Our Delivery in 2017-18 and Plans for 2018-19
Jon Rouse – Chief Officer
The journey so far

A Look Back - and Ahead

- We will cover the Partnership’s delivery last year – and the main challenges we face;

- We will summarise our 2018-19 Business Plan priorities;

- We will outline the developing system architecture – including our work on Standardising Acute and Specialised Care;

- We describe the next steps ahead – including the emerging plans for the next phase of our work.
The journey so far

In 2017/18 we...

• Delivered strong financial performance – as we did in the previous year. Outturn performance was better than plan and we generated a surplus of £89m in a highly challenging national context.

• Continued to improve against a range of key performance standards including:
  
  o Satisfaction with GP services: 85.7% of those asked in GM described GP surgery as ‘very good’ or ‘fairly good’. Up from the previous score and above the England average;
  
  o Delayed Transfers of Care: March 2018, there were 1,821 fewer beds occupied by patients whose care was delayed in acute trusts when compared to March 2017.
  
  o Referral to Treatment within 18 weeks’ performance in GM was 90.4% for 2017/18 - ahead of the England average;
  
  o Proportion of GM Care Homes inspected and rated Good or Outstanding up from 55% in April 2016 to 68% in June 2018;
  
  o National Cancer Patient Experience Survey GM rating of 8.8/10 - ahead of other comparable city regions.
The journey so far

In 2017/18 we...

- Launched the GM Making Smoking History Strategy aiming to reduce smoking by a third by 2021, saving thousands of lives;

- Made the largest investment in Mental Health (£134m) anywhere in the country – with a significant part of this focused on schools and young people

- Agreed, and began implementation of, the health sector’s contribution to tackling homelessness in GM;

- Developed a bid that secured, via a competitive national process, over £7.5m digital investment in integrated records and information sharing.
The journey so far

In 2017/18 we also

- Commenced investment of over £2m to support school readiness in Greater Manchester through a GM Early Years Delivery Model;

- Continued to expand seven day access to General Practice across all areas in GM;

- Established a programme of work dedicated to improving care home quality – including a baseline of current position against the agreed standards;

- Created Health Innovation Manchester (HInM), and developed a single innovation pathway for the entire GM health and care system – working in partnership with industry;

- Agreed our workforce plan – and performed well on nursing recruitment for GM.
**Key Challenges**

- Urgent Care performance is not where we need it to be. On 4 hour A&E wait standard our performance was 87% compared to national performance of 88.4% in 2017/18. Major improvement programme in place;

- In Mental Health, we were behind the national position on access times and recovery in psychological therapies. Our investment programme must begin to turn the dial;

- To increase the pace of health and social care integration – including a new model of homecare as part of LCOs that aims to keep people well and independent at home;

- The big challenges remain on finance and workforce shortages in key areas.
The journey so far

Business Plan 2018/19

• Delivery Plan for third year of Taking Charge;

• Having set up our strategy and programmes and agreed our investment plans we are now firmly into our implementation phase;

• Sets out transformation programmes and how we will deliver improved performance against NHS standards in Greater Manchester.

• Built around three sections: Improving Health of all GM Residents; Transforming Care and Support; Enabling Better Care
The journey so far

Improving the Health of GM Residents - Summary

- Child Oral Health Programme
- School Readiness Investment £2m
- Children’s HWB – Framework Delivery
- Daily Mile in Schools
- Health & Justice Programme
- Focused Care Model Roll Out
- Working Well – Early Help
- Frailty Charter Implementation
- GM Moving Roll Out
- Making Smoking History
- Drug & Alcohol Strategy Delivery
The journey so far

Transforming Care and Support - Summary

- Local Care Organisations – Community Offer at Scale
- Mental Health - Parity with Physical Health & CYP Investment
- Learning Disability – Supporting People to greater independence
- Primary Care – Improving Access & Reducing Variation
- Cancer – Investment in Prevention and Early Diagnosis
- Adult Social Care – new Home Care Model & Care Home Quality
- CVD Programme – 600 fewer deaths by 2021
- Urgent Care Improvement Programme
- Diabetes Strategy – focus on Education and Prevention
- New Local Maternity System - Improve Safety
- Dementia United – GM Standards & Diagnosis Rates
The journey so far

Enabling Better Care - Summary

- Health Innovation Manchester – Innovation Pipeline & Industry Connection
- Digital Transformation
  Integrated Care Record; Digital Collaborative & Infrastructure
- Workforce Transformation
  Target Critical Gaps; Grow Our Own; Talent Development
- Estates
  One Public Estate Work; Capital Pipeline; Review of assets
- Commissioning – Development of Commissioning Hub and 10 SCFs
- Clinical & Corporate Support Services
  Radiology (seamless imaging) and Pathology redesign
The journey so far

System Architecture

Our transformation plans are taking us towards the system architecture resulting from Taking Charge:

- The establishment of 10 Local Care Organisations (LCOs) integrating provision. We carried out a major review of all 10 LCOs in 2017/18 – demonstrating the key role being played by new neighbourhood teams at 30,000 to 50,000 population level;

- A single local commissioning function in each borough with pooled health and social care resources plus a GM Commissioning Hub. All localities moving to SCF and single AO – but variation in pace.
Our transformation plans are taking us towards the system architecture resulting from Taking Charge:

- Supporting hospitals throughout GM to work together across a range of clinical services, to make sure expertise, experience and efficiencies can be shared widely so that everyone can benefit equally from the same standards of specialist care through our standardising acute and specialised care programme (Theme 3) – set out in the next slides;

- A Greater Manchester-wide architecture - Health Innovation Manchester, Digital Collaborative, Workforce Collaborative. We have leveraged major investment on digital, winning a major national bid on integrated records, and on estates – securing investment in improving hospital infrastructure.
The journey so far

Why Do We Need to Standardise Acute and Specialised Care?

- **GM Population**
  - Lower life expectancy compared to other parts of England
  - High prevalence of long-term conditions
  - Poor health at a younger age compared to other parts of England
  - Ageing population

- **Workforce** – significant challenges in terms of shortages, retention and recruitment to key clinical posts

- **Variations in provision and standards of care across the region**

- **Current models of care will not meet the needs of GM’s population in the future**

- **Financially continuing as we are is not viable**
## The journey so far

### The Services Included Within Theme 3

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The journey so far

Comms and Engagement Activity - Theme 3

- Review of services is a clinically led process with involvement from health practitioners (doctors, nursing and allied health professionals).
- Those involved are:
  - Stakeholder Governance Frameworks across GM
  - Clinical, Workforce, Finance and Estates, Communications and Engagement Reference Groups
  - Design and Oversight Forums (clinicians and Healthwatch involved)
  - Patient Advisory Groups
  - Clinical Senate (external advisors)
- Communications and Engagement Approach
  - Equality Analysis has been undertaken
  - Targeted engagement (through use of networks and surveys)
  - Analysis of patient experience data to provide insight and aid design process
  - Communications and Engagement Strategy approved
  - Communications and Engagement Operational Plan produced in draft
Next Steps

• Our Devo Difference series of events is up and running across GM;

• We will build on the first year of working with the GM Mayor to align the resources of the public service to improving health and well-being;

• Relentless focus on areas where significant improvement needed – Urgent Care; Mental Health; Social Care.

• Beginning to turn focus to next phase of our work and CSR.
Acronyms Used throughout the Presentation

- LCO’s – Local Care Organisations
- Children’s HWB – Health and Wellbeing Board
- CVD – Cardiovascular Disease
- SCF’s – Single Commissioning Function
- AO – Accountable Officer