



Taking Charge: The Next 5 Years

# OUR PROSPECTUS

a summary

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# THE STORY SO FAR

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

That's when Greater Manchester Health and Social Care Partnership took charge of health and care spending and decisions. We set out our ambitions for the next five years. We developed detailed plans, put new infrastructure in place and strengthened relationships to help us achieve these.

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

This prospectus looks at where further improvement over the next few years can take us and what fresh relationships we'll need to develop.

It provides a starting point for discussions with those potential partners. It demonstrates our commitment and contribution to the new national Long-term Plan for the NHS, offering a compelling picture of how the plan's aims are already being delivered here and can be built on.

Greater Manchester is a place with a clear vision connecting the whole of public service, the voluntary, community and social enterprise (VCSE) and business sectors, academia and civic leadership. Our prospectus particularly explores how our model can make rapid progress in improving population health, creating a sustainable health and care system, and unlocking the region's economic potential.

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# OUR STRATEGIC CONTRIBUTION

Greater Manchester is in a position to improve its population's health in a way national government and national NHS bodies cannot. We're now going further and faster in some areas than the rest of the country.

Devolution holds the key to a proactive, preventative approach made possible through our preferred model of public service delivery.

But we need support to go as far as we'd like. The government is already working with us to develop a local industrial strategy that puts us at the forefront of health and other innovation, with a healthy and productive workforce.

We want to respond and contribute to wider strategies being developed that may be aligned to our own goals, such as the NHS Long-term Plan, the social care green paper, the 2019 spending review and national industrial strategy. These may also shape our future ambitions.



# WHAT WE'VE ALREADY ACHIEVED

Our 10 Local Care Organisations form part of a fresh, joined-up approach to providing services that draws on every neighbourhood's assets, including the people who live there, and can pool health and care resources.

As a result we're seeing some real improvements.

More children are 'school ready'. Oral health in under-fives is improving. Ofsted is rating increasing numbers of our early years services good or outstanding. We've made it easier for children and young people to get mental health care when they need it.

Greater Manchester has now been officially recognised as age-friendly. We're starting to reduce the number of falls older people have and give them the right support to stay well and live at home for as long as possible.

We're tackling things that contribute to cardiovascular disease, cancer and respiratory disease - our big killers. The number of smokers and people in hospital with alcohol-related conditions is dropping. We're the first place in the country to offer addiction treatment to hospital patients who smoke or drink too much. Our plan for more people to be physically active - whatever their age - is taking effect, and we've been picked to test a new way of encouraging people to become healthier.

Patients can see a GP any day of the week, and have more access to pharmacists. Practices and care homes are learning from each other to raise standards.

GPs are helping with home visits, non-emergency ambulance calls and care homes so fewer people have to go to hospital. 'Streaming' in A&E means 200 patients are redirected daily to more suitable local care.

If they're admitted, patients don't need to stay as long thanks to more consistent hospital standards and better coordination of services, and joined-up care once they leave.

We plan certain things together across Greater Manchester where this makes sense, like making best use of our estates and workforce.

We carefully check the money we spend - especially from the Transformation Fund - is having a positive impact. For example our Working Well programme has already paid for itself - over 3,200 long-term unemployed people have found work, and overall more adults are now economically active.

“As a result of our fresh, joined-up approach to providing services we're seeing improvements across the whole system and population.”

## WHERE THE CHALLENGES LIE

We've still got a lot to do to tackle historic and ongoing challenges, and new ones that have emerged, sometimes as a result of other changes. For instance, cancer patients are getting diagnosed sooner and surviving longer. But more GP referrals and demand for screening, and increasingly complex health needs, put pressure on the system and we need the staff and equipment to cope.

Overall we need a stable and sustainable care system based on strong partnerships, collaboration and shared learning that shifts from formal, often residential, care to innovation community support.

The need to attract, develop and keep a workforce that can deliver this is a priority for every locality and Greater Manchester as a whole. We're trying different things – a joint nursing recruitment campaign, flexible ways of working to address skills gaps, investment in training, promoting the region as an attractive place to work, and a toolkit to help employers support unwaged carers among their staff. We really appreciate the contribution over 280,000 carers and 160,000 volunteers make to health and care in Greater Manchester, and are firmly committed to giving them all the support they need.

Our hospitals have shown they can work together to increase efficiency across sites, but we need to do more to ensure patients receive the right care quickly.

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

Financially we're managing scarce resources really well, but there are challenges ahead, including the big savings the NHS and local authorities still have to make.

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# READY TO FACE THE FUTURE

We believe the model we've begun to build makes us better prepared to respond to the future challenges facing society. Many of the NHS Long-term Plan intentions mirror initiatives already underway here, while some of the plan's aims will inform our priorities.

Putting people at the centre of their care and public services is a crucial aspect of that model. We want to recognise people's individual strengths and aspirations, listen to what matters to them and find solutions beyond medicine.

We're already recognised as an established, effective integrated care system (ICS). Such systems are a vital element of the NHS Long-term Plan, and we'd be happy to support people elsewhere to develop their own. Greater Manchester presents a rich source of learning for developing the national ICS network envisaged in the plan.

Our special relationship with the VCSE sector offers great opportunities for fresh thinking and expanding capacity. Our joined-up services also

mean we're in a good position not just to find and treat people showing the first signs of declining health but to spot possible risks to their physical and mental health, like social isolation, domestic abuse, insecure housing and loss of work.

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

Another core characteristic of our model is developing a truly empowered, and sustainable, workforce across both health and social care. We're bucking the trend in managing to recruit more student nurses and staff in our most challenging professional areas.



Community street festival in Chorlton

# TIME TO TACKLE POPULATION HEALTH

We want our population to both demand better health and feel confident in changing their own lives. Devolution provides levers to help us achieve this – we're not restricted to the gradual changes made by small-scale projects.

We must do more to prevent the persistent causes of ill health, like poor diet and high blood pressure, which are linked to deprivation and half of all premature deaths. Life expectancy overall has stopped increasing, and poorer people still die earlier and get sick quicker.

Devolution means we can be unrestrained in our thinking on prevention. We can put health at the heart of all our strategies and policies. Every public service in Greater Manchester – from housing and transport to crime and employment – has better health as one of its aims. We recognise how each service's goals affect another's. And our NHS partners see the health potential in inclusive economic growth, reflected in our local industrial strategy.

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

proactive on prevention rather than individually picking up the pieces.

The model is built on firm principles. Change must be done with, not to, people. We focus on what they and their community can achieve, not what they lack. We encourage behaviour that puts residents in control and give them more freedom to design their own support, especially people with learning disabilities and those at the end of their life. Evidence helps us understand risk and its impact, so we make the right decisions. We develop resources that enable wider collaboration, with communities as well as organisations.

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

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## How we can lead the way

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

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

- ➔ **We understand the 'economics of prevention'.** We've learned from experience the value of knowing how long different interventions (and investment in them) take to have an impact. Our cost benefit analysis tool helps us track all the benefits resulting from our major programmes.
- ➔ **We're ready to reverse the rising tide of childhood obesity,** and in a good position to bring together regulatory, licensing, planning, population health and social movement approaches. For instance, we want to restrict unhealthy food advertising on our transport network.
- ➔ **We want more children to be 'school ready'** – the foundation of their working lives and productivity across our economy. We've got plans for an early years funding model that encourages cross-sector provider collaboration to raise standards and provides children's services with the resources they need.

➔ **Justice devolution** means we can drive closer integration between health, education and accommodation and the police, Crown Prosecution Service, courts, prisons and probation services. This will particularly help us deliver a trauma-based model of health and justice that prevents youth offending and supports victims of sexual violence and abuse.

➔ **Working Well** already sets us apart when it comes to using local knowledge to give people tailored support into work. We want to create an employment, health and skills 'ecosystem' that responds better to what our residents and businesses need.

➔ **We plan to go far beyond the ambitions of the NHS Long-term Plan in improving air quality in Greater Manchester.** We'll upgrade public transport and public service fleets and help people understand why clean air is important so they play their part, like reducing short car journeys and using electric vehicles.

# LET'S BUILD A SUSTAINABLE SYSTEM

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

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

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

We've got some specific priorities.

We want it to be easy for people to get the right care when they really need it urgently, through community services. Coupled with using data better, this will also manage and ultimately reduce demand for emergency care. We'll also be testing a new way of handling emergency calls when people need less intensive care, to help our ambulances respond faster and cut avoidable attendance at emergency departments.

More diagnostics in people's neighbourhoods, streamlined radiology and pathology, and more productive surgical services will together cut

waiting times for planned care. In line with the challenge set out in the NHS Long-term Plan, we'll introduce technology and more specialists at GP practices to reduce unnecessary outpatient appointments. People should only need to travel to an appointment, and take time off work or studies to do so, if there's a clear health benefit.

A mix of extra support – like expert help and suitable housing and better support to staff providing care in the home – will encourage and enable more people to live independently.

We're redesigning our mental health services for children and young people so they're more about prevention and easily accessed early intervention, including offering crisis provision, eating disorder services, and support in schools, colleges and universities.

Generally, we want to bring physical and mental health together locally, and treat people with serious problems closer to home. We have made great progress in the model of care and support for people with a learning disability and want to go further. We aim to make Greater Manchester

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‘autism friendly’ where autistic people and their families can easily access the information and services they need – and have a say in developing these. We want residents with autism to feel safe and able to fully participate in their local community.

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

We plan to tackle other common killers through multi-disciplinary approaches. We’ll improve the experience of people with heart failure and heart disease, both in hospital – with a 24/7 pacemaker service, for instance – and the community, such as providing more defibrillators and first responders. Training for local staff so they can offer a range of support will help people with respiratory disease stay healthier for longer.

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

## How we can lead the way

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

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

➔ **Creating a unified and transformative commissioning system:** We plan to clarify commissioning roles at different levels, rethink how we commission acute, primary care and population health services, and align system ambitions, population outcomes and efficiency opportunities.

➔ **Driving performance improvement and accountability:** We want to work even more closely with NHS Improvement and NHS England in analysing, evaluating and responding to quality, financial and operational issues, including through a coordinated improvement collaborative. This would offer greater leverage for change and bigger incentives for our system to act collectively.

➔ **Simplifying and streamlining funding flows:** It’s hard to be sure what’s available, and how to get it, because existing funding streams and their specific arrangements and requirements are so varied and complex. Some types of funding can make it hard for us to plan far ahead or direct financial support where it’s most needed. We want a fair share of funding for both health and social care, and ideally over several years, we can use to meet local priorities and support new models of care differently.

# UNLOCKING OUR ECONOMIC POTENTIAL

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

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

We want to take full advantage of what our city-region has to offer. Greater Manchester has the largest digital technology cluster outside London. We've developed a single digital strategy and plans for an interoperability hub so data can be used in a standardised way while ensuring it flows seamlessly between different health and care IT systems to support people's care. Interoperability

between wider public services will improve things like child development, employment support and independence in older age.

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

Health Innovation Manchester brings together research and development work to give us the infrastructure and leverage to try new things, like developing a precision medicine centre, and testing medicines in real time to get them licensed and onto the market sooner. And we now have a research hub that makes it easier to access clinical trials.

## How we can lead the way

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

We want to develop employment support suited to people over 50 who are out of work, and to generally find ways to reduce our population's need for benefits. We want to be more responsible for key elements of the welfare system.

Our ambition is to become a global leader for innovation in digital and life sciences tested at pace in real-world environments, and for Greater Manchester to grow as a clinical trials base with a focus on accelerated access.

A multi-year programme of digital investment, with the potential to mix public and private sector capital, will help us achieve full digital operability across our entire health and care sector.



“ In unlocking our economic potential we want to take full advantage of what our city-region has to offer. ”











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