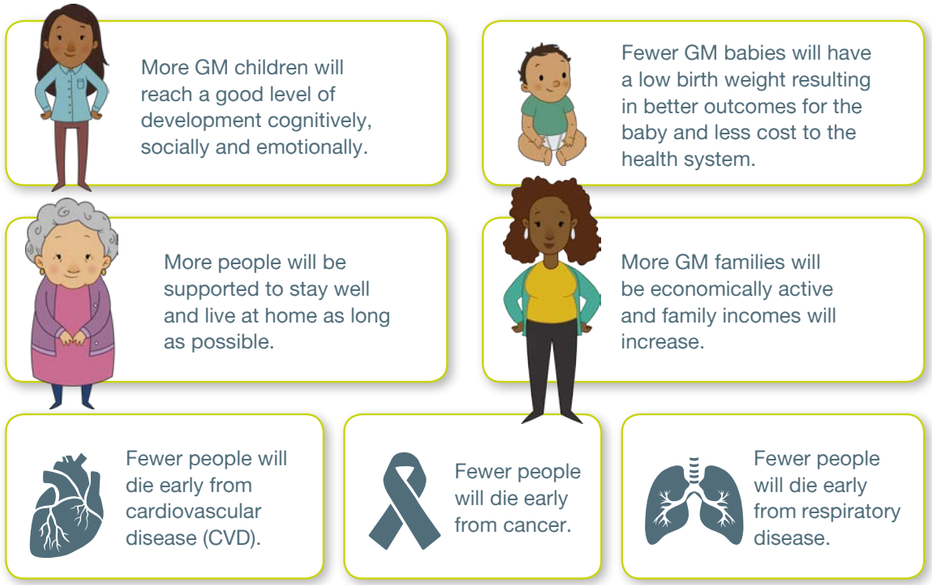
The reason we are here is to deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester.

We have four objectives to help us deliver the vision. These are to:

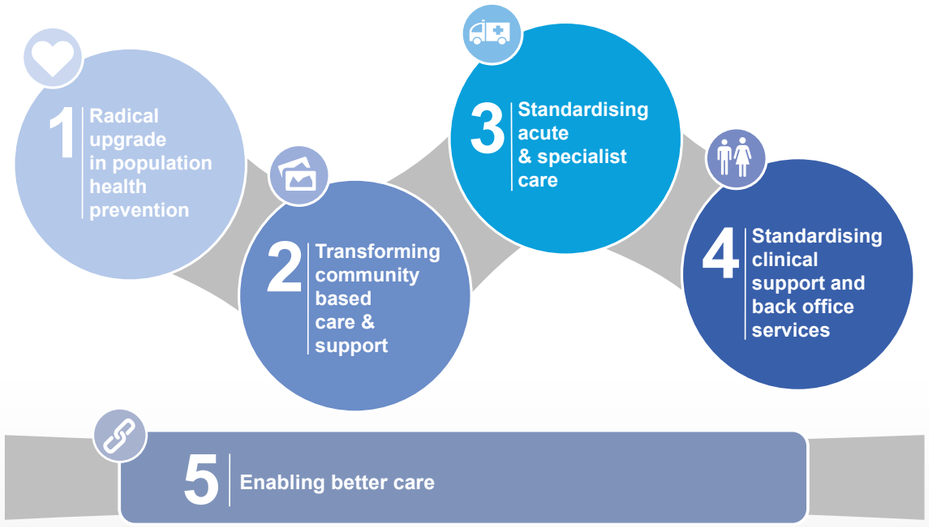
- transform the health and social care system to help more people stay well and take better care of those who are ill
- align our health and social care system to wider public services such as education, skills, work and housing
- create a financially balanced and sustainable system
- make sure our services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

Underlying these is our aim to promote equality and equity across Greater Manchester health and care, drive inclusive growth and ensure that no community or group is left behind.

Among the main things we want to achieve are that:



We believe this is the most ambitious and significant programme of health and social care transformation in the country. It is based on the delivery of five transformational themes. All the work described in this business plan falls within these themes.



We want to secure every partner's full participation and contribution in taking action that benefits our population's health. This includes the whole health and care system, wider public sector partners, the VCSE sector, and the businesses, communities and residents of Greater Manchester.

Our success will largely depend on deepening the relationships that already exist across Greater Manchester to create the most advanced system of cross-conurbation collaboration in England. It will also rely on our ability to extend ourselves beyond small-scale pilots to achieve the public service integration and transformation described in our strategic ambitions. We need everyone to feel they own and are part of the changes that are needed, moving them 'out of the boardroom and into the living room'.

Our business plan supports the clear purpose and actions required to make this happen.

What we have achieved so far

The first year of devolution has seen us develop the platform for transformation, including establishing the governance we need to oversee change and ensure we progress. We have taken responsibility for how the whole Greater Manchester health and care system performs, and adopted a transparent and proactive approach to addressing key performance deficits.

We have drawn up detailed strategies and set Greater Manchester ambitions for key areas such as mental health, population health, cancer and learning disabilities. These are reflected in the relevant sections of our business plan.

Throughout 2016/17 we have involved our residents in change programmes, regularly inviting their contributions and feedback, including through our Taking Charge Together engagement exercise to explore barriers people face in leading healthier lives.

We have supported Greater Manchester's 10 localities in finalising their own transformation objectives – these are outlined in Appendix Two of this business plan. We have made our first investments from the Transformation Fund and are starting to see new models of care come alive in parts of Greater Manchester as a result.

During the year we saw a growth in activity across Greater Manchester hospitals that we aim to address through the changes to services and working practices set out in our **Taking charge of our health and social care in Greater Manchester** strategy and this business plan. For example, there were:

- around 1.2 million attendances at our A&E departments, 2% higher than planned
- approximately 330,000 emergency admissions to acute hospital trusts via A&E or other emergency routes (non-elective activity), 1.8% higher than planned
- 2 million new and follow-up outpatient appointments, 1.3% higher than we planned.

However, there was very little increase in the number of referrals to acute providers by primary and community care services.

Greater Manchester remains a healthcare system with high rates of hospitalisation and the challenge set out in the **Taking charge** strategy remains profound.

Our plans for 2017/18

In 2017/18 we must make our implementation plans a reality. We will continue to build on the devolution agreement, implement the **Taking charge of our health and social care in Greater Manchester** strategic plan, and take on clear collective responsibility for resources and population health. In return for providing joined-up, better coordinated care, we will get far more control and freedom over the total operation of the health system in our area.

As we move into our second year of operation, our transformation plans will start to have an impact on our pathways of care and we hope to begin to see hospital activity levels reduce. In 2017/18, Greater Manchester will aim to:

- reduce attendances at our A&E departments by more than 17,000 (down 1.4%)
- reduce emergency admissions to hospitals by almost 9,000 (down 2.7%)
- reduce outpatient appointments by 50,000 (down 1.7%)
- reduce the need to refer patients to acute trusts by 1.4%, resulting in 15,000 fewer referrals.

We are under no illusions as to the level of ambition that these targets represent as demographic pressures caused by an ageing population continue to place more underlying pressure on the system.

We must therefore act on the commissioning review carried out in our first year and introduce different arrangements for planning and buying services. These will enable us to create new models of population-focused and 'place-based' care that meet local people's needs closer to home.

During 2017/18 these new care models will start to operate, expand and make an impact. Each of the local care organisations (LCOs) created by the Greater Manchester localities will use locally driven, person and community-centred approaches to pull together our Greater Manchester strategies for

population health, primary and social care transformation, place-based integration and social action.

New models of hospital provision will begin to secure the benefits of reliable, evidence-based care through our hospital-based service strategy and other programmes of work developed in our first year, including the single hospital service in Manchester and the Salford Royal/Pennine Acute Hospitals group development.

Our workforce transformation programme aims to 'deliver the fastest and most comprehensive improvements in the capacity and capability of the whole Greater Manchester workforce (paid and unpaid) to improve the health and wellbeing of the population'. In 2017/18 we will publish a workforce transformation strategy that will target skills shortages in the resident labour market, highlight skills gaps within the existing workforce and recognise the shifting skills required by new care models.

Throughout 2017/18 these new commissioning and care models will confirm our fresh approach to contracts and payments, ready for the next two-year planning cycle. These new contracts will support incentives and agreements that will enable the whole Greater Manchester system to focus on health outcomes, not transactions or processes.

We will pay particular attention to performance standards that are not currently being met, and ensure that we learn from this in transforming the system to improve in the long-term. This will challenge the way we commission, deliver and oversee services in key areas, including urgent care and mental health, where it is particularly hard to meet access standards.

From the start of the Greater Manchester devolution process, we have recognised that fragmentation of commissioning, provision and regulation has been a serious barrier to local people living as healthily as possible. In our first year we have made enormous progress in harnessing collective enthusiasm among health and care partners and the wider system to collaborate as never before and start to make practical changes. This will continue in 2017/18, building on newly formed (and formalised) relationships and further strengthening existing ones.

During this second year we will need even more devolved authority to make the changes required to achieve our objectives. For example, taking over further responsibilities from NHS England will support new commissioning arrangements, including for ambulance and NHS 111 services. We want to have more freedom in how we use money from the national Better Care Fund to join up health and social care services. And we aim to establish a single system control total for Greater Manchester finances.

We now have a Greater Manchester information management and technology (IM&T) strategy based on the need to connect, integrate, collaborate, empower and understand. Localities can now submit requests for digital funds to us, to support their transformation plans. We will also consider submissions to fund shared Greater Manchester technology systems to support enabling projects or the wider GMHSC Partnership.

About this plan

This business plan sets out our main priorities for 2017/18, which are organised under the following headings:

- Communicating, engaging and working with our communities
- Improving the health of all Greater Manchester residents
- Transforming care and support
- Enabling better care
- Research, innovation and growth
- Achieving financial balance and securing sustainability.

Some areas of work have set very specific objectives for the coming year, while others will continue to focus on ongoing, overarching aims, and this is reflected in the plan.

Our business plan also looks at how GMHSC Partnership aims to involve local people, groups and communities in all these priority areas of work, including through relationships with the voluntary, community and social enterprise (VCSE) sector in Greater Manchester and 'consumer champions' Healthwatch.

There are three appendices to the plan. The first focuses on how we will manage key risks and issues we are likely to face in transforming health and care across Greater Manchester. The second appendix contains the main objectives of the individual Greater Manchester localities, based on their own plans for the next two years. The third and final appendix shows the broad timeline for transformation, year on year.

Each section highlights achievements during the first year of devolution and outlines how these will be extended in 2017/18.

Our business plan should be read in conjunction with other published documents, including our overall strategy **Taking charge of our health and social care in Greater Manchester**, individual strategies and plans for transforming specific areas, such as primary care, cancer care, population health, mental health and wellbeing, commissioning, learning disabilities, maternity care, hospital services and information management and technology (IM&T), and the 2016/17 annual report. These can be downloaded from http://www.gmhsc.org.uk.

Communicating, engaging and working with our communities

We need to actively involve the people of Greater Manchester in the transformation of health and care, across all our programmes for change.

Our achievements so far

As a result of our communication and engagement during our first year of devolution, residents and staff across the Partnership are increasingly aware of our plans, ambitions and progress. Webcasts of our Strategic Partnership Board meetings and our ongoing internet and social media presence clearly contribute to that awareness and understanding of what we are trying to do.

During 2016/17 we have also overtly explored what the barriers to good health are, working with over 6,000 residents through the Taking Charge Together exercise. This is what they told us.

It's about the wider environment of how and where people live, things like transport, housing, education, crime and pollution.

It's about connecting with other people who can offer support, motivation and role models, and stop harmful social isolation.

It's about making mental health as important as physical health, especially giving people the confidence to make positive changes in their life.

It's vital to consider (and value) the diversity of our population but at the same time tackle health inequalities.

It's about everyone – including younger people and health professionals – being easily able to get the information they need, whether that's about services, lifestyle, local communities or anything else that affects health and wellbeing.

And nine out of 10 people told us they want a healthier lifestyle.

Plans for 2017/18

We want to ensure public knowledge of, and participation in, the Partnership's work keeps growing. This will fundamentally challenge the way we do business as we create solutions with local people and communities, rather than simply for them. We will develop, publish and implement a comprehensive engagement plan in partnership with the population of Greater Manchester and organisations that represent them.

We will build on what Taking Charge Together taught us about barriers to healthy living and continue to extend the openness and reach of communication and engagement through a variety of channels.

There are still some real gaps in our approach to engagement that we must address. We will particularly focus on connecting people to our transformation of Greater Manchester health and care by:

- valuing 'lived experience'
- supporting and working with carers
- extending personalisation and choice
- working more closely with the VCSE sector
- involving the Greater Manchester Healthwatch partnership.

Valuing 'lived experience'

The way we operate day-to-day must include connecting with people who have personal experience of using health and/or social care services, or caring for someone who does. We need to value their insight in how we think about delivering, changing or improving services.

We will make the most of opportunities to engage with people who can provide that 'lived experience' insight and expertise in all our work, but particularly relating to programmes that cut across specific transformation themes. We have already started to take this approach in the way we work with carers (see below) and will extend that to our work on learning disabilities, mental health, cancer, dementia, and children and young people's services.

Supporting carers

Supporting carers is one of our main priorities in transforming Greater Manchester adult social care. The others focus on learning disabilities, residential and nursing homes, and care at home. We are committed to reshaping our relationship with carers, and the help we offer them. They play a fundamental role in supporting elderly people and those with complex needs and learning disabilities.

The Greater Manchester Strategic Advisory Group for Carers is already a crucial part of our work to identify carers locally, provide them with relevant information and advice, and support them by valuing their contribution and making sure their own health and social needs are met.

This group consists of representatives from GMHSC Partnership, clinical commissioning groups (CCGs), local authorities, the University of Manchester, NHS England, Carers Trust, the Gaddum Centre (a Manchester charity providing carer support and related services) and local carer organisations.

A memorandum of understanding (MoU) will set out a framework, to be agreed by organisations across Greater Manchester, which supports an integrated approach to identifying, assessing and meeting carers' own

health and wellbeing needs. This should also inform and shape a supplementary carers' charter that sets out what they can expect.

We are committed to certain principles that will underpin the MoU.

There will be support for the identification, recognition and registration of carers by all organisations, including primary care.

Carers will have their own needs assessed and will receive an integrated package of support to maintain and/or improve their physical and mental health.

Carers will be empowered to make choices about their caring role and to access appropriate services and support that they need for both themselves and the persons they look after.

The staff of partners to the MoU will be aware of the needs of carers and of their value to our communities.

Carers will be supported by information-sharing between health, social care and carer support organisations and other partners to the MoU.

Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision making, and reviewing services.

The support needs of carers who are more vulnerable or at key transition points will be identified as quickly as possible.

Above all, we need to work together to make this happen. An overarching principle behind the MoU is recognising that the only way we can successfully develop this integrated approach to meeting carers' needs is through the 'duty to cooperate' set out in the 2014 Care Act.

We have already set out six key objectives for 2017/18 that will drive an action plan to deliver the MoU commitments. These are to:

- improve the identification of carers across Greater Manchester and thereby the awareness of issues facing carers and the support available to them
- develop a specification for universal carer support on a Greater Manchester basis
- develop an approach to supporting young carers across Greater Manchester
- increase access to (Care Act) carer assessments and follow-up support
- introduce a standardised approach to providing carers with personal budgets
- develop carers as equal partners.

Extending personalisation and choice

We want local people who have long-term conditions and disabilities, their carers and families, to be able to take a more active role in their health and care. To do this we plan to adopt some useful learning from the national Integrated Personal Commissioning (IPC) programme, which has been working with other areas to build on personal health budgets and personal budgets in social care.

Integrated personal commissioning brings together funding from education, health and social care for people with complex needs and enables them – for the first time – to personally direct how these combined resources are used. It requires a different approach to planning and commissioning services to coordinate care tailored to individual needs, making the most of what's available in their local community, including from the VCSE sector.

We aim to use what has worked well in integrated personal commissioning elsewhere as a broad framework for a Greater Manchester approach, adapted to fit our own context and ambitions.

Plans for 2017/18

Our long-term ambition is that by 2020/21 we will develop a fully integrated person-centred model of care for the 140,000 people in Greater Manchester with the most complex needs.

We intend to build on how we're already working with the Greater Manchester system and our population to make a real change to people's experience of getting support and their ability to take more control. This will involve practical shifts in how support in Greater Manchester is organised and delivered.

Our specific aims by 2021 include:

- 20,000 people to get personal health budgets or integrated personal budgets
- genuine person-centred planning conversations to happen with 100,000 people
- 140,000 people to have access to a community asset-based approach and peer support
- every area to have an integrated health and social care personal budgets delivery system
- every locality to have a plan to improve how they offer people more choice of health and care services.

Working more closely with the VCSE sector

We want to make better use of the voluntary, community and social enterprise (VCSE) sector's practical knowledge and experience (demonstrated through evaluation and research) to reduce the need for formal services while increasing the wellbeing of residents and the resourcefulness of communities. This will benefit people throughout their life course, in line with our Greater Manchester ambition to enable people to Start Well, Live Well and Age Well.

During 2016/17 we signed a memorandum of understanding (MoU) with the VCSE sector as a platform for a more proactive and productive relationship.

Plans for 2017/18

We will act on commitments set out in the MoU, including developing and maintaining a Greater Manchester VCSE assembly. This will be part of a wider aim to communicate effectively and share useful, consistent and up-to-date information with the VCSE sector. We will support VCSE leaders (chosen by their peers) to represent the sector on a range of Greater Manchester strategic boards and working parties.

We will review and share good practice, within both statutory and VCSE sectors across Greater Manchester and in each locality, so that we all take a more consistent and effective approach to engaging VCSE organisations.

The input of this sector to our future and ongoing plans is both welcome and valuable. So, whenever necessary, we will enable VCSE policy experts to spend time contributing and responding to the detail of Greater Manchester strategy and policy, commissioning models, impact assessments, social value methodologies and similar documents that will help shape the transformation of health and care.

We will also support the VCSE Reference Group to act as a 'first point of call' for engagement with the VCSE sector to facilitate the work outlined above. The group can also provide individuals from the Greater Manchester statutory sector with a sounding board or opportunities for informal policy discussions.

Working with the faith sector

Greater Manchester Health and Social Care Partnership and faith groups are committed to working together to support patients, carers, families and communities from faith backgrounds. Faith brings positive health benefits to the individual but also to communities. Local faith communities such as churches, mosques, synagogues and temples are often a focus for community action and bring the social capital that builds civil society and forms the bedrock for development and community health. The contribution of faith groups can support the prevention and treatment agenda through basic support and befriending, mentoring and counselling, and the delivery of initiatives such as talking therapies and tackling loneliness.

Faith groups are present in so many communities and often reach 'seldom heard' and marginalised groups who fall below the radar of larger organisations. These may include people living in very remote areas, people from Black, Asian and minority ethnic (BAME) groups, people who are homeless, are elderly, have disabilities or are dying.

We are keen to realise the value of this relationship and will work with colleagues across faiths to agree a shared approach and priorities for joint work and action.

Involving the GM Healthwatch partnership

Greater Manchester Health and Social Care Partnership has been working with the 10 local Healthwatch organisations since we were first established to lead devolution. Healthwatch has nominated representatives to contribute to our various workstreams and to sit on the Strategic Partnership Board.

As a result, Healthwatch has always been directly involved in developing our strategic plan, **Taking charge of our health and social care in Greater Manchester**, cross-cutting programmes, and communications and engagement activities, including as part of the Taking Charge Together exercise to identify barriers to people's health.

A liaison office has now been set up to support joint work across all the Greater Manchester Healthwatch organisations in partnership, enabling us to build on those initial commitments and activities.

Plans for 2017/18

Further aims of our partnership with Healthwatch in Greater Manchester include:

- identifying and/or responding to opportunities for engagement across Greater Manchester, and acting as a focal point for requests for such activity from different parts of the health and social care system
- ensuring information is shared in both directions between GMHSC Partnership and Healthwatch on what each is doing
- coordinating Greater Manchester Healthwatch representation at a strategic level, including making sure Healthwatch nominates representatives to attend strategic group events and that they then provide feedback to the wider Greater Manchester Healthwatch network
- leading the process of briefing, training and supporting individual Greater Manchester Healthwatch representatives.

Improving the health of all Greater Manchester residents

Greater Manchester may be a great place to live and work for many, but people here die younger than in other parts of England, and we face a range of health challenges affecting everyone.

Our future success depends on the health of our population. But we lag behind other places and there are too many health inequalities within and between Greater Manchester communities that stop people getting the same opportunities to live well and healthily.

We want to take an 'asset-based' or 'strength-based' approach by helping people and communities come together to achieve positive change using their own knowledge, skills and 'lived experience' of the issues they encounter in their own lives. This is completely different to the traditional starting point for planning health and care services.

The Taking Charge Together exercise carried out in 2016/17 was a big step forward in shaping this fresh approach. We asked our residents what helps or stops people taking charge of their own health, and what the solutions are, so we can do something about that. We want to be sure we don't just focus on people's problems, but what they have to offer, including local knowledge to find solutions.

During our first year we began putting specific strategies in place to address the challenges that until now have resulted in health inequalities, including a strong focus on population health, quality of life, mental health and wellbeing, learning disabilities, cancer, children's health, dementia and people's home environment.

Underlying all these will be cross-cutting activities to promote equality and equity and ensure no community or group is left out of the transformation of Greater Manchester health and care.

Implementing the population health plan

In 2016/17 we produced the **GM population health plan 2017-2021**. It confirms our priority programmes for creating good health, based on where the evidence is strongest and most closely tied to our knowledge of Greater Manchester's main health challenges.

The plan reflects what local people say is important and focuses on what we believe can make most difference across our population during the three 'life course' stages – childhood (Start Well), adulthood (Live Well) and growing older (Age Well). We have specific objectives for each stage.

Start Well

Among our overall aims to give Greater Manchester children the best start in life are to:

- use information management and technology (IM&T) better to track children's development and take action when necessary
- develop and carry out consistent activities across all parts of Greater Manchester to help pregnant women stop smoking
- introduce oral health projects aimed at children throughout Greater Manchester, like health visitors and school nurses giving out toothbrushes when they routinely check on under-fives
- work with the review being led by directors of children's services in Greater Manchester to develop a clear 'early help' offer for all children and young people aged 5-19, ensuring support is provided to a child, young person or their family as soon as problems they're struggling to cope with alone emerge.

Plans for 2017/18

We want to reduce the number of GM people who smoke from 12.9% to 8% by 2021, in line with our Greater Manchester cancer and population health plans.

A key aspect of this is for fewer women (and their partners) to smoke during pregnancy. In 2017/18 we will introduce Greater Manchester standards and a consistent approach for identifying pregnant women who smoke by their first antenatal visit so they get the right support to give up as early as possible.

This approach will be rolled out to at least five of the 10 Greater Manchester localities by the end of 2017/18. We believe this will result in more pregnant women and their partners using specialist 'stop smoking' services, an increase in quit rates, and an additional 500 smoke-free pregnancies.

Another priority for the year is improving children's oral health. At the moment treating tooth decay in children costs Greater Manchester £19m a year. Having bad teeth removed is the most common reason young children are admitted to hospital, with many going to A&E because of the pain.

During 2017/18 we will begin an evidence-based three-year programme to improve the oral health of the 0-5 age population, initially targeting Rochdale, Oldham, Salford and Bolton, which are among the country's 13 'priority areas' for child oral health.

Our specific aim is to reduce the percentage of children affected by tooth decay by the age of five and the number of children referred to hospital and community dental services to have teeth extracted under general anaesthetic.

Health visitors in the initial four target areas will distribute fluoride toothpaste, toothbrushes and an educational leaflet at the 12-month and 24-30 month child health checks, and roll out a supervised brushing programme in all nursery and Year 1 primary school settings.

Live Well

We have a range of objectives to help adults in Greater Manchester live more healthily, including to:

- develop effective work and health support and help local areas to use it
- develop and test new ways to encourage self-care and healthy lifestyle changes
- create 'wellness support', including a web portal, telephone advice and easier access to local services
- test different methods of cancer prevention, including public information campaigns to encourage people to change their behaviour and get screened
- get experts to carry out research and profiling among our local population, and to evaluate campaigns, to make future cancer prevention activity as effective as possible
- evaluate and build on efforts to diagnose HIV earlier, increase the uptake of HIV testing opportunities, and develop new ways to target high-risk communities.

Plans for 2017/18

During the year our primary aim is to test and expand 'focused care' more widely across deprived Greater Manchester communities. This approach is aimed at 'invisible' patients who face a lot of problems, are late getting help for serious conditions, and turn up frequently but randomly at A&E.

Under focused care, the main responsibility for the patient still lies with their GP but other organisations and professionals support an integrated approach to tackle issues like debt, homelessness or violence. This is led by a special focused care worker to help people stick to the plans everyone has agreed.

We will work with Focused Care CIC (which provides specialist focused care practitioners) to roll the initiative out to up to 50 GP practices across deprived parts of Greater Manchester. By the end of 2017/18, focused care workers will have worked with these practices and 1,875 individuals from across Manchester, Salford, Bolton, Oldham and Rochdale, leading to a reduction in A&E attendances, GP appointments and non-elective (NEL) admissions (including readmission), and a positive impact on mental health, substance misuse and smoking.

For the benefit of the wider adult population, we are also producing a comprehensive Greater Manchester tobacco control plan and securing funding to deliver key elements of this.

In 2017/18, through this plan, we aim to:

- reduce the proportion of people who smoke by 1.47% a year
- ensure more smokers are prompted to quit
- significantly increase access to evidence-based ‘stop smoking’ support via an innovative new digital hub
- extend smoke-free environments.

By the end of 2020 we hope there will be around 150,000 fewer smokers in Greater Manchester.

Age Well

We need to take care of our older population’s health and wellbeing and enable them to live independently for as long as possible. Our overall objectives include:

learning lessons from local home improvement agencies to develop and test a comprehensive Greater Manchester home improvement agency (HIA) model to better support people in their own homes

introduce an integrated approach to tackle dehydration and malnutrition among older people

reduce the number of falls and related injuries, particularly hip fractures.

Plans for 2017/18

Our aims for the year focus on two of these overall objectives.

We aim to build on nationally recognised work being done in Salford to develop, test and roll out a way to tackle malnutrition and dehydration. The ‘paperweight armband’ is a simple device to monitor weight loss in older people. During 2017/18 it will be used in community settings across Rochdale, Bolton, Stockport and Bury to spot those at risk of malnutrition as quickly as possible.

We will also develop a clearer pathway for identifying and treating malnutrition and dehydration in older adults in each locality. We believe that in total, over the two-funding period for this project, around 4,500 older adults will have been identified as ‘at risk’ of malnutrition, and we will be able to achieve weight gain in at least one in three of those people.

Another key area where we can learn from what our GM localities are already doing is reducing fall-related injuries. We will use the findings from Wigan’s fracture liaison service (FLS), and national guidelines, to develop a Greater Manchester FLS to try out in local areas. This will offer people support to adopt a lifestyle that strengthens their bones, including through exercise and diet, and

assessments and medicines to address health problems that put them at risk of fractures, such as osteoporosis.

We expect such a service to prevent hip fractures and generally to reduce hospital admissions and how long elderly patients need to stay after a fall, attendance at A&E, and outpatient visits. This will also benefit the wider health and care system. It will free up GP appointments and mean fewer ambulance call-outs. This could save Greater Manchester £4.43m over five years.

Making Greater Manchester a better place to live

Devolution has provided us with the opportunity to work closely with the new Mayor of Greater Manchester and the Greater Manchester Combined Authority, and focus on making Greater Manchester a better place to live, particularly in ways that benefit our population’s health.

Improving air quality

Clean air is vital to people’s health. Based on 2010 data, there were 1,346 deaths attributable to air pollution in Greater Manchester, and the city-region continues to exceed recommended annual limits for nitrogen dioxide (NO2), mainly as a result of road transport.

As part of its commitment to addressing this health issue, Greater Manchester has become the only city-region in the UK (and one of very few in Europe) to be awarded World Health Organization (WHO) BreatheLife status.

BreatheLife is a WHO campaign to promote action to reduce levels of air pollution and meet WHO air quality targets by 2030. Greater Manchester has been recognised as a BreatheLife partner because of action already being taken to improve air quality.

Greater Manchester has published the Greater Manchester air quality action plan 2016-21 and Greater Manchester low-emission strategy. The city-region's BreatheLife campaign during 2017/18 will include a 'Clean Air Day' to facilitate discussions on reducing contributions to air pollution and our residents' exposure to it.

Improving housing and neighbourhoods

In our consultations with Greater Manchester residents to date they have told us that there is "not enough housing available" and that "better supported housing is needed for vulnerable people".

So during 2017/18 we will keep trying to boost the pace of housing development – in clean, safe, resilient and cohesive neighbourhoods – and improve the quality, choice and affordability of the housing on offer so that Greater Manchester housing markets meet the requirements of existing and prospective residents.

We must develop new models of investment to maintain a strong and continuing emphasis on directing new housing and employment development to brownfield land in urban locations, limiting the requirement for greenbelt development.

We also need to re-examine the role of social housing, making sure that it is a resource that can be used to help meet real need and to support people to gain or regain their independence. We must invest in new homes, particularly for vulnerable and elderly people, which will in turn free up other social rented accommodation.

Improving quality of life

We aim to grow the amenities at the heart of our city-region to enable us to compete with the best international cities in terms of the quality of life we can offer. This means improving our parks and green spaces, rivers and canals – a quarter of the people we consulted about barriers to health said that they wanted "cleaner areas and more green spaces, parks and leisure facilities".

We must continue to invest in our cultural and leisure facilities, not only to attract new visitors from the UK and beyond, but for the benefit of Greater Manchester's residents; we need to offer culture and leisure that is attractive and accessible to everyone. Our consultation told us that people really value "the variety of arts and culture, a sense of development, the commitment to internationalism and multiculturalism".

Improving life chances

Devolution and our plans for transformation mean that we and our Greater Manchester partners are starting to remove the barriers that prevent people from playing a full part in the economic success of Greater Manchester, so that no one is left behind, reforming the way that public services are delivered and tailoring them to the needs of individuals and places.

Skills services, work programmes, health and social care provision, criminal justice services and education are being redesigned and integrated at 'place level', ensuring that they deliver better outcomes for our residents.

This means making sure that individuals and families are able to get the right support at the right time and in a joined-up way, so that they are able to benefit from the economic opportunities that growth brings, taking part in training and employment, and fulfilling their potential.

We want to build on what residents told us through consultation carried out in 2016/17. They said it is important to "create more chances for people to use skills and experience and move into better paid, more fulfilling work".

The way that individuals, families and communities are interacting with services is changing. Public services are being redesigned to help our people to become resilient and empowered, reducing demand for those public services in the long run. Our people are our greatest asset; the success of our approach will depend on confident communities doing their bit. Our consultation told us that people want to be actively involved and that "helping each other and respecting each other" is important.

Improving mental health and wellbeing

Greater Manchester is working towards a whole-system approach to the delivery of mental health and wellbeing services that support the holistic needs of the individual (and their families) while living in their communities. This will bring together, and draw on, all parts of the public sector, and focus on community, early intervention and the development of resilience.

In particular, improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of Greater Manchester communities.

Plans for 2017/18

The new two-year locality plans (see Appendix Two for highlights) will mean mental health and wellbeing services will be much more closely integrated within each of the 10 Greater Manchester

localities. We also want to see better integration across Greater Manchester, with consistent and simple access to services. This will see 'place-based' integration, bringing social care, primary care and mental health provision together at the community level. It will also see mental health providers collaborating formally across Greater Manchester in relation to specialist provision.

The commissioning and provider landscape will need to be transformed to deliver stronger outcomes, deeper integration, needs-based pathway models, pooled budgets and more community-based models of support.

Greater Manchester intends to develop a specialist mental health provision system that can combine critical mass, expertise and development opportunity with the ability to be flexible in local delivery, to address the differing needs of local populations and our locality plans in relation to health and social care integration.

In 2017/18 we will respond to the findings of our mental health performance review, setting out how we will act on insights into those factors across commissioning and provision that negatively affect access to, and the effectiveness of, mental health services.

We will also develop a commissioning framework for mental health that is based on agreed and common standards of access and care and responds to the findings of the wider Greater Manchester commissioning review and **Commissioning for reform: The Greater Manchester commissioning strategy**.

Additionally, we have recognised that the capacity and expertise of mental health commissioning is often thinly and unevenly distributed, and will explore the benefits of consolidating that expertise through greater collaboration.

During 2017/18 we will develop detailed plans to implement the **Greater Manchester mental health and wellbeing strategy**, linked to the ambitions set out in the **NHS Five year forward view for mental health: One year on report** (launched in early 2017), including:

- a 'seven-day NHS' – right care, right time, right quality
- an integrated mental health and physical health approach
- promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.

The implementation plan for the **NHS Five year forward view for mental health** identifies the potential investment required to deliver these ambitions, likely to total an additional £1bn nationally by 2020/21.

During the year we will finalise our own investment strategy for mental health, responding to both the national Mental Health Investment Standard and the priorities of the **Greater Manchester mental health and wellbeing strategy**.

Other specific objectives for 2017/18 are to:

- implement the proposed approach for community-based care and crisis support developed for children and young people
- develop a Greater Manchester strategy and implementation plan for liaison mental health services that will set out how we intend to act on national guidance and additional Greater Manchester standards
- implement the THRIVE person-centred model of delivering child and adolescent mental health and wellbeing services across all sectors, including health, social care, education and VCSE (voluntary, community and social enterprise).

We have a strong research and development base that we can use to ensure that evidence of effectiveness is driven into mainstream mental health practice. We also need to support it to expand both in proportion to the overall research effort and in relation to Greater Manchester's share of national mental health research activity.

We believe that our plans will help to ensure that all the services and interventions we provide are based on strong evidence, and that every year:

- 3,920 more children will access mental health care interventions

- there will be a 10% reduction (30 fewer people) in suicide, and that all Greater Manchester localities have multi-agency suicide prevention plans in place
- at least 1,680 more women can access specialist perinatal mental health care
- 1,624 people with severe mental illness (SMI) who can access individual placement and support (IPS) into employment will do so
- 15,680 people with SMI will have access to physical health checks and interventions
- access to psychological therapies increases to reach 25% of those who need them, helping 33,600 more people per year
- 60% people experiencing a first episode of psychosis will access care that meets National Institute for Health and Care Excellence (NICE) guidelines within two weeks
- no acute hospital is without all-age mental health liaison services, and 100% are meeting the 'core 24' service standard recommended by the Royal College of Psychiatrists.

Transforming care for people with learning disabilities

Since 2015 Greater Manchester has been one of five national Transforming Care programme 'fast-track' sites receiving extra financial support to change services for people with a learning disability and/or autism and challenging behaviour, or a mental health condition.

We are committed to significantly reducing the level of inpatient provision (both secure and non-secure settings) and replacing it with a much strengthened community-based service, so that more of our residents can live independently and receive care closer to home.

The long-term aims of Transforming Care in Greater Manchester are to:

- reduce occupied specialist learning disability and/or autism non-secure beds by at least 60% so there are no more than 30 by 2020
- reduce occupied specialist learning disability and/or autism high, medium and low-secure commissioned beds, so there are only 41 left by 2020.

To successfully achieve this we need to ensure vulnerable people with complex needs are supported with 'reasonable adjustments' to access both specialist acute and mental health services throughout Greater Manchester.

We will expand specialist community-based accommodation across the spectrum of appropriate support models, so that people who no longer need inpatient care avoid delayed discharges.

We must also improve how we provide intensive support in community settings, including through more local planned specialist acute learning disability beds and alternative crisis support options and pathways.

We have already redesigned Greater Manchester community teams and services and these will all adopt principles of active and positive behaviour support. Key elements of these principles will be reflected in future Greater Manchester ethical commissioning frameworks, service specifications, contracts and workforce development programmes across both specialist and mainstream services.

While Transforming Care has a clear focus on those with the highest level of acuity, we also have plans to better support other residents with learning disabilities and/or autism.

Thanks to our well developed and lively engagement forum, we have been able to learn directly from people with learning disabilities, their families and carers, and use this insight to inform new service models. We want to strengthen this approach to co-production to empower people with learning disabilities and help them thrive.

It is important we develop a robust understanding of the data we have on people with learning disabilities across Greater Manchester. This involves understanding the population (and, by implication, the demand for services), assessing the impact of intervention strategies, evaluating the quality of services offered, and considering how our universal offer can be strengthened.

This should include looking at the health needs and ambitions of people with a learning disability to increase preventative approaches that improve their health and wellbeing.

We also need to understand our current service offer and provider landscape and where there are gaps to address. We want to look at how we can align Greater Manchester funding in the most cost-effective way, including exploring the feasibility of scaling up our approach to 'shared lives'[1] schemes and working with the VCSE sector more broadly. It may be appropriate to commission learning disability specialist services on a Greater Manchester-wide basis.

Shaping and developing new fully integrated models of support, including integrated community teams, will

1 Shared lives schemes are designed to support adults with learning disabilities, mental health problems, or other needs that make it harder for them to live on their own. The schemes match an adult who has care needs with an approved shared lives carer. These carers share their family and community life, and give care and support to the adult with care needs.

help us both achieve better outcomes for individuals and tackle financial challenges facing all Greater Manchester organisations. Working collectively, and more effectively with housing providers, will help ensure a strategic approach to capital investment across Greater Manchester.

Overall, increased collaboration across Greater Manchester has significant potential to address local resilience issues through more effective market management and an increasingly diversified offer available locally. It also provides an opportunity to develop more efficient care pathways between different types of support for people with learning disabilities.

Other core elements of our work in 2017/18 will include (but not be limited to):

- fast-track project performance in relation to admissions and discharges
- developing an integrated learning disability workforce (from the statutory and non-statutory sectors) that can support all ages, aligned with the Greater Manchester workforce programme
- aligning Greater Manchester autism work programmes, and making the best possible use of the Greater Manchester Autism Consortium, which has now offered to act as a training/support and advisory service for commissioners
- identifying existing Greater Manchester best practice on helping people into work and to reach their potential, and working with employers to increase employment opportunities for those with learning disabilities
- identifying and adopting best practice around transitional arrangements between children's and adult services.

Achieving world-class cancer outcomes

Our vision is simple. We want our cancer services to give people the best chance of avoiding or surviving cancer. These services must be sustainable, value for money and the best they can be for everyone, right across Greater Manchester. Our plan, **Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017-2021**, sets out what we're already doing well and how to build on that.

Plans for 2017/18

We've identified eight areas to focus on:

- **Reducing the risk of cancer** – helping people make changes to their lifestyle that will reduce the risk of cancer, from birth to old age. We're growing a network of 20,000 'cancer champions', who'll help spread important messages about preventing cancer and getting diagnosed as early as possible, and offer the right support locally.
- **Diagnosing cancer earlier** – by 2020 we aim to have 62% of patients diagnosed when their cancer is localised (at stage 1 or 2); at the moment only 49% of people are diagnosed at this stage. We want to bring down the number of cancer patients who only get diagnosed when they're admitted to hospital as an emergency, because this shows that we're not always catching people early enough.
- **Getting better cancer care** – once you've been diagnosed, you should have the best care available. Our plan includes specific improvements to certain types of cancer treatment and how we work. These include the UK's first high-energy proton beam therapy centre, a single, specialist centre for surgery on cancer in the stomach or oesophagus, and multidisciplinary teams of health professionals from different hospitals to respond quicker and still have time to consider complex cases properly.
- **Improving quality of life with and after cancer** – we will further develop 'recovery packages' so cancer patients get the right support to live as well as possible while they have cancer and after their treatment has finished. Each patient will get their own recovery package from March 2019.
- **Joining everything together** – the Greater Manchester Cancer Board will help join up cancer services and stop any variation in the care patients receive depending on where they live and get treated.
- **Providing better experience** – in 2017/18 we will set up a Greater Manchester cancer patient experience leadership group of specialist leaders to help us understand what people go through when they have cancer.
- **Improving our knowledge of cancer** – we want to work with partners to stay at the forefront of important cancer research. In particular we will train researchers to help them translate lab-based discoveries into new treatments, tests and technology, undertake research into tackling cancer in the more deprived and ethnically diverse Greater Manchester communities, and grow our Experimental Cancer Research Centre so over 500 patients a year get the chance to be part of early clinical trials.
- **Constantly teaching and learning** – we're going to develop a strategy that clarifies what education providers need to raise cancer care

standards. It will cover how we'll improve information for cancer patients.

Our children's health and wellbeing

There are 770,000 0-25 year old children and young people in Greater Manchester and our aim is to create a strong, safe and sustainable health and care system that is fit for their future.

Many of our programmes incorporate elements relating specifically to the health, care and life chances of children and young people. However, we are keen to ensure distinct and focused attention, effort and activity towards a single objective, which is to deliver the fastest and greatest improvement in the health and wellbeing of our children and young people.

Plans for 2017/18

We have now established a Greater Manchester Children's Health and Wellbeing Board that brings together system leadership and coordination, as well as the participation and influence of children, young people, their parents and carers to ensure they are involved in planning changes to services at a strategic level.

During 2017/18 the new board will oversee development of a strategic plan to improve children's health outcomes within Greater Manchester, taking a whole-system approach to the health and wellbeing of infants, children, young people and families.

This plan will adopt an asset-based approach that enables children and young people to have the fullest life possible and supports them, their families and other carers in making informed decisions. It will aim to improve outcomes for children and young people with particular needs, including those with long-term and life-limiting conditions, those experiencing mental health difficulties, children with disabilities, young offenders, young carers, those who have experienced abuse and exploitation, and young people at the end of life.

Dementia

Our objective is to make Greater Manchester the best place to live in the UK for dementia care.

Dementia United is the five-year, Greater Manchester-wide dementia strategy and support programme that cuts across the transformation themes aligned to the 'living well with dementia' pathway.

The direction and support it offers will enable Greater Manchester to meet the Dementia United standards, build on work that is already taking place and develop a campaign and platform for improvement. This will happen through a programme of formal support outlined in the implementation plan. It will be delivered through key partnerships, listening to the voice of people with dementia and those who care for them, and offering the opportunity to have a 'big conversation' across Greater Manchester.

Dementia United is made up of four work programmes designed to help localities improve their dementia care.

- **Work programme 1:** Locality delivery – describes the delivery system within localities
- **Work programme 2:** Regional support – describes the regional support architecture
- **Work programme 3:** Intelligence – describes the infrastructure for intelligence
- **Work programme 4:** Innovation, research and evaluation

This structure gives Greater Manchester a clear roadmap for what it wishes to achieve and marks a move from focusing on diagnosis to focusing more broadly on the experience of care, post-diagnostic support and healthcare utilisation.

Over the course of the five-year programme we expect to achieve 222,000 fewer hospital bed days and 72,000 fewer permanent admissions to residential care as people with dementia are supported to stay well and at home.

We also want to see clear reductions in the inappropriate prescribing of antipsychotic medication and fewer demands on the police because people with dementia have gone missing.

Home and health

People's physical and mental health is affected by the home they live in, with older people, children, disabled people and people with long-term illnesses generally at greater risk from poor or unsuitable housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing or in precarious housing circumstances, or to lack accommodation altogether.

There have been multiple conversations and ideas proposed regarding the contribution and role that housing can play in health and social care integration. However, until now these have not been brought together in one place.

Plans for 2017/18

We will establish a housing and health programme that will confirm joint priorities, including:

- **homelessness and health** – working with the Mayor of Greater Manchester and his portfolio holders we will establish a new Greater Manchester homelessness action network to improve care pathways for homeless people, covering

access to primary care, mental health and addiction services, and more specialist support

- **housing quality and health** – we will spread innovation from Greater Manchester and elsewhere where improved housing conditions have resulted in better health, such as Warm Homes Oldham (which helps people struggling to pay energy bills and heat their homes)
- **health, housing and place-based integration** – as part of place-based integrated services and social prescribing approaches we will make the most of opportunities to partner with local housing providers to prevent food, furniture and clothing poverty and combat financial and digital exclusion
- **supported and extra care housing** – we will ensure we have the right capacity for supported living in Greater Manchester and to help people navigate choices that sustain their independence.

Equality, diversity and health inequalities

At the core of our values is a commitment to promote equality and diversity, drive inclusive growth and ensure that no community or group is left behind in the improvements that will be made to health outcomes across Greater Manchester.

This commitment extends to the considerations we must make when planning services. For example, when we think about transport and access, our plan needs to recognise that as care quality is improved through more focused specialisation in some areas this will mean that some patients have to travel further to receive their care. This could make the difference between them choosing to access care or not.

People affected in this way may have 'protected characteristics' covered by equality legislation but may not, such as parents with responsibilities for young children and people caring for a relative of friend who is unwell. A more complex, costly journey or one that takes significantly more time can have a significant impact on the choices people make about accessing support and care.

Our efforts will inform, and be significantly informed by, our work with the VCSE sector, the experiences and ambitions of our staff, and our ongoing public engagement activity through Healthwatch. These offer us opportunities to ensure we engage beyond both the 'life course' and localities and recognise the value of insight from 'communities of identity' and 'experts by experience' we also need to listen to.

Plans for 2017/18

We have now done an initial equalities analysis relating to the objectives of the Greater Manchester strategic plan, and will use the findings from this to implement ways to improve inclusion and tackle health inequalities.

We will develop and support the Greater Manchester Equalities Advisory Group to ensure that advancing equality, inclusion and diversity is central to everything we do. We will work with nominated leads from across the Partnership to ensure the highest level of visible leadership is applied to equalities and inclusion.

We will ensure our workforce strategy and our ongoing leadership development have equalities and fairness at their heart. In particular, we will work with the Greater Manchester portfolio lead for equality, fairness and inclusion across the whole of public service to support the development of a BAME 'leadership pipeline', alongside work with colleagues from the national NHS Equality and Diversity Council to challenge Greater Manchester's progress on workforce race equality.

As part of the implementation of our commissioning review, we will collaborate to develop and test a 'commissioning for outcomes and/or communities of identity' approach. Commissioning for Greater Manchester's lesbian, gay, bisexual and trans (LGBT) population will provide a case study to pilot this new approach.

Transforming care and support

We have recognised, and have confirmed within our strategic plan, **Taking charge of our health and social care in Greater Manchester**, that our ambitions for improving the health of the Greater Manchester population cannot be achieved if we sustain models of care and support that are fragmented and characterised by variation in standards and access.

To maximise the health potential of Greater Manchester residents, we believe that a radical new approach is necessary to help people take more control over their own health. The asset or strengths-based approach is central to our relationship with the population we serve, but also to our proposed new models of care and support.

We intend to establish Greater Manchester as an accountable care system with locally accountable care organisations serving each of our 10 localities. The development of the local care models and their interaction with more integrated specialist or acute care within and across Greater Manchester will underpin our approach to raising standards, improving outcomes and maintaining high performance.

Transforming community-based care and support

Developing accountable local care organisations

Our strategic plan, taking charge of our health and social care, in Greater Manchester, described Greater Manchester's overarching objectives for local care organisations (LCOs). LCO is a term we've developed in Greater Manchester to describe how we will secure the principal features of a proactive, preventative, population health model that delivers consistently high outcomes. It takes the best of local, national and international learning from accountable care organisations and applies it to the Greater Manchester context.

The LCOs have steadily taken shape throughout 2016/17. The community service model chosen by each of our localities for its LCO varies depending on its particular objectives, but the essential characteristics are the same. Health and social care providers will work collaboratively to provide care to a defined population based on the 'registered lists' of local GPs.

The LCO models will balance different contributions to people's health through an approach based on the strengths and assets of local residents and their communities, and radical expansion of 'social prescribing' approaches that recognise the contributions that housing, work, physical activity and social connections make to improving health.

Community-based standards agreed at a Greater Manchester level will be delivered within each locality to ensure that proactive, community-based care drives our prevention-focused approach within localities and across Greater Manchester. Each LCO and its member organisations will be collectively accountable for delivery. The key elements of our LCO development programme since April 2016 have been to ensure that they:

- enable conditions to be managed at home and in the community
- secure the contributions of the full range of public service partners in providing early help and prevention
- support individuals and communities to take more control over their own health
- take full responsibility for the management of the health and wellbeing of a defined population.

Plans for 2017/18

We are now seeing the first steps in the meaningful operation of the new models in those localities that have already benefited from the Greater Manchester Transformation Fund. 2017/18 will see the full confirmation of investment in the local care models across all parts of Greater Manchester. This will provide the principal focus for implementation of the 10 locality plans, the sum of which will represent perhaps the most significant and ambitious of all our transformation programmes.

During the year, as definitive proposals continue to emerge from localities and connect to the Transformation Fund process, there will be a coordinated pipeline of LCOs in development. We will support that pipeline in three ways.

- We will apply the Transformation Fund process to test the detail and depth of LCO models, align them to our strategic plan objectives, and confirm (through individual investment agreements) clear milestones for their implementation and metrics tracing the impact of investment. This process is configured to ensure the LCOs drive changes that genuinely affect patterns of demand at a system-wide level and help to close gaps in finance and health outcomes across Greater Manchester.
- We will pay specific attention to LCO processes of procurement and contract development to ensure they are in line with national expectations for evaluating provider risk and commissioner compliance with the Public Contracts Regulations 2015.

- We will provide developmental support through peer-to-peer working as part of an LCO development network, supplemented by national and international expertise and examples of good practice.

A crucial focus in how we consider LCO development will be on the connections between this and implementation of **The Greater Manchester population health plan 2017-2021**, our Greater Manchester primary care and adult social care transformation programme and hospital-based service strategy, and what we look to achieve through more efficient back office and non-clinical support services. The LCO development network may also choose to twin similar LCOs together where it's most possible to combine efforts in relation to contract form, legal advice and guidance.

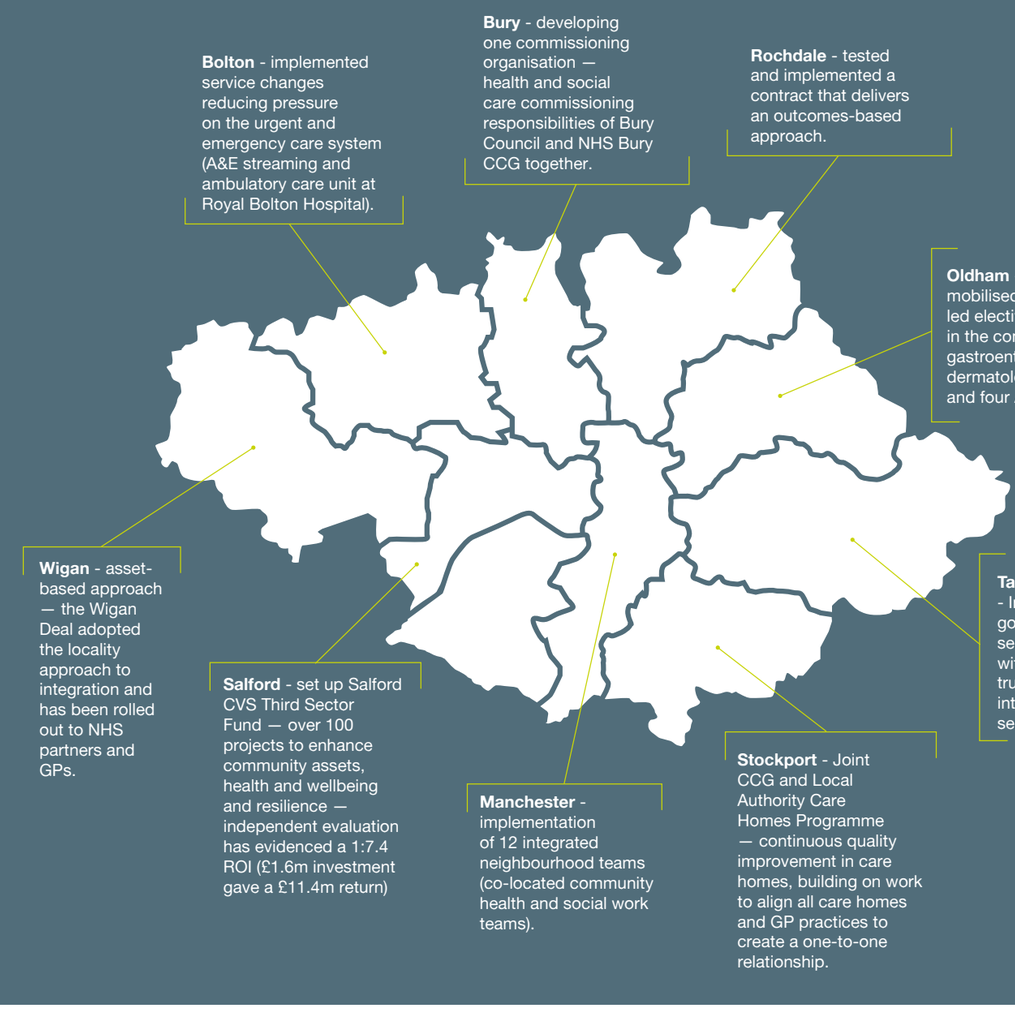
All localities are now sufficiently clear on their intended LCO functions, and the form of the principal models around either alliances or prime providers is emerging. That represents an opportunity to connect local leads as part of a focused learning network to support each other through detailed stages of LCO development.

Locality progress

In the first year of GMHSC Partnership, all 10 localities have:

- finalised their submission to, or been awarded money from, the Greater Manchester Transformation Fund to support the integration and transformation of health and social care – all £60m of the year one funding has been allocated and spent
- established the appropriate governance structures to integrate budgets, resources, commissioning and provision
- established cross-organisational partnership arrangements so they can agree the intended functions of their community services and the form that the principal models (alliances or prime providers) will take
- implemented innovative solutions to manage key system pressures in urgent and elective care, mental health, learning disabilities, cancer, dementia and children's services.
- Some of the localities' key achievements during the first year, and future priorities, are shown in the map on the right.

Community-based care acheivements



While the integrated health and social care approach in each locality will benefit people and organisations within that locality, there are similarities in the ambition and approach that each locality is taking, and the combined effect of the 10 plans will contribute to the Greater Manchester vision and aim to improve a wide range of patient experience and health and care outcomes, reduce variation in service provision and enable people to live healthier lives.

Across and within the 10 Greater Manchester localities, we will deliver a transformed, integrated health and social care system that is aligned to wider public services. As a result, the local population will receive appropriate health and care support and services across the public sector that are joined up, evidence-based, of high quality and affordable.

Greater Manchester is now able to plan an overall reduction in GP referrals, outpatient (OP) appointments – both first and follow-up (FU) – elective, non-elective and A&E activity against the CCG 'first of type' (FOT) figures for our first year. These planned reductions are significantly higher than the national average and comparable with regional reductions across the north of England (see table below). Our elective activity will continue to grow in the short term.

	Growth - 17/18 Plan v 16/17 CCG FOT			Growth - 18/19 Plan v 17/18 Plan		
	GM	**North**	**National**	**GM**	**North**	**National**
Referrals	-1.4%	-1.4%	-0.3%	0.2%	0.1%	0.9%
OP (1st + FU)	-1.7%	-2.0%	-0.7%	-1.3%	-0.6%	-0.2%
Elective	0.4%	0.3%	0.6%	-1.2%	0.5%	0.8%
Non Elective	-2.7%	-2.0%	-1.6%	-3.2%	-1.9%	-0.6%
A&E	-1.4%	-0.7%	0.3%	-1.7%	-0.9%	0.6%

Plans for 2017/18

2017/18 will hold numerous challenges and opportunities for the Greater Manchester system and our localities. Having refreshed locality plans in 2016/17, and submitted and received money from the Transformation Fund, all localities have started, or will soon start, the implementation of new models of service provision and commissioning at scale and pace. They will work within and across localities to start to realise the ambitions set out in **Taking charge of our health and social care in Greater Manchester** for our residents.

Not all localities are at the same point in their delivery plans and how they are implementing their plans won't always be the same. However, during 2017/18 they will all continue to work across partners, further develop and implement their LCOs and integrated commissioning models, and develop asset-based and preventative approaches. They will do this in conjunction with the emerging Greater Manchester acute services strategy to ensure that, as we transform the system, our services remain safe, accessible and of high quality.

In 2017/18 all localities will:

- commence delivery or go live with their transformed community model
- deliver metrics specified in their Transformation Fund investment agreements for their first year, which means being able to track, measure and outline how the early stages of transformation through their locality plans have affected and benefited both staff and residents
- evaluate the impact of what they've delivered so far and share the findings with the local population and other parts of Greater Manchester
- work with residents and staff to understand the results of the evaluation, including any risks and issues, possibly through formal consultation
- establish joint and single commissioning arrangements
- submit further Transformation Fund proposals that build on their initial applications and will increase the pace and scale of reform and close the local financial and population health gap.

See Appendix Two for highlights of each of the 10 locality plans.

Primary care transformation

In our first year we developed **The primary care contribution – Our primary care strategy 2016-2021**, which sets out a bold vision and clear roadmap for key reforms to our primary care system in Greater Manchester and is aligned to the 10 locality plans. The strategy aims to provide a stable and sustainable foundation on which to develop new models of care and local care organisations in line with our wider ambition for Greater Manchester.

We want to redefine what we mean by primary care and to locate it in the context of place-based systems. Primary care – whether provided by doctors, dentists, optometrists, pharmacists or other health and care practitioners who support people outside hospital – already benefits our local population. However, now we have the opportunity to make improvements both to primary care generally and to specific services to ensure we can deliver more services locally.

The transformation plan for our Greater Manchester primary care strategy seeks to support our primary care workforce, ensure a system of resilience and develop primary care and its infrastructure.

During 2016/17 we developed a virtual, interactive map showing all our general practices, existing hubs and planned hubs. This will inform future plans for our primary care estate, ensuring we have suitable premises and facilities to deliver our objectives.

We've already started to support localities with their workforce plans. We have developed a Greater Manchester primary care workforce framework, expanded the programme to place clinical pharmacists in general practice, introduced care navigator and medical assistant roles, and increased productivity, while offering patient benefits through group consultations

that enable GPs and practice nurses to see more people at a time.

The Greater Manchester dental, pharmacy and optometry local professional networks (LPNs) have all set out ambitions for transformation in their own strategies. Our LPNs help provide sustainable NHS leadership in Greater Manchester and work across commissioning and provider services as a catalyst for change. Each LPN champions quality improvement across health and social care and provides opportunities for patients, carers and VCSE sector bodies to influence NHS services. The LPNs bring clinical focus and expertise to create the momentum we need for large-scale Greater Manchester change.

Plans for 2017/18

We will develop a Greater Manchester support package for primary care reform. This will include a Greater Manchester-wide approach to make it easier for local people to access routine GP care. We envisage that each primary care hub will form part of wider neighbourhood hubs. These will offer a broader range of services and serve a population of 30-50,000. Our enhanced seven-day services will be integrated into neighbourhood delivery models and target vulnerable and hard-to-reach groups that may need a special approach to access.

During 2017/18 we will review all Greater Manchester out-of-hours provision to understand CCG plans and commissioning intentions for an integrated service model offering 24/7 urgent primary care. This will form part of the Greater Manchester urgent care plan, in line with the commitment in the NHS Five year forward view (FYFV) to redesign urgent and emergency care services across the NHS so they join up A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.

As part of our Greater Manchester Primary Care Resilience Programme we will establish a single world-class hub to support general practice and drive improvement. The hub will identify and spread best practice and areas of excellence from elsewhere, helping practices to develop these models locally. The hub will proactively identify and respond to risks and issues in Greater Manchester general practice, offering coherent and consistent rescue, resilience and improvement support.

One of our main aims in primary care is to provide at least an extra 30-minutes consultation capacity per 1,000 population every week, which could be delivered by a multidisciplinary team. Ideally this will rise to 45 minutes per 1,000 population, based on people's needs and a wider review of other services and the emerging new models of care that will evolve over the next three to five years.

We want to ensure this additional capacity means we become more proactive in providing the most vulnerable and at-risk people in Greater Manchester with support and interventions. This could include, for example:

- routine appointments on any day of the week to find and treat the 'missing thousands' with an undiagnosed disease
- immunisations, vaccinations and screening
- step-up/step-down facilities so fewer people need to be admitted to hospital and, if they do, can be safely discharged at weekends
- 'treat to target' (setting and meeting specific targets for different courses of treatment) in line with evidence-based guidance
- targeted appointments that are convenient for carers.

Extending services across seven days will mean there is more capacity during normal opening hours to manage patients with complex needs who benefit from continuity. They could be offered longer consultations, for example.

Adult social care transformation

Adult social care reform is fundamental to the delivery of **Taking charge of our health and social care in Greater Manchester**. Already the Greater Manchester Adult Social

Care Transformation Programme has seen system leaders, providers and commissioners come together to confront the reality of the social care challenge, while seeking to design and implement innovative solutions to radically improve outcomes for vulnerable people across Greater Manchester.

Currently, service providers in Greater Manchester support:

- over 26,000 residents with social care at home at a cost of £71m per year
- 7,405 people with learning disabilities at a cost of £300m per year
- 17,881 residential and nursing home beds, operating at 90-100% occupancy.

The commissioning arrangements for these services are under immense strain from unsustainable funding pressures and fragile provider markets. Fundamental issues around housing quality, design and supply add to these problems, and it is estimated there will be shortfall of 20,000 supported housing units in Greater Manchester by 2025.

Our adult social care workforce operates under a wide variety of role expectations, pay levels and terms and conditions. Unpaid carers are a vital resource, but one that is currently poorly recognised and coordinated.

The Greater Manchester Adult Social Care Transformation Programme has started to tackle all these issues through a structured process that includes providers and service users.

Plans for 2017/18

Our social care programme encompasses 'quick wins' as well as medium and long-term initiatives for reform. These include:

- a 'living conditions' commitment to frontline care workers
- market stabilisation measures
- implementation of a care at home Greater Manchester standard and roll-out of innovative 'wellbeing' teams
- a structured programme to support carers taking part in the Shared Lives family-based care scheme
- increased employability opportunities
- a revised, ethical commissioning approach to high-cost/high-need people with learning disabilities
- a new Greater Manchester quality programme to ensure 'care excellence'
- remodelling of primary and community-resources to support independence
- a partnership with the Care Quality Commission (CQC) to maintain a bespoke Greater Manchester quality standard
- a range of enabling measures related to the workforce, carers, supported housing, commissioning practice and insight, and asset-based working.

Our overall aim is for this ambitious and transformational programme, focused on key priorities, to change the lives of some of Greater Manchester's most vulnerable people (see below for potential results).

Urgent and emergency care transformation

When Greater Manchester Health and Social Care Partnership received its devolved responsibilities in April 2016, we knew that urgent and emergency care was going to be one of our most difficult challenges for a number of reasons:

- pressure of rising demand upon the system, including increasing

Residential & Nursing Care	● **7,500 more people could be living in good/excellent care provision** If GM reached 3rd quartile performance in care quality (as per CQC ratings)
Care at home	● **35,000 bed days could be saved if delayed transfers of care (DTOC) are reduced to England average** If all GM reached the same DTOC/100K population level of Bury, closest locality to the England average. 600 more people could avoid care home admission through better ● **600 more people could avoid care home admission through better quality support at home** If all GM reduced the rate of long-term support needs to be met by admission to nursing or residential care to the England average
Learning disabilities	● **600 more people with learning disabilities could be in employment** If all GM reached the level of employment for those with LD support needs achieved in Trafford ● **300 more people could be living in family-based care rather than institutional care** If the Shared Lives model was deployed in GM at the same scale as in Lancashire
Support for carers	● **3,500 additional care packages could be avoided through better support for carers** If carer support helps 5% of those in GM currently providing more than 50 hours care per week to continue as carers
Workforce	● **1,000 more care workers could be retained in the system to support higher quality care** If the turnover of those in direct care roles was reduced by 10% per annum

numbers of frail elderly with multiple long-term conditions

- impact of the squeeze over several years on NHS acute and community capacity, including primary care
- shortages in the urgent and emergency care workforce, in both NHS and social care services
- impact of the reductions in availability of social care support for older people as a result of the cuts in central government funding for local government.

To address these challenges in the long term, and connect solutions to the opportunities provided by new care models, we will build on the early work of the Greater Manchester Urgent Care Taskforce to progress a package of reforms as part of a coordinated plan.

Plans for 2017/18

The package of reforms tackles a range of issues.

For a start, we will need to make sure Greater Manchester urgent and emergency care services are run as effectively and efficiently as possible, with the right support and information.

- **Governance** – We propose creating an urgent and emergency care board for Greater Manchester, incorporating the work of the urgent care taskforce, network and national programme. This would become a single portal for strategy development, programme design and delivery, and coordination of actions and interventions.
- **System development and support** – We propose forming a joint team of five to seven people from GMHSC Partnership team and NHS Improvement to develop and then oversee a detailed change plan and to ensure the consistent roll-out of known best practice across Greater Manchester.
- **Data and analysis** – We will set a single overall approach for providing business intelligence, incorporating daily and predictive analytics, matched workforce and demand modelling, and comprehensive performance metrics, to deepen our insight into the operation of local systems.
- **Operational oversight** – We will introduce a small 24/7 365-day operational hub, co-located with the North West Ambulance Service (NWAS) and with access to the best data, to work proactively with and across local systems to help manage supply and demand.

We need to pull together the different urgent and emergency care services available in Greater Manchester, and ensure we have the resources to deliver them. We already have clear plans for the reorganisation of hospital-based urgent and emergency care provision, including high-risk and emergency surgery, under the Healthier Together programme.

- **Relationship with new models of care** – In developing their LCOs, each locality will also need to plan for an integrated local urgent care offer that blends out-of-hours primary care provision and access to other key services such as minor injuries and out-of-hospital diagnostics. All localities will need to maintain up-to-date, accessible online directories of community services, including details of when and how each service is available. To support this, we will review out-of-hours general practice across Greater Manchester, looking closely at what's available in each locality.
- **The right facilities** – We already have a good understanding of our A&E estate requirements; they are priorities within our overall estates programme. We also need to ensure our community infrastructure is fit for purpose and that we've mapped known estates requirements across our neighbourhood hubs.
- **Workforce** – We're developing an overall workforce strategy for Greater Manchester health and care that will incorporate the requirements of the urgent and emergency care system as a priority.
- **Community care reform** – We aim to draw on the benefits of the primary care, social care and mental health transformation programmes, which will reduce the need for people to go to hospital and support effective discharge when they do require hospital care.
- **Patient assessment and transport** – We're now responsible for commissioning Greater Manchester ambulance services. Our CCGs manage relevant contracts, with Bury acting as the lead commissioner. We're looking forward to working with NWAS (and other 'blue light' services) to introduce innovative services, like the ones NWAS has already pioneered to cut the number of unnecessary trips taking patients to A&E.

Our reformed urgent and emergency care services need to offer the best possible quality of care to the whole Greater Manchester population when they need it.

- **Specific groups** – We aim to develop programmes focused on helping the most vulnerable and at risk within our population, including (at least) the very frail, mental health patients, children, people with learning disabilities, the homeless, substance misusers, and 'frequent attenders'.

- **Consistent application of best practice** – An early priority will be to define some clear minimum standards for local urgent and emergency care systems. We plan to release extra resources – including capital finance and funding to cope with winter pressure – based on adoption of these standards.

We want the whole of this reform package to be translated into a 'deal' with the Greater Manchester population, which means that as soon as possible we'll have a consistent core offer for people. This needs to include:

- access to primary and community care
- a trusted NHS 111 service
- a clear website and supporting applications to describe what is available
- specific guidance and support for carers
- a coordinated offer for care home residents.

In return, we have reasonable expectations that the public will make the right choices in accessing urgent care and do more to manage their own conditions at home.

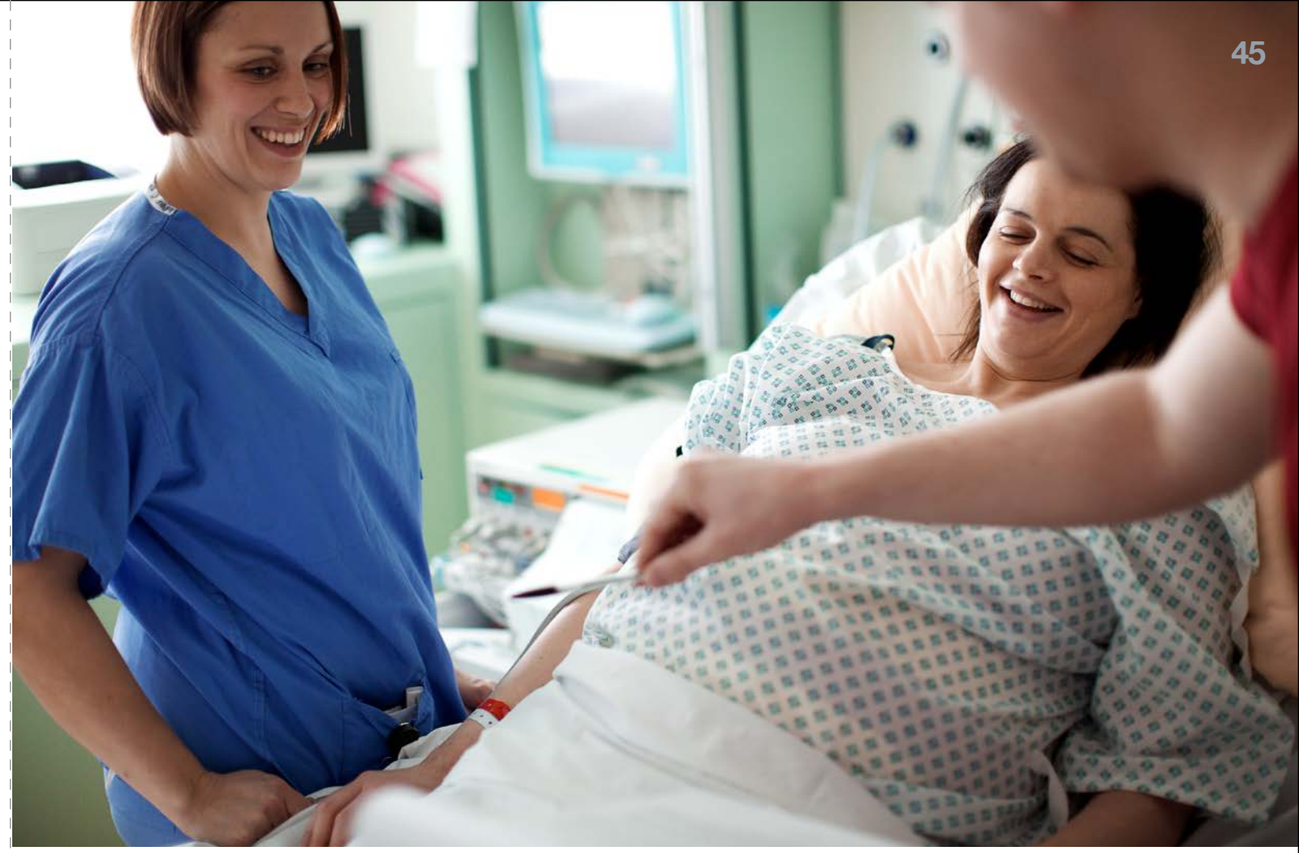
Developing a GM maternity system

Greater Manchester, in partnership with East Cheshire NHS Trust, intends to implement a local maternity system aligned to the national policy **Better births: Improving outcomes of maternity services in England** (Maternity Services Review, 2016). This will ensure that Greater Manchester has a coordinated approach to how we develop and deliver maternity services that meet local needs.

The focus of the Greater Manchester and East Cheshire local maternity system will be to improve performance based on best evidence, ensure safe care, provide mothers and their families with genuine choice, and reduce unnecessary variation.

Maternity care is one of the priority areas in our overall Greater Manchester strategy. Particular challenges include:

- patient choice and the introduction of personalised budgets within maternity services
- promoting a culture of safety and commissioning for outcomes
- ensuring carer continuity through the development of community maternity hubs
- improving perinatal mental health care in community settings.



Our vision is that our maternity services become safer, more personalised, professional and family-friendly.

We want to ensure that every woman is able to make informed decisions about her own care and her baby's, and that she and her baby can access support tailored to their individual needs and circumstances.

We will deliver our vision through seven thematic areas:

- Personalised care
- Continuity of carer
- Safer care
- Better postnatal and perinatal mental health care
- Multiprofessional working
- Working across boundaries
- Fairer payment system.

Plans for 2017/18

In 2017/18, we will:

- develop a Greater Manchester and East Cheshire maternity strategy and implementation plan. Our strategy will outline how we will deliver the objectives of **Better births: Improving outcomes of maternity services in England**, the national Safer Maternity Care action plan and Greater Manchester children's services review
- develop a governance and delivery framework showing how current local and national initiatives align to a Greater Manchester programme and will deliver a local maternity system

that brings clinicians, providers and commissioners together

- establish a Greater Manchester and East Cheshire maternity transformation board, which will oversee the development and delivery of the strategy and implementation framework. It will act as the voice of women and their families to ensure we increase choice and improve outcomes.

Standardising acute and specialist care

We set up the Standardising Acute and Specialised Services Programme in 2016/17 to deliver specific strategic commitments, drawing from our experience where we're already collaborating across Greater Manchester, specifically in A&E, acute medicine and general surgery (the Healthier Together programme), obstetrics and gynaecology (OG), cancer and urology cancer.

Our broad commitments are to:

- improve the safety and quality of services and reduce variation
- improve productivity – hospitals have already drawn up plans to make efficiency savings of 2.5% in our first year, and 2% annually in subsequent years
- improve the links between hospital services and out-of-hospital care – we want to introduce new acute and specialist care models so fewer people are admitted as emergencies and have to stay in acute hospitals for a long time
- increase collaboration – Greater Manchester hospital trusts have agreed a programme of collaborative efficiency and joint working, which will result in significant savings.

The scope of our work to standardise acute and specialist services will account for two-thirds of all hospital activity and represent 61% of in-scope acute costs in Greater Manchester (in-scope services represent £1.6bn of £2.7bn of in-scope spend).

The current priority areas for acute and specialist care transformation are:

- paediatrics (including specialised children's services) and maternity
- respiratory and cardiology
- benign urology
- musculoskeletal (MSK) and orthopaedics
- breast services
- neuro-rehabilitation
- vascular
- HIV
- ophthalmology.

There is other work going on that is closely linked to standardising acute and specialist care, and will affect the future shape of hospital-based services. This work includes plans for a single hospital service in the city of Manchester, development of the Salford/Pennine 'group', and the Greater Manchester cancer plan. These are covered elsewhere in our business plan.

Plans for 2017/18

We're developing a hospital-based services strategy to bring together all the elements of acute transformation. This will ensure that any decisions lead to improved and equitable services for patients across Greater Manchester and the wider area served by Greater Manchester hospitals, and that these are also clinically and financially viable and sustainable services.

The strategy will provide a Greater Manchester-wide framework for hospital-based services, covering strategic direction, oversight and planning. Individual commissioners, trusts and localities (with tailored guidance) will then commission and provide services within the agreed framework.

We won't make decisions about hospital-based services in isolation. We plan to develop a coherent range of Greater Manchester hospital-based services, based on a 'single service' approach, and ensure clinical interdependencies are understood and recognised.

There'll also be a single way of making sure that the whole system understands the full impact of any changes on patients, wider health and care services, Greater Manchester hospital infrastructure and estates, and organisations. This will help minimise the costs of service change and maximise the benefits for patients.

We will engage with our residents and staff about each change, what this means for them and how it contributes to our overall strategy.

We are putting together a clear roadmap for programme development and implementation, to include:

- a description of the programme's strategic context and intent
- a reminder of the case for change, process to date, decisions, the vision for each relevant site and overall progress
- identification of any gaps
- the hospital-based services strategy, including service detail by specialty
- an vision for the Greater Manchester acute sector that collates the options for all services and all sites on a single map.

The roadmap will recognise and draw on the objectives and processes already driving new models of hospital provision across Greater Manchester, notably the City of Manchester Single Hospital

Service and the Salford Royal/Pennine Acute Hospitals group approach.

During 2017/18 four priority clinical standards for seven-day working should be in place to support all these new developments.

Healthier Together

During 2017/18 our Healthier Together programme – which reconfigures A&E, acute medicine and general surgery – will start implementation across Greater Manchester. It will now be subsumed within our wider acute services strategy. Since the programme first started in 2012, both staff and local residents have been involved in its design. Clinicians created minimum standards of care and a new operating model. Over 29,000 local people formally responded to a major consultation on possible changes and many more attended events or learned about the proposals in some other way.

Greater Manchester CCGs gave Healthier Together their unanimous support and, after successfully defending a judicial review, we've been working to develop cross-site working policies for clinicians and innovative models of patient care.

The single hospital service

During 2017/18 we will work particularly closely with the new City of Manchester Single Hospital Service. Creating this service will require significant transformation and will affect 40% of acute service provision across Greater Manchester. Together we will collaborate with other stakeholders to avoid duplicated – and potentially contradictory – strategic planning and make sure the right level of intelligence, data and clinical expertise is available to develop the service.

The Greater Manchester strategy for hospital-based services will provide the framework for planning delivery of clinical services, especially looking at how to realise the benefits:

- described in reports produced following the single hospital service review
- set out in the submission to the Competition and Markets Authority in support of the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

We need to make sure we have the right integration plans to establish a new NHS foundation trust after the merger of the two hospitals, and that they embrace the principles set out in the Greater Manchester hospital-based services strategy without compromising the inherent responsibilities of the board of directors to run the new organisation efficiently and safely, in line with commissioning plans and regulatory requirements.

Salford Royal and Pennine group

Salford Royal NHS Foundation Trust (SRFT) is one of the first trusts in the country to be accredited by NHS Improvement to lead a group (or 'chain') of NHS providers. The trust has set out a clear strategy to develop a health and care group, and plans to use a 'standard operating model' (SOM) to deliver safe and sustainable care across the north of Greater Manchester.

Having a standard operating model for the whole Salford Royal and Pennine group will make it easier to provide high-quality acute services and develop integrated local care organisations (LCOs), underpinned by a clear strategy. The approach will also support more rapid decision making, effective partnership arrangements within each locality, delivery of the Greater Manchester hospital-based services strategy, and meeting the requirements of local commissioners.

Throughout 2016/17 significant work has been done with commissioners in Greater Manchester's North East sector[2] to stabilise and improve services, which will act as a foundation for transforming acute care and introducing new models of care in line with locality plans.

Work is underway to develop an acute service strategy for the North East sector, aligned to both the Greater Manchester Standardising Acute and Specialised Services Programme and local commissioning intentions. This will complement the agreed programme of change that has been developed in the North West sector and with partners in Bolton and Wigan. The North East acute service strategy also builds on and supports Healthier Together and the designation of Salford Royal and Royal Oldham hospitals as high-acuity hubs, which provide the cornerstone for acute care reconfiguration.

NHS England has made Salford Royal a centre of global digital excellence, which will help the new group use digital solutions to transform models of care, reduce variation and improve productivity.

2. Bury, Rochdale and Oldham

Enabling better care

We have now confirmed what enabling programmes we need to help us meet our objectives across multiple transformational and population health ambitions. These include:

- workforce transformation
- estates development
- digital transformation
- medicines optimisation
- payment and contracting innovation.

Workforce transformation

Our workforce transformation programme aims to 'deliver the fastest and most comprehensive improvements in the capacity and capability of the whole Greater Manchester workforce (paid and unpaid) to improve the health and wellbeing of the population'.

Based on analysis from stakeholders during 2016/17 (see below), we know we need to focus on five strategic priorities to meet long-term Greater Manchester workforce ambitions.

1 Grow Our Own

Widening access for and accelerating talent development across a range of new and existing roles

Ambition 2021	GM Delivering the largest Volunteers and Carers development initiative
	Get into employment & education initiatives operational in all GM localities
	GM delivering the largest Associates and Apprenticeship programme in the UK, with a clear and compelling career path

2 Flexible Integrated Teams (FIT)

Increasing the flexibility & mobility of workforce groups across multiple organisations and settings (Health & Social Care).

Ambition 2021	The GM Passport to improve flexibility and workforce mobility established
	Centre(s) of excellence for workforce development mobilised including Teaching Care Home pilots
	Targeted cost and quality improvements through a co-ordinated approach to Locum/Agencys taffing achieved

3 Filling Difficult Gaps

Co-ordinated action to address specific skills & capacity shortages

Ambition 2021	GM consistently targeting and addressing priorities including urgent and emergency care, children's services and radiology/radiotherapy staff this year
	Working with Education providers to train and provide the best placement experiences for the health and social care professionals we need
	GM International established giving recognition to us as a top destination for health and social care professionals internationally

4 Leadership and Talent Development

Supporting the development of leaders and talent across GM public sector workforce to be the best they can be.

Ambition 2021	10,000 leaders across GM equipped with the behaviours and skills to improve the health and well-being of the population through #LeadingGM programme
	Single gateway established providing GM workforce with tools and support to enable self improvement
	Strong #LeadingGM programme alumni network to support life long learning and continual development.

5 Employment Brand(s) and Offer

Establishing clear, compelling and consistent offers to improve staff well being, increase retention and attract talent

Ambition 2021	GM Branded benefits programme providing all workforce across GM with universal offers.
	Employment guarantee scheme for students, apprenticeships and associates adopted securing the pipeline for the future.
	GM achieves significant improvement in staff return and retention rates across all workforce groups

Plans for 2017/18

In 2017/18 we will publish a workforce transformation strategy that sets out our ambition to establish a robust and sustainable workforce across health and social care in Greater Manchester. The strategy will outline the approach we will take to address key challenges that have been identified through local and Greater Manchester-level planning, and reflect our system's broader ambitions.

Our strategy will:

- target skills shortages in the resident labour market
- highlight skills gaps within the existing workforce
- recognise the shifting skills required by new care models.

We will particularly focus on the challenges facing our nursing workforce highlighted by the new Mayor of Greater Manchester, in particular how we support nurses during training and ensure they feel able and encouraged to stay in our care system once they have graduated. We are already working with each Greater Manchester locality to develop a clear plan to tackle these.

Estates development

We want Greater Manchester to get the most value possible from the public estate by using it more efficiently to deliver both our own local strategic objectives and those set out in national policies.

The overarching aim of the Greater Manchester estates strategy is to integrate and consolidate services within key facilities centrally and through a network of community-based hubs. This approach is based on the principles of One Public Estates (OPE), a national programme that supports joint working between public sector partners by sharing land and property. It means we'll have a smaller number of 'fit for purpose' properties for health and care, in the right locations and used flexibly across organisations. They'll be service-led, not estate-led.

Plans for 2017/18

We are drawing up a Greater Manchester capital financing strategy to fund new developments to change existing facilities alongside our pipeline of Greater Manchester projects, so we can identify the most appropriate sources of capital for essential projects. This work will include a project to define what we need from a new public-private partnership company to help us deliver the Greater Manchester estates strategy.

Among our specific plans for 2017/18 are to:

- have all Greater Manchester organisations agree a Greater Manchester utilisation strategy 'to optimise the utilisation of modern, long-term, multi-use health centres to a target utilisation better than 80%'
- undertake a 'health check' of all Greater Manchester strategic estates groups, with specific recommendations for change and improvement
- ensure all localities have completed a comprehensive 'neighbourhood asset review' process
- submit and deliver £500,000 worth of One Public Estate bids on Greater Manchester's behalf
- do a full review of the Greater Manchester pipeline of capital estates projects
- develop a comprehensive process to prioritise projects for localities to use
- produce detailed locality estates implementation plans for all strategic estates groups, linked to locality plans
- implement the national NHS back office rationalisation project, with a target of saving £1.5m in recurring revenue during 2017/18
- refine the Greater Manchester 'masterplanning' framework and complete four masterplanning projects across acute sites (North Manchester General Hospital, Fairfield General Hospital, Rochdale Infirmary and Leigh Infirmary)
- work with the Greater Manchester intermediate care project so that its estates requirements are clear and proposals for new or upgraded facilities can be developed quickly and efficiently.

Digital transformation

During 2016/17 we negotiated with the Department of Health and NHS England to delegate a digital transformation fund to us. This process needs to be completed as early as possible in 2017/18 so that localities can now submit requests for digital funds to us, to support their transformation plans. We will also consider submissions to fund shared Greater Manchester technology systems to support enabling projects or the wider GMHSC Partnership.

We now have a Greater Manchester information management and technology (IM&T) strategy based on the need to connect, integrate, collaborate, empower and understand.

We need to collaborate to deliver the IM&T strategy. A great advantage of this will be having access to expert knowledge across Greater Manchester and being able to pick existing best

practices, systems, capability and design that will benefit everyone.

IM&T programmes that are critical to Greater Manchester health and social care include:

- a baseline assessment of Greater Manchester health and social care IM&T architecture
- the DataWell health and social care information exchange
- an enterprise master patient index (up-to-date database of Greater Manchester patient information)
- the GM-Connect data and information programme (including information-sharing agreements and consent management)
- online primary care consultation.

Plans for 2017/18

Specific objectives for 2017/18 support these critical programmes.

We will establish the digital collaborative portfolio and implementation plan, and projects will start moving through implementation.

We will complete the baseline assessment of Greater Manchester health and social care IM&T architecture and create a Greater Manchester enterprise architecture view, associated roadmap and migration plan.

We will put the GM-Connect programme information-sharing agreement in place.

The DataWell roll-out will be completed and organisations will begin using it to share information.

We will establish a delegated digital fund operating model, receive the first round of locality submissions and award funding.

We will finalise our digital collaborative engagement strategy.

We will develop a proposal and target operating model, including a consolidated Greater Manchester cloud capability, for unconstrained clinical pathways across all care organisations.

We will define and begin implementing a primary care online consultation capability.

Medicines optimisation

We will finalise our Greater Manchester medicine strategy that will help us focus more on the role medicines play in our transformation plans. This strategy aims to link all aspects of medicines together to improve population health and create an outcome-based, smarter approach to personalised care by driving an accelerated pathway for treatments across the developing Greater Manchester social-clinical model.

The Greater Manchester medicines strategy board will lead the work. It will guide the development of medicines

policy and optimisation, support our relationship with the pharmaceutical industry, and lead discussion with national partners on flexibilities and opportunities to develop outcome-based models.

Payment innovation – incentivising reform

An important area of our transformation work is developing new models of care delivery and provision at locality, cluster and Greater Manchester levels, and we'll need innovative, evidence-based contracting models and pricing mechanisms to achieve these reforms.

The current contracting and pricing mechanisms may not be suitable to facilitate the level of change we want to deliver within our timescales. This is because these mechanisms:

- incentivise an activity-based not an outcome-based approach
- do not address the challenges of risk and benefit sharing between organisations (especially if the investing agency does not benefit)
- do not address the challenges of delays between investment and investment return, especially when the service models being contracted for are more focused on early intervention and prevention
- tend to incentivise competitive, not collaborative, behaviour; ideally they should promote a mixture of both
- do not support innovative practice and the translation of innovation into mainstream service delivery.

Our approach to commissioning must support the devolved approach that

sees local public services working together, being proactive and focusing on early intervention and prevention as well as people and place.

We need to understand all the existing ways to contract and pay for services. We want to know how they can be used to facilitate our new models of care, but they should also challenge our understanding of new and innovative models. This will help to ensure that we deliver a truly integrated health and social care service focused on outcomes and financial balance and sustainability.

Our work is focused on the new local care organisation (LCO) and local care system model all Greater Manchester localities are developing.

We need to collaborate to commission services at the right level to support community resilience. Our priority in our first year has been on specialised health and primary care services, but we're making progress on joint commissioning (at a Greater Manchester and local level) generally too.

Plans for 2017/18

As part of this enabling workstream, in 2017/18 we will:

- undertake a baseline exercise to first understand existing contracting and payment approaches, then what innovative and new approaches are being piloted
- develop a programme plan for a short-term deliverable and a roadmap outlining the approach we'll need to take over the next three years to achieve our objectives
- produce a joint statement of commitment (or business case) setting out the rationale, objectives and outcomes for our work, and outlining the process and approach we'll take in the short and longer term to help all Greater Manchester organisations with development and delivery
- create a live repository of national and international good practice examples of incentivising reform through payment and contracting that the Greater Manchester system can use as a guide when the need for new approaches is identified.

Research, innovation and growth

Greater Manchester is already an important centre for life sciences, with an exceptional track record for partnership working and a shared commitment to further developing the sector as a central source of economic growth and societal wellbeing.

This has contributed to Greater Manchester's recognised excellence in science, which in 2016/17 earned Greater Manchester the international status of European City of Science, and selection as a pilot for the UK government's first wave of science and innovation audits.

Partnership also drives Manchester's vibrant and fast-growing innovation ecosystem on the 'Oxford Road Corridor', and extensive business support structures and services provided by both public and private sectors.

We aim to refresh the Greater Manchester life sciences strategy in line with the new national industrial strategy. We are well placed to act as an innovation hub, an exemplar of public, private and academic collaboration to tackle the short-term financial challenges facing the NHS and create a whole health system that is sustainable in the long-term.

Greater Manchester's commercial life sciences sector is already growing strongly, with assets including:

- specialist bioscience and biomedical facilities at the Manchester Science Partnerships (MSP) Alderley Park and Citylabs campuses
- over 300 thriving small and medium enterprises (SMEs)
- the Innovate UK Medicines Technology Catapult and the Antimicrobial Research (AMR) Centre at Alderley Park
- the regional centre of excellence for the Innovate UK Precision Medicine Catapult and the Stoller Biomarker Institute at Citylabs.

One of our partners, the University of Manchester, also has world-class academic assets in fields that are leading transformational change in the diagnosis and treatment of ill health. These include:

- the Faculty of Biology, Medicine and Health, which brings together research and education on all stages of the journey from scientific discovery to medical care
- the £61m National Graphene Institute and new £235m Henry Royce Institute for Materials Research and Innovation, providing an emerging pipeline of graphene, 2D and wider biomaterials to improve human health

- the Medical Research Council (MRC) funded Stoller Centre for Biomarker Discovery
- an MRC/Engineering and Physical Sciences Research Council (EPSRC) molecular pathology node
- three MRC stratified medicine consortia with a focus on immune-mediated conditions (rheumatoid arthritis, psoriasis and systemic lupus erythematosus)
- one of only three major centres funded by Cancer Research UK
- major strengths in health informatics, especially the Farr Institute, NorthWest EHealth and the DataWell e-infrastructure platform
- world-class research delivered through the Manchester Academic Health Science Centre (AHSC), the only NIHR-designated AHSC in the north of England.

Leading clinical assets and hospitals also support innovation and growth in Greater Manchester, including The Christie, globally respected for its work in cancer treatment, and Salford Royal, home to the most mature electronic patient record system in the UK.

We run a lot of commercial trials of new treatments in Greater Manchester, and recruit more people to take part in them than anywhere else in the UK, which demonstrates the capability of the Greater Manchester research infrastructure and the scope to build on this.

Plans for 2017/18

Much of our work is ongoing, but from April 2017 Manchester has been awarded £28.5m by NIHR for our first biomedical research centre (BRC). This is a big step forward for Greater Manchester's biomedical research capability and our ambition to become a 'powerhouse' in translating research into medical practice.

Connecting health and wealth

Research and innovation directly affects wider Greater Manchester growth and population health. Attracting investment contributes to employment, which has a positive impact on mental health outcomes and Greater Manchester productivity.

Industry partners have told us we need a consistent approach to contracting and costing commercially sponsored and funded clinical trials; this is a top priority for them when selecting clinical trial sites.

We have worked collectively to ensure we initiate and deliver clinical trials efficiently and effectively. Our new streamlined process now includes:

- a standardised set-up cost
- a consistent timescale for costing and contracting negotiations
- an arbitration process for timely resolution of any issues that arise.

Health Innovation Manchester

Health Innovation Manchester (HInM) was launched in September 2015 to speed up the discovery, development and roll-out of new ways to help improve Greater Manchester population's health.

HInM has its own agreed business plan to achieve its vision of transforming people's health and wellbeing by accelerating the introduction of service innovation. It aims to align Greater Manchester health priorities with our partnership's academic and clinical assets and the skills of industry innovators, and create shorter, and more certain, pathways to approve and adopt change and improvement at scale.

Plans for 2017/18

By September 2017 HInM will bring together the Manchester Academic Health Science Centre (AHSC) and the Greater Manchester Academic Health Science Network (AHSN) as one organisation with a single team, HInM brand and governance structure.

In 2017/18 HInM and the partnership will also deliver:

- an innovation access system to support and guide industry innovators
- a strong pipeline of proposals that can be rapidly evaluated, trialled, and implemented
- partnerships with industry to advance new business models
- implementation of a digital infrastructure that will connect the data systems in use across GM
- a single research hub for GM, and an enhanced clinical trials unit
- commencement of projects in precision medicine, focused on new care pathways, novel diagnostics, more targeted treatments, and the use of digital technologies to enhance self-care and greater patient empowerment
- GM-wide adoption of 'quick wins' that can be rapidly implemented and show an early return in investment, including innovations being trialled at individual locality level and medical technology and e-health innovations solicited from industry to meet specified objectives
- stakeholder engagement and ownership of our objectives, processes and priorities, buy-in from industry partners, and strong market awareness of HInM's brand and objectives.

Strategic partnership with the pharmaceutical industry

During 2016/17 we agreed a formal partnership with the pharmaceutical industry to help Greater Manchester deliver its vision to be the safest and most effective place to receive medicines in the world, and cement its position on the global research and development map.

We signed a memorandum of understanding (MoU) to create the Greater Manchester and Pharmaceutical Industry Partnership Group, which will improve the use and safety of medicines and employ NHS data and information to discover, develop and deliver new medicines and treatments for patients. It is an important element of our wider medicines strategy.

The agreement will also allow us to explore new ways of paying for medicines, based on patient outcomes, and make sure we spend our current £1bn medicines budget as effectively as possible.

And it sets out how we will collaborate with industry to develop Greater Manchester as a world-leading site for the research and launch of new medicines.

The MoU outlines the shared vision, goals, operating procedures and governance principles for the relationship between Greater Manchester and the pharmaceutical industry. It aims to:

- transform the health, wellbeing and wealth of the people of Greater Manchester
- optimise care
- develop and adopt innovation at pace and scale
- create an environment that enables flexibility and opportunity in developing outcome-based pricing methods.

Achieving financial balance and securing sustainability

The GM health and social care system faces a very significant financial challenge. **Taking charge of our health and social care in Greater Manchester** identified the funding gap for Greater Manchester by 2020/21 (the period covered by our strategic plan) if nothing is done to improve efficiency or moderate the growth in demand for services.

Our approach to achieving financial balance at the end of this period is supported by a composite financial model, comprising a five-year finance and activity plan for each health and care organisation in our partnership. These organisational plans are then aggregated at a locality level ('locality roll-up') to give a 2020/21 locality 'do nothing' gap and are used to model the impact of the proposed locality solutions on the financial gap.

The financial model at the time devolution was granted to Greater Manchester indicated a 2020/21 health and social care financial challenge of £2bn. Following confirmation of financial allocations, this figure was refined to £1.2bn; this was the amount included in the Greater Manchester strategic plan and accompanying financial framework.

Plans for 2017/18

Work is underway to update the Greater Manchester financial model based on the refreshed locality roll-ups. This will include:

- 2016/17 end-of-year financial position for all Greater Manchester local care organisations (this is 'year one' of the five years of devolution)
- 2017/18 and 2018/19 operational finance and activity plans (years two and three)
- forward projections of the forecast finance and activity plans for 2019/20 and 2020/21 (years four and five).

This will then provide a refresh of the overall Greater Manchester 2020/21 financial challenge, show where progress is still required, where responsibility for delivery (by organisation, locality or collective Greater Manchester effort) will lie and where impacts will be seen between commissioners and providers.

The refreshed figures will also be compared to each locality's investment agreement for transformation funding (where applicable) and any misalignment identified and rectified. The intention is that, based on a quarterly update to

the model, a revised 2020/21 financial gap will be reported quarterly to the Partnership through our governance structures.

This will allow for monitoring against progress both on bridging the financial challenge and on anticipated activity changes. It will also show us clearly what impact implementation of our transformation plans is having, where additional work is required, and responsibilities for delivery.

The process will be managed by the Greater Manchester Finance Executive Group (FEG) and supported by the wider partnership. It will inform our business planning process for years four and five of devolution, and enable us to prioritise and focus our efforts.

Many of our objectives to transform care and engage differently with Greater Manchester residents – described in previous sections of this business plan – are vital to achieving clinical and financial sustainability. We also need to make substantial efficiency gains and develop new ways of delivering services, for example, by developing wider shared service approaches and collaborating to extend our opportunities to improve efficiency.

To control costs and support the necessary supporting changes, we will focus on the following programmes of work:

- Standardising back office and clinical support
- Extending the NHS RightCare programme to reduce unwarranted variation and improve people's health
- Developing the Greater Manchester commissioning framework
- Developing whole-system financial oversight
- Effective utilisation of the Greater Manchester Transformation Fund
- Evaluating the impact of our transformation

Standardising back office and clinical support

Our focus is on how Greater Manchester will implement the recommendations of the Carter Review in **Operational productivity and performance in English NHS acute hospitals: Unwarranted variations** (February 2016).

The Greater Manchester finance community is leading the work, which will be taken forward through five key projects on:

- corporate functions
- procurement
- hospital pharmacy
- pathology
- radiology.

Corporate functions

Oldham locality is leading this project, which has already identified potential long-term and sustainable savings.

A strategic outline case describing what we will do, how we will do it and the impact it will have is being developed.

The £23.1m savings opportunities identified to date cover corporate functions including finance, payroll, human resources (HR), information management and technology (IM&T), procurement, governance and risk, and communications.

The project has demonstrated specific progress towards 2017/18 savings through the merger of the Salford Royal and Pennine Acute trusts. The consolidation process will be implemented during 2017/18, with more of Pennine's corporate functions rapidly moving to ELFS Shared Services (a business division of Salford Royal).

Procurement

During 2016/17 we've been developing a baseline of procurement approaches across Greater Manchester and a better understanding of what potential savings we could achieve. A Greater Manchester procurement board has been set up to oversee and manage our new approach.

Using this baseline and savings calculation as the basis of our strategic outline case for the work, the first wave of projects will go live during 2017/18. We'll continue to work with key organisations that will contribute to the baseline.

Hospital pharmacy

We've been undertaking a baseline assessment of hospital pharmacies across Greater Manchester to review storage and distribution, procurement, aseptic production, outpatient dispensing and homecare provision.

This will inform a new informatics strategy for hospital pharmacy.

We expect all Greater Manchester acute trusts to approve our hospital pharmacy transformation programme during 2017/18. This will lead to:

- on-going focus of the **Your medicines matter** campaign
- development of a Greater Manchester vision and strategy for digital, automation and supply
- development of a Greater Manchester vision and strategy for aseptic production
- development of an electronic pharmacy referral system that can be piloted at a test site before being extended across Greater Manchester in 2018/19

- introduction of a common code, so that information relating to the medicines we use for patient care in Greater Manchester is clearly and consistently recorded and communicated
- stronger 'horizon scanning' for medicines to use in future through a collaborative, centralised approach.

Pathology

Our Greater Manchester pathology project has been picked as an NHS Improvement pathology efficiency 'pathfinder'. We are drawing up a strategic outline case that has already identified up to £20m of recurrent savings that could be achieved over the life of the project. This would equate to 14% of baseline cost.

During 2017/18 we will establish a future model of pathology operation and develop a high-level implementation plan.

Radiology

We are developing a Greater Manchester radiology strategy and an outline business case for the Greater Manchester collaborative image-sharing project.

Our (centralised) vendor-neutral archive and common primary and acute care system (PACS) projects are already making significant improvements to services, and we expect them to result in benefits totalling £3m a year.

Extending RightCare

NHS England wants every health economy to embed the NHS RightCare approach in its transformation programmes. It is about using data and evidence to highlight any unnecessary variation in care, working with a range of partners (including patient groups) to develop and test new concepts, and carrying out sustainable change. The NHS RightCare framework will help us get the most from our resources and focus on the best chances for improvement.

During 2016/17 each Greater Manchester locality has been identifying emerging opportunities under NHS RightCare and aligning these with its own transformation priorities. We've agreed a bespoke relationship with the national NHS RightCare team so we can work together to identify priorities and opportunities as part of a coordinated and supported NHS RightCare programme.

Through our work so far, during 2017/18 we expect to:

- review emerging opportunities within Greater Manchester that provide us with the greatest scope to save lives and improve residents' quality of life
- learn from a selection of examples of best practice from inside and outside Greater Manchester that could be suitable for wider implementation
- agree areas that should be taken forward for delivery across Greater Manchester and how this may be achieved strategically, ensuring that they're fully aligned with our overall transformation programme.

Developing the Greater Manchester commissioning framework

A major cross-cutting piece of work we started in our first year and will continue during 2017/18 is a detailed review and options appraisal of Greater Manchester health and care commissioning functions and their possible future form.

We're already beginning to see a move towards a more strategic approach to commissioning, with discussions covering themes such as outcome-based contracts, capitated budgets and longer-term agreements extending over 10 years and more. In this new model of commissioning, we can expect to see a shift away from the more traditional processes of detailed contract specification, negotiation and monitoring, with the associated potential to reduce transaction costs.

Local care organisations (LCOs) are likely to take on some functions currently performed by CCGs, such as subcontracting with other providers to secure agreed contractual outcomes, and developing internal mechanisms to contract with neighbourhood-based hubs.

We also need to take into account the development of the Greater Manchester Joint Commissioning Board and the opportunity this offers for increased levels of strategic commissioning at Greater Manchester level.

The commissioning review will help us shape:

- place-based commissioning – this means we can design a truly place-based approach to public service reform, with an investment-led approach to commissioning at its heart. This will transform the way that commissioning supports people and communities to work together in one particular place
- commissioning at scale – this involves commissioning of some services just once at Greater Manchester level (when it makes sense to do so), and aims to connect commissioning across citizens, neighbourhoods, localities and Greater Manchester as a whole
- commissioning support – we aim to design commissioning support services that are responsive and effective, in the context of the newly shaped commissioning landscape.

The diagram on the next page illustrates the potential future commissioning architecture following the commissioning review.

Devolution offers the opportunity to place decision making as close to citizens and neighbourhoods as possible, whilst maximising the benefits that scale can offer through collaboration at a Greater Manchester level

Citizens & Neighbourhood level	**Neighbourhood Leadership Systems** Better ways to collate local intelligence, including needs, priorities and assets to feed into the commissioning process Key engagement vehicle for citizens, local Voluntary and Community Sector (VCS) Enterprises, elected members, clinicians and care professionals		
Locality level	**Health and Well being Board and OSC** System coordinators with statutory duties	**Strategic Commission ing Function** Sets place-based strategy for a Locality and offers local system clinical and political leadership Is small, and undertakes only strategic commissioning functions Incorporates wider public service reform (e.g. employment, housing, education, criminal justice, culture, leisure)	**Local Care Organisation(s) and Hospital Group(s)** Delivers integrated care through subcontracts or provider alliances, and takes on tactical commissioning role LCO and HG fonn(s) vary locally, and include both community based and hospital services. Primary care, including General Practice, sits at the heart of the LCO
GM level	**Greater Manchester - including the role of the Joint Commissioning Board** Conurbation-level commissioning of services, to maximise economies of scale and commissioner buying power across GM's Localities		
National level	**REGULATORS**	**ARMS'S-LENGTH BODIES**	**KEY GOVERNMENT DEPARTMENTS**

Developing whole-system financial oversight

Greater Manchester is in an excellent position to work with NHS England and NHS Improvement colleagues to develop our approach to system control totals. We have now brought NHS Improvement leadership into our partnership team. Together with the work done to develop locality financial plans to underpin the individual Transformation Fund investment agreements, this enables us to take a place-based approach to assurance of our operating plans for 2017/18 and 2018/19.

A dedicated Sustainability and Transformation Fund (STF) was introduced as part of the NHS planning guidance for 2016/17 to 2020/21. It is intended to help get hospitals back on their feet, support the delivery of the **NHS Five year forward view**, and enable new investment for critical priorities such as primary care, mental health and cancer services. Access to the STF is contingent on the agreement of a specific control total for each provider organisation.

We believe our partnership can make the most positive difference to national NHS finances by having delegated responsibility for STF allocations to Greater Manchester providers and the additional national STF 'headroom', alongside responsibility for delivering the associated provider and commissioner control totals.

We could then work across Greater Manchester and between providers and commissioners to deliver that control total. The local flexibility this would provide would also allow us to flex individual control totals where appropriate to take account of service and activity changes as we deliver the transformation described in our strategic plan.

Thinking more broadly around the regulatory system, we would be keen to explore how, where we show Greater Manchester performance as a whole is exceeding national requirements, we can secure greater regulatory freedoms as Greater Manchester.

The Strategic Partnership Board, with support from the Greater Manchester Provider Federation, has endorsed a proposal to for us to further develop joint working with NHS Improvement.

We are already committed to working in partnership with NHS Improvement to:

- ensure that, wherever possible, discussions regarding performance and finance happen at a locality level to avoid separate commissioner and provider discussions and duplicate conversations, as well as working in the spirit of the Greater Manchester strategy
- deliver national operational, quality and finance priorities agreed between our partnership and the government
- set indicative financial control totals to enable flexibility across Greater Manchester partners and to ensure national STF money is maximised for the whole system
- facilitate a system approach to managing in-year risk to ensure individual positions are delivered
- review the release of STF awards and consider appeals where operational performance trajectories have not been achieved for justifiable reasons
- ensure alignment of commissioner and provider two-year plans
- facilitate delivery of the Greater Manchester five-year strategic plan to achieve clinical and financial sustainability, develop sustainable general practice, meet A&E and elective surgery referral to treatment targets, achieve cancer, mental health and learning disabilities standards, and make discernible improvements in quality when organisations are failing

- review and approve new models of care and/or organisational change representing significant or material transactions.

Financial plans 2017/18

This section sets out a summary of the financial plans for 2017/18 across all the partner organisations within GMHSC Partnership, resulting in a consolidated financial position for Greater Manchester.

All NHS partner organisations are required to comply with the national **NHS Operational planning and contracting guidance**. This is published jointly by NHS England and NHS Improvement and sets out the finance and business rules for CCGs and trusts.

We have applied the same requirements to Greater Manchester, although under devolution, CCG financial performance is managed at a consolidated Greater Manchester-level control total. The requirements are as follows.

NHS providers – Each provider trust must agree to deliver against its individual control total set by NHS Improvement. It is important that wherever possible trusts in Greater Manchester agree control totals as this makes them eligible for a share of the £1.8bn national NHS Sustainability and Transformation Fund (STF). Agreeing control totals therefore maximises the additional resources coming into Greater Manchester. Providers are expected to deliver efficiencies in how they deliver their services each year in the form of a cost improvement programme (CIP).

Local authorities – These must set a balanced budget, formally approved by the full council by 31 March each year. For the purposes of our financial planning, only the adult social care elements of local authority budgets and/or wider budgets that are jointly pooled with health bodies are included within our 2017/18 financial plan.

Clinical commissioning groups (CCGs) – CCG budgets are set through resource limits established on the basis of a national funding formula and must deliver an overall balanced position against these budgets. They are expected to maintain a 1% cumulative surplus in accordance with NHS England (NHSE) business rules. This means they cannot invest historic surpluses if they do not exceed 1%. Should growth in demand for healthcare be greater than an individual CCG's allocation they will manage this through a series of Quality, Innovation, Productivity and Prevention (QIPP) schemes that ensure the business rules can be met. As in 2016/17, CCGs are required to hold back a 'risk reserve' to be made available in case of national NHS financial challenges. This was set at 1% in 2016/17 and has been set at 0.5% for 2017/18. This equates to around £21m for Greater Manchester.

GMHSC Partnership central budgets – These include both primary care (dental, ophthalmic and pharmacy) and public health (screening, immunisation and vaccination) budgets as well as running costs funding for elements of the partnership team. The 2017/18 plans show a balanced position i.e. zero variance. This is in line with national guidance for these budgets.

The tables below set out summary financial plans for 2017/18 across CCGs, acute providers and local authorities, both at individual organisation level and consolidated into a Greater Manchester total across each of the three sectors.

Table 1 shows that our CCGs are planning to break even, but recognises that £49.48m is held as a historic surplus. This is equivalent to 1.2% surplus, which is above the 1% national requirement.

Table 2 reflects the surplus/deficits as agreed with NHS Improvement in April 2017. All but five Greater Manchester acute trusts have agreed their control total to date, and discussions with those yet to agree are ongoing.

Providers that have already agreed their control total have secured around £49.6m of funding from the STF for the Greater Manchester health economy. When an updated position has been finalised (reflecting the five providers who had yet to agree their control totals at the start of 2017/18) the providers' plans will be fixed at 'plan stage' and the additional receipt of STF can be confirmed.

Table 1: Planned surpluses across the 10 Greater Manchester CCGs for 2017/18

	2017/18 plan		
CCG	**Surplus/ Deficit (£m's)**	**Historic surplus (£m's)**	**% of Allocation**
Bolton	0	4.0	1.0
Bury	0	3.2	1.2
Heywood, Middleton & Bolton	0	4.2	1.3
Manchester	0	9.6	1.2
Oldham	0	4.1	2.3
Salford	0	9.1	1.0
Stockport	0	4.1	1.0
Tameside & Glossop	0	3.5	1.0
Trafford	0	3.1	1.0
Wigan	0	4.6	1.0
CCG total	**0**	**49.5**	**1.2**

Table 2: Surplus/deficit by individual Greater Manchester acute trusts in 2017/18

	2017/18 plan		
Trust	**Surplus/ Deficit (£m's)**	**Historic surplus (£m's)**	**% of Allocation**
Bolton NHS FT	10.1	7.9	Yes
Bridgewater Community H/C NHS FT	(0.5)		Yes
Central Manchester University Hosp NHS FT	10.7	20.2	Yes
Christie Hospital NHS FT	10.3	1.5	Yes
Greater Manchester MH NHS FT	2.4	1.8	Yes
Pennine Acute Hospitals NHS FT	(42.9)		No
Pennine Care NHS FT	3.2	1.8	Yes
Salford NHS FT	(1.4)	10.4	Yes
Stockport NHS FT	(27.2)		No
Tameside Hospital NHS FT	(24.3)		No
Univ Hosp of South Manchester NHS FT	(6.3)		No
Wrightington, Wigan & Leigh NHS FT	(0.7)	6.4	Yes
Provider total	**(66.6)**	**50.0**	

Local authority 2017/18 budgets are in the process of being ratified via local governance processes. For the purposes of our 2017/18 planning, the assumption is that all adult social care and wider pooled budgets (including some children's services) are expected to deliver a balanced position in 2017/18.

Table 3 sets out which local authority budgets have been included within our financial envelope, noting that the

Table 3: Local authority social care budgets

	2017/18 plan	
CCG	**Surplus/ Deficit (£m's)**	**Scope of Services Included**
Bolton	0	A,C,P
Bury	0	A,C,P
Heywood, Middleton & Bolton	0	A,C,P
Manchester	0	A,C,P
Oldham	0	A,C,P
Salford	0	A,P
Stockport	0	A,C,P
Tameside & Glossop	0	A,C,P,L
Trafford	0	A,C,P
Wigan	0	A,C,P,H,L
CCG total	**0**	

A - Adults | C - Children | P - Public | H - Housing | L - Leisure

specific value of these is yet to be advised.

Table 4 shows the net financial plan across each of the sectors and the consolidated plan position for Greater Manchester. This currently shows a net deficit; however, this excludes the benefit of STF for trusts that have not yet agreed to an NHS Improvement control total. It is expected that this position will moved to a net surplus following the agreement of control totals.

Table 4: Summary of planned financial performance by Greater Manchester sector

	2017/18 plan				
Status	**CCG's (£m's)**	**Providers (£m's)**	**LA's (£m's)**	**NHSE (£m's)**	**Total (£m's)**
Agreed	0.0	(21.1)	0.0	0.0	(21.1)
Draft	-	(45.6)	-	-	(45.6)
Total	0.0	(66.7)	0.0	0.0	(66.7)
CCG historic surplus	49.5	-	-	-	49.5
Total	**49.5**	**(66.7)**	**0.0**	**0.0**	**(17.2)**

Effective utilisation of the Greater Manchester Transformation Fund

The Greater Manchester Transformation Fund aims to support solutions that deliver clinical and financial sustainability, both across Greater Manchester and at locality level, and improve the outcomes set out in our strategic plan.

During 2016/17 we put in place a process to help locality plans and investment proposals demonstrate how they will achieve clinical and financial sustainability. This process has been introduced in all 10 Greater Manchester localities and within the Greater Manchester transformation programmes.

In our first year we made a number of multi-year investments from the fund, as well £60m that includes a proportion of subsequent years' funding.

For 2017/18, Greater Manchester has £120m of funding (plus £2.5m underspend from the previous year) to support transformation. Of this, £112m

is already committed, including £7.5m set aside to fund localities' further development of plans and proposals.

The money is committed to either localities that have been awarded multi-year investments or as notional amounts for localities that have yet to make a submission. The remainder will be used to fund:

- transformational theme bids
- cross-cutting theme bids
- financial investment in enablers.

We have created a pipeline of investment proposals since April 2016. Once a Transformation Fund proposal is approved, our chief officer and either a locality's accountable officer (or whoever is accountable for the proposal) sign an investment agreement. This sets out clear individual schedules* for each proposal that demonstrate what it will deliver as a result, including:

- Schedule 2 – the programme and metrics for measuring performance (finance, activity, productivity and prevalence)
- Schedule 3 – implementation milestones
- Schedule 6 – delivery of national requirements
- Schedule 7 – the governance, decision-making and mechanisms for accountability.

We are developing a framework for monitoring the impacts of transformation. This tool will be populated quarterly by our partnership team (using existing reporting mechanisms as much as possible) to inform a recommendation to the partnership's chief officer and executive lead for finance and investment on the release of funding for the following quarter.

Evaluating the impact of our transformation

Greater Manchester has a strong relationship with academia, industry and healthcare providers, which ensures that connections are made between emerging research evidence and innovative industry partners to spread innovations and improve patient care.

During 2016/17, we recognised the need to not only maximise the benefits of research evidence and innovation, but to also commission an independent evaluation of the fundamental changes happening in Greater Manchester. The aims of the evaluation are to understand whether:

the **Taking charge of our health and social care in Greater Manchester** strategic plan is meeting its stated ambitions to improve outcomes for people, increase independence, reduce demand, and deliver reform in a manner that ensures we have a strong, safe and sustainable health and social care system that is fit for the future

Taking charge of our health and social care in Greater Manchester is achieving its vision to deliver the fastest and greatest improvement in the health and wellbeing of the 2.8 million people living in Greater Manchester.

There are three strands to our approach:

- evaluation of the transformation programmes of the 10 localities. The locality evaluations are being funded via the Transformation Fund and are an intrinsic part of the investment agreements between the partnership and each locality
- evaluation of the key themes within the wider programme
- evaluation of Greater Manchester devolution (a piece of work that is already underway).

Using independent evaluators is essential to maintain the integrity of the findings and ensure that outputs are accurate, credible and meaningful.

We also need to develop a learning culture within Greater Manchester, as the real value of the evaluation will be based on our willingness and ability to adapt the programme based upon robust findings. It is important that we develop an evaluation and learning network across the Greater Manchester partnership and the localities, and additional capability to both undertake evaluation and use the findings. So capability building will be a part of any evaluations we commission.

Plans for 2017/18

During the year we will:

- commission and commence independent evaluations of the 10 locality transformation plans
- commission and commence an independent longitudinal evaluation of the Greater Manchester plan
- align evaluation work across Greater Manchester and its localities
- support the University of Manchester to deliver year two of the evaluation of devolution
- build a network to exchange learning and ideas emerging from the evaluation work
- share learning from the process of developing the Greater Manchester evaluation strategy at a locality, Greater Manchester and national level
- ensure early findings are built into decision-making and business-planning processes
- start to build capability within the partnership and localities to undertake evaluation and act on findings.

* A complete set of schedules 1-7 exist. The above relate to the performance and assurance of the investment framework.

Glossary

ADHD – attention deficit hyperactivity disorder

AMHP – approved mental health professional

ASC – adult social care

CAMHS – child and adolescent mental health services

CCG – clinical commissioning group

CMFT – Central Manchester University Hospitals NHS Foundation Trust

CVD – cardiovascular disease

DMO – designated medical officer

ED – emergency department

FLS – fracture liaison service

FOT – first of type

GI – gastrointestinal

GM – Greater Manchester

GMCA – Greater Manchester Combined Authority

GMMH – Greater Manchester Mental Health NHS Foundation Trust

GMW – Greater Manchester West NHS Foundation Trust (now part of GMMH)

HEATT – HMR (Heywood, Middleton and Rochdale) emergency assessment and treatment team

HIA – home improvement agency

IAPT - improving access to psychological therapies

ICFT – (Tameside and Glossop) Integrated Care NHS Foundation Trust

ICO – integrated care organisation

IECP – integrated elective care pathway

IM&T – information management and technology

INT – integrated neighbourhood team

IPH – integrated provider hub

ISAP – integrated support and assurance process

LA – local authority

LCO – local care organisation

LPN – local professional network

LTP – local transformation plan

MHCC – Manchester Health and Care Commissioning

MoU – memorandum of understanding

MSK – musculoskeletal

NHSE – NHS England

NHSI – NHS Improvement

NMGH – North Manchester General Hospital

NWAS – North West Ambulance Service NHS Trust

OOHC – out of hours care

PACS – primary and acute care system

PH – public health

PIN – prior information notice

QIPP – quality, innovation, productivity and prevention

SFT – Stockport NHS Foundation Trust

SHS – single hospital service

SMBC – Stockport Metropolitan Borough Council

SOM – standard operating model

SRFT – Salford Royal NHS Foundation Trust

STF – Sustainability and Transformation Fund

TCC – Trafford Care Coordination Centre

UHSM – University Hospital of South Manchester NHS Foundation Trust

VCSE – voluntary, community and social enterprise

WWFLT – Wrightington, Wigan and Leigh NHS Foundation Trust

Appendix One – Managing key risks

All the statutory organisations that make up the GMHSC Partnership already have robust risk management and assurance processes in place. The localities are now developing their own, while the partnership team is creating a comprehensive register that reflects Greater Manchester system-level risks.

This will be based on the 10 locality risk registers and Greater Manchester-level risks identified by the partnership team. It will be structured in line with the partnership's 'balanced scorecard', which we use to track monthly progress on our overall transformation plan, and our core responsibilities, which are quality, finance, systems performance and transformation.

The risk management process is supported by a framework outlining the principles for dealing with, and managing, risk and issues that should be applied across the partnership.

This risk and issues management framework aims to ensure:

- the value and benefits of risk and issues management are understood by all Greater Manchester partners
- staff understand their roles and responsibilities, and apply a consistent approach to risk and issues management
- risk management is applied in day-to-day business processes.

The framework explains the best practice approach to risk and issues management, and documents individual roles and responsibilities and procedures for reporting and escalating risk. It provides a structured approach to enable:

- enhanced strategic and business planning by understanding how risks and issues affect Greater Manchester's strategic challenges through its business plan
- improved focus and perspectives on risk
- efficient use of resources and a standardised approach to tackling risk and issues.

Risks and issues will be reported quarterly to the Strategic Partnership Board executive through a Greater Manchester board assurance framework (BAF).

During 2016/17 a number of common challenges have emerged from reports on the partnership's portfolio and programmes. These include:

- understanding and managing the interdependencies between programmes
- access to capital funds (estates and IM&T)
- how to approach public consultation in Greater Manchester's complex change environment
- programme resourcing and capacity
- management of workforce-related research, workforce shortages and workforce modelling.

We have also identified some specific system-level risks:

- systems performance and resilience during periods of escalated demand
- delayed transfers of care
- GMHSC Partnership access to capital funding (e.g. for digital, estates)
- development and implementation of new models of care and the development of novel contracts
- Transformation Fund monitoring and alignment of two-year operational planning with five-year locality plans
- transformation portfolio management, reporting and impact
- delivery of NHS Constitution targets to manage A&E and urgent care demand
- quality and safety across the provider sector.

The first version of the GMHSC Partnership risk register is due to be reported through the partnership's governance process in July 2017.

Appendix Two - Locality objectives

Bolton

In Bolton by the end of 16/17:

- A&E attendances decreased by -3.5% from 15/16
- Emergency admissions to hospitals (non-elective activity for specific acute only) decreased by -0.6% from 15/16
- 1st Outpatient appointments (specific acute) increased by 3.9% and Follow up appointments (specific acute) increased by 5.9% from 15/16
- Planned admissions increased by 4.8% from 15/16

In 17/18, as a result of their locality plan Bolton intends to (from a 16/17 baseline):

- Reduce A&E attendances by 4.5%; a reduction of 4,257 attendances.
- Reduce emergency admissions to hospitals (non-elective specific acute activity) by 5.08%; a reduction of 1,649 admissions
- Reduce 1st outpatient specific acute appointments by 3.5%; a reduction of 3,579 appointments and reduce follow up attendances by 2.5% (4,422)
- Reduce planned admissions by 3%, a reduction of more than 1,000 admissions

Implementation of Taking Charge in Bolton:

1. **The development of a Locality Care Organisation**
- LCO model being built around 9 neighbourhoods and full integration of adult health and care services
- ISAP (novel contracts): discussed with GMHSCP and not applicable at current time

2. **Standardising acute services for the residents of Bolton**
- Further develop the NW sector acute services as part of theme 3 and Healthier Together
- Trialling of faster diagnosis for cancer through pathway re-design for upper and lower GI and lung
- Further expansion of Ambulatory Care Unit and ED streaming at Royal Bolton Hospital to reduce pressure on A&E services

3. **Integrated health and social care commissioning**
- Integrated governance structure across health and social care to implement locality plan
- Integrated commissioning is being actively progressed through a development programme facilitated by The King's Fund which will include bringing teams together as well as significantly increasing the pooled budget

4. **Population health**
- Embed VCS network to support roll out of social prescribing across whole locality
- Embed falls prevention into all service delivery through use of VCS alongside health and care services
- Significantly increase the number of Health Improvement Practitioners to support prevention and early intervention
- Development of Community Asset Navigators to connect people with existing community assets to support their wellbeing
- Investment in a Prevention Partnership – a fund to support innovative prevention and wellbeing activities

5. **Primary care**
- Implement enhanced care home service with increased pharmacy and primary care support
- Expansion of alternative primary care workforce, including MSK practitioners, mental health practitioners and practice pharmacists

6. **Social care reform**
- Investment in an additional hour of care a day for complex care home residents
- Development of an enhanced training programme for all care home staff, including leadership training for care home managers
- Development of a Carers' Strategy
- Collaborative working across health and social care to improve home care
- Expansion of Shared Lives scheme to support people with learning disabilities

7. **Mental health**
- Further roll out of Memory Assessment Clinics for dementia, with a specific focus on hard to reach groups
- Expansion of IAPT
- Improved care and support for people experiencing a mental health crisis
- Expansion of AMHPs services to 7 days a week
- Embedding mental and emotional wellbeing into all services

8. **Children's services**
- Roll out the Early Years Delivery Model across whole locality (dependent on additional funding).

Other detail to be determined by the locality

- Implementation planning and programme documentation progressing well
- Investment Agreement in final draft and awaiting formal sign off with GMHSCP

Financial position

- Transformation Funding agreed – £13.2m for 17/18
- Control total agreed
- CCG – surplus £8.322m (including 17/17 1% non-recurrent reserve)
- LA – surplus £0 (break even)
- Bolton FT – surplus £10.128m (includes NHSI monies)

Bury

In Bury by the end of 16/17 compared to 15/16 from May Submission

- A&E attendances increased by 4.4%.
- Emergency admissions to hospitals (non-elective activity) decreased by 0.3%
- First Outpatient appointments increased by 4.1%
- Follow up Outpatient Attendance decreased by 11.5%
- Referrals to acute Trusts increased by 3.7%
- Planned admissions increased by 8.1%

In 17/18, as a result of their locality plan Bury intends to:

- Reduce A&E attendances by 0.1%; a reduction of 36 attendances.
- Reduce emergency admissions to hospitals (non-elective activity) by 0.1%; a reduction of 17 admissions
- increase outpatient appointments by 0.3%; an increase of 429 appointments
- Increase referrals to acute Trusts by 0.5%; an increase of 400 referrals
- increase planned admissions by 0.3%, an increase of 67 admissions

Implementation of Taking Charge in Bury:

1. **The development of a Locality Care Organisation**
- Locality Care Organisation established from 1st April 2017 as an Alliance subject to an MoU between Pennine Care FT, Pennine Acute Hospitals Trust, Bury Council, Bury GP Federation, Bury GP's and Bardoc.

2. **Standardising acute services for the residents of Bury**
- Continue to establish a coherent Northeast sector identity and approach
- Implement Locality Plan proposals around Transforming Urgent & Emergency Care

3. **Integrated health and social care commissioning**
- Establish One Commissioning Organisation in 'shadow' form in 17/18 and full functionality 1/4/18

4. **Population health**
- Support the local implementation of they key features of the GM Population Health plan
- Implement locality plan proposals in relation to 'Enabling Local People', 'Integrated Neighbourhood Approaches' and 'Keeping Bury Well'.

5. **Primary care**
- Implement the Bury Primary Care Health & Wellbeing Strategy
- Implement 'Integrated Neighbourhood Working' with Primary Care as an integral component.

6. **Social care reform**
- Engage in GM Adult Social Care Transformation Programme
- Implement locality plan proposals around 'Home First'

7. **Mental health**
- Directly contribute the development of a GM Mental Health investment proposition
- Implement locality plan proposals around 'Transforming Mental Health'

8. **Children's services**
- Implement locality plan proposals around 'Giving Every Child the Best Start in Life'

Other detail to be determined by the locality

- Implementation of entire refreshed Bury Locality Plan throughout 2017/18 and full implementation by end of 2018/19.

Financial position

- Transformation Funding bid – £27.7m for 17/18 – 19/20
- Control total agreed.
- CCG – surplus £50,000;
- LA – surplus £0;
- Pennine Acute – deficit £42,923,000
- Projected agreed system-wide 'do nothing' financial gap of £75.6million by 2020/21.

Manchester

In Manchester by the end of 16/17:

- A&E attendances increased by 1.34%.
- Emergency admissions to hospitals (non-elective activity) increased by 2.3%
- Outpatient appointments increased by 0.4%
- Planned admissions increased by 5.2%

In 17/18, as a result of their locality plan Manchester intends to:

- Increase A&E attendances by 0.3%; an increase of 864 attendances.
- Reduce emergency admissions to hospitals (non-elective activity) by 2.21%; a reduction of 1,368 admissions
- Decrease OP appointments by 1.61%; a reduction of 7,369 appointments
- increase planned admissions by 3.2%, an increase of 1,856 admissions

Implementation of Taking Charge in Manchester:

1. **The development of a Locality Care Organisation**
- Award the contract for the delivery of integrated out of hospital services from April 2018 to deliver new models of care focussing upon the population most at risk of needing care with the emphasis upon prevention and self care - LCO go live on 01.04.2018
- ISAP (novel contracts): Early Engagement & checkpoint 1 completed. PIN notice issued.
- New models of care developed and implementation underway for adults with long term conditions and frail older people.

2. **Standardising acute services for the residents of Manchester**
- Continue to establish a coherent Northeast sector identity and approach
- Have merged CMFT and UHSM as the first stage in the establishment of the Single Hospital Service, and commenced the second stage process to transact North Manchester Hospital into the Service during 2018
- Master planning for NMGH completed with agreed plan for future site utilisation.

3. **Integrated health and social care commissioning**
- Pooled budget for 17/18: £870m (subject to VAT advice)
- Single commissioning function (MHCC) live from 01.04.17.

4. **Population health**
- Citywide approach to resident engagement on self reliance established and implemented under the ‘Our Manchester’ banner.
- Introduction of Community Connectors driving the prevention strategy.

5. **Primary care**
- Commence implementation of the High Impact Primary Care model.

6. **Social care reform**
- ASC reform programme progressing alongside LCO new models of care.

7. **Mental health**
- Deliver new models of support and intervention for residents with mental health needs within a developing integrated model of care
- Implementation of preventative IAPT services within Integrated Neighbourhood Teams.

8. **Children’s services**
- Review of children’s community health services complete.

Other detail to be determined by the locality

- In 17/18 - Track and measure the benefits beginning to emerge from the early stages of transformation.
- Whole system approach to performance, evaluation and benefits realisation embedded.
- Consistent community urgent care offer across the city.
- Implementation of a virtual ‘front door’ for accessing health and care services (a ‘citizens portal’).
- System wide Clinical Strategy developed to support integrated system wide service delivery.

Financial position (17/18 plan)

- Transformation Funding agreed of £37.8m for OOHC/LCO and £27.2m for SHS (subject to other sources of funding)
- CCG – breakeven
- LA: breakeven required, with current projections of £9.676m deficit (before ASC grant)
- CMFT– £10.706m (control total agreed)
- UHSM: deficit of £6.3m (control total not agreed)
- The Christie: surplus of £10.281m (control total agreed)
- GMW: planned surplus of £1.855m (agreed control total of £2.355m)

Oldham

In Oldham by the end of 16/17:

- A&E attendances increased by 2.3%.
- Emergency admissions to hospitals (non-elective activity) decreased by 2.4%
- Outpatient appointments increased by 1%
- Referrals to acute Trusts increased by 1.2 % as compared to Oldham's initial plan
- Planned admissions decreased by 0.7%

In 17/18, as a result of their locality plan Oldham intends to:

- Reduce A&E attendances by 5.3%; a reduction of 5,103 attendances.
- Reduce emergency admissions to hospitals (non-elective activity) by 6.6%; a reduction of 1,861 admissions
- increase outpatient appointments by 0.3%; an increase of 835 appointments
- Increase referrals to acute Trusts by 0.3%; an increase of 259 referrals
- increase planned admissions by 2.3%, an increase of 692 admissions

Implementation of Taking Charge in Oldham:

1. **The development of a Locality Care Organisation**
- Establish organisational governance arrangements to establish the ICO from April 2018.
- ISAP (novel contracts):

2. **Standardising acute services for the residents of Oldham**
- Continue to establish a coherent Northeast sector identity and approach

3. **Integrated health and social care commissioning**
- Current pooling is £24m
- Aim to include all Health, Adult Social Care and PH budgets within the ICO: £423m
- Elements out of scope – those that cannot be pooled due to legal restrictions or council funded outside of those described within the IC

4. **Population health**
- Implement The Thriving Communities programme to promote active citizenship and enable greater control over lives.
- Commission an Oldham Wellness service linked to primary care.
- Establish a social prescribing service across Oldham.

5. **Primary care**
- 5 clusters of GP practices to deliver out of hospital health and social care closer to home for patients
- Each cluster to take responsibility for the care management of its patients in order to improve patient outcomes
- Risk stratification approach to identify those patients who have the greatest need for services
- Each cluster to have a clinically-led integrated team of health and social care professionals ensuring that patients are given the right care by the right person at the right time

6. **Social care reform**
- During 2017/18:
  - Integrated discharge team and alignment of services for discharge operational
  - Single point of access model operational (phase 1 of Oldham 1)
  - Discharge to assess model operational

7. **Mental health**
- Mental health services are a key theme in the CCG locality plan the mechanism for this is the development of integrated pathways through the development of an integrated provider hub (IPH).

8. **Children's services**
- Our Starting Well: Early Years, children & young people programme will transform the way we support parents and families to give our children the best start in life.
- In 2017/18 the locality will :
  - develop an integrated model for Paediatric care,
  - implement the actions in the CAMHS transformation plan
  - ensure urgent care paediatric pathways are included in the Urgent and Emergency care service component of the developing integrated care organisation.

Other detail to be determined by the locality

- Actively participate in the mobilisation of new commissioning arrangements across the North East Sector, which will need to connect to local ICO arrangements.
- Continue to provide leadership into the Greater Manchester programme for Corporate Services, as host of the Greater Manchester Shared Service

Financial position 2017/18

- Transformation Funding 17/18 – yet to be agreed
- Control total agreed.
- CCG – in-year planned drawdown of £1.9m of historic surplus. Planned year end cumulative surplus £7.7m
- LA – in balance
- Pennine Acute – deficit £49,923,000

Rochdale

In Rochdale by the end of 16/17:

- A&E attendances increased by 1.7%.
- Emergency admissions to hospitals (non-elective activity) increased by 1.1%
- Outpatient appointments increased by 1.5%
- Referrals to acute Trusts increased by 0.4% as compared to Rochdale's initial plan
- Planned admissions decreased by 4.1%

In 17/18, as a result of their locality plan Rochdale intends to:

- Increase A&E attendances by 0.3%; an increase of 286 attendances.
- Reduce emergency admissions to hospitals (non-elective activity) by 0.9%; a reduction of 235 admissions
- Reduce outpatient appointments by 1.7%; a reduction of 3,910 appointments
- Reduce referrals to acute Trusts by 1.2%; a reduction of 1,189 referrals
- Reduce planned admissions by 4.5%, a reduction of 1,404 admissions

Implementation of Taking Charge in Rochdale:

1. The development of a Locality Care Organisation

- LCO: Operational in shadow form in 17/18
- Neighbourhoods - scale up HEATT(HMR Emergency Assessment and Treatment Team) / Enhanced housing offer; mobilise phase 2 Integrated neighbourhood Team (INT); implement Home First/discharge to assess and the enhanced health in care home offer
- ISAP (novel contracts): none declared

2. Standardising acute services for the residents of Rochdale

- Mobilise IECP (from April 17) and enhancements including MSK single point of access / extension to lower GI pathway (from Oct 17), evaluate lessons to explore expansion to other pathways
- Develop Integrated Virtual Clinical Hub and A&E Front Door Streaming (pilot model on Fairfield and Oldham Sites)

3. Integrated health and social care commissioning

- Pooled budget for 17/18: £430m
- Review Executive management structures and governance across CCG and LA with plan to implement in 2018/19

4. Population health

- Develop a Third Sector led Prevention Board and system prevention plan; develop and implement a system wide self-care strategy and behaviour change plan.

5. Primary care

- Primary Care - implement Core+ and Pharmacy/medicines management Programmes; mobilise Focused Care Programme

6. Social care reform

- Review and expand shared lives offer, enhance the care home offer to improve the quality of provision, review the nursing home model of care to sustain and expand the market, develop a new model of domiciliary care, enhance the carers ' offer in the INT for carers who provide 50+ hours of care a week.

7. Mental health

- Adults; align newly commissioned primary mental health service to INTs, provide psychological input into the INTs and trauma informed training, develop a Living Well hub as a point of contact for people with mental health concerns, develop an out of hours crisis café to deal with mental health crises, develop a community therapy approach to support people out of hospital and develop a 24 hour approved Mental Health practitioner Service.

8. Children's services

- Implementation of the Family Services Model to deliver a whole system approach for children, young people and families that describes an integrated delivery offer from universal/community level support to highly specialised and acute interventions, with early help as the key to avoiding crisis and managing demand.

Other detail to be determined by the locality

- Rochdale Transformation is predicated on building on existing transformation models
- Actively participate in the mobilisation of new commissioning arrangements across the North East Sector

Financial position

- Transformation Funding for 17/18 – yet to be agreed
- Control total agreed.
- CCG – surplus £23,000;
- LA – surplus £0;
- Pennine Acute – deficit £49,923,000

Salford

In Salford by the end of 16/17:

- A&E attendances increased by 0.5%.
- Emergency admissions to hospitals (non-elective activity) decreased by 2.3%
- Total outpatient appointments increased by 0.2%
- Total referrals (GP and other) reduced by 4.11%
- Elective admissions (day cases and in patients) up by 6.6%

In 17/18, as a result of their locality plan Salford intends to:

- Reduce A&E attendances by 3.5%; a reduction of 4,000 attendances.
- Reduce emergency admissions to hospitals (non-elective activity) by 5.7%; a reduction of 2,000 admissions
- Maintain outpatient appointments at 16/17 levels
- Maintain referrals to acute Trusts at 16/17 levels
- Maintain planned admissions at 16/17 levels

Implementation of Taking Charge in Salford:

1. **The development of a Locality Care Organisation**

- Continue to implement person centred high impact priorities including; falls prevention, MSK pathway redesign, mental health conditions, integrated CVD pathway, urinary tract infection pathway, integrated patient records and respiratory disease management out of hospital.

2. **Standardising acute services for the residents of Salford**

- Implement principle receiving site for Major Trauma (MT) in Greater Manchester (GM) at SRFT and Healthier Together general surgery recommendations. Implement NW sector programmes, GM cancer re-configurations and hospital group governance in shadow form - including development of clinical decision support and opportunities for shared corporate services (SRFT / Pennine).

3. **Integrated health and social care commissioning**

- Pooled budget for 17/18: £240m. Consider further opportunities for integrated commissioning aligned to the GM commissioning review.

4. **Population health**

- Develop and implement locality and GM population health plans incorporating behavioural approaches towards the achievement of population scale prevention and self-care. Deliver Salford living wage feasibility assessment for the health and social care system and develop a VCSE strategy and investment plan aligned to locality plan.

5. **Primary care**

- Implement improved access to primary care services, including weekend / evenings, invest in capacity and capability of workforce. Facilitate opportunities for practices to work in a federated way with each other or with other services, where this is expected to improve patient experience or be efficient in terms of cost or workforce. Improve primary care quality through the 'Salford Standards'.

6. **Social care reform**

- See ICO activities. Additional areas include delivering the integrated place work between public and third sector partners and services and wider determinant priorities including delivery of the Salford Anti-Poverty Strategy, Skills and Work plan and Community Safety Strategy.

7. **Mental health**

- Implement and sustain mental health access standards and dementia standard including support for people living with dementia and carers. Implement Salford Suicide strategy and procure local autism / ADHD service.

8. **Children's services**

- Implement 0-25 CAMHS, community eating disorder service, speech and language reviews and redesign of community children's nursing team. Implement recommendations from the national maternity review.

Other detail to be determined by the locality

Wider Enablers: Implementation of joint IM&T, estates and workforce strategies. Implement Social value alliance pledges across the city and research and innovation strategy. Deliver public engagement plan aligned to the Locality transformation priorities.

Financial position

- Transformation Funding agreed – £8.8m for 17/18 (For Theme 2 only)
- Control total agreed.
- CCG – surplus / deficit £0m;
- LA – surplus / deficit £0m
- SRFT deficit £1.367m

A separate transformation funding application will be made during 2017-18 for Theme 1 (Population Health) to deliver the Locality Plan.

Stockport

In Stockport by the end of 16/17:

- A&E attendances increased by 3.3%.
- Emergency admissions to hospitals (non-elective activity) decreased by 0.4%
- Outpatient appointments increased by 0.8%
- Referrals to acute Trusts increased by 3% as compared to Stockport's initial plan
- Planned admissions increased by 4.7%

In 17/18, as a result of their locality plan Stockport intends to:

- Maintain A&E attendances at 16/17 levels.
- Maintain emergency admissions at 16/17 levels
- increase outpatient appointments by 0.2%; an increase of 855 appointments
- Increase referrals to acute Trusts by 0.4%; an increase of 503 referrals
- increase planned admissions by 1.7%, an increase of 738 admissions

Implementation of Taking Charge in Stockport:

1. **The development of a Locality Care Organisation**
- ISAP (novel contracts): Early Engagement session undertaken and next steps under review
- Providers in Stockport operating in a more formal alliance arrangement within an integration agreement and budgets delegated to accountable GP led leadership teams at neighbourhood level ahead of move to single organisational model
- Complete establishment of a single intermediate tier model of care including integrated discharge arrangements

2. **Standardising acute services for the residents of Stockport**
- implement hospital group governance in shadow form including development of clinical decision support and explore opportunities for shared corporate services (SFT / SMBC)

3. **Integrated health and social care commissioning**
- Further develop joint commissioning arrangements including a further review and possible expansion of the section 75 agreement
- Pooled budget for 17/18: c£216m

4. **Population health**
- Enhance find and treat, and self-care support to move system to a more preventative stance
- Extend integrated active case management model from 2% to 6% of population in line with extensivist model and plan for further development to 15%.
- Commission and implement a falls service fully aligned to the neighbourhood model of care

5. **Primary care**
- Delivery of GM standards across all neighbourhoods
- Complete roll-out of direct access physiotherapy, enhanced medicines management and mental wellbeing service to the whole borough at scale

appropriate to each neighbourhood

6. **Social care reform**
- Create additional home-care capacity and provide an enhanced care-home support package

7. **Mental health**
- Develop and embed community mental health services (adult and old age) within neighbourhood teams

Other detail to be determined by the locality

- Complete roll-out of EMIS Web to all community sites as well as 1 remaining one general practice to support full integration across neighbourhoods and the acute-primary care interface complemented by Health & Social Care Shared Record
- Continue work to bring together back office functions
- Commence a formal evaluation of the changes

Financial position 17-18

- Transformation Funding agreed – £7.5m for 17/18
- Control total agreed.
- CCG - 0;
- LA – surplus £0;
- SFT deficit £27.4m

Tameside and Glossop

In Tameside & Glossop by the end of 16/17:

- A&E attendances increased by 3.7%.
- Emergency admissions to hospitals (non-elective activity) increased by 1.9%
- Outpatient appointments decreased by 3.2%
- Referrals to acute Trusts decreased by 4.8% as compared to initial plan
- Planned admissions increased by 6.1%

In 17/18, as a result of their locality plan Tameside & Glossop intends to:

- Reduce A&E attendances by 0.2 %; a reduction of 132 attendances.
- Increase emergency admissions to hospitals (non-elective activity) by 1.8%; an increase of 524 admissions
- Reduce outpatient appointments by 1.9%; a reduction of 5,495 appointments
- Reduce referrals to acute Trusts by 1.5%; a reduction of 1,501 referrals
- increase planned admissions by 0.6%, an increase of 229 admissions

Implementation of Taking Charge in Tameside & Glossop:

1. **The development of a Locality Care Organisation**
- Delivery of 5x Integrated Neighbourhoods, bringing together multi-disciplinary teams taking a proactive approach with risk stratified population and provide end to end care based on personalised care
- Integrated Urgent Care system in place utilising A&E Streaming, telehealth (starting in care homes), admission avoidance, discharge to assess and a flexible community bed-base for step-up and step-down support
- Development of system wide population and place based outcomes and performance management system

2. **Standardising acute services for the residents of Tameside & Glossop**
- Working as part of South East Sector to understand financial implications of Healthier Together and how these can be mitigated.

3. **Integrated health and social care commissioning**
- Pooled budget for 17/18: £477.8m with one decision making process and single clinical and managerial leadership
- Move from Single to Strategic Commissioning function to deliver effective place based commissioning
- Transfer operational commissioning functions and services into ICFT to aid further development of an accountable care system.

4. **Population health**
- Social prescribing/asset based approaches embedded within Integrated Neighbourhoods to provide non-medical support to help people with ongoing needs to self-care more effectively.

5. **Primary care**
- GPs with lead “CCG” neighbourhood responsibilities transferred to ICFT and working within new governance arrangements

6. **Social care reform**
- Adult Social Care transformation commenced and transferred safely into ICFT by 1.4.18
- New Home Care Contract moving to improved model of provision and sustainability in sector

7. **Mental health**
- 2 year bilateral contract with Pennine Care from 1.4.17 to enable discussions on how mental health can be fully included within place based commissioning and provision.

8. **Children’s services**
- Continual drive to improve quality and deliver sustainable, effective Children’s Services

Other detail to be determined by the locality

- Clear plans in place to develop IM&T but awaiting confirmation of capital funding
- Clear plans in place to develop Estates and release savings but awaiting confirmation of capital funding
- Public consultation on potential changes in service access points

Financial position

- Transformation Funding agreed – 17/18 £7.9m
- Discussions continue with NHSI to agree the Control total
- CCG QIPP target of £23.9m, delivery of 1% surplus is mandated - £3.496m;
- LA £0.77m savings target in scope for ICF, council need to deliver balanced budget;
- ICFT planned deficit £24.347m, savings target of £10.325m to achieve this.

Trafford

In Trafford by the end of 16/17:

- A&E attendances increased by 3.7%.
- Emergency admissions to hospitals (non-elective activity) increased by 1.9%
- Outpatient appointments decreased by 3.2%
- Referrals to acute Trusts decreased by 4% as compared to Oldham's initial plan
- Planned admissions increased by 6.1%

In 17/18, as a result of their locality plan Trafford intends to:

- Reduce A&E attendances by 0.6%; a reduction of 626attendances.
- Increase emergency admissions to hospitals (non-elective activity) by 2.9%; an increase of 771admissions
- Reduce outpatient appointments by 3.7%; a reduction of 9,714 appointments
- Reduce referrals to acute Trusts by 5.7%; a reduction of 5,537 referrals
- Reduce planned admissions by 0.4%, a reduction of 132 admissions

Implementation of Taking Charge in Trafford:

1. **The development of a Locality Care Organisation**
   - Discussions to be undertaken with local providers to develop a suitable LCO model for Trafford to take into account links with other LOCs:
2. **Standardising acute services for the residents of Trafford**
   - Manchester CCGs have merged CMFT and UHSM as the first stage in the establishment of the Single Hospital Service and need to consider how acute services are provided to Trafford residents.
3. **Integrated health and social care commissioning**
   - Pooled budget for 17/18
   - Discussions underway to progress an integrated health and social care commissioning organisation from 1 April 2018. This will centre around integrated strategic commissioning
4. **Population health**
   - Continue to embed the appropriate elements of the population health programme into the other strands of the locality plan to ensure full advantage is taken of the opportunity to embed primary and secondary prevention into emerging new pathways.
   - Public sector reform underway with pilot in North Trafford
5. **Primary care**
   - New model of primary care to implement
   - Integrated health and social care provision with focused community based multi-disciplinary teams
6. **Social care reform**
   - Lead Support at Home workstream and implement the well-being approach alongside enhanced care worker. Active role in other workstreams
   - Continue to implement quality assurance tool for social care market and inform GM approach
7. **Mental health**
   - deliver parity of esteem between physical and mental health as part of the ICO model
8. **Children's services**
   - LTP
   - ADHD and neuro pathways
   - Implementation of DMO post

Other detail to be determined by the locality

- Maximising utilization of Trafford Care Co-ordination Centre (TCC)
- Integrated estate plan to utilize public sector facilities

Financial position

- Transformation Funding agreed – bid to be submitted June 2017
- Control total agreed.
- CCG - £1,000;
- LA – surplus £0;
- No lead provider.

Wigan

In Wigan by the end of 16/17:

- A&E attendances decreased by 1.8%.
- Emergency admissions to hospitals (non-elective activity) increased by 0.1%.
- Outpatient appointments increased by 0.8%.
- Referrals to acute trusts increased by 4.9%.
- Planned admissions increased by 3.3%.

In 17/18, as a result of their locality plan Wigan intends to:

- Reduce A&E attendances by 2.3%; a reduction of 3,347.
- Reduce emergency admissions to hospitals by 7.1%; a reduction of 2,268.
- Reduce outpatient appointments by 4.0%; a reduction of 14,472.
- Reduce referrals to acute trusts by 4.3%; a reduction of 5,741.
- Increase planned admissions by 0.2%; an increase of 105.

Implementation of Taking Charge in Wigan:

1. **The development of a Locality Care Organisation**

- Wigan HSC partners together to deliver a range of programmes, i.e. Integrated Community Services, Start Well, Place Based Working and GP cluster development to form the foundations for future integration. The Healthier Wigan Partnership has agreed to develop an Alliance arrangement in 2017/18.
- Healthier Wigan Partnership anticipate using existing formal arrangements (Section 75) to integrate in advance of pursuing a future novel procurement. No date has yet been set to commence the ISAP progress.

2. **Standardising acute services for the residents of Wigan**

- work to significantly reduce the cost base of the hospital and support horizontal alignment with other hospitals to secure compliance with clinical standards.
- reduce activity and costs at Wrightington, Wigan and Leigh FT and ensure sustainability, as a consequence of the establishment of an integrated, place-based model built around primary care – Healthier Wigan (our ICO).

3. **Integrated health and social care commissioning**

- Pooled budget for 17/18: £34m
- Reform partnership arrangements to be accountable to the Health and Well Being Board to fully reflect the two key pillars of reform in Healthier Wigan and the Joint Commissioning Executive.
- Develop the Joint Commissioning Executive to play a full role as a place-based commissioner of Healthier Wigan;

4. **Population health**

- Embed the appropriate elements of the population health programme into the other strands of the locality plan to ensure full advantage is taken of the opportunity to embed primary and secondary prevention into emerging new pathways and deliver Heart of Wigan phase 4.
- Full deployment of an asset-based approach with public service partners across the life course, including specialist and targeted services for children, as the keystone of a demand reduction strategy

5. **Primary care**

- Established place-based GP Clusters sitting within seven Service Delivery Footprints to integrate services at a level of 30-50,000 population foot print .
- Investments in general practice workforce and capacity developments

6. **Social care reform**

- Housing for Health – with a focus on fundamental reform of the nursing and residential home sector

7. **Mental health**

- deliver parity of esteem between physical and mental health as part of the ICO model.

8. **Children's services**

- Start Well is an integrated, place based early intervention service, aiming to improve school readiness, public health outcomes, reduce demand on statutory services and support young people to live healthy independent lives. The programme will be built around schools and GP's

Other detail to be determined by the locality

- Deliver on our Phase 1 Transformation Fund investment – including the metrics agreed with GM
- Deployment of technology at scale to enable greater integration and support patients / residents to be in greater control of their lives and care

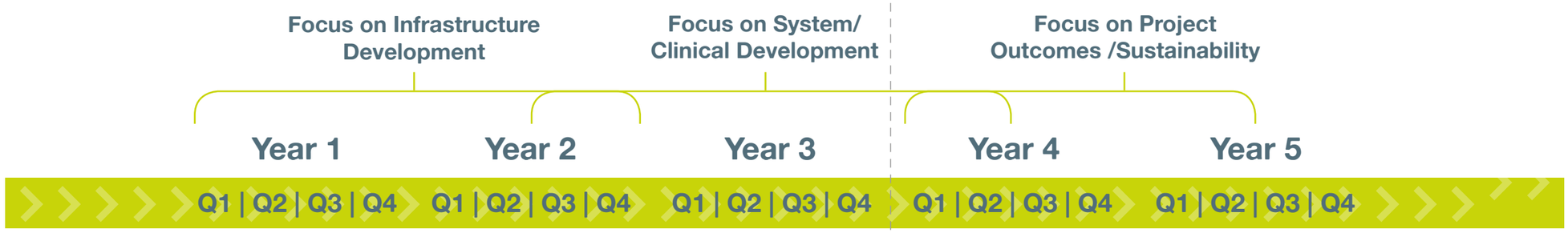
Financial position

- Transformation Funding agreed – £9.5.m for 17/18
- Control total agreed.
- CCG break-even position consistent with national planning assumptions. The financial plan was rated '1' by GM
  - CCG £0 (Break Even);
  - LA £0 (Break Even);
  - WWLFT £688k Deficit; and
  - Bridgewater FT £523k Deficit.

Appendix Three – Transformation timeline

Taking Charge - our journey...

Moving in year 1 from planning to implementing the model and the key changes in year 2 and beyond



- Strategic Plan
- Governance
- Transformation Fund
- Accountability Agreement

- TF Operating Model and first Investment Agreements in place
- Thematic, cross cutting and enabler work programmes in place
- All Locality Plans in active TF process
- Delivered national planning requirements in December
- Agreed GM financial control total
- LCO network established Partnership team in place

- Evaluati on framew ork agreed and operating cross localities & themes
- LCO Mobilisation & Theme 4 delivery
- Hospital Based Clinical
- Service Strategy developed - April 2018
- Single Hospital Service transaction completed
- Approaches for Incentivising reform agreed
- T Fund fully committed and impacts clarified
- Manchester I Wigan LCO go live
- Capita/funding confirmed
- Digital Fund agreed
- Local maternity system established.

GM Mayor takes office May 2017.

- Capitation & Risk contract and payment models established universally for 19/20 contracting Round
- Theme 3 Consultation and implementation
- Evaluation findings for Y1 and 2 applied to model correction
- 7 day access to services
- Further integrated commissioning approaches across GM.
- GM Accountable Care
- System approach agreed and implementation commenced.
- Integrated and shared records
- Workforce strategy implement ation

- Services incentivised to deliveroutcomes
- New care models fully operational within localities and across hospitals
- Evaluation findings for Y2 and 3 applied to model correction.
- Agree approach for the next 5 years aligned to the GM strategy.
- Benefits of Y1 and 2 programmes realised and applied to next phases.

- Evaluation findings for Y3 and 4 applied to model correction.

- ACS operational
- Improved resident outcomes
- 10 LCOs / 1 Group / 3 MH
- Empowered residents.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

For more information contact:

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